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

**Management, Professional Liability and  
Crime Coverage for Private Companies**

**PrivateRisk Protector<sup>SM</sup> Application**

**(For Applicants with Annual Revenues of up to and including \$25M)**

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NOTICES: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

THE LIMIT OF LIABILITY APPLICABLE TO THE CRIME COVERAGE SECTION IS PROVIDED ON A PER OCCURRENCE BASIS AND IS NOT SUBJECT TO THE AGGREGATE LIMIT OF LIABILITY.

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**INSTRUCTIONS:** The words "you", "your" and "Applicant" refer to the Named Applicant and all the other entities applying for coverage. The General Information Section; Financial Information Section, Policy Coverage Details Section, and the Current Insurance Details Section need to be completed in their entirety as well as those sections for which the Applicant is applying for coverage. If your answer to any question in this Application requires additional space, please complete your answer on an attachment. This Application, its respective attachments, and any other related information or documentation you provide (or indicate is available on a website) will constitute a single "Application".

**Section A.  
GENERAL INFORMATION**

1. Named Applicant:

\_\_\_\_\_

Address of Named Applicant: \_\_\_\_\_

City: \_\_\_\_\_ Domicile State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. State of Incorporation: \_\_\_\_\_

3. Is the Applicant a General or Limited Partnership? Yes  No

4. Does the Named Applicant or any of its Subsidiaries act as a general partner in any partnership?

Yes  No

5. Revenues (Most Recent Year):  0-\$10,000,000  \$10,000,01 – \$25,000,000

\$25,000,001-\$50,000,000  \$50,000,001 - \$100,000,000

Over \$100M

6. Applicant's Primary Nature of Business: \_\_\_\_\_

6a. Applicant's Primary SIC Code: \_\_\_\_\_

7. What coverage is the Applicant applying for?

Coverage	Applicant applying for coverage?		Does the Applicant currently have similar insurance?	
	Yes	No	Yes	No
Directors and Officers				
Employment Practices				
Pension Trust Liability				
Crime				
Employed Lawyers Professional Liability				
netAdvantage Internet Media Liability				

**Please answer the following question for all coverage types desired:**

8. 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 director, officer or employee of any Applicant arising out of: (i) any director, officer, employee or entity liability matter; or (ii) any matter claimed against any person proposed for insurance in his or her capacity as a director, officer or employee.

Is the above statement true with regard to:

- Directors and Officers and Entity Liability      Yes  No
- Employment Practices Liability                      Yes  No
- Pension Trust Liability                                  Yes  No
- Employed Lawyers Professional Liability          Yes  No
- Media Liability    Yes  No

(If No was checked with respect to any of the above, please attach complete details regarding those claims, suits, investigations or actions).

8a. (Please answer if applying for Pension Trust Liability) Has there been or is there pending any inquiry or investigation, or any violation of ERISA or any similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, to which an Applicant plan is subject?

Yes  No  (If Yes, please attach complete details.)

9. Does the Named Applicant, its subsidiaries, or any director, officer or employee of the Applicant know of any act, error or omission, which could give rise to a claim(s), suit(s) or action(s) under the proposed policy with regard to:

- Directors and Officers and Entity Liability      Yes  No
- Employment Practices Liability                      Yes  No
- Pension Trust Liability                                  Yes  No
- Employed Lawyers Professional Liability          Yes  No
- Media Liability    Yes  No

(If Yes, please attach complete details.)

10. Has any employed lawyer been the subject of a reprimand or disciplined by, or refused admission to a federal or state bar, court or administrative agency? Yes  No  (If Yes, please attach complete details.)

*It is agreed that with respect to Questions 8 through 10 above, if such claim(s), suit(s), investigation(s), action(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), or inquiry and any claim or action arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.*

**Section B.**

**FINANCIAL INFORMATION**

**Please provide the following financial information for the Applicant and its Subsidiaries.**

***Information needs to be from within the last 24 months.***

Based on Financial Statements Dated: \_\_\_\_\_ / \_\_\_\_\_ (Year/Month)

