

**TORUS NATIONAL INSURANCE COMPANY**

**MANAGEMENT LIABILITY APPLICATION – FOR PRIVATE COMPANIES  
(NON-FINANCIAL INSTITUTIONS)**

THIS APPLICATION APPLIES TO MANY COVERAGE PARTS. ACCORDINGLY, IT IS ONLY NECESSARY TO COMPLETE THOSE PORTIONS OF THIS APPLICATION THAT EXPLICITLY APPLY TO:

- (i) ALL COVERAGE PARTS; &
- (ii) THOSE PARTICULAR COVERAGE PARTS FOR WHICH COVERAGE IS CURRENTLY BEING SOUGHT.

PLEASE REFER TO THE APPLICATION TABLE OF CONTENTS FOR THE IDENTITY AND LOCATION OF THE SECTIONS OF THE APPLICATION THAT MUST BE COMPLETED.

**NOTICE:** CERTAIN COVERAGE PARTS PROVIDE COVERAGE ON A CLAIMS-MADE BASIS. WHERE COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS THIS POLICY ONLY COVERS CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR, IF APPLICABLE, THE EXTENDED REPORTING PERIOD. PLEASE READ THIS POLICY CAREFULLY.

**NOTICE:** DEFENSE COSTS INCURRED UNDER THIS POLICY ARE INCLUDED WITHIN AND ERODE THE LIMIT OF LIABILITY. IN THE EVENT THE LIMIT OF LIABILITY OF THIS POLICY IS COMPLETELY EXHAUSTED, THE INSURER IS NOT LIABLE FOR FURTHER DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT.



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**I.**  
**GENERAL INFORMATION**  
 (APPLICABLE TO ALL COVERAGE PARTS)

A. Company Name (the "Applicant"): \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

B. State of Incorporation: \_\_\_\_\_

C. Date Established: \_\_\_\_\_

D. Type of Business: (Public company, Private for profit, Non-Profit, LLP, LLC, Other) \_\_\_\_\_

E. Officer designated to receive correspondence and notices from the Insurer: \_\_\_\_\_

(Name of Officer) \_\_\_\_\_ (Title) \_\_\_\_\_

F. Nature of Business: \_\_\_\_\_

F. Applicant's Website address (if applicable): \_\_\_\_\_

G. Which coverage parts are you requesting coverage for:

Private Company D&O	<input type="checkbox"/>
Non-Profit D&O	<input type="checkbox"/>
Financial Institution D&O / E&O	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>
Fiduciary Liability	<input type="checkbox"/>

Miscellaneous Professional Liability	<input type="checkbox"/>
Technology E&O Liability	<input type="checkbox"/>
Media Liability	<input type="checkbox"/>
Privacy & Network Security	<input type="checkbox"/>

Check all that apply, and fill out the corresponding coverage part(s) of the application. If any Management liability coverage is chosen in the first column, please also complete the Financial Information part.



**II.  
 FINANCIAL INFORMATION (in \$ US)**

	(MM/YY)	(MM/YY)
	Most recent Year End _____	Prior Year End _____
<b>Current Assets</b>	_____	_____
<b>Total Assets</b>	_____	_____
<b>Current Liabilities</b>	_____	_____
<b>Long Term Debt</b>	_____	_____
<b>Revenues</b>	_____	_____
<b>Net income (net loss)</b>	_____	_____
<b>For-Profit only:</b>		
<b>Retained Earnings (deficit)</b>	_____	_____
<b>Net Assets (deficit)</b>	_____	_____
<b>Non-Profit only:</b>		
<b>Fund balance</b>	_____	_____

- A. Is the Applicant currently (or in the last 24 months) in violation of or made any amendments to any debt covenants?  
 (If yes, explain) \_\_\_\_\_
- B. Has the applicant changed outside auditors in the last 3 years? (If yes, explain) \_\_\_\_\_
- C. Have the outside auditors stated there is a material weakness in the Applicant's systems or controls?  
 (If yes, attach explanation, provide the CPA letter, and Management response) \_\_\_\_\_
- D. Has the Applicant implemented the auditor's recommendations? (If no, explain) \_\_\_\_\_
- E. Has any auditor issued a "going concern" opinion for the Applicant's financial statements during the past 3 years?  
 (If yes, provide details) \_\_\_\_\_



