



Release 4.0



Agent Name: _____

Agent License Number: _____

The Basics

The words **You, Your** and **Yours** in this application means all of the following: the entity indicated in question 1 below (the "Applicant"); all subsidiaries in which the Applicant has more than a 50% ownership interest; and all officers, directors, owners, partners and employees of the aforementioned entities. The words **We, Us** and **Our** means the Insurer named above.

1 Name of Applicant (use the complete legal entity name as it should appear on the policy)

2 Please list all subsidiaries of the Applicant

3 Applicant's Address (provide mailing & physical address if they're not the same)

List foreign countries **You** have physical offices in, if any.

4 How many years has the Applicant been in business? _____

5 List all of **Your** Websites. Include all URLs registered in **Your** name (subsidiaries too).

*If a description of **Your** products/services is not available on **Your** website(s), please include additional information (brochure, summary of products/services, etc.) when **You** submit the application. **You** are also welcome to include any other information **You** think may help **Us** understand what **You** do.*

6 Desired limit of liability: \$250,000 \$500,000 \$1,000,000 \$5,000,000 \$ _____

Desired Retention: \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 \$ _____

7 If the Applicant currently has Errors & Omissions (E&O) insurance with a Company other than the Hartford, please provide:

Limit of Liability	\$ _____	Expiration Date	_____
Deductible/SIR	\$ _____	Retroactive Date	_____
Premium	\$ _____	Insurance Company	_____

8 Is this **Your** first time purchasing this coverage? Yes No

9 Are **You** purchasing or seeking to purchase E&O insurance to comply with a Contract requirement? Yes No
If Yes, please provide a complete copy of contracts that require **You** to maintain E&O insurance.

10 Have **You** acquired or merged with any companies in the past 3 Years? Yes No

If Yes, please provide the name of each company and the applicable date of acquisition/merger.

EXPENSE AND CLAIMS MADE AND REPORTED DISCLOSURE

This application is for a claims first made and reported in writing policy. Please contact Your agent or broker if You have any questions. The policy, if issued, applies only to claims when the glitch occurs on or after the retroactive date and before the end of the policy period, and the claim is first made against any of You and reported in writing to Us during the policy period. An extended reporting period may also be available.

Covered claim expenses and damages within the retention amount must be paid by You and do not reduce Limits of Liability. Covered claim expenses and damages above the retention amount are payable under the policy, and may reduce, and may completely exhaust the limits of liability. We shall not be liable for claims expenses or damages after exhaustion of the applicable Limit of Liability.

The Money

❶ Please confirm the Applicant's Fiscal Year End Date: _____ / _____ / _____

❷ Please provide the revenue and expense information for **Your** operations as requested below:

	Domestic Revenues	Foreign Revenues	Total Revenues	Total Operating Expenses
Actual Prior Year				
Projected Current Year				
Projected Next Year				

If **Your** financials are not available on **Your** Website(s), please include **Your** Income Statement and Current Balance Sheet for the most recently completed fiscal year and the current Year To Date when **You** submit this application.

What You Do

❶ Please provide a detailed description of **Your** products/services:

❷ Please provide the percentage of revenue attributable to the following activities for **Your** company:

Hardware Products / Services:

- ____% Manufacturing / Design of Hardware Products / Components for Others
 ____% Resale of Hardware Products / Components Manufactured by Others
 ____% Installation / Integration / Maintenance of Hardware Products Manufactured by Others

Software Products / Services:

- ____% Prepackaged Software Development and Sales
 ____% Custom Programming & Software Development Services
 ____% Software Installation / Integration / Maintenance Services for Software Products of Others
 ____% Application Service Provider (ASP) Services
 ____% Website Design Services

Communication / Connectivity Services:

- ____% Internet Access / Website & Data Hosting / IT Connectivity Services
 ____% Telecommunication Services (wire-line, wireless, VoIP, local/long distance telephone services)
 ____% Internet Search Engine, Website Portal, or Social Networking Services

