



## NOTICE

MANY OF THE PROFESSIONAL LIABILITY COVERAGE PARTS ARE WRITTEN ON A CLAIMS MADE BASIS, AND AS SUCH, TO ALL PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

Please read this application carefully. Complete and submit all requested information and attachments for those Coverage Parts you have checked below. Note: The Applicant must complete Part I, II, III and VIII of this application. All information and all submitted materials shall be held in confidence.

The Applicant is applying for the following coverages and has completed Parts I, II, III, VIII and the following sections of this application:

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**I. PROFESSIONAL LIABILITY GENERAL INFORMATION:**

1. The Applicant to be named in Item 1. of the Declarations (the Named Insured):

Name of Subsidiaries' that are applying for coverage:

Street Address (No P.O. Box):

City: State: Zip:

Telephone: - - Fax: - - Years in Business:

Website:

2. Please provide the total gross revenues for the years indicated which are derived from the Applicant's & any Subsidiaries professional services:

Next Year	This Year	Last Year
\$	\$	\$

3. Largest Clients:

#	Applicant and Subsidiaries largest clients.	Annual Revenues:	Length of Contract
1.		\$	
2.		\$	
3.		\$	

**II. CLAIMS INFORMATION**

1. After inquiry, has any technology liability, professional liability, media liability, or network security/privacy injury claims been made during the past three (3) years against the Applicant or any of its Subsidiaries? ☐ Yes ☐ No  
*\*If "yes" attach a detailed summary including the name of the claimant, the date the claim occurred, the date it was reported, the demand amount, whether the claim is open or closed and the amount paid by both the insured and insurance.*
2. After inquiry, does the Applicant, Subsidiaries, Predecessor Firms or any of their executive officers, risk manager or any employee who is responsible for the Applicant's insurance or claim reporting have knowledge, information of any circumstance, or any allegation of contentions of any incident that could give rise to a claim that would be covered by this policy? ☐ Yes ☐ No  
*\*If "yes" attach a detailed summary including the name of the claimant, the date the claim occurred, the date it was reported, the demand amount and any other pertinent details.*
3. Within the last three (3) years, has the Applicant or any Subsidiaries been the subject of an investigation or action by any regulatory or administrative agency arising out of the Applicant's or Subsidiaries' business practices? ☐ Yes ☐ No  
*\*If "yes" attach details.*



4. Within the past 3 years, has the Applicant or any Subsidiary received any complaints, claims or been subject to litigation involving privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, extortion demand, damage to a third party network or a customer's inability to rely on your network, or sustained a loss of or damage to your network or data or any interruption to network that resulted in a loss of income? *\*If "yes" attach details.* ☐ Yes ☐ No
5. Within the past three (3) years, has the Applicant or any Subsidiaries sued any customers for non-payment of any contract or licensing fee? ☐ Yes ☐ No
6. Within the past three (3) years, have any customers withheld payment or requested a refund of fees because the Applicant's or Subsidiaries' products/services:
- a. Did not meet customer's performance expectations? ☐ Yes ☐ No
- b. Did not perform in compliance with the Applicant's or any subsidiaries' warranty or guarantee? ☐ Yes ☐ No

**III. EXPIRING COVERAGE INFORMATION**

1. Please complete the following for those coverages you currently have or previously had insurance for:

Coverage	Limit	Retention	Retro Date (If applicable)	Premium (If applicable)	Carrier (If applicable)	Expiration Date (If applicable)
MPL:	\$ _____	\$ _____	_____	\$ _____	_____	_____
Media: <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ _____	\$ _____	_____	\$ _____	_____	_____
Technology & Telecommunications E&O:	\$ _____	\$ _____	_____	\$ _____	_____	_____
Network Security & Privacy Liability	\$ _____	\$ _____	_____	\$ _____	_____	_____
Media Liability	\$ _____	\$ _____	_____	\$ _____	_____	_____
Privacy Regulatory Proceeding/Fines:	\$ _____	\$ _____	_____	\$ _____	_____	_____
Privacy Event Expense: (i.e. Notification cost, forensics, credit monitoring, PR expenses)	\$ _____	\$ _____	_____	\$ _____	_____	_____
Network Extortion Expense	\$ _____	\$ _____	_____	\$ _____	_____	_____
Data & Network Restoration	\$ _____	\$ _____	_____	\$ _____	_____	_____
Business Interruption	\$ _____	\$ _____	_____	\$ _____	_____	_____
PCI Fines	\$ _____	\$ _____	_____	\$ _____	_____	_____

Comments:

