



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

PRIVATE ORGANIZATION MANAGEMENT LIABILITY APPLICATION INCLUDING EMPLOYMENT PRACTICES AND FIDUCIARY LIABILITY

REQUESTED COVERAGE

Available Coverage Section	Limit of Insurance Each Claim	Limit of Insurance Aggregate	Separate or Shared Limits of Insurance	Deductible	Retroactive Date	Prior or Pending Litigation Date
Directors & Officers Liability Coverage						
Employment Practices Liability Coverage						
Fiduciary Liability Coverage						

GENERAL INFORMATION

1. Legal name of the business which is the primary applicant and will be the first named insured listed on the policy: _____
2. Please describe the nature of the Applicant's business: _____
3. Please list all other business/dba names, including subsidiaries for which you are seeking coverage under this policy: _____

Name of Subsidiary	Business Type	% of Ownership	Date Acquired or Created	Private Co. or Nonprofit Org.

4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): _____
5. Primary location address: _____
6. County of primary location: _____ Date business originally established: _____
7. Type of Company: (Corp., partnership, LLC, JV, LLP, Other (box format)) _____
8. Total number of branches: _____ List all addresses for additional branches: _____
9. What is your web-site address? www. _____
10. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years? Yes No
11. Does the Applicant have foreign operations? Yes No

12. Does any entity own or control your business or does your business own or control any entity? Yes No
13. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? Yes No

ORGANIZATION INFORMATION

1. In the next 12 months (or during the past 24 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) the following:
- a. Any actual or proposed merger, acquisition, or divestiture? Yes No
 - b. Any creation of a new organization, subsidiary, or division? Yes No
 - c. Any reorganization or arrangement with creditors under federal or state law? Yes No
 - d. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? Yes No
- (If any of the questions above were answered Yes, please provide full details, including the timing, the essential terms of the event, arrangement, impact on employee base and the surrounding circumstances.)*
2. Is the Applicant managed or administered by any third party under contract or agreement? Yes No
3. Does the Applicant manage or administer any entity (other than the Applicant Entity) under contract or agreement? *(If Yes, please provide full details.)* Yes No
4. Does the Applicant currently carry General Liability Insurance? Yes No
5. Does the applicant participate in any of the following activities:
- Franchising? Yes No
 - Joint Ventures? Yes No

DIRECTORS AND OFFICERS *(Complete only if applying for this coverage)*

1. Please attach a list of all members of the Board of Director's including name, affiliation and nomination date.
2. How many board meetings occur on an annual basis: _____
3. What is the total number of Applicant's voting shareholders: _____
4. What is the total number of shares owned by the Directors and Officers: _____
Please list respective percentages of voting shares owned by D's and O's on a separate attachment.
5. Are there any shareholders (other than represented in (b) above) who hold more than 5% of the voting shares?
(If Yes, please provide details)
6. Have there been any changes to the applicants Board of Directors or key executives in the past 12 months? *(If Yes, please attach full details.)* Yes No
Or contemplating any changes in the next 12 months? *(If Yes, please provide full details.)* Yes No
7. Does the Applicant's charter or by-laws contain indemnification provisions? Yes No
8. Does the Applicant or any Subsidiary perform any of the following services:
 - Render any professional services or engage in any standard setting, accrediting, credentialing or licensing activities? *(If Yes, please provide full details.)* Yes No

FINANCIAL INFORMATION

1. Complete the following chart providing the requested financial information:

Indicate the following as it relates to the Applicant's fiscal year end (FYE): <i>(Please indicate negative figures with "()" or "-" as appropriate)</i>	Most Recent FYE (Month/Year) (____/____)	Prior FYE (Month/Year) (____/____)
Total Assets	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____
Total Revenues	\$ _____	\$ _____
Net Income (Net Loss)	\$ _____	\$ _____
Cash flow from Operations	\$ _____	\$ _____

2. Is the Applicant currently (or has it been in the past 24 months) in violation of, or has it received an amendment to any debt covenant? Yes No
(If Yes, please provide full details.)

