



Name of Insurance Company to which Application is made (herein called the "Insurer")

# School Leaders Risk Protector<sup>SM</sup> Mainform Application

## Professional Liability and Management Liability Insurance for Schools

**NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT THE RETENTION FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND CLAIM EXPENSES. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.**

### INSTRUCTIONS

"You," "Your" or "Applicant" refer individually and collectively to the Named Applicant, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(ies), proposed for this insurance. Some sections of the Application may not apply to You. If this is the case, please mark "not applicable" (N/A). In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer and indicate the question number to which You are responding.

*This Application must be signed and dated by either (a) the highest ranking elected or appointed member of the board of the Named Applicant (b) the business manager or risk manager of the Named Applicant, or (c) the Treasurer or Comptroller of the Named Applicant.*

### Section A. GENERAL INFORMATION

- Named Applicant: \_\_\_\_\_  
 Address of Named Applicant: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Key Contact (i.e. Risk Manager, Superintendent): \_\_\_\_\_  
 Key Contact E-Mail Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ - \_\_\_\_\_  
 Web Page Address: \_\_\_\_\_  
 Domicile State: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

- Applicant Type:

Type	Check all that apply
Elementary/Primary School	<input type="checkbox"/>
Middle/Junior High School	<input type="checkbox"/>
High School/Secondary School	<input type="checkbox"/>
Vocational/Technical School	<input type="checkbox"/>
Charter School	<input type="checkbox"/>
Special Education Facility	<input type="checkbox"/>
Junior/Community College	<input type="checkbox"/>
Four (4) Year College/University	<input type="checkbox"/>
Graduate School	<input type="checkbox"/>



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3. Is the Applicant a:  
Public Institution?  Private Institution?

4. Is the Applicant a for-profit entity?  
Yes  No

5. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here .  
If not applicable, please check here

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created
_____	_____	_____	_____
_____	_____	_____	_____

Are you requesting for coverage to be extended to all Subsidiaries? Yes  No

6. Is the Applicant a boarding school or does it have dormitories? Yes  No   
If "Yes", what percentage of the total student enrollment reside in the facilities? \_\_\_\_\_

7. If the Applicant is a college, is it a 2 or 4 year college? \_\_\_\_\_ years.

8. Is the Applicant accredited? Yes  No   
If "Yes", provide the name of the accreditation association: \_\_\_\_\_  
Date of Last Accreditation: \_\_\_\_\_

9. The Applicant was created in \_\_\_\_\_ (year).

10. Student Enrollment:

	Prior	Current	Projected
Full Time			
Part Time			
Pre-School			
Total			

If the Applicant is a college, please provide Total Full-Time Equivalents:

If the enrollment includes pre-school children, what is/are the age range(s)?  
\_\_\_\_\_



**Section B. FINANCIAL INFORMATION**

11. Fiscal Year \_\_\_\_\_

	Prior	Current	Projected
Total Budget			
Total Expenditures			
Surplus/Deficit			

Total accumulated surplus or deficit \$ \_\_\_\_\_

If a deficit exists, what steps are being taken to eliminate it? \_\_\_\_\_

12. Does the Applicant anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years?

\_\_\_\_\_

12. a. Total amount of Applicant's bond authority: \$ \_\_\_\_\_

b. Total amount of outstanding bonds: \$ \_\_\_\_\_

c. Latest bond rating (provide at least one of the following):

Moody's \_\_\_\_\_

Standard and Poor's \_\_\_\_\_

Fitch's \_\_\_\_\_

If the bonds are not rated, please explain: \_\_\_\_\_

d. Has the Applicant been in default on the principal or interest of any bond? Yes  No

If "Yes", provide details: \_\_\_\_\_

**Section C. SPECIAL EDUCATION**

13. Does the Applicant have Special Education Programs and/or Facilities for the developmentally, mentally, emotionally or physically disabled? Yes  No

If "No", describe where and/or who manages these programs/facilities:

\_\_\_\_\_

14. How often are the students evaluated for:

Placement? \_\_\_\_\_

Adjustment to an Individual Education Plan ("IEP") based on progress? \_\_\_\_\_

Mainstreaming? \_\_\_\_\_



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15. How often over the course of a school year has the Applicant conducted a Due Process Hearing regarding an IEP ("IEP Hearing")? \_\_\_\_\_

16. Have any decisions of any IEP Hearing officer been appealed in the past twelve (12) months? Yes  No

If "Yes", how many were appealed? \_\_\_\_\_

Of these, how many were overturned? \_\_\_\_\_

17. Whom does the Applicant utilize for the initial IEP Hearings? In House  Outside Counsel   
Whom does the Applicant utilize for the appeals process? In House  Outside Counsel

18. How many or what percentage of the Applicant's total student enrollment currently participates in a Special Education Program? \_\_\_\_\_

**Section D. OPERATIONS**

19. Has the Applicant established guidelines related to:  
a. procedures for suspension or dismissal of students? Yes  No   
If "Yes", are these guidelines in writing? Yes  No   
b. reporting and investigating allegations of sexual harassment brought by students? Yes  No   
If "Yes", are these guidelines in writing? Yes  No

20. Does the Applicant conduct seminars on preventing or identifying sexual harassment and/or instruction on the procedures to be used to report incidences of sexual harassment? Yes  No

If yes:

a. Are these seminars conducted on a regular basis? Yes  No   
b. When was the last seminar conducted? \_\_\_\_\_  
c. Is attendance mandatory for all employees? Yes  No   
d. Are seminars conducted for students? Yes  No

21. a. Are background checks conducted on all potential employees? Yes  No   
b. Is an offer for employment contingent upon such checks? Yes  No   
c. Are background checks conducted on current employees? Yes  No   
d. Are background checks conducted by the Applicant's employees? Yes  No

If background checks are not conducted by employees, who performs this service?  
\_\_\_\_\_



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22. Has the Applicant established guidelines for reporting any instance of suspected child abuse to the proper authorities? Yes  No
- Are these guidelines in writing? Yes  No

**Section E. EMPLOYMENT PRACTICES**

**Complete this section only if You are applying for Employment Practices Coverage**

23. Staff Size

Type of Employee	Number of Union Employees	Number of Non-Union Employees
Full Faculty/Instructors		
Part Time Faculty/Instructors		
Administrative personnel (including principals, assistant principals, deans and provosts)		
Other non-instructional employees (including part-time, seasonal, temporary)		
Independent contractors Applicant is required by contract to indemnify in the same manner as an employee		
Elected and/or appointed board members		
Volunteers		
Student Teachers/Student Interns		
Total		

a. \_\_\_\_\_

24. Does the Applicant have a Human Resources Department? Yes  No

If "Yes", provide the number of employees in the Human Resources Department: \_\_\_\_\_

If "No", explain how this function is handled: \_\_\_\_\_

25. Does the Applicant have a written human resources manual? Yes  No

If "Yes", does the manual address:

- a. legally prohibited discrimination? Yes  No
- b. sexual and non-sexual harassment? Yes  No
- c. employee disciplinary actions? Yes  No



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d. terminations and layoffs? Yes  No

e. written employee appraisals/reviews? Yes  No

If "No" please explain what guidelines are followed: \_\_\_\_\_

26. Has the Applicant established guidelines related to procedures for suspension, dismissal, or non-renewal of employment contracts of:

a. Instructors and supervisory personnel? Yes  No

Are these guidelines in writing? Yes  No

b. Non-professional employees? Yes  No

Are these guidelines in writing? Yes  No

27. Is a uniform contract for instructors used? Yes  No

If "Yes", are all "in force" contracts the same? Yes  No

If "No", explain differences: \_\_\_\_\_

28. Has the Applicant adopted a pay scale for personnel providing for remuneration without regard to age, sex, race, or creed? Yes  No

29. a. Does the Applicant anticipate any reduction in staff in the next twelve (12) months?