**III.  
DIRECTORS & OFFICERS LIABILITY COVERAGE PART**

A. Stock Ownership

- a. Total number of Voting shares \_\_\_\_\_
  - b. Total number of Shares owned by the Directors and officers \_\_\_\_\_
  - c. Total Number of voting shareholders \_\_\_\_\_
  - d. (If there are multiple classes of stock, please provide a breakdown by class)
2. Are there any shareholders that own greater than 5% of the voting stock who are not Directors or Officers of the company? (If yes, provide details)  
\_\_\_\_\_
  3. Is any shareholder a trust that qualified as an Employee Stock Ownership Plan under ERISA or holds securities for the benefit of Employees?  
\_\_\_\_\_
  4. Has the applicant Experienced changes to its Board of Directors or to its Key Executives over the Past year?  
( If yes, attach details)  
\_\_\_\_\_
  5. Does the Applicant have any of the following Committees? Audit, Compensation, Nominating:  
\_\_\_\_\_
  6. Does the applicant's charter or by laws contain indemnification provisions?  
\_\_\_\_\_
  7. Are there currently outstanding loans to any Director or Officer? (If yes provide details)  
\_\_\_\_\_
  8. Attach a complete list of all Directors of the Applicant by name, and affiliation.
  9. In the next 12 months (or in the past 24 months) is the Applicant contemplating or completed any of the following:
    - a) Any actual or proposed: merger, acquisition, or divesture? \_\_\_\_\_
    - b) Any creation of a new organization, subsidiary, or division? \_\_\_\_\_
    - c) Any reorganization or arrangement with creditors under federal or state law? \_\_\_\_\_



10. Does the Applicant currently file, or plan to file in the next 12 months, any documents with the Securities and Exchange Commission regarding any equity or debt offering (including private placements)?

(If yes, provide details) \_\_\_\_\_

11. List any and all subsidiaries or affiliates for which coverage is being requested. \_\_\_\_\_

Current Coverage	Limit	Retention	Effective date	P&P
D&O				

Are the limits shared with any other coverage part? \_\_\_\_\_

Is Defense outside the limits of Liability? (if outside, show the limit) \_\_\_\_\_

Requested Coverage	Limit	Retention	Effective date	P&P
D&O				

Do you want the limits to be separate, or shared with another coverage part? \_\_\_\_\_

Do you request Defense outside of the limits of Liability? (requested limit) \_\_\_\_\_

**Loss Information (with respect to the D&O coverage part only)**

1. With respect to the Liability Coverage requested in this coverage part, has the company, any individual, or any other entity proposed for coverage under this insurance policy currently involved in or been a party to, or subject of, any administrative or regulatory proceedings or investigation, civil or criminal charges, hearings, demands or lawsuits during the past 3 years. (If none, please write "none", if yes, please provide details)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Is the applicant, any subsidiary, or any Director, Officer, Trustee, Employed Lawyer, or employee of the applicant aware of any fact, circumstance, situation, event, act, error or omission, that could give rise to a claim, being made against them under the proposed Liability coverage part for which the applicant is applying?

(If none, please write "none", if yes, please provide details)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event, act, error or omission about which any executive officer of the applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*



