



IRONSHORE SPECIALTY INSURANCE COMPANY

75 State St.
Boston, MA 02110
Toll Free: 877-IRON411

TechDefender® Long Form Application

Tech E&O, Network Security, Privacy, Internet Media, and MPL Insurance Application

THE APPLICANT IS APPLYING FOR A CLAIMS MADE AND REPORTED POLICY, WHICH IF ISSUED, APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD, OR, AS APPROPRIATE, TO THE APPLICABLE EXTENDED REPORTING PERIOD. CLAIM EXPENSES ARE PART OF AND NOT IN ADDITION TO THE LIMITS OF LIABILITY. THE PAYMENT OF CLAIM EXPENSES SHALL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS. PLEASE READ THE ENTIRE POLICY CAREFULLY.

TECH E&O, NETWORK SECURITY, PRIVACY, INTERNET MEDIA, and MPL INSURANCE APPLICATION COMPLETION INSTRUCTIONS

- A. Please answer all the questions applicable to coverage for which you are applying. The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to the evaluation.
- B. If a question is not applicable, state N/A. If more space is required to answer a question, attach any additional explanatory exhibits and reference the application question number the exhibit corresponds to.
- C. The application must be signed by and dated by an authorized officer, partner or principal of the Applicant.

PLEASE ALSO ATTACH THE FOLLOWING:

- A. Copy of your most recent advertising materials and product brochures;
- B. Copies of representative contracts and largest sales and/or licensing contracts;
- C. Copy of most recent financial statements (10K, annual report);
- D. Five (5) years of loss runs valued within the past six (6) months;
- E. List of all pending or threatened litigation

GENERAL INFORMATION (For all Applicants)

Applicant and Subsidiaries

1. Applicant Name (as it should appear on the policy, if written):

2. Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

3. Policyholder Information Technology/Security Contact:

Name: _____

Title: _____ Phone Number: _____

E-mail: _____

4. Website Address(es): _____

5. Applicant is: Sole Proprietor Partnership LLC Corporation Joint Venture

Other (describe): _____

6. Date Established: _____

7. Number of Employees: _____

8. Number of Customers: a. Individuals: _____ c. Government: _____
 b. Corporate: _____ d. Not for Profit: _____

9. Independent Contractors: a. What is the estimated percent of the time they are used? _____%

Yes No

b. Describe the services they perform: _____

c. Number of independent contractors: _____

10. Subsidiaries (if any):

| Name of Entity | Nature of Operations | % of Ownership |
|----------------|----------------------|----------------|
| | | % |
| | | % |
| | | % |

11. Annual Revenue:

Domestic revenue:

International revenue:

Total Revenue:

| | Last Complete Financial Year | Estimate for Current Financial Year | Projected for Next Financial Year |
|------------------------|------------------------------|-------------------------------------|-----------------------------------|
| Domestic revenue: | \$ | \$ | \$ |
| International revenue: | \$ | \$ | \$ |
| Total Revenue: | \$ | \$ | \$ |

12. Requested Coverage:

| Coverage Part(s) | Requested Coverage | Requested Limit | Requested SIR or Waiting Period | Requested Retroactive Date |
|---|--|-----------------|---------------------------------|----------------------------|
| A. Network Security Liability Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | |
| B. Privacy Liability Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | |
| C. Privacy Breach Expense Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | |
| D. Regulatory Fines and Proceedings Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | |
| E. Internet Media Liability Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | |
| F. Digital Asset Expenses Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | |
| G. Business Interruption Income Loss and Dependent Business Interruption Income Loss Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | |
| H. Network and Data Extortion Threat Reward Payments Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ \$ | \$ \$ | |
| I. Technology Errors and Omissions Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | |
| J. Miscellaneous Professional Liability Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | |

PRODUCTS AND SERVICES (please complete Questions 15 through 20 if Technology Errors and Omissions Liability coverage is being requested).