1. Has any auditor issued a "going concern" opinion for the Named Applicant or any of its Subsidiaries' financial statements or is the Named Applicant or any of its Subsidiaries declaring bankruptcy or has the Named Applicant or any of its Subsidiaries declared bankruptcy or operated under a different name in the last 7 years? Yes  No
2.  Net Income or  Net Loss  
Please specify the amount of the Net Income or Net Loss:  
 0 - \$1,000,000     \$1,000,001 - \$5,000,000     \$5,000,001 - \$10,000,000  
 \$10,000,001 - \$25,000,000    Other: \$ \_\_\_\_\_
3. Years of Operation?  Less than 1 year     1 < 2 years     2 < 3 years  
 3 < 5 years     Over 5 years
4. Is the Applicant currently operating with positive retained earnings? Yes  No
5. Total Assets: \$ \_\_\_\_\_
6. Total Liabilities \$ \_\_\_\_\_

**Section C.**

**DIRECTORS AND OFFICERS INFORMATION** Coverage Requested? Yes  No

Please complete this Section if applying for this coverage.

1. Do all shareholders that own 25% or more of the voting shares, either directly or beneficially, have a representative on the board of directors? Yes  No
2. Does any Applicant provide services to its customers or clients for a fee or compensation?  
Yes  No

3. Within the last 12 months, has any Applicant had an offering of securities exempted pursuant to section 3(b) of the Securities Act of 1933? Yes  No
4. Does the Named Applicant or any of its Subsidiaries act as a franchisor? Yes  No

**Section D.**

**EMPLOYMENT PRACTICES INFORMATION** Coverage Requested? Yes  No

Please complete this Section if applying for this coverage.

1. Please Complete the Grid below:

Number of Employees: (Non-Union or Union)	CA	DC, FL, TX or MI	All Other States
Non-Union Full-Time			
Non-Union Part-Time			
Union Full-Time			
Union Part-Time			
Total			

2. By what means does the applicant ensure that each employee is aware of his or her rights under state and federal employment laws, including the right to work free from discrimination or harassment in the workplace?  
 Employee Handbook  Website  Handouts/Bulletins  Verbal  None
3. Has the Applicant implemented a formal procedure for recording and handling employee discrimination and harassment complaints? Yes  No .
4. Has a discrimination or harassment claim been filed against an executive or officer in the last 5 years?  
 Yes  No  
 If yes, please describe the claim, the disposition of same and the disciplinary action taken against that executive or officer.
5. Does the Applicant ensure that each employee is aware of state and federal discrimination, sexual harassment and civil rights laws with respect to third parties (i.e. clients or customers)?  
 Yes  No
6. Has the Applicant implemented a formal procedure for recording and handling the discrimination, sexual harassment and civil rights complaints of third parties (i.e. customers or clients)?  
 Yes  No

**Section E.**

**PENSION TRUST INFORMATION** Coverage Requested? Yes  No

Please complete this Section if applying for this coverage.

1. List of Plans for which coverage is requested:

Full name of plan to be covered.	Type of Plan (fill in all that apply)*	Does the Plan invest in employer securities? (Y/N)	Total amount of plan assets	Are all plan assets held in trust by a bank, registered investment company or insurance company? (Y/N)	Does the Plan hold or permit investment in collectibles? (Y/N)
1.					
2.					
3.					
4.					

\*Types of Plans:

1 = 401(k)	2 = Profit Sharing	3 = ESOP	4 = Money Purchase Pension	5 = Defined Benefit
6 = Cash Balance	7 = Welfare Benefit	8 = Stock Option Plan	9 = Multiemployer Plan or Multiple Employer Plan	10 = Other

2. Has any plan for which coverage is requested been spun off (sold), or terminated or is any such transaction contemplated? Yes  No

**Section F.**

**EMPLOYED LAWYERS PROFESSIONAL LIABILITY INFORMATION** Coverage Requested? Yes  No

Please complete this Section if applying for this coverage.

- Please provide the number of attorneys employed by the Applicant in their capacity as such: \_\_\_\_\_
- Does the Applicant's legal department provide legal advice or issue a legal opinion with respect to securities law or certify a registration statement filed under the Securities Exchange Act of 1934?  
Yes  No

**Section G.**

**CRIME INFORMATION** Coverage Requested? Yes  No

Please complete this Section if applying for this coverage.

1. Has the Applicant experienced any of the following losses in the past three years or if in business less than three years, since the date of formation (whether insured or not):

- |   |  |
|---|--|
| Employee Theft?                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Forgery or Alteration?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Theft of Money and Securities (Inside/Outside)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any Other Crime or Fidelity related losses?     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(if Yes, please attach complete details).

