



ARGO INSURANCE

Member Argo Group

ARGO Private PlaybookSM Private Company Management Liability MAINFORM APPLICATION

THIS IS AN APPLICATION FOR ONE OR MORE COVERAGE SECTIONS OF A POLICY. EACH COVERAGE SECTION IS WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. THE WRITTEN STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND ANY MATERIALS OR INFORMATION SUBMITTED WITH THIS APPLICATION ARE INCORPORATED INTO, AND WILL FORM THE BASIS OF, ANY POLICY OF INSURANCE ISSUED BY THE INSURER.

IF A POLICY IS ISSUED, COVERED DEFENSE COSTS AND OTHER EXPENSES WILL REDUCE THE POLICY'S LIMIT OF LIABILITY AND, EXCEPT AS OTHERWISE SPECIFIED IN ANY SPECIFIC COVERAGE SECTION, WILL BE SUBJECT TO THE POLICY'S RETENTION PROVISIONS.

Please answer all questions completely and submit the requested information and/or documentation under Sections **A., B., C., D., E., J. and K.** of this **Application** and under the specific section of this **Application** pertaining to each **Coverage Section** that is requested. Bold-faced terms within this **Application** that are defined in the General Terms and Conditions Section or within those sections of this **Application** specifically relating to a particular **Coverage Section** of the **Insurer's** current standard Private PlaybookSM, shall have the same meaning in this **Application**. The use of the word **Company** shall refer to the proposed **Policyholder** and each **Subsidiary** for which coverage is requested. The **Insurer** will hold this **Application** (and all materials submitted herewith) in confidence.

A. GENERAL INFORMATION

1. Proposed **Policyholder**: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Website: _____
Date of Incorporation/Formation: _____ State of Incorporation/Formation: _____
Legal Structure of the Policyholder: _____
(e.g., corporation, general partnership, LLC)

2. Please attach a list of the current **Subsidiaries** of the Proposed **Policyholder**, including the legal structure of each entity and ownership interest of the Proposed **Policyholder** in each entity.

3. Please describe the nature of the **Company's** business:

B. COVERAGE SECTIONS REQUESTED:

(Please check box only for the requested coverage)

- | | |
|--|--|
| 1. <input type="checkbox"/> Directors & Officers Liability | 3. <input type="checkbox"/> Fiduciary Liability |
| 2. <input type="checkbox"/> Employment Practices Liability | 4. <input type="checkbox"/> Miscellaneous Professional Liability |

C. LIMITS OF LIABILITY AND RETENTION REQUESTED

(If limits are to be shared with another Coverage Section, please specify that Coverage Section in the middle column labeled "Shared With.")

	Limits	Shared With	Retention
A. Directors & Officers Liability	\$		\$
B. Employment Practices Liability	\$		\$
C. Fiduciary Liability	\$		\$
D. Miscellaneous Professional Liability	\$		\$

1. If Employment Practices Liability is requested, is **Third Party Wrongful Act Coverage** requested?
 Yes No
2. If Fiduciary Liability is requested, is **Voluntary Compliance Loss Coverage** requested?
 Yes No

D. CURRENT INSURANCE INFORMATION

1. Please provide the following information.

	Limits	Policy Period	Premium
A. Directors & Officers Liability including Company Reimbursement	\$	to	\$
B. Side A Only	\$	to	\$
C. Side A DIC	\$	to	\$
D. Employment Practices Liability	\$	to	\$
E. Fiduciary Liability	\$	to	\$
F. Miscellaneous Professional Liability	\$	to	\$

2. Has any directors and officers liability policy, employment practices liability policy, fiduciary insurance policy, management liability policy, professional liability policy or any bond issued to or for the benefit of the **Company**, or any application for any of the foregoing coverages, ever been declined cancelled or refused renewal or has the **Company** ever received a request that any application for a bond or any insurance for any person or entity proposed for insurance be withdrawn? (Missouri applicants need not reply).

Yes No

If the response is Yes to question 2. above, please provide details.

E. COMPANY FINANCIAL INFORMATION

Please attach copies of the latest consolidated audited financial statements and annual reports.