13. Indicate the industries for the Applicant’s products/services: Provide the percentage of revenue expected this year from the following. Please note that the total must equal on hundred percent (100%).

| Industry Type | % of Total Revenue | Industry Type | % of Total Revenue |
|-------------------------------|--------------------|----------------------------|--------------------|
| Agricultural/ Environmental | | Healthcare/ Medical | |
| Aerospace | | Hospitality/ Entertainment | |
| Construction/ Mining | | Manufacturing/ Industrial | |
| Data/ Payment Processing | | Telecommunications | |
| Education | | Trade (Retail/ Wholesale) | |
| Financial/ Banking/ Insurance | | Transportation | |
| Government (military) | | Utilities | |
| Government (non-military) | | Other | |

14. Product or Service Type: Please note that the total must equal one hundred percent (100%).

| Type of Product or Services | % of Current Year Revenue | % of Next Year Estimated Revenue |
|---|---------------------------|----------------------------------|
| Application Service Provider | | |
| Co-location Services | | |
| Custom Software Development | | |
| Data and Transaction Processing | | |
| Hardware, Devices, Components – Installation, Integration and Maintenance | | |
| Hardware, Devices, Components - Manufacturing | | |
| Help Desk Services | | |
| Information Technology Consulting | | |
| Internet Service Provider | | |
| Online Exchange Services | | |
| Pre-Packaged Software Development | | |
| Software Installation, Integration and Maintenance | | |
| Software Maintenance and Support | | |
| Systems Analysis and Design | | |
| System Engineering | | |
| System Integration | | |
| Telecommunications | | |
| Value Added Reseller | | |
| Web Hosting | | |
| Web Design | | |
| Other | | |

MISCELLANEOUS PROFESSIONAL LIABILITY (please complete if Miscellaneous Professional Liability coverage is being requested)

15. Miscellaneous Professional Liability Coverage:

- a. Please provide a comprehensive description of professional services performed for others for a fee.

CONTRACTS

16. Contractual Content and Procedures:

- a. Do you require a written contract or agreement for your services or products with all customers Yes No
 If yes, what percentage of time are they used? _____ %
- b. Are all contracts reviewed by legal counsel or a third party law firm? Yes No
 If no, does legal counsel review any contracts that are modified or deviated from standard? Yes No
- c. Do such contracts or agreements contain (check all that apply):
- Statement of work and specifications? Yes No
- Limitation of liabilities? Yes No
- Limitation of liability for consequential damages? Yes No
- Guarantees of warranties? Yes No
- Hold harmless or indemnity agreements inuring to your benefit? Yes No
- Hold harmless or indemnity agreements inuring to your client’s benefit? Yes No
- Provision for liquidated damages? Yes No
- Acceptance of consequential damages? Yes No
- Provision for the ownership of intellectual property? Yes No

17. Top Five Customer Contracts: Provide the following information regarding your five largest existing contracts.

| Client | Size of Contract | Length of Contract | Nature of products or services |
|--------|------------------|--------------------|--------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

- a. For your largest five contracts, are they all written on your standard customer contract? Yes No
 If no, please describe the process for approval of contracts, deviations and modifications.

18. Vendor Contracts:

- a. Do you require written contracts or agreements with all vendors? Yes No
- b. Is the contracting process standardized or formalized? Yes No
- c. Are all contracts reviewed by your legal department or a third party law firm? Yes No

19. Quality Assurance:

- a. Do your products or services comply with any widely accepted industry standards such as ISO/ANSI/UL or others? (Check all the quality control procedures that apply) Yes No

| | |
|---|--|
| Alpha testing <input type="checkbox"/> | Milestone management <input type="checkbox"/> |
| Beta testing <input type="checkbox"/> | Total quality management <input type="checkbox"/> |
| Prototype development <input type="checkbox"/> | Formal customer acceptance procedures <input type="checkbox"/> |
| Statistical process control <input type="checkbox"/> | Other: _____ |
| Vendor certification process <input type="checkbox"/> | |