#### IV. MISCELLANEOUS PROFESSIONAL LIABILITY SECTION

1a. Estimate the total percentage of revenue derived from the following Miscellaneous Professional Services: (Supplemental Application is required where (\*) is denoted)

Alternative Dispute Resolution: (%)	___	Credit Reporting Services: (%)	___	HR Consultant: (%)	___
* Answering Service: (%)	___	Customs House Brokerage: (%)	___	Litigation Support: (%)	___
Association Professional Liability: (%)	___	* Direct Mail Services: (%)	___	* Marketing Consultant/Research: (%)	___
Association Management: (%)	___	* Document Destruction: (%)	___	* Meeting Event/Planning services: (%)	___
* Billing Services: (%)	___	Document Storage: (%)	___	Notary: (%)	___
Bookkeeping Services: (%)	___	Drug Testing: (%)	___	* Payroll Processing: (%)	___
* Business Brokerage: (%)	___	Educational Testing: (%)	___	* Permanent Placement/Recruiting: (%)	___
Business Process Outsourcing: (%)	___	Employment Screening: (%)	___	Physician Management Services: (%)	___
* Call Center Services: (%)	___	* Equipment Lease Brokerage: (%)	___	Premium Financing: (%)	___
* Claims Adjusters: (%)	___	Executive Coaching: (%)	___	* Printing Services: (%)	___
* Collection Agent: (%)	___	Expert Witness: (%)	___	* Telemarketing Services: (%)	___
* Consulting Services: (%)	___	* Franchising Services: (%)	___	* Temporary Staffing: (%)	___
* Courier Services: (%)	___	* Freight Forwarders: (%)	___	Translation Services: (%)	___
* Court Reporting: (%)	___	Fulfillment Services: (%)	___	Travel Agent Services: (%)	___
* Credit Bureau: (%)	___	Hotel Management: (%)	___	* Trustees Services: (%)	___
Other (Please Specify): (%) _____					

1b. Does the Applicant or any subsidiaries perform any services to entities which own you or for entities that you own, control or are affiliated with? ☐ Yes ☐ No

#### Contracted Work

2. Does the Applicant or any Subsidiary use subcontractors or independent contractors to provide professional services? ☐ Yes ☐ No  
If Yes, what is the percentage of revenues that comes from contracted services? \_\_\_\_\_ (%)

#### Contractual/Quality Control Procedures

3. Does the Applicant and all Subsidiaries use a written contract or engagement letter with all clients? ☐ Yes ☐ No

a. Does anyone other than a principal have the authority to amend the standard contract? ☐ Yes ☐ No

If Yes, list the position of this individual: \_\_\_\_\_

4. Does each document include: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Disclaimer of Warranties             | <input type="checkbox"/> Hold Harmless to the Applicant's Benefit |
| <input type="checkbox"/> Dispute Resolution                   | <input type="checkbox"/> Limitation of Liability                  |
| <input type="checkbox"/> Exclusions for Consequential Damages | <input type="checkbox"/> Performance Milestone                    |
| <input type="checkbox"/> Exclusive Remedies                   | <input type="checkbox"/> Statement of Work and Specifications     |
| <input type="checkbox"/> Force Majeure                        | <input type="checkbox"/> Venue or Governing Law                   |

5. Does the Applicant and all Subsidiaries have customer acceptance procedures when a contract or service has been completed? ☐ Yes ☐ No

6. Does the Applicant and all Subsidiaries have client complaint resolution policies and procedures? ☐ Yes ☐ No

7. Does the Applicant and all Subsidiaries ever warrant, guarantee their services or enter into contracts that are contingent upon the client achieving cost reductions or improved operating results? ☐ Yes ☐ No

Please attach the following for the Applicant and their Subsidiaries:

- Resume or Biographies for the key principals if in business less than 3 years.
- Sample contract or engagement letter used with clients.
- \* Supplemental Application (where required)

**V. MEDIA PROFESSIONAL LIABILITY SECTION****Multimedia Services:**

To be completed only if Applicant and all Subsidiaries is seeking coverage for the following services:

1a. Please apply the percentage of revenue that is derived from the following services:

Advertising Placement: (%)	___	Catalog/Direct Mail Services: (%)	___	Music Composition: (%)	___	Product Design: (%)	___	Public Relations: (%)	___
Branding: (%)	___	Literary Agent: (%)	___	Merchandising: (%)	___	Product Testing: (%)	___	Trademark Design: (%)	___
Contest/Promotion/ Coupons: (%)	___	Market Research: (%)	___	Package Design: (%)	___	Printing: (%)	___	Video/Film Production: (%)	___
Other, please specify: (%)	_____							Website Design: (%)	___

1b. What percent of your gross revenues can be considered pass thru costs? \_\_\_\_\_ %

1c. Does the Applicant or any Subsidiaries create any media content or perform any multimedia services to entities which own you or for entities that you own, control or are affiliated with?