**IV.  
EMPLOYMENT PRACTICES LIABILITY COVERAGE PART**

1. Number of Full time employees: \_\_\_\_\_
2. Number of Part time / Seasonal / Temporary employees: \_\_\_\_\_
3. Number of Union employees: \_\_\_\_\_
4. Number of Foreign employees: \_\_\_\_\_
5. Total number of Employees (inclusive of all of the above) \_\_\_\_\_
6. Number of employees in:
  - a. California \_\_\_\_\_
  - b. Florida \_\_\_\_\_
  - c. Michigan \_\_\_\_\_
  - d. Texas \_\_\_\_\_
  - e. New York \_\_\_\_\_
7. Number of employees making over \$100,000 per year.
8. Turnover percentage the last 3 years
9. Does the applicant have a Human Resource department?  
If no, how are these issues handled and by whom?
10. Does applicant/subs have a HR manual or equivalent written management guidelines?  
If yes, does it address:
  - a) Discrimination \_\_\_\_\_
  - b) Sexual Harassment \_\_\_\_\_
  - c) Compliance with the Americans with Disabilities Act \_\_\_\_\_
  - d) Compliance with the 1991 Civil Rights Act \_\_\_\_\_
  - e) Compliance with the Family Medical Leave Act \_\_\_\_\_
  - f) Employee disciplinary actions, terminations, layoffs \_\_\_\_\_
  - g) Employee appraisals / reviews \_\_\_\_\_
11. Has Legal Counsel reviewed the HR Guidelines in the last 2 yrs? \_\_\_\_\_



12. Does the Applicant and any of its Subs have an Employee Handbook?
13. Is there a formalized process in place for reporting complaints/harassment?
14. Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the HR dept, outside counsel and or the legal dept?
15. Is the applicant or any of its subs currently undergoing or does the applicant or any of its Subs contemplate undergoing during the next twelve (12) months any employee layoffs or early retirements (including ones resulting from any type of company restructuring or office, plant or store closing)? (If yes provide details)

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16. When an employee is terminated, are severance packages offered in exchange for releases not to sue?

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17. Does the applicant or any of its subs have procedures in place to assist terminated or laid off employees find work? \_\_\_

Current Coverage	Limit	Retention	Effective date	P&P
EPL				

Are the limits shared with any other coverage part? \_\_\_\_\_

Does coverage include 3<sup>rd</sup> Party EPL? \_\_\_\_\_

Is Defense outside the limits of Liability? (if outside, show the limit) \_\_\_\_\_

Requested Coverage	Limit	Retention	Effective date	P&P
EPL				

Do you want the limits to be separate, or shared with another coverage part? \_\_\_\_\_

Do you request coverage to include 3<sup>rd</sup> Party EPL? \_\_\_\_\_

Do you request Defense outside of the limits of Liability? (requested limit) \_\_\_\_\_

**Loss Information (with respect to the EPL coverage part only)**

1. With respect to the Liability Coverage requested in this coverage part, has the company, any individual, or any other entity proposed for coverage under this insurance policy currently involved in or been a party to, or subject of, any administrative or regulatory proceedings or investigation, civil or criminal charges, hearings, demands or lawsuits during the past 3 years. (If none, please write "none", if yes, please provide details)

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2. Is the applicant, any subsidiary, or any Director, Officer, Trustee, Employed Lawyer, or employee of the applicant aware of any fact, circumstance, situation, event, act, error or omission, that could give rise to a claim, being made against them under the proposed Liability coverage part for which the applicant is applying?

(If none, please write "none", if yes, please provide details)

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*With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event, act, error or omission about which any executive office of the applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*



**V.  
 FIDUCIARY LIABILITY PART**

*Please complete the following questions for each plan for which coverage is being requested: (attach any additional plans if needed)*

Plan Name	Plan Type*	Plan Assets	# of Participants	% funded (DB only)	Plan Status*

Plan Type\* (Defined Contribution = DC, Defined Benefit = DB, ESOP, Welfare, other)

Plan Status\* (Active, Frozen, Terminated, merged, other)

1. Is each plan reviewed at least annually to assure there are no violations of ERISA? \_\_\_\_\_
2. Does any plan not conform to the standards and requirements of ERISA? \_\_\_\_\_
3. Has any plan:
  - a. been the subject of any investigation by the DOL, IRS, or similar agency?
  - b. had its tax exempt status withdrawn or threatened to be withdrawn by the IRS?
  - c. filed for exemption from a prohibited transaction?
  - d. Received an adverse opinion as to its financial condition by an independent public accountant?

(If yes to any of the above, please provide details.)