- b. Do you have a formal written system or software development methodology in place? Yes No
 If yes, do you obtain your customers written acceptance of systems or software prior to production or implementation? Yes No
- c. Do contracts or statements of work included performance milestones which are acknowledges and accepted with signoffs by both you and your customer? Yes No
- d. Are final acceptance letters or signoffs required from each customer? Yes No
- e. Do you have a formal complaint resolution policy for handling customer complaints or requests for corrections including the escalation process? Yes No
- f. Do you have a customer notification plan in the event a product or service is discontinued? Yes No
- g. Describe any products or services that have been discontinued or recalled within the past year, the procedures used for the recall and any support or other remedy for such discontinued products or services. Yes No
- h. Do you have procedures to safeguard against copyright infringement arising out of systems and/or software designed, developed or modified by you? Yes No
- i. Do you use independent contractors and/or subcontractors? Yes No
 If yes, then answer the following:
 - Do you use always use a written contract upon engagement of independent contractors? Yes No
 - Do you require independent contracts to carry professional liability insurance? Yes No
 - Do all contracts with independent contractors clearly identify work product as “work for hire”, or include other provisions for the ownership of intellectual property? Yes No

INTERNET MEDIA (please complete if Internet Media coverage is being requested)

20. Internet Media and Intellectual Property:

- a. Do you develop content other than marketing materials, brochures or web site content? Yes No
- If yes provide the percentage of the following:
- Original content created by applicant: _____ %
- Original content created by third parties for applicant: _____ %
- Content furnished by third parties to applicant via a licensing agreement: _____ %
- b. Do you maintain policies or procedures to screen all forms of content for potential infringement of third party intellectual property rights? Yes No
- c. Do you maintain policies or procedures to screen all forms of content for elements that may lead to personal injury claims including but not limited to libel, slander and defamation? Yes No
- d. Do you sell, distribute or develop software that is subject to an open source license? Yes No
- e. Do you have written policies or procedures in place to audit the use of software licenses? Yes No
- f. Do you require third parties who provide you with copyrightable material to:
- Hold you harmless for intellectual property infringement claims Yes No
- Indemnify you for intellectual property claims Yes No
- Warrant that their work does not violate another party's intellectual property rights Yes No
- Assign or license their intellectual property rights to you Yes No
- g. Do any of your websites link, deep link or frame to other websites owned by a third party? Yes No
- h. Do you maintain a commercial general liability policy with advertising and personal injury coverage? Yes No
- i. In the past three years have you received notice of infringement on any third party's intellectual property rights? Yes No
- If yes, please provide an attachment with a description of such infringement.

21. Enterprise Security and Privacy – People:

- a. Do you have a Chief Information Security Officer? Yes No
- b. Do you have a Chief Privacy Officer? Yes No
- c. Do you educate users on information security and privacy? Yes No
- d. Do you use Third Party Services Providers? Yes No
- If yes, check all that apply and identify the third party vendor(s):

- Managed Security Services _____
- Physical Security Services _____
- Collocation services _____
- Internet service provider _____
- Application Service Provider _____
- Website hosting _____
- Disaster Recovery _____
- Vulnerability assessment and penetration testing _____
- Information security risk assessments _____
- Data archiving and restoration _____
- Data destruction _____
- Credit card processing _____
- Other (e.g. Human resource and benefits) _____

- e. Do you outsource any business function(s) that would allow third parties access to personal or corporate information in your care, custody or control? Yes No
- If yes, do your contracts require that such third parties maintain network security insurance or that they defend and indemnify you in the event such information is compromised as a result of their negligence? Yes No
- f. Do you hold your vendors to the same security and privacy standard as your internal controls? Yes No

22. Enterprise Security and Privacy – Processes:

- a. Do you categorize an event to determine the severity of an incident and how you should respond? Yes No
- b. Do you define threat assessments from low, medium or high severity levels? Yes No
- c. Do you actively maintain and review security logs for irregularities, intrusions or violations? Yes No
If yes, how often are logs checked, and who maintains this responsibility? _____
- d. Do you report your incident handling program results to senior management, the board of directors or auditors? Yes No
- e. Are system backup and recovery procedures documented and tested for all mission critical systems? Yes No
- f. Are the systems backed up on a daily or more regular basis? Yes No