Other Information Technology Services:

- ____% IT Networking, Systems Management, & Systems Outsourcing Services
 ____% Information Security Services (network vulnerability & penetration testing; intrusion detection services, etc)
 ____% IT Consulting Services (strictly providing advice and direction on information technology)
 ____% IT Staffing Services
 ____% Other (Please describe: _____)

Who You Do It For

❶ Please provide the percentage of **Your** revenue attributable to the following industries:

- | | |
|--|---|
| ____% Federal Government (Prime Contractor and/or Subcontractor) | ____% Aerospace / Aircraft / Aviation |
| ____% Local / State Government (Prime Contractor and/or Subcontractor) | ____% Banking / Investment / Financial Services |
| ____% Biotechnology / Life Science / Pharmaceutical / Renewable Energy | ____% Insurance |
| ____% Medical / Healthcare | ____% Manufacturing / Industrial |
| ____% Entertainment / Broadcasting/Gaming | ____% Law Firms / Accounting Firms |
| ____% Information Technology / Telecommunications | |
| ____% Other (Please describe: _____) | |

What It Does

- ❶ Please provide a detailed description of the applicable end use(s) of **Your** products/services for **Your** customers:

- ❷ Please provide the percentage of revenue attributable to the following end use(s) of **Your** products / services:

- ____ % Medical Purposes (diagnostics, patient care/treatment, non-administrative medical applications, etc.)
____ % Aerospace Applications (flight control, guidance systems, aircraft tracking and warning systems, etc.)
____ % Defense / Military Applications (warfare, weapon & targeting systems; non-administrative military applications, etc.)
____ % Training & Education Purposes (products/services used to train/educate others on information technology products)
____ % Fire / Physical Security / Emergency Applications
____ % Information and Computer Systems Security Advice / Products
____ % Network / Systems Administration
____ % Business Intelligence / Data Management
____ % Communication Applications (voice / data / internet connectivity technologies)
____ % Financial Transaction Applications (funds transfer, trading, financial modeling, credit card transactions, etc.)
____ % Accounting / Financial Applications (excluding those indicated as Financial Transactions above)
____ % Administrative Applications (sales, marketing, billing, human resources, etc.)
____ % Physical Process / Manufacturing Process Controls (robotics, automation, PLC, CAM, CAE, etc.)
____ % Multi-media / Gaming Applications
____ % Social Media / Social Networking
____ % Other (Please describe): _____

Your Team

- ❶ Composition of **Your** work force:

____ # of principals, partners, directors and officers	____ # of clerical/support personnel
____ # of technical personnel	____ # of sales and marketing personnel
____ # of independent contractors performing services for You	____ # of Other
____ Total # for all categories listed above	
____ Average years of experience for technical staff and subcontractors	

- ❷ Do **You** subcontract any activity to others? For the purposes of this question, this includes independent contractors, strategic partners, affiliates/alliances, co-ventures, vendors, etc. involved in the research, development, distribution and sale of **Your** products/services.

Yes No If Yes, please answer a. & b. below.

- a. Do **You** require subcontractors to maintain Errors or Omissions Coverage? Yes No
b. Identify services **You** subcontract & how **You** ensure the quality of these services.

What Could Go Wrong?

- ❶ Please describe the most likely scenario if **Your** product/service failed:

- ❷ How many users would be affected if **Your** product/service failed? 1-10 10-100 Over 100
What is the acceptable downtime for **Your** product/service according to **Your** average customer's needs?
 None Less than 1 day Less than 2 days More than 2 days

- ❸ What % of **Your** products/services, upon delivery to **Your** customers, are returned or require fixes? _____%

4 Do **You** warrant or guarantee any standards of performance for **Your** products/services? (i.e. no service interruptions, delivery/completion time frames, volume of transactions, etc.) Yes No If Yes, please describe:

5 Do **You** ever warrant or guarantee that **Your** product/service has no security vulnerabilities or that **Your** service will prevent security breaches, the introduction/transfer of malicious code, etc.? Yes No If Yes, please describe:

Your Laws – Risk Management & Contracts

1 Indicate () the risk management controls **You** have in place or are developing & confirm if reviewed by an attorney:

<u>Procedures/Policies</u>	<u>In Place</u>	<u>Developing</u>	<u>Attorney Review</u>
Privacy Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corporate Privacy Policy for handling confidential/sensitive information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information Security Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intellectual Property Clearance Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer Contract Revision Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard Customer Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard Agreement for Vendors / Subcontractors / Independent Contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

2 Please indicated the estimated percentage of time **You** utilize the following in **Your** engagements with customers:

- ____% **Your** Standard Customer Contract with no Modifications
 ____% **Your** Standard Customer Contract with Modifications (not including pricing modification)
 ____% Customer Provided Contract with no Modifications
 ____% Customer Provided Contract with Modifications
 ____% No contractual agreement with **Your** customer

3 Do **You** ever negotiate contracts with a customer where **You** are liable for consequential, liquidated, multiplied, or punitive damages? Yes No If Yes, please indicate how often and describe these situations.

4 Do **You** ever negotiate contracts with a customer where **Your** liability is not explicitly limited within the agreement? Yes No If Yes, please indicate how often and describe these situations.

5 What is the size & length of **Your average** customer contract? \$ _____ Months _____ Years
 What is the size & length of **Your largest** customer contract? \$ _____ Months _____ Years
 Name of largest customer: _____

6 Check () all items that are elements of **Your** quality control procedures, if applicable. **Check all that apply.**

- | | |
|--|---|
| <input type="checkbox"/> Alpha testing | <input type="checkbox"/> Statistical process control |
| <input type="checkbox"/> Beta testing | <input type="checkbox"/> Total quality management |
| <input type="checkbox"/> Customer signature on each phase of project | <input type="checkbox"/> Vendor certification process |
| <input type="checkbox"/> Formal customer acceptance procedures | <input type="checkbox"/> Written & formalized quality control program |
| <input type="checkbox"/> Prototype development | <input type="checkbox"/> Recall Plan |

7 Check () all items that are included in **Your** customer or service support. **Check all that apply.**

- Customer site visitation E-mail Fax In-house repairs Toll free numbers Website
 Availability of **Your** customer or service support: M-F 24/7

Keeping It All Private

- ❶ Do **You** gather/care for personal information of others? Yes No If Yes, please indicate the approximate number of individually identifiable names (customers, vendors, partners, suppliers, etc.) under **Your** control including those stored on **Your** behalf by 3rd Parties. _____

Are encryption technologies utilized to protect such information? Yes No

Please indicate (✓) the type(s) of personal or confidential information gathered or cared for: **Check all that apply.**

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Personal information | <input type="checkbox"/> Driver's License # | <input type="checkbox"/> Personal Identification # | <input type="checkbox"/> Financial Account Info |
| <input type="checkbox"/> Work History | <input type="checkbox"/> Legal | <input type="checkbox"/> Credit/Debit Card Info | <input type="checkbox"/> IP Address(es) |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Medical/Healthcare Info | <input type="checkbox"/> Criminal Records |

- ❷ Do **You** sell or share personal information gathered from others? Yes No If Yes, on what basis? Opt-in Opt-out
- ❸ Have **You** been accused of a privacy violation in the past 5 years? Yes No If Yes, please provide details on the accusation including date, accuser, and nature of complaint (provide separately, if necessary).
- _____
- _____

- ❹ Do **You** have access to or responsibility for corporate confidential information of others? Yes No If Yes, please explain the type of information and the controls **You** have in place to ensure this information is protected.
- _____
- _____

IT Operations

- ❶ Who manages **Your** IT network? In-house Personnel 3rd Party Vendor
- ❷ Do **You** outsource any IT Operations to 3rd Parties? Yes No If Yes, indicate percentage _____% and describe outsourced IT Operations (data storage/backup, hosting, general IT business operations, sales/logistics, etc).
- _____
- _____

Please provide a copy of the contract between **You** and any 3rd Parties **You** outsource IT Operations to.