	CURRENT FISCAL YEAR ____/____/____	PRIOR FISCAL YEAR ____/____/____
Total revenue		
Total assets		
Total Liabilities		
Net Income (Loss)		
Total Equity		

F. DIRECTORS & OFFICERS LIABILITY COVERAGE SECTION

Please complete only if the Directors & Officers Liability Coverage Section is requested.

1. Does the **Company** have any outstanding securities that are subject to registration under the Securities Act of 1933 or are publicly traded but exempt from registration under the Securities Exchange Act of 1933? Yes No

If the response is Yes to question 1. above, please provide details.

2. Is there any owner or group of affiliated owners who directly or beneficially own 5% or more of the **Company's** outstanding common equity shares? Yes No

If the response is Yes to question 2. above, please provide details.

3. In the next twelve months, does the **Company** contemplate or anticipate:
- a. any registration of debt or equity with the Securities and Exchange Commission or any similar state, local or foreign regulatory agency? Yes No
 - b. issuing any securities that are exempt from registration under the Securities Act of 1933? Yes No
 - c. any merger, consolidation, acquisition, divestiture or any sale or more than 10% of its total outstanding common equity shares? Yes No
 - d. any liquidation, bankruptcy, reorganization or assignment for the benefit of creditors? Yes No

If the response is Yes to any part of question 3. above, please provide details.

4. In the past year, has any director, president, chief operating officer, chief financial officer or general counsel left or joined the **Company**? Yes No

If the response is Yes to question 4. above, please provide details.

5. CLAIMS EXPERIENCE AND POTENTIAL EXPOSURES

- a. In the past three (3) years, has the **Company's** outside auditors noted any material weakness in the **Company's** internal controls? Yes No
- b. In the past year, has any licensed attorney employed by the **Company** in his or her capacity as such been disciplined, reprimanded, disbarred, suspended or refused admission by any court or governmental agency having jurisdiction over attorney licensing? Yes No
- c. In the past three (3) years, has any person or entity proposed for insurance been a party to any:
 - i. Anti-trust, copyright or patent litigation? Yes No
 - ii. Civil or criminal action or administrative or regulatory proceeding charging or investigating a possible violation of any federal or state securities law or regulation? Yes No
 - iii. Any other criminal action? Yes No
 - iv. Representative actions, class actions or derivative suits? Yes No
 - v. Bankruptcy, receivership or insolvency? Yes No
- d. Does any person or entity proposed for insurance have knowledge or information of any fact, circumstance or **Wrongful Act** which may reasonably be expected to give rise to a **Claim** against, or inquiry or investigation of, any such person or entity? Yes No

If the response is Yes to any part of question 5. above, please provide details.

It is understood and agreed that, without limiting any rights of the Insurer, if litigation, action,

proceeding, suit, bankruptcy, receivership, insolvency, knowledge or information exists in response to any part of question 5. above, any Claim arising therefrom shall be excluded from the proposed Coverage Section.

6. Please provide the following material:
- a. Charter, by-laws, articles of incorporation or other similar document pertaining to the formation or governance of the **Company**.
 - b. Any corporate indemnification agreement providing for the indemnification of **Insured Persons**.
 - c. A complete list of all directors of the **Company** by name and date of nomination to the board.

G. EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION

Please complete only if the Employment Practices Liability Coverage Section is requested.

1. **WORKFORCE INFORMATION** (Responses to encompass information for the **Company**, including all **Subsidiaries**)

- a. Total number of **Employees** _____
- b. Break down of **Employees**:

Type of Employee	Current Total Number	Total Number One Year Ago
Domestic (Full Time)		
Domestic (Part time, seasonal, temporary and or volunteers)		
Foreign (ROW- Full time and part time)		
Independent Contractors		
Leased Employees		

- c. Total number of **Employees** located in the following jurisdictions:

<u>Jurisdiction</u>	<u>Percent of Total Employees</u>
California	____%
District of Columbia	____%
Florida	____%
Michigan	____%
New Jersey	____%
New York	____%
Texas	____%

- d. Percentage of **Employees** unionized: ____%
- e. Are any collective bargaining agreements pertaining to unionized **Employees** coming up for renewal in the next 12 months?

Yes No

If the response is Yes to question 1.e above, please provide details.

