



# Application for Technology E&O and Privacy Liability Insurance

**THIS IS AN APPLICATION FOR TECHNOLOGY E&O AND PRIVACY LIABILITY COVERAGE. SUBJECT TO ITS TERMS, THE PROPOSED POLICY PROVIDES COVERAGE FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. THE APPLICABLE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. PLEASE READ AND REVIEW THE POLICY CAREFULLY.**

- This Application must be completed in full.
- If additional space is required for a response, include such response in an attachment to this Application, clearly identifying the Application question for which a response is being provided.
- Whenever used in this Application, the terms "Applicant," "You" or "Your Company" shall mean the organization proposed as the Named Insured and any Subsidiaries thereof, and their respective directors, officers, trustees, governors and employees.
- We treat all Application as confidential.

### 1. COVERAGE REQUESTED

Please check all those coverages being requested by the Applicant.

- Technology E&O Liability (Insuring Agreement A)
- Privacy Liability (Insuring Agreement B)
- Network Security Liability (Insuring Agreement C)
- Media and Intellectual Property Liability (Insuring Agreement D)

### 2. INSURANCE INFORMATION

Does the Applicant currently have the following insurance coverage in place?

- Technology Errors and Omissions Liability Yes  No
- Privacy Liability Yes  No
- Network Security Liability Yes  No
- Media and Intellectual Property Liability Yes  No

If "Yes," please provide the following (attach a separate sheet if more than one Policy):

Carrier:  Limit:   
 Deductible:  Premium:   
 Retro Date:  Expiration Date:

### 3. GENERAL INFORMATION

(a) Applicant's Name:

Officer of the Applicant designated to receive all notices from the Insurer:

Name:  Title:   
 Phone Number:  Email Address:

(b) Principal Address:

Street:

City:

State:

Zip Code:

(c) State of Incorporation (if different from state identified in b. above):

(d) Year Organization Established:

(e) Current Number of Employees:

(f) Website Addresses:

If any of these websites have a password protected or member/subscriber area, please provide temporary passwords and ID's lasting no longer than two weeks from the date of this application:

(g) Does the Applicant organization have a Parent Entity? Yes  No   
If "Yes," please provide details in a separate attachment (name, address, contact person).

(h) Is the Applicant currently or in the next 12 months planning to be involved in, or has the Applicant in the past 24 months been involved in a merger, acquisition or divestment (whether or not such transaction was actually completed)? Yes  No   
If "Yes," please provide details in a separate attachment.

(i) Please provide the following revenue information:

Use Fiscal Year basis	Prior Year	Current Year	Next Year (est.)
Total Revenue (\$'s)	<input type="text"/>	<input type="text"/>	<input type="text"/>

(j) Risk Manager's Name:

Mailing Address:

Phone Number:

Email Address:

(k) Are you a public company, or a public reporting company under the Securities Exchange Act of 1934? Yes  No

(l) Describe the Applicant's primary business operations:

(m) In connection with Your business operations description above, what are Your primary technology roles?

What are Your primary technology roles? (check all that apply if more than one)	Select	List any key 3 <sup>rd</sup> -Party technology suppliers or providers that assist You in this role.
<b>Builder</b> of a packaged technology product (like software or hardware) for business customers	<input type="checkbox"/>	<input type="text"/>
<b>Provider</b> of onsite technical or consulting services for system design, implementation, integration, custom software, training, or IT maintenance	<input type="checkbox"/>	<input type="text"/>
<b>Operator</b> of an internet-based or hosted <i>business-to-business</i> or <i>business-to-government</i> service such as an ASP, data processor, data storage	<input type="checkbox"/>	<input type="text"/>

<b>Operator</b> of an internet-based <i>consumer business</i> such as e-commerce, ISP, web portal, or media / publisher (online and dynamic content intensive business)	<input type="checkbox"/>	<input type="text"/>
<b>User</b> of technology (in support of primary business model) with information automation, multiple web sites, and significant aggregation of third party data	<input type="checkbox"/>	<input type="text"/>