Yes  No

b. Has the Applicant had any reduction in staff in the last twelve (12) months?

Yes  No

If "Yes", explain: \_\_\_\_\_

c. Has any employee of the Applicant been suspended, demoted, dismissed, transferred or had a contract of employment non-renewed within the last twelve (12) months?

Yes  No

If "Yes", explain: \_\_\_\_\_

30. How many employees have resigned, been terminated (with or without cause) or retired:

Current Year: \_\_\_\_\_

Prior Year: \_\_\_\_\_

31. Has any person, former employee or job applicant alleged unfair or improper treatment regarding employee hiring, non-remuneration advancement or termination of employment? Yes  No

If "Yes", explain: \_\_\_\_\_



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32. Does the Applicant:
- a. Use an employment application for all applicants for hire? Yes  No
  - b. Use any tests to screen applicants for employment or to promote employees? Yes  No
  - c. Have a formal orientation program for all new employees? Yes  No
  - d. Publish an employment handbook? Yes  No   
 If "Yes", is it distributed to all employees or maintained on an Intranet/Internet location? Yes  No
  - e. Provide regular, written performance evaluations for all employees? Yes  No
  - f. Have a formally implemented and adopted anti-sexual harassment and anti-discrimination policy? Yes  No   
 If "Yes", is it distributed annually to all workers? Yes  No
  - g. Have a written procedure for handling employee complaints of discrimination and sexual and non-sexual harassment? Yes  No
  - h. Provide mandatory training for all managers on anti-sexual harassment and anti-discrimination policies? Yes  No
  - i. Have a policy on AIDS or on assisting employees with life-threatening or other communicable diseases? Yes  No
  - j. Have a policy on accommodating the disabled as required by the Americans with Disabilities Act and related laws? Yes  No
  - k. Comply with the Family Medical Leave Act? Yes  No
33. Does the Applicant require terminations to be reviewed by its:
- Human Resources Department? Yes  No
  - Legal Department? Yes  No
  - Outside counsel? Yes  No
34. Does the Applicant have a formal out-placement program which assists terminated or laid off employees in finding other jobs? Yes  No
35. Does the Applicant conduct exit interviews? Yes  No

**Section F. OUTSIDE ENTITY/CONTRACTORS INFORMATION**

36. Is the Applicant affiliated with any other entity? Yes  No   
 Will the Applicant be adding any entity(ies) as additional insureds? Yes  No



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If "Yes", please list the name of the entity(ies), the nature of its operations and the relationship between the Applicant and the other entity(ies): \_\_\_\_\_

37. Does the applicant provide any services to outside entity(ies)? Yes  No

If "Yes", please list the name of the entity(ies), the nature of the services and the relationship between the Applicant and the other entity(ies): \_\_\_\_\_

38. For which of the following services does the Applicant use outside contractors:

Service Provided	Yes/No	
Accounting/Financial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Administrative	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consultants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Custodial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Food	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Legal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Educational	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

39. Does the Applicant require all sub-contractors or independent consultants to carry liability insurance?

Yes  No

Does the Applicant request to be added as an additional insured to such liability insurance?

Yes  No

40. Do any of the Applicant's directors, trustees or governors sit on an outside board of directors at the specific request or direction of the Applicant? Yes  No

If yes, please provide details: \_\_\_\_\_

**Section G. REQUESTED LIMIT/RETENTION OPTIONS**

41. Limit of Liability Requested (Aggregate):

\$500,000 <input type="checkbox"/>	\$4,000,000 <input type="checkbox"/>
\$1,000,000 <input type="checkbox"/>	\$5,000,000 <input type="checkbox"/>
\$2,000,000 <input type="checkbox"/>	\$10,000,000 <input type="checkbox"/>
\$3,000,000 <input type="checkbox"/>	Other <input type="checkbox"/> _____