- ❸ Please identify (✓) the applicable activities performed on **Your** website(s): **Check all that apply.**
- Informational** site used for marketing **Your** products and services
- Content Aggregation** site used to provide site users with access to 3rd Party content
- Interactive** site allowing users log-in to upload, download, access or blog restricted or user specific material
- e-Commerce** site allowing users to order and pay for products/services
- ❹ Check (✓) all IT Risk Management elements implemented by **You** or **Your** 3rd Party Vendor(s) for IT Operations:
- | | |
|---|---|
| <input type="checkbox"/> Access restrictions | <input type="checkbox"/> Periodic security audits from 3 rd parties |
| <input type="checkbox"/> Anti-virus scanning | <input type="checkbox"/> Procedures to address any suspected intrusion and/or respond to security alerts |
| <input type="checkbox"/> Automated security scanner | <input type="checkbox"/> Protocols for user identification, authentication & integrity |
| <input type="checkbox"/> Computerized intrusion detection | <input type="checkbox"/> Protocols meeting x.509 standards |
| <input type="checkbox"/> Continuous monitoring of security alerts | <input type="checkbox"/> Reassessment of security vulnerabilities upon system or website changes, software upgrades, etc. |
| <input type="checkbox"/> Encryption devices | <input type="checkbox"/> Secure remote capabilities |
| <input type="checkbox"/> Firewall controls | <input type="checkbox"/> Security firewall |
| <input type="checkbox"/> Hot site | <input type="checkbox"/> Storage of the data or content of others in an encrypted format |
| <input type="checkbox"/> Load balancers | <input type="checkbox"/> Warm site |
| <input type="checkbox"/> Mainframe data protocols | |
| <input type="checkbox"/> Proxy servers | |
- ❺ Do **You** encrypt all confidential & personally sensitive data including data on mobile devices (laptops, hand held computers, iPads, smartphones and any other portable electronic devices)? Yes No
- ❻ Do **You** have formal procedures to manage access privileges to **Your** IT systems and data? Yes No
How many individuals (employees & non-employees) have **administrative** access to **Your** IT Systems? _____
How quickly do **You** revoke access privileges to those that no longer require access?
 Immediately within 24 to 48 hours less than 1 week longer than 1 week
- ❼ Have **You** experienced a security breach or been informed that **Your** service has security vulnerabilities? Yes No If Yes, attach sheet providing details. Include number of occurrences and what **You** have done to prevent it from reoccurring.
- _____
- _____

Content / Intellectual Property

- ❶ Please describe the formal intellectual property clearance procedures **You** have in place (e.g. legal review of content **You** disseminate including software and website information; trademark / copyright search for content **You** utilize; contractual acquisition of rights to work done for **You** by 3rd Parties, compliance with agreements for products **You** license from others, etc.)

- ❷ Have **You** ever enforced or threatened to enforce **Your** Intellectual Property rights against a 3rd Party? Yes No
Have **You** ever received notice that **You** infringe upon another party's Intellectual Property Rights? Yes No
If **You** answered Yes to either of the above questions, please provide details.

