



**THE HARTFORD PROFESSIONAL LIABILITY INSURANCE POLICYSM
NETWORK SECURITY AND THEFT OF DATA SUPPLEMENTAL APPLICATION**

This is a supplement to an application for a CLAIMS MADE and REPORTED Policy. It is to be used solely in conjunction with The Hartford Professional Liability Policy. If a policy is issued, this application will attach to and become part of the policy.

Name of Applicant: _____

- 1) Does the Applicant have a written company-wide privacy policy? Yes No
 If yes, has such privacy policy:
 a) been reviewed by an attorney? Yes No
 b) acknowledged by employees? Yes No
 Please provide a copy of the privacy policy.

- 2) Is an individual of the Applicant formally responsible for all:
 a) Privacy related matters? Yes No
 b) Network and physical security matters? Yes No
 c) What percentage of the time does this individual spend on data privacy and network security issues? _____ %

- 3) Does the Applicant collect, store or process or is otherwise responsible for any of the following Nonpublic Personal Information (NPI) of employees, customers or other third parties?

<input type="checkbox"/>	Social Security Numbers	<input type="checkbox"/>	Financial Account Information	<input type="checkbox"/>	Credit/Debit Card Numbers
<input type="checkbox"/>	Email Addresses	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	IP Addresses
<input type="checkbox"/>	Zip codes solely for marketing purposes	<input type="checkbox"/>	Driver's License Information		

- 4) If credit cards are accepted as payment, what is the approximate number of annual transactions? _____
 What is the approximate annual sales/revenue: _____
- 5) Please provide the total number of individuals' records, including those of employees and third parties, that contain any of the information from question 3 that the applicant is responsible for keeping secure
 1 – 5,000 5,001 – 10,000 10,001 – 25,000
 25,001 – 50,000 50,001+: *Please provide approximate number:* _____

- 6) Is any of the information in question 3) is stored non-electronically? Yes No
 If so, what percentage of the information is stored non-electronically? _____ %

- 7) Does the Applicant have a document security management and destruction policy for the non-electronic records? Yes No

- 8) Does the Applicant maintain procedures regarding the destruction of data residing on systems or devices prior to their disposal, recycling, resale or refurbishing? Yes No

- 9) Does the Applicant currently comply with the following standards/regulations?

<u>Standard/Regulation</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	
Payment Card Industry – Data Security Standard (PCI-DSS) Level of PCI Compliance: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A if Applicant does not accept credit or debit cards for payment)
HIPAA/ HITECH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A: if Applicant is not defined as a "covered entity" or "business associate" under HIPAA
Graham-Leach-Bliley (GLB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A: if Applicant is not a financial services entity as defined under GLB
California CIVIL CODE SECTION 1790-1790.4 (Cal. SB 1386)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	California Song-Beverly Credit Card Act

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|-------------------------------|--------------------------|--------------------------|--------------------------|---|
| MA Law 201 CMR 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Massachusetts' Data Protection Law |
| FACTA, FCRA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fair and Accurate Credit Transactions Act/Fair Credit Reporting Act |
| DMCA Safe Harbor Provision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Digital Millennium Copyright Act of 1998 |
| State privacy protection laws | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

10) Please indicate the security controls of the Applicant's organization below.

Security Controls:		
Compliant with ISO 27001 IT Security Standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anti-virus software	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Network monitoring and prevention technologies, including wireless devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Firewall in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilize and regularly review results of automated database monitoring tools that continually monitor, record, analyze, alert and automatically shutdown when data access irregularities are detected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Redundant network available for back up, and date last tested for continuity. Date of last test:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Data Loss Prevention Technology (DLP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct periodic intrusion detection, penetration or vulnerability testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Enforce software update processes as new releases, improvements or patches become available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remote shutdown of employee laptops	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use detection technology to monitor or detect the use of thumb drives/external memory drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11) Does the Applicant encrypt Nonpublic Personal Information (NPI) in the following environments?

The Applicant's computer system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A, if Applicant does not maintain their own Computer System (i.e. service provider utilized for all network functions)
When sending emails containing Nonpublic Personal Information over public networks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A, if Applicant does not send emails containing NPI
On laptops	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A, if Applicant does not store NPI on laptops
On mobile storage media, including thumb drives, memory sticks, storage tapes, "smartphones" and other mobile devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A, if Applicant does not store NPI on mobile devices
When collected by the Applicant and hosted by a third party (including back-ups)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A, if Applicant does not store NPI on mobile devices

12) Approximate % of operations that are outsourced: _____%

Please indicate the operation(s) outsourced and the name of the third party contractor:

Network Security Service Provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Data Storage/Back-up/Recovery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Credit Card Transaction Processing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Website Hosting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Application Service Provider (ASP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Finance and/or HR Functions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please provide any service contracts with the above third party contractors.