☐ Yes ☐ No

**Newspaper/Magazine/Book Publishers Liability:**

To be completed only if Applicant and all Subsidiaries is seeking Newspaper/Magazine/Book Publishers Liability Coverage

2. List all the publications that the Applicant and all Subsidiaries wish to have coverage:

Name of Publication	Location	Average Circulation	Frequency of Circulation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Broadcasters Liability Services:**

To be completed only if Applicant and all Subsidiaries is seeking coverage for Broadcasters liability coverage

3. Please list all of the Radio/Television Stations that are owned or operated by the Applicant or Subsidiaries:

Call Letters	Location	Format
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Contracted Work**

4. Does the Applicant or any Subsidiary use subcontractors or any independent contractors such as freelance photographers, models, writers, composers, artists, musicians or website developers?

☐ Yes ☐ No

If yes, does the Applicant and all Subsidiaries obtain written releases with respect to the creative material or talent that they provide?

☐ Yes ☐ No

**Contractual Procedures**

5a. Does the Applicant and all Subsidiaries use a written contract or agreement with all clients?

☐ Yes ☐ No

a. Does anyone other than a principal have the authority to amend the standard contract?

☐ Yes ☐ No

If Yes, list the position of this individual: \_\_\_\_\_

5b. Indicate the percentage of standard contract usage vs. client's contract?

Standard: (%)	_____	Client: (%)	_____
---------------	-------	-------------	-------

5c. Does each document include: (select all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Disclaimer of Warranties             | <input type="checkbox"/> Hold Harmless to the Applicant's Benefit | <input type="checkbox"/> Statement of Work and Specifications |
| <input type="checkbox"/> Dispute Resolution                   | <input type="checkbox"/> Limitation of Liability                  | <input type="checkbox"/> Force Majeure                        |
| <input type="checkbox"/> Exclusions for Consequential Damages | <input type="checkbox"/> Performance Milestone                    | <input type="checkbox"/> Venue or Governing Law               |
|   |   | <input type="checkbox"/> Exclusive Remedies                   |

**Quality Control**

6. Indicate which of the following quality control procedures are in place (select all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Legal clearance procedures            | <input type="checkbox"/> Letters-to-editor edited                                | <input type="checkbox"/> Fees paid to proper licensing agencies |
| <input type="checkbox"/> Media counsel used for content review | <input type="checkbox"/> Receive approval from the client prior to dissemination | <input type="checkbox"/> Uses delay devices                     |
| <input type="checkbox"/> Website content policy                | <input type="checkbox"/> Employees familiar with libel law                       | <input type="checkbox"/> Correction/retraction procedures       |
| <input type="checkbox"/> Conducts fact checking of content     | <input type="checkbox"/> Educates employees on content claims                    | <input type="checkbox"/> Educates employees on content claims   |

Please attach the following for the Applicant and their Subsidiaries:

- Resume or Biographies for the key principals if in business less than 3 years.
- Sample contract or agreement used with clients.
- Sample agreement or written releases used with Authors, Freelancers, Distributors, Advertisers, etc.

## VI. TECHNOLOGY & TELECOMMUNICATION: ERRORS & OMISSIONS SECTION

1a. Estimate the total percentage of revenue derived from the following Technology & Telecommunication Services:

Application Services Provider: (%)		E-mail Service: (%)		Telecom Consulting Firms: (%)	
Cellular Companies: (%)		Electronic Component MFG: (%)		Telecom Equipment MFG: (%)	
Computer Programmers: (%)		IT Consulting/Staffing: (%)		Telephone Companies: (%)	
Computer/Network Integration: (%)		Internet Services Provider: (%)		Video Conferencing Services: (%)	
Computer Maintenance: (%)		Managed IT Services: (%)		Voice Over Internet Protocol Services (VOIP): (%)	
Computer Hardware MFG: (%)		Reseller of Computer Hardware & Software: (%)		Wireless Communication Firms: (%)	
Computer Training/Education: (%)		Security Consulting/Products: (%)		Website Developers: (%)	
Data Centers: (%)		Software Developers: (%)		Website Hosting Services: (%)	
Other (describe below): (%)					

1b. Does the Applicant or any Subsidiaries perform any services to entities which own you or for entities that you own, control or are affiliated with?