23. Enterprise Security and Privacy – Technology:

- a. Do you utilize firewall and router technology? Yes No
- b. Do you employ intrusion detection or prevention systems? Yes No
- c. Do you use anti-virus software? Yes No
- d. Do you use passwords to authenticate users? Yes No
If yes, what is the password length? 4 5 6 7 8 9
Do passwords utilize? (check all that apply):
 characters in lower case digits
 characters in upper case common punctuation
- e. Do you use commercial grade technology to encrypt all non-public personal and confidential corporate information transmitted within your company or to other public networks? Yes No
- f. Do use commercial grade technology to encrypt all non-public personal and confidential corporate information at rest within your network? Yes No
- g. Do you use commercial grade technology to encrypt all non-public personal and confidential corporate information that is physically transmitted by tape or other medium between your company and third parties, including data storage companies? Yes No
- h. Do you use commercial grade technology to encrypt hard drives for all mobile computer equipment including laptops and handheld devices? Yes No
- i. Are wireless transmissions protected using WPA/WPA2, IPSEC or SSL? Yes No
- j. Are computer systems, applications and servers that collect non-public personal information and confidential corporate information segregated from the rest of the network? Yes No
- k. Has an independent network security assessment or audit been conducted within the past 12 months? Yes No
If yes, who performed the audit and when was the audit completed? _____
- l. Have all vulnerabilities identified in the audit been remediated? Yes No
- m. Have internal or external vulnerability scans been conducted within the past 12 months? Yes No
If yes, who performed the scans and when was the scan completed? _____
- n. Have the vulnerabilities identified in the scan been remediated? Yes No
- o. Do procedures exist to monitor new vulnerabilities within your computer system and apply the latest security patches within one month? Yes No

24. Policies and Procedures:

- a. Has management, the board of directors or a designated committee approved a written information security program and oversee the implementation and maintenance? Yes No
- b. Does a Board approved enterprise wide policy covering non-public personal information and confidential corporate information exist within your organization? Yes No
If no, please describe: _____
If yes, does the policy include enforceable provisions for non-compliance by employees, independent contractors and third party service providers? Yes No
- c. Do you maintain a written information security policy? Yes No
- d. Do you maintain a written privacy policy? Yes No
- e. Do you maintain a written data breach response plan? If so, does the plan include (check all that apply): Yes No
 - formal assignment to a senior manager for managing the breach response?
 - a legal review to examine the applicant's responsibility to notify?
 - identification of an external forensic investigative resource?
 - an identity restoration service or credit monitoring provider?
 - a communication plan to notify affected individuals?
- f. Do you have a network security incident response plan? Yes No
- g. Do you maintain a written disaster recovery/ business continuity policy? Yes No
If yes, are the business continuity and disaster recovery plans tested at least annually? Yes No
- h. Do you maintain a written records retention and destruction policy? Yes No
- i. Do you follow established procedures for carrying out and confirming the destruction of sensitive information in electronic and paper format prior to recycling or physical disposal? Yes No
- j. Do you maintain a written e-mail policy? Yes No
- k. Do you maintain a written acceptable Internet usage policy? Yes No
- l. Do you maintain a written policy for data classification policy that ranks assets according to sensitivity and how much protection is required? Yes No
- m. Do you have a physical security policy designed to prohibit and track unauthorized access to your network, computer systems and data centers (if applicable)? Yes No
- n. Do you have physical access controls to your building and offices controlled or limited (e.g. key cards, biometrics, etc.)? Yes No
- o. Are background checks performed on employees with access to non-public personal information and confidential corporate information? Yes No
- p. Is a formal process in place to ensure that network privileges and physical access to the building are revoked in a timely manner following an employee's termination or resignation? Yes No
- q. Do you have procedures for carrying out and confirming the destruction of data residing your computer system or devices prior to their recycling, refurbishing, resale, or physical disposal? Yes No