3. Does the Applicant or any Subsidiary have any plans to raise capital in the next twelve months? Yes No
(If Yes, please provide full details.)

EMPLOYMENT PRACTICES LIABILITY *(Complete only if applying for this coverage)*

1. Employee Count:	Current Year	Previous Year
a. Full Time	_____	_____
b. Part Time (include leased and seasonal)	_____	_____
c. Independent Contractors	_____	_____
d. Volunteers	_____	_____
2. Salary Ranges <i>(including bonuses, dividends and commissions)</i>	Number of full time employees	Number of part time employees
\$50,000 or less:	_____	_____
\$50,001 to \$100,000	_____	_____
\$100,001 and over:	_____	_____
TOTAL:	_____	_____

If you have multiple locations, please list employees by state:

	State:	State:	State:	State:	State:
Full-Time					
Part-Time					
Volunteers					

3. How many employees are covered by collective bargaining or other union agreements? _____

4. In the past 12 months, how many officers have left your employ? _____
Of the above, how many were terminated? _____

5. In the past 12 months, how many other employees have left your employ? _____
Of the above, how many were terminated? _____

1. In the past twelve (12) months, has your total number of employees decreased by more than ten percent (10) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off, closure of any division, office or facility that you own or operate Or for any other reason? *(If Yes, please provide full details.)* Yes No

2. In the next twelve (12) months, do you anticipate the total number of employees to decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off, closure of any division, office or facility that you own or operate or for any other reason? Yes No
(If Yes, please provide full details.)
3. If during the next 12 months, circumstances of which are you currently unaware make it necessary for you to decrease the number of your employees by ten percent (10%) or five (5) employees, whichever is great, through the implementation of any reduction in force, systematic layoff, closure of any division, office or facility that you own or operate or for any other reason (with any such reduction, lay-off or closure not known, anticipated or planned by you as of the date of this Application), do you agree that you will consult with, and adopt the advice of, a lawyer who specializes in labor and employment law (may include in-house counsel, but only if that counsel is qualified and experienced in the practice of labor and employment law) as respects the implementation of such reduction, lay-off or closure? Yes No
(If No, please provide full details.)
4. Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty-five percent (25%) or ten (10) employees, whichever is **greater**, increase over the current number of employees? *(If Yes, please provide full details.)* Yes No
5. Has any insurer ever cancelled or non-renewed the Applicant or its predecessor for this type of coverage? *(If Yes, please provide full details.)* Yes No

HUMAN RESOURCES

1. Does the Applicant have written employment agreements with all officers? Yes No
2. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months? Yes No
 If Yes, who has attended? _____
 If Yes, who conducts the sessions? _____
3. Does the Applicant have its employment policies/procedures reviewed by labor or employment counsel? Yes No
 If Yes, identify the firm and date of last review: _____
4. Does the Applicant have a Human Resources or Personnel Department? Yes No
 If No, who handles this function? _____
5. Does the Applicant have an employee handbook? Yes No
 If Yes, does the Applicant distribute it to all employees? Yes No
 If Yes, do all employees sign up for its receipt? Yes No
 If Yes, does it expressly state that it is not a contract and that employment is "at will"? Yes No
6. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Yes No
7. Does the Applicant require all terminations to be reviewed by:
 The person in charge of human resources? Yes No
 Outside counsel? Yes No
8. Does the Applicant maintain a personnel file for each employee? Yes No

THIRD PARTY INFORMATION

1. Estimated number of employees with customer/client contact: _____

2. Please describe the frequency and nature of customer/client interactions. _____

3. Has the Applicant or its predecessors ever received a complaint, formal or informal, from a non-employee, such as a customer, client, or prospective customer or client complaining about discrimination or harassment by the Applicant or any employee of the Applicant? Yes No
(If Yes, please provide details on a separate sheet.)
4. Does the Applicant conduct staff training on client and customer relations issues such as avoiding discriminatory behavior? Yes No
5. Are there procedures for reporting and dealing with complaints by customers/clients? Yes No
6. Is the Applicant in compliance with Title III of the Americans with Disabilities Act (building and premises requirements)? Yes No