- (o) Business Description (please select all that apply):
- |  |                      |                      |
|--|----------------------|----------------------|
| <input type="checkbox"/> Pre-Packaged Software Company                                     | <input type="text"/> | % of Revenue         |
| <input type="checkbox"/> Application Service Provider (ASP)                                | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Software & Services   | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> IT Consultant   | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Data Processor, Data Storage                                      | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Technology Services (installation, training, integration, advice) | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Internet Technology Services (e-Commerce, online business)        | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Other Technology Services: <input type="text"/>                   | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Other Information Services: <input type="text"/>                  | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Other: <input type="text"/>                                       | <input type="text"/> | <input type="text"/> |
|  |                      | 100%                 |

(p) Please indicate the percentage of Your annual revenues derived from the following industries/sectors.

Industry or Business Sector	Percentage of Annual Revenues (%)
Defense, Military, Aerospace	<input type="text"/>
Fire, Security or other Emergency	<input type="text"/>
Financial Services	<input type="text"/>
Games (other than Gambling)	<input type="text"/>
Gambling	<input type="text"/>
Healthcare, Medical	<input type="text"/>
Information Security, Privacy	<input type="text"/>
Manufacturing, Industrial Processing	<input type="text"/>
Media, Entertainment (Music, TV, etc.)	<input type="text"/>
Personal Computers, Home Computer Systems	<input type="text"/>
Pollution, Environmental	<input type="text"/>
Public Entities, Municipalities (other than Defense)	<input type="text"/>
Retail	<input type="text"/>
Utilities	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>

#### 4. CONTRACTS AND AGREEMENTS

- (a) List the Applicant's five largest client contracts (in terms of revenue produced) in the last three (3) years. Include the name of party contracting with, a description of the product or services provided by Applicant under such contract, the estimated total contract value (revenue received by Applicant), and the duration of each contract.

Clients	Product and/or Services	Total Contract Value	Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- (b) Indicate the Applicant's average client contract value (revenue received by Applicant) and contract duration:

Average Value                       Average Duration

- (c) Does the Applicant require written contracts for all services provided to clients?                      Yes  No   
 If "No," please explain what Your procedures are in a separate attachment.
- (d) Are all contracts and agreements approved by counsel (in-house or external)?                      Yes  No
- (e) Are contract modifications and amendments approved by counsel (in-house or external)?                      Yes  No
- (f) Are all contract modifications and amendments made in writing and signed by both parties?                      Yes  No
- (g) Does the Application require clients to provide written acknowledgement or acceptance of:  
 (i) pre-defined milestones under its contracts or agreements?                      Yes  No   
 (ii) final completion of contract terms?                      Yes  No
- (h) Does the Applicant employ a contract administrator or the functional equivalent?                      Yes  No   
 If "Yes," please indicate name and title, briefly describe their function:

**5. QUALITY CONTROL**

- (a) Are the following processes/procedures employed by the Applicant (check all that apply)?
- Written Client Complaint Resolution Procedures
  - Formal Client Evaluation and Acceptance Procedures
  - Post-Implementation Evaluation of review Process
  - Written Contract Management Procedure
  - Written Record Retention Policy
  - Written Functional Specification Requirements
  - Alpha or Beta Testing
  - Pre-Release Testing for Malicious Code and Security Flaws
  - IT Consulting/Development Work Approval Procedure
  - TQM, CMM, Six Sigma or other Standardized Process Improvement Methodology
- (b) If checked above, please summarize Applicant's procedure for testing products prior to release (Beta Testing):
- (c) If checked above, please summarize Applicant's procedure for testing products for malicious code and security flaws prior to release:

- (d) If checked above, please summarize Applicant's procedure for customer complaint resolution, including a description of the escalation process:
- (e) If checked above, please summarize Applicant's procedure for approving IT Consulting/Development work performed for customers:

**6. INDEPENDENT CONTRACTORS AND VENDORS**

- (a) What percentage of Your services are performed by independent contractors? %
- (b) Please describe Your usage of independent contractors in connection with the services or products proposed for coverage under the Policy:
- (c) Do You require a written contract for each independent contractor? Yes  No   
If "No," please explain in a separate attachment.
- (d) Do You require a written contract for each vendor? Yes  No   
If "No," please explain in a separate attachment.
- (e) Do You require independent contractors and vendors to provide proof of:  
 (i) E&O Insurance? Yes  No   
 (ii) Network Security Insurance? Yes  No   
 If "Yes," to either, at what Limits of Liability? \$   
 If "No," to either, please explain in a separate attachment.
- (f) Do You have a vendor or VAR Certification process, which is conducted in advance of entering into an agreement with them? Yes  No   
If "Yes," please summarize Applicant's procedure:
- (g) Do you have a process to evaluate and improve the technical competence of independent contractors in advance of entering into an agreement with them? Yes  No   
If "Yes," please summarize Applicant's procedure:
- (h) As part of your evaluation process of independent contractors, do You conduct:  
 (i) background checks? Yes  No   
 (ii) drug testing? Yes  No   
 (iii) reference checks? Yes  No

**7. PRIVACY AND HOW YOU MANAGE IT**

- (a) Please quantify (by number of individual records) the Personally Identifiable Information (PII)\* the Applicant currently stores within its Network. (If unable to provide an exact number, please provide a best estimate, and describe the methodology at arriving at this estimate.) #   
Methodology:

\* Personally Identifiable Information is information from which an individual may be uniquely and reliably identified, including, but not limited to an individual's name, address, telephone number, in combination with their social security number, account relationships, account numbers, passwords, PIN numbers, credit or debit card numbers, biometric information, Nonpublic Personal Information as defined by Gramm-Leach Biley Act of 1999, or Personal Health Information ("PHI") as defined by the Health Insurance Portability Act of 1996 ("HIPAA").

- (b) Describe how the Applicant stores PII within its Network.
- (c) Within the last three years, has any proposed Insured ever been the subject of a complaint involving a privacy violation by a business customer, a consumer, or a government agency? Yes  No

Explain the nature of the complaint and the outcome:

(d) Do You have a third party endorsement or certification of your privacy process and practices? Yes  No   
 Name privacy endorsement (ie, TRUSTe, eTrust) and date of last assessment:

(e) Complete the table below to explain the nature of the 3<sup>rd</sup> party data Your company accesses or hosts when servicing clients?

Nature of 3 <sup>rd</sup> party data	<u>Accessed</u> by Applicant while performing services	Data <u>Hosted</u> by the Applicant
Business Client / Financial related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal Client / Financial related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal / HR related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal / Health related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company / IP related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Government related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company / Sales related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company / Product design related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company / Accounting related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consumer related (ie, e-commerce data)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other: x	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(f) Do You require users to actively acknowledge and accept your Privacy Policy? Yes  No

(g) Has Your Privacy Policy been reviewed by an attorney? Yes  No

(h) Do You annually assess your compliance processes and employee practices against any regulatory data protection standards (such as HIPAA, GLB, and state provisions like CA1386)? Yes  No

(i) Do You have specific privacy provisions in Your Sub-Contracting Agreements? Yes  No

Please provide a copy of the most recent standard Sub-Contractor Agreement used by You.

## 8. NETWORK SECURITY AND HOW YOU MANAGE IT

Please have a senior IT member (such as CIO or Chief Security Officer) complete this section.

(a) Do You utilize and regularly review results of automated data auditing which continually monitors, records, analyzes, and reports on Your database activity? Yes  No

(b) Have You retained a third party to conduct an audit of Your network security process and practices? Yes  No

If "Yes," please provide the name of security audit firm and the date of last assessment:

(c) Please indicate the security maturity of Your organization below. Please write "N/A" if it is not applicable to Your business.