- Applicant's Primary Nature of Business Category? \_\_\_\_\_  
Applicant's Primary Nature of Business? \_\_\_\_\_
- Applicant's total number of locations? \_\_\_\_\_  
State \_\_\_\_\_ County \_\_\_\_\_ Number of Locations \_\_\_\_\_

4. Applicant's total number of employees?

\_\_\_\_\_

Of the total employees listed above, how many employees handle, have access to or maintain records of money, securities or other property (including, but not limited to, directors, officers, trustees and any person handling or having access to employee welfare or benefit plan assets)?

\_\_\_\_\_

5. Are the Applicant's bank accounts reconciled on a monthly basis? Yes  No
6. Is the reconciliation done by someone not authorized to deposit or withdraw therefrom, at all locations? Yes  No
7. Does the Applicant have countersignature of checks or a voucher system in place? Yes  No
8. Does the Applicant have an audit prepared by an independent CPA at least annually? Yes  No
9. Does the Applicant sponsor any employee welfare or retirement plan for its employees? Yes  No

10. If applying for Guests' Property, indicate the number of locations and number of rooms:

Number of locations: \_\_\_\_\_ Number of rooms: \_\_\_\_\_

**Section H.**

**AIG netADVANTAGE INTERNET MEDIA LIABILITY INFORMATION** Coverage Requested? Yes  No

Please complete this Section if applying for this coverage.

1. Does Applicant have a review process in place to screen material (including, without limitation, domain names) displayed on its Internet site?  Yes  No

If "yes," check those categories that Applicant screens for:

Libel and slander  Trademark Infringement  Copyright Infringement  Privacy Infringement

If "yes," is the screening conducted by, or under the supervision of, a qualified attorney?  Yes  No

2. Does Applicant have an established procedure for deleting or editing controversial, offensive (e.g. libelous content) and infringing material (e.g. copyright, trademark, or privacy) displayed on Applicant's Internet site?  Yes  No

3. Does Applicant scan material for viruses or other malicious code before displaying it on its Internet site?  Yes  No

4. Does Applicant display material created or supplied by third parties (e.g. text, videos or music) in electronic form on its Internet site?  Yes  No

If "yes," does Applicant:

- with respect to material supplied by a third party, obtain prior written clearance from the third party that *specifically* permits Applicant to display such material on its Internet site?  Yes  No

- with respect to material created by Applicant's Internet site developers/consultants, does Applicant enter into a contract that provides that Applicant owns the intellectual property rights to the material created by such developers/consultants?  Yes  No

5. Please enter the Applicant's web site home page address(es):

6. Is the Applicant aware of any pending or prior incident, circumstance, event or litigation during the last three years concerning the content of the Applicant's web site which may reasonably be expected to give rise to a claim or would have given rise to a claim if similar insurance was in force for coverage or benefits provided by this insurance? Yes  No

If "yes," enter details of such claims here:

(if more room is needed, continue on separate sheet of paper and attach to application)  
*It is agreed that with respect to Question 6 above, if such prior incident, circumstance, event or litigation exists, then such prior incident, circumstance, event or litigation and any claim or action arising therefrom excluded from the proposed coverage.*

**Section I.  
 POLICY COVERAGE DETAILS**

AGGREGATE LIMIT OF LIABILITY REQUESTED FOR ALL COVERAGE SECTIONS, OTHER THAN CRIME:  
 \$ \_\_\_\_\_

Coverage	Sublimit of Liability Requested:	Self-Insured Retention Requested (Corporate Liability)	Self-Insured Retention Requested (Non Indemnifiable Loss)	Self-Insured Retention Requested (Indemnifiable Loss)
Directors and Officers				
Employment Practices				
Pension Trust Liability		N.A		
Employed Lawyers Professional Liability		N.A		
AIG netAdvantage Internet Media Liability		N.A		

**Crime Policy Coverage(s)**

Please complete for each coverage requested.