- f. **Employee** turnover rate: Current Fiscal Year: _____ Prior Fiscal Year: _____

- g. Percentage of **Employees** earning:

<u>Compensation</u>	<u>Percent of Employees</u>
Less than \$50,000	____%
\$50,000 to \$100,000	____%
\$100,001 to \$250,000	____%
Greater than \$250,000	____%

2. **HUMAN RESOURCE PRACTICES AND POLICIES:**

- a. Does the **Company** have one or more human resource professionals or personnel department? Yes No
- b. Does the **Company** have an employee handbook or guidelines on employee conduct? Yes No
- c. Is the handbook or guidelines given to the **Employees** and must **Employees** certify receipt of such document(s)? Yes No
- d. Does the **Company** provide guidelines to **Employees** relating to Internet use and Social Networking use while on **Company** time or while using **Company** equipment? Yes No
- e. Does the **Company** require annual written performance reviews for all **Employees**? Yes No
- f. Does the **Company** maintain procedures for **Employees** to file complaints? Yes No
- g. Does the **Company** provide **Employees** with training seminars regarding **Discrimination** and **Harassment**? Yes No
If Yes, how often are such seminars held? _____
- h. Does the **Company** provide **Employees** with training on the Fair Labor Standards Act? Yes No
If Yes, how often are such seminars held? _____
- i. Does the **Company** provide **Employees** with training regarding the economic and trade sanctions administered by the Office of Foreign Assets Control? Yes No
If Yes, how often are such seminars held? _____
- j. Does the **Company** require all **Employee** terminations to be reviewed with human resources personnel and either in house or outside counsel? Yes No
- k. Is the **Company** a contractor with the federal government? Yes No
If the response is Yes to question 2.k, please provide copies of the Company's affirmative action plan and the results of any OFCCP audit.
- l. Does the **Company** in writing advise all **Employees** and applicants for employment that employment is "At Will"? Yes No

3. **THIRD PARTY LIABILITY** (complete only if **Third Party Wrongful Act Coverage** is requested.)

- a. Does the **Company** have written procedures and policies in place that govern **Employee** behavior when dealing with individuals outside the **Company**? Yes No
If the response is Yes to question 3.a please provide copies of those policies and procedures.
- b. Does the **Company** have in place written procedures and policies for the reporting to responsible senior management of complaints of **Discrimination** against, or **Harassment** of, individuals other than **Employees** or applicants for employment? Yes No
If the response is Yes to question 3.b, please provide copies of those policies and procedures and titles of the members of responsible senior management to whom such matters reported.
- c. What percentage of the **Company's Employees** deal with the general public, work at customers' locations or perform a majority of their functions off site? _____%

4. INTERNAL CLAIMS REPORTING PROCEDURES

Does the **Company** have in place written procedures and policies for the reporting to responsible senior management of lawsuits, administrative proceedings or inquiries, grievances or written complaints pertaining to employment practice issues? Yes No

If the response is Yes to question 4. please provide copies of those policies and procedures.

5. CLAIMS EXPERIENCE AND POTENTIAL EXPOSURES

a. In the past three years has there been any lawsuit or, administrative or grievance proceeding brought against, or investigation of, any person or entity proposed for insurance that relate to an **Employment Practices Wrongful Act**? Yes No

b. In the past three years has there been any lawsuit or, administrative or grievance proceeding brought against, or investigation of, any person or entity proposed for insurance that relate to a **Third Party Wrongful Act**? Yes No

(Complete Question 5.b only if **Third Party Wrongful Act Coverage** is requested.)

If the response is Yes to question 5.a or 5.b above, please provide details of all such matters.

c. Does any person or entity proposed for insurance have knowledge or information of any act, error, omission, fact or circumstance which may reasonably be expected to give rise to a **Claim** against any such person or entity for an **Employment Practices Wrongful Act**? Yes No

d. Does any person or entity proposed for insurance have knowledge or information of any act, error, omission, fact or circumstance which may reasonably be expected to give rise to a **Claim** against any such person or entity for a **Third Party Wrongful Act**? Yes No

(Complete Question 5.d. only if **Third Party Wrongful Act Coverage** is requested.)