13) Does the Applicant physically protect access to dedicated computer rooms and/or servers? Yes No

14) Within the last three years, have you ever had an improper network security breach by an internal employee?

Never 1-3 times more than 3

15) Does the Applicant conduct criminal background checks on all new employees who have access to NPI or Company Confidential Information (CCI)? Yes No

16) Does the Applicant restrict employee and contractor's access to NPI on a need-to-know basis? Yes No

- 17) Are there formal processes to revoke network privileges immediately following an employee's or contractor's termination or resignation? Yes No
- 18) Does the Applicant conduct annual training with employees that addresses data privacy and IT security controls and responsibilities? Yes No
- 19) Does the Applicant have a documented network security breach incident response plan? Yes No

20. PRIOR LOSSES AND INCIDENTS

Please provide specific information (by attachment) for any "yes" response to the questions below: the cause, date of occurrence, damage to client, and remedial actions to prevent future occurrences.

a) Is the Applicant or anyone for whom coverage is proposed aware of any facts, acts, circumstances, or situations that may give rise to a Claim or Regulatory Proceeding against the Applicant under the insurance policy for which the Applicant is applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) In the past three years, has the Applicant experienced any breaches of their network security which resulted in the loss, theft or damage to third party NPI or CCI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) In the past three years, has the Applicant experienced any breaches of their network security which resulted in the damage to, unauthorized access to or intrusion of the Applicant's or a Third Party's computer system(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) In the past three years, have you been given notice of your potential infringement of another party's intellectual property (IP) rights, including, but not limited to, patent, copyright, trademark, or domain name infringement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) During the past three years, have any other claims been made against the Applicant for the proposed coverage or other similar insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL APPLICATION MATERIALS

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

- Any specific claim information;
- Explanations to all questions that require additional clarification;
- The latest edition of the Applicant's Privacy Policy;
- A copy of service agreements used with third parties providing services or platforms to/for the applicant.

It is understood and agreed that with if any reprimand, disciplinary or criminal actions; litigation, claim, arbitration, civil, criminal, administrative or regulatory action or proceeding; or knowledge or information, exists, any claim or action for, based upon, arising from or in any way related thereto is excluded from this proposed coverage. THE INFORMATION PROVIDED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY OF A CLAIM OR POTENTIAL CLAIM UNDER ANY POLICY. IF YOU INTEND TO NOTICE A CLAIM OR POTENTIAL CLAIM FOR POSSIBLE COVERAGE, PLEASE COMPLY WITH THE NOTICE OF CLAIM CONDITIONS/PROVISIONS FOUND IN YOUR POLICY.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Not applicable in Florida, Georgia, Kansas, Kentucky, Maine, Montana, New Hampshire, North Carolina, Oregon, South Dakota, and West Virginia.

WARRANTY: The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

NOTE: In applying for coverage, the Applicant agrees that in the event of covered losses, he/she will be required to be defended by an attorney appointed by the Company.

The Applicant hereby acknowledges that he/she is aware that the limit of liability shall be reduced, and may be completely exhausted, by defense costs and in such event, the Company shall not be liable for defense costs or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she is aware that defense costs that are incurred shall be applied against the deductible amount.

The Applicant understands and accepts that the policy applied for provides coverage on a "claims-made and first reported" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Applicable in Florida, Georgia, Kansas, Kentucky, Maine, Montana, New Hampshire, North Carolina, Oregon, South Dakota, and West Virginia.

The Applicant represents that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this representation constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

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The Applicant understands and accepts that the policy applied for provides coverage on a "claims-made and first reported" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

California 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.

FRAUD WARNING STATEMENTS

ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

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.

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: A " 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.

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.

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 OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR 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) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

RHODE ISLAND 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."

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.

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.

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.

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."

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.

THIS APPLICATION MUST BE SIGNED TO BE CONSIDERED FOR QUOTATION.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, 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 A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR THE PRESIDENT OF THE COMPANY.

APPLICABLE TO MAINE APPLICANTS

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, 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 A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR THE PRESIDENT OF THE COMPANY.

APPLICABLE TO NEW HAMPSHIRE APPLICANTS

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES TO THE BEST OF HIS/HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, 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 A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

SIGNING THIS FORM AND TENDERING PREMIUM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. THIS APPLICATION MUST BE SIGNED TO BE CONSIDERED FOR QUOTATION.

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."

Authorized Officer of Applicant's Signature

Print or Type Name & Title

Date (Month/Day/Year)

Name of Broker _____
(Required: FLORIDA, IOWA, NEW HAMPSHIRE only)
Print Name _____
Address _____
Date _____

Broker License # _____
(Required: FLORIDA only)
Name Of Agency _____

Broker Signature _____
(Required: NEW HAMPSHIRE only)