25. Record Number and Type:

a. Do you store, process and/or transmit in any format? Yes No

If yes, check all that apply and approximate number of records:

- | | |
|--|--|
| <input type="checkbox"/> Financial Account Numbers _____ | <input type="checkbox"/> Credit Card Information _____ |
| <input type="checkbox"/> Social Security Numbers _____ | <input type="checkbox"/> Securities Information _____ |
| <input type="checkbox"/> Drivers License Numbers _____ | <input type="checkbox"/> Trade Secrets _____ |
| <input type="checkbox"/> Healthcare Information _____ | <input type="checkbox"/> Intellectual Property _____ |

26. Regulatory Compliance:

a. Are you subject to any of the following regulations? Yes No

If yes, check all that apply:

- Gramm-Leach Bliley Act of 1999
- Health Insurance Portability and Accountability Act of 1996 and HITECH
- Identity Theft Red Flags under the Fair and Accurate Credit Transactions Act of 2003
- Payment Card Industry (PCI) Data Security Standard

If yes, please indicate level requirement: 1 2 3 4

b. Are you currently compliant with the following regulations? (check all that apply):

- | | |
|--|--|
| Gramm-Leach Bliley Act of 1999 | <input type="checkbox"/> Yes No <input type="checkbox"/> |
| Health Insurance Portability and Accountability Act of 1996 | <input type="checkbox"/> Yes No <input type="checkbox"/> |
| Health Information Technology for Economic and Clinical Health Act of 2009 | <input type="checkbox"/> Yes No <input type="checkbox"/> |
| Identity Theft Red Flags under the Fair and Accurate Credit Transactions Act of 2003 | <input type="checkbox"/> Yes No <input type="checkbox"/> |
| Payment Card Industry (PCI) Data Security Safeguard | <input type="checkbox"/> Yes No <input type="checkbox"/> |

If yes, when was the date of the last regulatory or PCI independent third party assessment?

27. HISTORICAL INFORMATION: (For all Applicants)

- a. Has your company ever been declined for Technology Errors and Omissions, Privacy, Network Security, Internet Media Liability or Miscellaneous Professional Liability insurance, or had an existing policy cancelled? Yes No
- b. Has your company ever experienced a network breach, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar? Yes No
- c. Is your Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Information Officer, Chief Security Officer, Chief Privacy Officer, President, General Counsel, Risk Manager, principal, partner, director or officer aware of or are there any circumstances that could give rise to a claim that would be covered by this Policy? Yes No
- d. In the last five years, has your company experienced any claims, suits, proceedings or are you aware of any circumstances that could give rise to a claim that would be covered by this Policy? Yes No
- e. In the last three years, has anyone alleged that their personal information was compromised or have you notified any third parties that non-public personal information was compromised? Yes No
- f. During the last three years, has your company received a complaint concerning the content of your website or other online services related to intellectual property infringement, content offenses, or advertising offenses? Yes No
- g. During the last three years, has your company been the subject of an investigation or action by any regulatory or administrative agency for violations arising out of your advertising, data security or professional services? Yes No
- h. Within the last three years, has a customer claimed that they had a financial loss as a result of an error or omission on your part? Yes No
- i. Has your company, or any of your predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities? Yes No

If a Yes answer has been given to any of the questions in this section, please provide complete details which should include but not be limited to the following:

- A full description including damages alleged
- Date the insurance carrier was put on notice
- Current status
- Amounts of reserves, legal expense paid, and settlements or judgments
- Loss runs
- Steps implemented to prevent similar claims

The undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to the Insurer are true and correct.

Signing of this application does not bind the Applicant or the Insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the Policy that would render this application form inaccurate or incomplete, the Applicant will notify the Insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.

FRAUD WARNINGS

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 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.

NOTICE TO ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND 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 POLICYHOLDER 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 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 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 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 MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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 OREGON 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 MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS - WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA 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 SUCH PERSON TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

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: _____ Print Name: _____
Title: _____ Date: _____

The application must be signed be and dated by an authorized officer, partner or principal of the Applicant.