If the response is Yes to question 5.c or 5.d above, please provide details.

It is understood and agreed that, without limiting any rights of the Insurer, if any litigation, action, proceeding, suit, knowledge or information exists in response to any part of question 5. above, any Claim arising therefrom shall be excluded from the proposed Coverage Section.

6. Please provide the following material:

- a. Employee Handbook and Guidelines.
- b. Human Resource Policies and Procedures most recent EEOC-1 report(s) for the **Company**.

H. FIDUCIARY COVERAGE SECTION

Please complete only if the Fiduciary Liability Coverage Section is requested.

1. PLAN INFORMATION

Please provide the following information for each **Plan** for which coverage is requested:

Plan Name and Plan Number	Type of Plan *	Number of Participants	Market Value of Plan Assets	Plan Status **

* Welfare (W); Defined Benefit (DB); Defined Contribution (DB); (**ESOP**); Other (O)

** Active (A); Merged (M); Sold (S); Terminated (T); Frozen (F)

2. Are any **Plans** over funded or under funded by more than 15%? Yes No

If the response is Yes to question 2. above, please provide details.

3. Are any of the **Plans'** assets invested in securities of, or issued by, the **Company**? Yes No

a. If Yes, are the investments in such securities directed by, or at the discretion of, **Plan** participants?

b. If Yes, what percentage of the **Company's** shares held in any such **Plans**? _____%

c. If Yes, is any such **Plan** an **ESOP**? Yes No

d. If the answer to c. above is Yes, is the **ESOP** leveraged? Yes No

4. Have any **Plan** benefits been modified within the last two years? Yes No

If the response is Yes to question 4. above, please provide details.

5. Are any modifications to **Plan** benefits contemplated in the next year? Yes No

If the response is Yes to question 5. above, please provide details.

(For the purposes of questions 4. and 5., a modification of benefits includes an increase in participants' share of costs.)

6. Are any **Plans** managed by independent third party administrator(s) or investment manager(s)? Yes No

a. If Yes, how often is the performance of any such third party reviewed?

b. If Yes, how often are guidelines or contracts governing the conduct and responsibilities of such third parties reviewed?

c. If Yes, is there a written procedure that is followed to assess the reasonableness of fees charged to or paid by the **Plans** for the services of such administrators or investment managers, including the fees relating to investments recommended by investment managers? Yes No

If the response is No to question 6.c. above, please provide details.

7. Does the **Company** have any non-qualified **Plans**? Yes No

If the response is Yes to question 7. above, please provide details.

8. Do all **Plans** conform to standards of eligibility, participation, vesting and other provisions of **Employee Benefits Law**? Yes No

If the response is No to question 8. above, please provide details.

9. Are **Plans** reviewed annually to assure that there are no violations of any **Plan** trust agreements or party in interest rules or any prohibited transactions? Yes No

If the response is No to question 9. above, please provide details.

10. In the last two years, have any **Plans**:

a. been terminated, suspended, merged or dissolved; or Yes No

b. been converted to a cash balance plan? Yes No

If the response is Yes to either part of question 10. above, please provide details.

11. Is any transaction described in any part of Question 10. contemplated in the next year? Yes No

If the response is Yes to question 11. above, please provide details.

12. Are there any outstanding delinquent contributions to any **Plan**? Yes No

If the response is Yes to question 12. above, please provide details.

13. Has any **Plan** requested or contemplated filing a request for a waiver of contributions? Yes No

If the response is Yes to question 13. above, please provide details.

14. Are **Plan** participants educated annually regarding investment alternatives? Yes No

If the response is No to question 14. above, please provide details.

15. **CLAIMS EXPERIENCE AND POTENTIAL EXPOSURES**

a. In the past three years has there been any lawsuit or administrative proceeding brought against, or investigation of, any person or entity proposed for insurance that relate to a **Wrongful Act**? Yes No

b. In the past three years has there been any lawsuit or administrative or grievance proceeding brought against, or investigation of, any person or entity proposed for insurance that relate to **Voluntary Compliance Loss**? Yes No

(Complete Question 15.b only if **Voluntary Compliance Loss Coverage** is requested.)