☐ Yes ☐ No

2. Indicate the percentage of revenue derived from the following Industry types:

Aerospace & Defense: (%)		Electrical Equipment: (%)		Healthcare: (%)		Telecommunication: (%)	
Chemical (%)		Energy Equipment & Services: (%)		Information Technology: (%)		Transportation: (%)	
Construction & Engineering: (%)		Financial Services (%)		Manufacturing: (%)		Oil, Gas & Utilities: (%)	
Consumer Services: (%)		Government: (%)		Media: (%)		Retail (%)	
Other (describe below): (%)							

### Contracted Work

3. Does the Applicant or any Subsidiary use subcontractors or any independent contractors to provide any professional services?

☐ Yes ☐ No

If Yes, what is the percentage of revenues that comes from contracted services?

\_\_\_\_ (%)

### Contractual Procedures

4. Does the Applicant and all Subsidiaries use a written contract, service agreement or invoice with all clients?

☐ Yes ☐ No

a. Does anyone other than a principal have the authority to amend the standard contract?

☐ Yes ☐ No

If Yes, list the position of this individual: \_\_\_\_\_

5. Does each document include: (Select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Disclaimer of Warranties             | <input type="checkbox"/> Hold Harmless to the Applicant's Benefit |
| <input type="checkbox"/> Dispute Resolution                   | <input type="checkbox"/> Limitation of Liability                  |
| <input type="checkbox"/> Exclusions for Consequential Damages | <input type="checkbox"/> Performance Milestone                    |
| <input type="checkbox"/> Exclusive Remedies                   | <input type="checkbox"/> Statement of Work and Specifications     |
| <input type="checkbox"/> Force Majeure                        | <input type="checkbox"/> Venue or Governing Law                   |

### Quality Control

6. Indicate which of the following quality control procedures are in place (select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Alpha/Beta testing                      | <input type="checkbox"/> Customer signature on each phase of project    |
| <input type="checkbox"/> Recall program                          | <input type="checkbox"/> Formal customer acceptance procedure           |
| <input type="checkbox"/> Prototype development                   | <input type="checkbox"/> Total Quality Management                       |
| <input type="checkbox"/> Vendor certification process            | <input type="checkbox"/> Written and formalized quality control program |
| <input type="checkbox"/> Formalized training for new hires       | <input type="checkbox"/> Back-up or contingency plan                    |
| <input type="checkbox"/> Customer support                        | <input type="checkbox"/> Complaint resolution procedures                |
| <input type="checkbox"/> Intellectual property/Review Safeguards | <input type="checkbox"/> Other (describe below)                         |

7. Indicate the procedures you have in place to protect your facilities, networks and servers. (select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Encryption          | <input type="checkbox"/> Virus protection  |
| <input type="checkbox"/> Firewalls           | <input type="checkbox"/> Physical security |
| <input type="checkbox"/> Intrusion detection | <input type="checkbox"/> Daily back-ups    |
| <input type="checkbox"/> Security protocols  | <input type="checkbox"/> Power generator   |

Please attach the following for the Applicant and their Subsidiaries:

- Resume or Biographies for the key principals if in business less than 3 years.
- Sample contract, service agreement or invoice used with clients.

**NOTE: Network Security & Privacy can only be purchased with another PL line of coverage.**

## VII. NETWORK SECURITY & PRIVACY SECTION

1. Please check the following IT policies and procedures the Applicant and all Subsidiaries have in place:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Privacy Policy        | <input type="checkbox"/> Data Backup/Recovery | <input type="checkbox"/> Notification Response Plan         |
| <input type="checkbox"/> Password Usage Policy | <input type="checkbox"/> Network Restoration  | <input type="checkbox"/> Employee Privacy/Security Training |

2. Please indicate which type of information of others that resides within your care, custody or control (Select all that apply):

- |   |  |
|---|--|
| a. <input type="checkbox"/> 3rd party Personal Identifiable Information | <input type="checkbox"/> Employee/HR Information             |
| <input type="checkbox"/> Social Security Numbers                        | <input type="checkbox"/> Bank Accounts and Financial Records |
| <input type="checkbox"/> Credit/Debit Card Information                  | <input type="checkbox"/> Intellectual Property/Trade Secrets |
| <input type="checkbox"/> Personal Health Information                    | <input type="checkbox"/> Other: _____                        |

b. How many individual records are within your care, custody or control? \_\_\_\_\_

3. Do you outsource any of your IT/data management activities or entrust 3rd parties with sensitive information?

☐ Yes ☐ No

If Yes, then have you verified or performed:

- |   |   |
|---|---|
| <input type="checkbox"/> Vendor due diligence               | <input type="checkbox"/> Vendor is ISO 27001/HITRUST/NIST/SOC-2 Certified |
| <input type="checkbox"/> Site audit of vendor's data center | <input type="checkbox"/> Periodic audits of outsourced vendor             |

4. Does the Applicant and all Subsidiaries:

a. Use software and hardware that is supported by the manufacturer?