Security Controls	Phase of implementation		
	Not Started	In Progress	Complete and implemented
ISO 17799 procedures	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIPAA procedures	<input type="text"/>	<input type="text"/>	<input type="text"/>
GLB procedures	<input type="text"/>	<input type="text"/>	<input type="text"/>
Information security response plan formalized?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Assigned one person or group responsible for IT security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (d) List the brand of Your Firewall Technologies:
- (e) List the brand of Your Intrusion Detection or Intrusion Protection Technologies:
- (f) List the brand of Your data encryption technologies:
- (g) Please describe any other IT security measures (such as IDS/IPS; Data Leakage Tools, etc.) already implemented:
- (h) Are Wireless Access Points (WAPs) available within the Applicant's environment? Yes  No   
 If "Yes," explain the role that WAPs serve within the Applicant organization:   
 Describe any security mechanisms currently in place for WAPs:
- (i) Please describe any security mechanisms in place for laptops (such as whole disc encryption):
- (j) Please describe any security mechanisms in place for backups including any encryption strategies:
- (k) Do You encrypt all company confidential information as well as personally sensitive data? Yes  No
- (l) Within the last three years, have You ever had an improper network security breach by an employee?  
 Never  1-3 times  more than 3  more than 10   
 Please describe the result or impact of the breach:
- (m) Do You have physical security measures in place to control and monitor human access to Your main servers and sensitive information? Yes  No   
 Please list measures:
- (n) Within the last three years, have You experienced a network security breach that resulted from the unauthorized access of a third party (ie, "hacker")? Yes  No   
 If "Yes," please explain the cause, date of occurrence, damage to client, and remedial actions to prevent the same occurrence.
- (o) Indicate the acceptable unplanned down time of Your computer system based on Your customers' needs.  
 Less than 1 hour  Less than 12 hours  Less than 24 hours  Not important
- (p) How long does it take You to restore Your operations after a computer attack or unplanned system outage?  
 Less than 1 hour  Less than 12 hours  Less than 24 hours  Not important

**9. ERRORS AND OMISSIONS**

- (a) Within the last three years have You recalled any product from the market? Yes  No   
 If "Yes," explain (number of customers effected, cost to You, describe circumstances):
- (b) Within the last three years have You given a refund for any of Your products or services, which refund was offered to multiple customers? Yes  No   
 If "Yes," explain (number of customers effected, cost to You, describe circumstances):

(c) Product/Service Discontinuance

- (1) Has the Applicant discontinued any product in the last three (3) years? Yes  No   
If "Yes," has the Applicant continued to provide maintenance/service after the discontinuance? Yes  No
- (2) Has the Applicant discontinued any service in the last three (3) years? Yes  No

**10. MEDIA (COMPLETE ONLY IF YOU ARE APPLYING FOR THIS COVERAGE.)**

- (a) How many externally facing websites do you manage (ie, websites for customers, partners, or investors)?  
1-3  4-7  More than 7

- (b) Describe the function of these externally facing websites (check all that apply):

- Basic Informational:** just information and content about what you do  
 **Content aggregation:** content from different 3<sup>rd</sup> party sources  
 **Interactive:** visitors can interact with the site for customer service, informational requests, etc.  
 **e-Commerce:** for the buying / selling of goods and services  
 **Transactional:** banking transactions to include the trading of securities

- (c) Does the Applicant have a formal and active review process to screen matter, including online content and content provided by third parties, for the following offenses prior to dissemination, publication, broadcast, or distribution (check all that apply)?

- Privacy Violations Yes  No   
Defamation Yes  No   
Trademark Infringement Yes  No   
Copyright Infringement Yes  No   
Other

- (d) Check the Intellectual Property ("IP") protections employed in the Applicant's business:

IP Controls	Not Started	In Progress	Complete and Regularly in use
IP protection within Employee Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IP protection within Non-Disclosure Agreements (NDA) with all 3 <sup>rd</sup> parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Art Searches by legal professional (internal or external)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquisition of all necessary IP rights via licenses, releases, or consents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual training of employees regarding patent, copyright, and trademark issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquire written permission of internet sites You link to or frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (e) Do You require independent contractors and vendors or others who provide You with copyrightable materials to do the following:

- (i) assign or license to You their rights to any copyrightable materials, in writing? Yes  No   
(ii) warrant that their work does not violate the IP rights of others? Yes  No   
(iii) indemnify and hold you harmless should an IP infringement claim be made against You involving their work? Yes  No

- (f) Do You sell, distribute or develop software bound by an open source license? Yes  No



- (g) Do You have written policies or procedures in place for:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (i) auditing Your use of software licenses?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) determining if open source code is used during Your software development efforts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) avoiding copyright infringement with regard to software or computer code?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- If "No," to any of the above, please briefly describe Your procedures in a separate attachment.