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42. Retention requested:

RETENTION	Each Wrongful Act	Each Employment Practice Violation
\$5,000	<input type="checkbox"/>	<input type="checkbox"/>
\$10,000	<input type="checkbox"/>	<input type="checkbox"/>
\$25,000	<input type="checkbox"/>	<input type="checkbox"/>
\$50,000	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000	<input type="checkbox"/>	<input type="checkbox"/>
\$250,000	<input type="checkbox"/>	<input type="checkbox"/>
\$500,000	<input type="checkbox"/>	<input type="checkbox"/>
Other (fill in amount)		

**Section H. CURRENT INSURANCE DETAILS**

43. Does the Applicant presently carry School Leaders Professional Liability, Management Liability or similar insurance?

Yes  No

Name of Company: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Limits: \_\_\_\_\_ Retention: \_\_\_\_\_

Premium: \_\_\_\_\_

44. Does the Applicant presently carry Employment Practices Liability insurance? Yes  No

Name of Company: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Limits: \_\_\_\_\_ Retention: \_\_\_\_\_

Premium: \_\_\_\_\_

45. Name of primary General Liability Insurance carrier: \_\_\_\_\_

46. Has any similar School Leaders Professional Liability or Management Liability insurance ever been declined, cancelled or non-renewed (MISSOURI APPLICANTS NEED NOT REPLY)? Yes  No

If "Yes", please attach explanation.

**Section I. CLAIM HISTORY INFORMATION**

47. a. Has the Applicant been or is it currently involved in any disputes regarding integration?

Yes  No

If "Yes" explain: \_\_\_\_\_

b. Has the Applicant been closed or school activities disrupted during the past three (3) years due



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to student or teacher strikes or actions?

Yes  No

If "Yes", explain: \_\_\_\_\_

48. There has not been, nor is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Named Applicant, its Subsidiaries, or any individual or other entity proposed for insurance under the proposed policy. Is the above statement true with regard to:

School Leaders Professional and Management Liability

Yes  No

Employment Practices Liability

Yes  No

49. If No was checked with respect to any of the above in question No. 48, please complete the below chart with respect to all School Leaders Professional Liability, Management Liability, or Employment Practices Liability claims, suits, investigations or actions (including EEOC complaints and IEP Hearings) made against the Named Applicant, its Subsidiaries, or any individual or other entity proposed for insurance under the proposed policy during the past five years.

Date of Claim	Claimant	Nature of Claim	Claim Expenses	Indemnity Amt.	Reserve, if open	Current Status

50. Does the Named Applicant, its Subsidiaries, or any individual or other entity proposed for insurance under the proposed policy have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim(s), suit(s), investigation(s) or action(s) under the proposed policy with regard to:

School Leaders Professional and Management Liability

Yes  No

Employment Practices Liability

Yes  No

If "Yes", please attach explanation.

It is agreed that with respect to Questions 48 through 50 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), or proceeding(s) and any claim or action arising therefrom or arising from such knowledge or information is



excluded from the proposed coverage.

**Section J. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE**

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY APPLICANT WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

**Section K. LEGAL NOTICE AND SIGNATURES**

**BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.**

ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATIONS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND THE INFORMATION PROVIDED BY ATTACHMENT HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO OR INCORPORATED BY REFERENCE) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE INCORPORATED BY REFERENCE IN AND BECOME PART OF THE POLICY.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR



MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.



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**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed: \_\_\_\_\_  
(Applicant)

Date: \_\_\_\_\_

Title: \_\_\_\_\_

(Must be signed by either (a) the highest ranking elected or appointed member of the board of the Named Applicant (b) the business manager or risk manager of the Named Applicant, or (c) the Treasurer or Comptroller of the Named Applicant.)

Attest: \_\_\_\_\_  
(Duly authorized representative, by and on behalf of the Applicant)



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Producer: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_