FIDUCIARY LIABILITY (Complete only if applying for this coverage)

Full Name of Plan	Total # of Participants	Active Number of Plan Participants	Total Plan Assets	Type of Plan*
			\$	
			\$	
			\$	
			\$	

Defined Contribution = DC; Defined Benefit = DB; Excess Benefit Plan = EB; Welfare Benefit Plan = WB; Employee Stock Ownership Plan = ESOP

1. Is any listed Plan a multiemployer or multiple employer plan? Yes No
 If yes please provide detail and if merger activity is anticipated.
2. Does the Applicant or any Subsidiary utilize a Plan investment manager? Yes No
 If so, what % of Plan assets are managed by the manager as defined by ERISA? _____
3. How often are plan guidelines and goals reviewed and/or amended by the fiduciaries? _____
4. Have any plans been spun-off, merged or terminated in the last two years? Yes No
5. Does the Applicant or any Subsidiary expect any reduction in benefits, cessation of benefits, or increase in costs to the Plan participants as a result of any plan amendment anticipated in the next twelve months? Yes No
 Was any such amendment adopted within the last two years? Yes No

OTHER MATERIAL INFORMATION

1. After inquiry with each person as appropriate does anyone have any other Material Facts to disclose? *(If Yes, please provide such Material Facts on a separate sheet.)* Yes No

A Material Fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All of the information requested in this proposal is material.

INSURANCE AND LOSS HISTORY

1. Provide your firms most recent Directors and Officers insurance history below:

	Insurance Company	Limits Per Claim/ Aggregate	Deductible	Policy Period (Month/Day/Year)	Retro Date	Annual Premium
Current Year						
Previous Year 1						
Previous Year 2						
Previous Year 3						
Previous Year 4						

2. Does your expiring D&O policy also include Employment Practices Liability (EPL) insurance and/or Fiduciary Liability insurance? Yes No

If "No", do you have a separate Employment Practices Liability (EPL) or Fiduciary policy in place? Yes No

3. Provide your firms recent Employment Practices Liability insurance history below:

	Insurance Company	Limits Per Claim/ Aggregate	Deductible	Policy Period (Month/Day/Year)	Retro Date	Annual Premium
Current Year						
Previous Year 1						
Previous Year 2						
Previous Year 3						
Previous Year 4						

4. Are you being canceled or non-renewed by your current employment practices liability carrier? Yes No

If Yes, please explain why: _____

5. After inquiry with each person as appropriate, in the last five (5) years, have any Directors and Officers claims, or any wrongful termination, discrimination, sexual harassment or any other wrongful employment practices liability claim or suit, including third party claims, ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? Yes No

If "Yes," how many? _____

6. After inquiry with each person as appropriate, do you, or any of your partners, officers, directors, or employees know of any circumstances, acts, errors, omissions, or any allegations Yes No

or contentions of any incident that could result in a Directors and Officers claim, or any employment related claim, including third party claims?

If "Yes," how many? _____

If Yes to questions 5 or 6, please complete a separate Supplemental Claim Form for (1) each claim or suit and include a currently valued loss run for each claim, and (2) for each potential claim and provide as much detail as possible.

7. Of the total number of EEOC/state agency charges filed against any Applicant over the last five years, indicate the number of primary allegations as follows:

1) Location No.	2) Racial Discrimination	3) Age Discrimination	4) Religious Discrimination	5) Other Ethic Discrimination	6) Equal Pay Act Violation	7) Other Gender Discrimination	8) Violation of ADA

8. With respect to litigated cases (including wrongful termination suits under state law other than antidiscrimination law) and EEOC/state agency charges over the last five years for which any settlement was or may be paid, please provide the following information, which must be currently valued:

Date Occurrence	Claimant	Allegation	Damages Paid	Damages Reserved	Legal Expenses Paid	Legal Expenses Reserved