## 11. ACTUAL OR POTENTIAL CLAIMS

- (a) During the last five years, have any claims, suits or regulatory proceedings been made against any proposed insured? Yes  No
- (b) Has any claim, suit or regulatory proceeding against any proposed insured ever resulted in a loss (including both indemnity payments and defense expenses) in excess of \$25,000? Yes  No
- (c) Within the last five years, has any party proposed for coverage given notice of any fact or circumstance which could give rise to a claim, suit or regulatory proceeding? Yes  No
- (d) Is any party proposed for coverage, aware of any fact or circumstance which could give rise to a claim, suit or regulatory proceeding? Yes  No

**WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE INSURER, IT IS AGREED THAT ANY MATTER REQUIRED TO BE DISCLOSED IN RESPONSE TO THE ABOVE QUESTIONS, AND ANY CLAIM ARISING FROM OR RELATED TO SUCH MATTER, IS EXCLUDED FROM ALL PROPOSED INSURANCE.**

## 12. ADDITIONAL APPLICATION MATERIALS

At the discretion of the Insurer, and as is relevant to the requested coverage(s), the following materials may be required.

- Any specific Claim or Potential Claim information.
- The most recent fiscal year-end and interim financial statements.
- The latest edition of the Applicant's Internet and Network Security Policy.
- The latest edition of the Applicant's Privacy Policy.
- A copy of Your standard Customer Agreement.
- A copy of Your standard Sub-Contractor Agreement.

## 13. NOTICE TO APPLICANT

The Undersigned warrants that to the best of his/her knowledge and belief, the statements set forth herein are true. The **Insurer** will have relied upon this **Application** in issuing any policy. The **Insurer** is hereby authorized to make any investigations and inquiry in connection with the information, statements and disclosures provided in this **Application**.

The signing of the **Application** does not bind the Undersigned to purchase the insurance, nor does review of this **Application** bind the **Insurer** to issue a policy. It is agreed that this **Application** shall be the basis of the contract should a policy be issued. This **Application** shall be attached and will become part of the policy. All written statements 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 declares that the person(s) and entity(ies) proposed for this insurance understand that:

- The **Policy** shall apply only to **Claims** made during the **Policy Period** or Extended Reporting Period (if applicable);

- The limit of liability contained in the **Policy** shall be reduced, and may be completely exhausted, by **Defense Expenses**, and, in such event, the **Insurer** shall not be liable for **Defense Expenses** or for the amount of any judgment or settlement to the extent that such cost exceeds the limit of liability in the **Policy**; and
- **Defense Expenses** that are incurred shall be applied against the retention amount.

#### **14. MATERIAL CHANGE**

The Undersigned further declares that if any occurrence or event that takes place prior to the effective date of the insurance for which application is being made which may render inaccurate, untrue, or incomplete any statement made, such occurrence or event will immediately be reported in writing to the **Insurer**. The **Insurer** may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

#### **15. FRAUD WARNINGS**

**NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.**

**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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 AGENCIES.**

**NOTICE TO DISTRICT OF COLUMBIA, MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.**

**NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF 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 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 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 CIVIL FINES AND CRIMINAL PENALTIES.**

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

**NOTICE TO NEW JERSEY 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 SUCH VIOLATION.**

**NOTICE TO OKLAHOMA APPLICANTS: 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.**

**NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.**

**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 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.**

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED BY ONE OF THE FOLLOWING INDIVIDUALS WHO IS AUTHORIZED TO SIGN ON BEHALF OF ALL INSURED INCLUDING THE INSURED ENTITY AND ANY PERSONS FOR WHOM THE INSURANCE IS TO BE PROVIDED: THE CHAIRMAN OF THE BOARD, PRESIDENT OR CEO.**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_