If the response is Yes to question 15.a or 15.b above, please provide details of all such matters.

c. Does any person or entity proposed for insurance have knowledge or information of any act, error, omission, fact or circumstance which may reasonably be expected to give rise to a **Claim** against any such person or entity for a **Wrongful Act**? Yes No

d. Does any person or entity proposed for insurance have knowledge or information of any act, error, omission, fact or circumstance which may reasonably be expected to give rise to **Voluntary Compliance Loss**? Yes No

(Complete Question 15.d only if **Voluntary Compliance Coverage** is requested.)

If the response is Yes to question 15.c or 15.d above, please provide details.

It is understood and agreed that, without limiting any rights of the Insurer, if any litigation, action, proceeding, suit, knowledge or information exists in response to any part of question 15. above, any Claim arising therefrom shall be excluded from the proposed Coverage Section.

16. Please provide the following material:

a. The latest audited financials for the five largest **Plans** as measured by the value of **Plan** assets. (If the assets of any such **Plan** are held in a Master Trust, please provide the Master Trust investment portfolio).

b. The latest audited financials for any **Plan** whose assets include securities of, or issued by, the **Company**.

I. **MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE SECTION**

Please complete only if the Miscellaneous Professional Liability Coverage Section is requested.

1. Please describe in detail the **Professional Services** for which coverage is requested. _____

2. Does the **Company** engage in any business, including providing any **Professional Services**, for which coverage is not requested? Yes No

If the response is Yes to question 2. above, please provide details.

3. Please list all states (including the District of Columbia) and countries other than the United States in which the **Company** does business or has done business during the last three years.

4. Please provide the following financial information:

TYPE OF PROFESSIONAL SERVICES	TOTAL REVENUES PRIOR FISCAL YEAR ____/____/____	TOTAL REVENUES CURRENT FISCAL YEAR ____/____/____	PERCENTAGE OF PROFESSIONAL SERVICE REVENUE VS TOTAL REVENUE OF POLICY HOLDER CURRENT FISCAL YEAR ____/____/____

5. In the last three years, has the **Company** provided **Professional Services** to any **Affiliate**, including any **Subsidiary**, or to any entity in which the **Company** or any person proposed for insurance or family member of such person has an ownership interest? Yes No

If the response is Yes to question 5. above, please provide details.

6. Has the **Company** provided **Professional Services** to any customer or client in the last three years that has generated more than 20% of gross annual revenues? Yes No

If the response is Yes to question 6. above, please provide details.

7. In the last three years, has the **Company** used any independent contractors or subcontractor in providing **Professional Services**? Yes No

a. If the response is Yes to Question 7. above, please provide details, including the nature of the work provided by the independent contractors or subcontractors, and the frequency with which such independent contractors or subcontractors have been used.

b. If the response is Yes to Question 7. above, what percentage of the time have written contracts with independent contractors or subcontractors been used? ____%

8. If written contracts with independent contractors or subcontractors have been used in the past three years:

a. What percentage of such contracts has required the contractor or sub-contractor to indemnify any proposed **Insured(s)**? ____%

b. What percentage of such contracts has required the contractor or sub-contractor to maintain errors and omissions insurance? ____%

9. In the past three years, what percentage of **Professional Services** has been rendered pursuant to written contracts with the client or customer? ____%

10. If written contracts clients or customers have been used in the past three years, what percentage of such contracts contained guarantees or warranties? ____%

11. Are any individuals proposed for insurance required to maintain any license in order to provide **Professional Services**?

If the response is Yes to Question 11. above, please provide details regarding the nature of any

license that must be maintained.

12. CLAIMS EXPERIENCE AND POTENTIAL EXPOSURES

- a. In the past three years has any person or entity proposed for insurance been a party to any:
- i. Civil or criminal action or administrative or regulatory proceeding relating to such person or entity's eligibility or fitness to be licensed to perform **Professional Services** or alleging any **Wrongful Act** in providing or failing to provide **Professional Services**? Yes No
 - ii. Any other criminal action? Yes No
 - iii. Bankruptcy, receivership or insolvency? Yes No
- b. Does any person or entity proposed for insurance have knowledge or information of any fact, circumstance or **Wrongful Act** which may reasonably be expected to give rise to a **Claim** against, or inquiry or investigation of, any such person or entity? Yes No

If the response is Yes to any part of question 12. above, please provide details.