EMPLOYEE THEFT

LIMIT OF LIABILITY: \$ \_\_\_\_\_

DEDUCTIBLE: \$ \_\_\_\_\_

FORGERY OR ALTERATION

LIMIT OF LIABILITY: \$ \_\_\_\_\_

DEDUCTIBLE: \$ \_\_\_\_\_

INSIDE THE PREMISES - THEFT OF MONEY AND SECURITIES

LIMIT OF LIABILITY: \$ \_\_\_\_\_

DEDUCTIBLE: \$ \_\_\_\_\_

<input type="checkbox"/> OUTSIDE THE PREMISES	<input type="checkbox"/> COMPUTER FRAUD
LIMIT OF LIABILITY: \$ _____	LIMIT OF LIABILITY: \$ _____
DEDUCTIBLE: \$ _____	DEDUCTIBLE: \$ _____
<input type="checkbox"/> MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	
LIMIT OF LIABILITY: \$ _____	
DEDUCTIBLE: \$ _____	
<input type="checkbox"/> INSIDE THE PREMISES - ROBBERY OR SAFE BURGLARY OF OTHER PROPERTY	
LIMIT OF LIABILITY: \$ _____	
DEDUCTIBLE: \$ _____	
<input type="checkbox"/> FUNDS TRANSFER	
LIMIT OF LIABILITY: \$ _____	
DEDUCTIBLE: \$ _____	
<input type="checkbox"/> CLIENTS' PROPERTY	
LIMIT OF LIABILITY: \$ _____	
DEDUCTIBLE: \$ _____	
<input type="checkbox"/> GUESTS' PROPERTY (SAFE DEPOSIT)	
LIMIT OF LIABILITY: \$ _____	
<input type="checkbox"/> GUESTS' PROPERTY (PREMISES)	
LIMIT OF LIABILITY: \$ _____	

**Section J.  
CURRENT INSURANCE DETAILS**

For the Coverages the Applicant is applying for via this Application (for which the Applicant currently has similar insurance), provide the following details of such current insurance:

Coverage	Does the Applicant currently have such insurance?		If Yes, provide Expiration date of current policy.	Current Limit	Current Retention	Current Premium	Current Carrier	Continuity Date	Loss Experience in prior 3 years? Yes/No If Yes, attach details
	Yes	No							
Directors and Officers									
Employment Practices									
Pension Trust Liability									
Crime								N/A	
Employed Lawyers Professional Liability									
NetAdvantage Internet Media Liability								Retroactive Date:	



Does the Applicant have a Risk Manager or Equivalent? Yes  No

Name of Risk Manager or Equivalent: \_\_\_\_\_

**WE HAVE THE RIGHT TO ASK FOR THE FOLLOWING ADDITIONAL INFORMATION:**

1. Completed, Signed and Currently Dated Original Application.
2. Copy of the indemnification provisions of the Applicant's charter and by-laws.
3. Copy of the Applicant's Employee Handbook and Human Resources Manual.
4. Latest Applicant Financials (with Treasurers Warranty Letter if not audited.)
5. Mainform Application from current carrier (if applicable).
6. List of all direct and indirect Subsidiaries, include as to each the nature of business operation, percentage of ownership and whether such Subsidiaries are domestic or foreign.
7. List of all Directors and Officers of the Applicant and as to each provide any affiliations with other corporations.
8. Copy of Registration Statement(s).
9. For the Applicant's five largest Pension Plans (in terms of total assets), copies of the most recent Form 5500s with all attachments, including the latest CPA-audited financial statements (if applicable). If plans are exempt from audit, please provide investment portfolios.
10. For each Applicant Plan whose assets at any time within twelve months prior to the inception date of this policy was comprised of 20% or more of securities of the Named Entity, the latest CPA-audited financial statement (with investment portfolio). If such Plan holds securities that are not publicly traded, then also submit a copy of the most recent independent appraisal of such securities.
11. Written plan description and latest financial statement, if applicable, for any Applicant non-qualified plans.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION 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 QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

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 ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS 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.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

**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 AND NEW MEXICO 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.

**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 AND VIRGINIA 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.

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

Date \_\_\_\_\_  
Title \_\_\_\_\_

Corporation \_\_\_\_\_  
(Must be signed by Chairman of the Board or President)

(Corporate Seal)

Attest \_\_\_\_\_  
Broker \_\_\_\_\_  
License Number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy for all Coverage Sections other than the Crime Coverage Section shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges the he/she is aware that, with respect to all Coverage Sections, other than the Crime Coverage Section, legal defense costs that are incurred shall be applied against the retention amount.

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

Date \_\_\_\_\_  
Title \_\_\_\_\_

(Must be signed by Chairman of the Board or President)