**Questions 4 and 5 are for Defined Benefit Plans Only:**

4. Has any plan: (if yes to any please provide details)
  - a. experienced an event reportable to the PBGC?
  - b. Not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standard?
  - c. Been converted into a cash balance plan or is any such conversion expected in the next 12 months?
5. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? \_\_\_\_\_

**Questions 6 and 7 are for ESOP plans only: (if yes to any please provide details)**

6. Is the plan invested in securities other than the employer's?



7. Is the plan leveraged, and if so what percentage?

Current Coverage	Limit	Retention	Effective date	P&P
Fiduciary				

Are the limits shared with any other coverage part? \_\_\_\_\_

Is Defense outside the limits of Liability? (if outside, show the limit) \_\_\_\_\_

Requested Coverage	Limit	Retention	Effective date	P&P
Fiduciary				

Do you want the limits to be separate, or shared with another coverage part? \_\_\_\_\_

Do you request Defense outside of the limits of Liability? (requested limit) \_\_\_\_\_

**Loss Information (with respect to the Fiduciary coverage part only)**

1. With respect to the Liability Coverage requested in this coverage part, has the company, any individual, or any other entity proposed for coverage under this insurance policy currently involved in or been a party to, or subject of, any administrative or regulatory proceedings or investigation, civil or criminal charges, hearings, demands or lawsuits during the past 3 years. (If none, please write "none", if yes, please provide details)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Is the applicant, any subsidiary, or any Director, Officer, Trustee, Employed Lawyer, or employee of the applicant aware of any fact, circumstance, situation, event, act, error or omission, that could give rise to a claim, being made against them under the proposed Liability coverage part for which the applicant is applying?

(If none, please write "none", if yes, please provide details)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event, act, error or omission about which any executive office of the applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*



**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ENTITY(IES) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO PROVIDE OR THE APPLICANT TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO OF WHICH EDGEWATER HOLDINGS, LTD. RECEIVES NOTICE IS ON FILE WITH EDGEWATER HOLDINGS, LTD. AND IS COLLATERAL TO, AS OPPOSED TO A PART OF, THE POLICY. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL PROMPTLY NOTIFY THE COMPANY, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR, IF APPLICABLE, THE EXTENDED REPORTING PERIOD; AND
- (II) UNLESS AMENDED BY ENDORSEMENT, THE LIMITS OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY DEFENSE COSTS AND, IN SUCH EVENT, THE COMPANY WILL NOT BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COSTS EXCEED THE LIMITS OF LIABILITY IN THE POLICY.



## FRAUD PREVENTION – WARNING

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL PENALTIES.

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

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

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

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

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**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 MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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

**NOTICE TO 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.

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

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURER, MAKES ANY MISSTATEMENT, MISREPRESENTATION, OMISSION OR CONCEALMENT MAY BE GUILTY OF INSURANCE FRAUD. FURTHERMORE, THE INSURER MAY ASSERT A RIGHT TO REMEDY IF THE MISSTATEMENT, MISREPRESENTATION, OMISSION OR CONCEALMENT IS FRAUDULENT OR MATERIAL TO THE INTERESTS OF THE INSURER. FURTHERMORE, THE INSURER MAY DENY A CLAIM IF THE INSURER SHOWS THAT THE MISINFORMATION IS MATERIAL TO THE CONTENT OF THE POLICY, THE INSURER RELIED UPON THE MISINFORMATION AND THAT THE INFORMATION WAS EITHER MATERIAL TO THE RISK ASSUMED BY THE INSURER OR THAT THE MISINFORMATION WAS PROVIDED FRAUDULENTLY.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

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

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



**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 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 (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**SIGNATURE**

The undersigned hereby authorizes the release of information contained in this application to a loss prevention service provider.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its partners, owners, directors, officers and employees

This application must be signed by a human resources director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

\_\_\_\_\_  
Name of Applicant Title

\_\_\_\_\_  
Signature of Applicant Date

**PRODUCED BY (Insurance Agent or Broker):**

Producer Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Taxpayer ID or Social Security No.: \_\_\_\_\_ Producer License No.: \_\_\_\_\_

Agency: \_\_\_\_\_

Address (No., Street, City, State and ZIP): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_