☐ Yes ☐ No

b. Employ a Chief Information Security Officer, IT Manager or Privacy Officer?

☐ Yes ☐ No

If no, what position is responsible for Information Security & Privacy within your company? \_\_\_\_\_

c. Implement virus controls, malware/spyware detection, firewall and filtering on all systems?

☐ Yes ☐ No

d. Check for security patches to your systems at least weekly and implement them within 30 days?

☐ Yes ☐ No

e. Replace factory default settings to ensure your information security systems are securely configured?

☐ Yes ☐ No

f. Have a way to detect unauthorized access or attempts to access sensitive information?

☐ Yes ☐ No

g. Allow remote access to your network?

☐ Yes ☐ No

If yes, do you use industry standard VPCN, SSL VPN or equivalent technology?

☐ Yes ☐ No

Utilize two-factor authentication?

☐ Yes ☐ No

h. Control and track all changes to your network so it remains secure?

☐ Yes ☐ No

i. Re-assess security threats and upgrade your risk controls in response at least yearly?

☐ Yes ☐ No

j. Limit access to data on a need-to-know basis?

☐ Yes ☐ No

k. Allow sensitive data to be stored on laptops and mobile devices?

☐ Yes ☐ No

If yes, do you ensure such devices utilize full disk encryption?

☐ Yes ☐ No

l. Allow employees to store or access sensitive data on their own personal devices?

☐ Yes ☐ No

If yes, do you ensure such devices utilize full disk encryption?

☐ Yes ☐ No

m. Conduct desktop drill/exercises to test your incident response plan?

☐ Yes ☐ No

n. Securely dispose of paper or electronic data when no longer needed?

☐ Yes ☐ No

o. Terminate employee access when an individual leaves the company?

☐ Yes ☐ No

5. In the event of a virus, malware attack or computer attack, what is the recovery time objective for critical business operations?

\_\_\_\_\_ Hours

If you create, display, publish or disseminate content, do you have procedures in place to screen material for copyright and trademark infringement including invasion of privacy?

☐ Yes ☐ No



7. If you accept Credit Card transactions, please answer the following:

- a. Number of transactions per year: \_\_\_\_\_ % of transactions that are EMV: \_\_\_\_\_  
(% of transactions that use chip-card technology)
- b. Are you PCI compliant? ☐ Yes ☐ No
- c. If yes, are you compliant via: ☐ Self-Assessment OR ☐ 3rd Party Audit  
Version Used: \_\_\_\_\_
- d. Does the credit card data go direct to 3rd party payment processor? ☐ Yes ☐ No
- e. If you capture credit card data directly into your network, please check all that apply: Do not store credit card data ☐
- |  |  |
|--|--|
| <input type="checkbox"/> Utilize end to end encryption                       | <input type="checkbox"/> POS devices are Hardened/Whitelisted    |
| <input type="checkbox"/> Utilize tokenization                                | <input type="checkbox"/> POS devices are patched immediately     |
| <input type="checkbox"/> Credit card data is segmented from rest of network  | <input type="checkbox"/> POS devices do not have internet access |
| <input type="checkbox"/> Credit card data is encrypted at rest and in motion |  |

If "NO" has been answered to any of the questions on this Application, please attach details:

#### VIII. APPLICANT REPRESENTATION (To be completed by Applicant)

Applicant hereby declare, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby, are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company to whom this Application is made ("the Company") as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1) Completion of this application and any supplemental applications or forms does not bind the Company to issue the policy;
- 2) If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and any other statements furnished to the Company in conjunction with this application;
- 3) All supplemental applications, statements and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part thereof;
- 4) This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- 5) If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted by the payment of damages and claims expenses. In such event the Company shall not be liable for damages or claims expenses to the extent that such cost or amount exceeds the limit of liability of this policy;
- 6) If a policy is issued, claims expenses which are incurred shall be applied against the deductible or retention amount as provided in the policy;
- 7) Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which the Applicant is aware of that may give rise to a claim before expiration of the current policy, may create a lack of coverage.

#### FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 may be subject to civil fines and criminal penalties (For DC residents only: 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 applicant.) (For FL residents only: 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.) (For LA residents only: 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.) (For ME residents only: 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.) (For NY residents only: 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.) (For PA residents only: 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.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

This application must be signed by the Chairman of the Board, Chief Executive Officer, Chief Financial Officer, President or General Counsel

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Corporation: \_\_\_\_\_

Date:

The undersigned acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.