- ❸ Do **You** have a formal policy on action steps necessary to address complaints of inaccurate, defamatory, infringing or troublesome content on **Your** Website(s) or other content **You** have designed or have responsibility for?
 Yes No If Yes, what is **Your** response time frame? Less than 1 day 1 to 7 days More than 1 week
- ❹ Do **You** require signed statements from employees and independent contractors declaring that they will not disseminate or use a previous employer's or client's trade secrets or other intellectual property? Yes No
- ❺ Do **You** provide access to or disseminate content (software, data, text, graphics, photographs, music, videos, etc) to others through **your** network or website? Yes No If Yes, please describe below and confirm if this is **Your** content and/or the content of 3rd Parties. **Your** Content Content of 3rd Parties Both **Your** Content & Content of 3rd Parties

History

SPILL YOUR GUTS. If **You** answer Yes to any of the questions in this History section, **We** will want to know more. Please provide full details including any amounts sought or damages alleged; judgment/settlement amounts; defense expenses incurred; reserves; purchase or contract price involved; and a full description of the circumstances including what **You** are doing to make sure similar circumstances don't happen again.

- ❶ Have any of **Your** customers:
- complained about or alleged non-performance of **Your** services?
 - complained that **Your** services failed to comply with **Your** promises, representations or warranties?
 - withheld or stopped payment to **You** because of an issue with **Your** services?
 - requested a refund of their payment because of an issue with **Your** services?
- Yes No If Yes to any of the above, please provide a detailed description:

- ❷ In the last 3 years are **You** or have **You** ever been late in the delivery of any of **Your** services or delayed in the performance of any of **Your** contracts? Yes No
- ❸ Are **You** aware of any actual or alleged fact, circumstance, situation, error or omission, or issue with **Your** content or services, including intellectual property, which may reasonably be expected to result in a claim being made against **You**? Yes No
- ❹ Have **You** or any of **Your** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? Yes No
- ❺ Have any claims been made or suits/proceedings been brought during the past 5 years against **You**? Yes No
Any of **Your** predecessors in business? Yes No
Any of **Your** affiliates? Yes No
Any of **Your** past or present partners, owners, officers, sales persons or employees? Yes No
- ❻ Have **You** sued anyone for non-payment? Yes No If Yes, please attach **Your** accounts receivable procedures.
- ❼ Have **You** discontinued or ceased to support and/or maintain any services in the last 3 years? Yes No
If Yes, have **You** had any complaints, disputes or threatened actions as a result? Yes No



Before **You** sign this application, read items 1-2 below and the applicable attached warning information. If **You** have any questions, please contact **Your** agent or broker.

- 1 By signing this application, **You** agree that the answers **You** give in this application & any other information **You** give to Us as part of **Your** application process are: (a) accurate & complete; (b) given to Us to induce Us to issue **You** an insurance policy; (c) material to **Our** decisions in issuing **You** an insurance policy; & (d) what We relied upon in making **Our** decisions in issuing **You** an insurance policy.
- 2 By signing this application, **You** agree to tell Us immediately, in writing, if anything happens that would cause any of the information **You** gave Us in **Your** application to no longer be complete and/or accurate. And, **You** will continue to tell Us until the start date of any policy that We issue to **You** based on this application.

CA Notice: The Hartford may charge a fee if this bond or policy is cancelled before the end of its term. The fee can range between 5% to 100% of the pro rata unearned premium. Please refer to the terms and conditions stated in the policy or bond. This notice does not apply to cancellations initiated by The Hartford.

State Fraud Warnings: ANY PERSON WHO KNOWINGLY INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ARKANSAS, LOUISIANA, RHODE ISLAND & 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.

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.

DISTRICT OF COLUMBIA APPLICANTS: 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.

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 OF THE THIRD DEGREE.

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.

KANSAS APPLICANTS: FRAUDULENT INSURANCE ACT MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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.

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.

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.

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.

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.

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION; OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATELAW.

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.

TENNESSEE, VIRGINIA, & 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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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.

Applicable to risks in FL, IA, & NH:

Applicant Signature

Date (Month/Day/Year)

Agent Name: _____

Applicant Name and Title (print)

Agent License Number: _____

Agent Address: _____

Name of Entity and Phone Number

Application must be signed and dated by an owner, officer or partner.