9. Provide your firms most recent Fiduciary Liability Insurance history below:

	Insurance Company	Limits Per Claim/Aggregate	Deductible	Policy Period (Month/Day/Year)	Retro Date	Annual Premium
Current Year						
Previous Year 1						
Previous Year 2						
Previous Year 3						
Previous Year 4						

10. a. Does your expiring Fiduciary Liability Insurance policy include Employee Benefits Liability (EBL) coverage? Yes No
- b. Does your expiring Commercial General Liability Insurance policy include Employee Benefits Liability (EBL) coverage? Yes No
11. Are you being canceled or non-renewed by your current Fiduciary Liability carrier? Yes No

If Yes, please explain why: _____

12. After inquiry with each person as appropriate, has any Fiduciary or any Directors or Officers had a Fiduciary Liability claim or been alleged or found guilty of any Fiduciary breach of duty? Yes No

If "Yes", how many? _____ Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim. Yes No

13. After inquiry with each person as appropriate, do you or any Fiduciary, or any of your partners, officers, directors, or employees know of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident that could result in a Fiduciary Liability claim? Yes No

If "Yes," how many? _____ If "Yes," please complete a separate Supplemental Claim Form for each potential claim and provide as much details as possible.

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual consolidated audited financial statement
- If requesting EPL, a copy of applicant's Employee Handbook
- If impact of Applicant layoffs is either 10% of the workforce or more than 100 employees, complete the Downsizing Supplemental Application.
- If requesting Fiduciary, provide the most recent audited statements for all plans. If exempt from filing audited statement, provide the most recent Form 5500 for each plan.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 claiming 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 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 denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW 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 NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/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 a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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 a 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 and civil penalties.

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 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this applications.

Applicant: _____ Title: _____
(Must be signed by a Director of Human Resources or other
Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____



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PRIVATE MANAGEMENT LIABILITY SUPPLEMENTAL CLAIM APPLICATION INCLUDING EMPLOYMENT PRACTICES AND FIDUCIARY LIABILITY

- *This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.*
- *If space is insufficient to answer any questions fully, attach a separate sheet.*
- *In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved*

APPLICANT'S INFORMATION

1. Full Name of Applicant: _____
2. Full Name of Individual(s) or entity involved in the claim: _____
3. Additional defendants _____
4. Full Name of Claimant: _____
5. Is the Claimant still your client after bringing the claim? Yes No
 Before or after this claim, did you perform other professional services for this Claimant unrelated to this claim? Yes No
 If Yes to either question, please explain. _____
6. Before this claim, had you sued or otherwise pursued collection efforts against the Claimant for unpaid fees for your professional services? Yes No
7. Indicate whether: CLAIM SUIT Incident/Circumstance Only (no claim or suit)
8. Date and location of alleged act, error or omission: _____
9. Date of claim: _____ Date reported to Insurance Company: _____
10. What is the status of the claim? Closed/Settled Open/Pending Incident/Circumstance
11. IF CLOSED:

Total paid including deductible(s)? Responses such as "unknown" or "unavailable" are insufficient.

	Defense costs	Loss/compensatory damages
Paid by you-out of pocket	\$	\$
Insurance Company	\$	\$

Date Resolved: ____/____/____ Trial Out of Court

12. IF PENDING:

- (a) Claimant's settlement demand? \$ _____ Defendant's settlement offer (if any): \$ _____
- (b) Insurer's reserve amounts? Loss \$ _____ Defense \$ _____
- (c) Amounts already spent defending the claim? By you? \$ _____ By the insurer? \$ _____
- (d) What is your best estimate of the likely settlement amount for this matter? \$ _____
- (e) What is your best estimate of the date when you expect this claim to be resolved? _____

Note: Answering "unknown" or "unavailable" to the above questions is an insufficient response.

13. Name(s) of Insurer(s) responding to this claim or incident _____
 Policy Number: _____
 Limits of Liability: _____ Deductible: _____

14. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response: _____

15. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: _____

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

 Signature of Applicant/Title/Date

(Must be signed by a Principal, Partner or Officer of the Firm)

FRAUD WARNING

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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.

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The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____