It is understood and agreed that, without limiting any rights of the Insurer, if litigation, action, proceeding, suit, bankruptcy, receivership, insolvency, knowledge or information exists in response to any part of question 12. above, any Claim arising therefrom shall be excluded from the proposed Coverage Section.

J. GOVERNMENTAL INQUIRIES AND PRIOR NOTICES

Please complete with respect to all Coverage Sections requested.

1. In the past three (3) years, has any governmental body or official, including but not limited to the Securities and Exchange Commission, the United States Department of Justice, the Equal Employment Opportunity Commission, the Department of Labor, the Pension Benefit Guaranty Corporation, any state attorney general, or any self-regulatory organization conducted an inspection, audit, inquiry, investigation or examination of, or has requested information from, any person or entity proposed for insurance? Yes No

If the response is Yes to question 1. above, please provide details.

2. In the past three (3) years, has any person or entity proposed for insurance given notice of any claim or circumstance that may give rise to a claim under any directors and officers liability, employment practices liability, fiduciary, management liability policy or professional liability policy or under any bond? Yes No

If the response is yes to question 2. above, please provide details.

It is understood and agreed that, without limiting any rights of the Insurer, if such audit, inquiry, investigation, examination, request for information or notice exists in response to question 1. or 2. above, any Claim arising therefrom shall be excluded from any proposed Coverage Section.

K. REPRESENTATIONS

The undersigned authorized officer of the Proposed Policyholder declares on behalf of the Proposed Policyholder and all persons and entities proposed for insurance that the statements set forth in this Application, including any supplemental application section for any particular Coverage Section, are true. It is understood that the accurateness and completeness of the statements in this Application, including material submitted to the Insurer, are relied upon by the Insurer, and shall be the basis of the policy of insurance, if issued, and shall be deemed incorporated herein.

The undersigned officer of the Proposed Policyholder agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance that he/she will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this **Application** does not bind the applicant or the **Insurer** to issue an insurance policy, 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.

FRAUD PREVENTION WARNINGS

NOTICE: ANY PERSON WHO KNOWINGLY, OR KNOWINGLY ASSISTS ANOTHER, FILES AN APPLICATION FOR INSURANCE OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD AN INSURANCE COMPANY MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND LOSS OF INSURANCE BENEFITS.

NOTICE TO ARKANSAS 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 FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

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 INSURANCE COMPANY FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 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 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 OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD KNOWINGLY 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.

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

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 FACT MATERIALLY FALSE INFORMATION OR CONCEAL 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 PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION TO DEFRAUD INCLUDES FALSE INFORMATION IN AN APPLICATION FOR INSURANCE OR FILE, ASSIST OR ABET IN THE FILING OF A FRAUDULENT CLAIM TO OBTAIN PAYMENT OF A LOSS OR OTHER BENEFIT, OR FILES MORE THAN ONE CLAIM FOR THE SAME LOSS OR DAMAGE, COMMITS A FELONY AND IF FOUND GUILTY SHALL BE PUNISHED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSANDS DOLLARS (\$5,000), NOT TO EXCEED TEN THOUSANDS DOLLARS (\$10,000); OR IMPRISONED FOR A FIXED TERM OF THREE (3) YEARS, OR BOTH. IF AGGRAVATING CIRCUMSTANCES EXIST, THE FIXED JAIL TERM MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; AND IF MITIGATING CIRCUMSTANCES ARE PRESENT, THE JAIL TERM MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

NOTICE TO TENNESSEE 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 TEXAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NOTICE TO 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.

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.

NOTICE TO 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 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.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

NOTE: If this Application is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this Application is completed in Iowa, please provide the Insurance Agent's name only. If this Application is completed in New Hampshire, please provide the Insurance Agent's signature.

PRODUCER (Insurance Agent or Broker)	INSURANCE AGENCY OR BROKERAGE
INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.	AGENT OR BROKER LICENSE NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	
E-MAIL ADDRESS OF AGENT OR BROKER	
SUBMITTED BY (Insurance Agency)	INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	