PRIVATE COMPANY APPLICATION

_____

Name of Insurance Company to which application is made

NOTICE: LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, REDUCE, AND MAY COMPLETELY EXHAUST THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

1. GENERAL INFORMATION

a) Name of Applicant Company: _____
(Together with any subsidiaries for whom this policy is intended, hereinafter, "Applicant(s).")

b) Address:

c) Nature of Business and SIC or NAIC Code:

d) Year of Incorporation:

e) Website:

2. COVERAGE REQUESTED

Please check the boxes below with an "X" to indicate which coverage is being requested. If you are not requesting a type of coverage, please leave the entire row blank. If a coverage requested is not currently purchased, a dollar amount of "$0" will be assigned to current limits.

Coverage Requested	Limits Requested	Currently Purchased	Date Coverage First Purchased	Current Limits	Current Retention	Current Carrier and Premium
☐ Directors, Officers & Entity Liability	$	☐Yes ☐No		$	$	
☐ Employment Practices Liability	$	☐Yes ☐No		$	$	
☐ Fiduciary Liability	$	☐Yes ☐No		$	$	
☐ Crime	$	☐Yes ☐No		$	$	
☐ Kidnap & Ransom/Extortion	$	☐Yes ☐No		$	$	
☐ CyberChoice Premier	$	☐Yes ☐No		$	$	

3. PRIOR KNOWLEDGE

The following question must be answered if the Applicants are requesting higher limits than current limits, including requesting coverage which is not currently purchased.

Does an Applicant or any natural person for whom insurance is intended have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a claim? ☐Yes ☐No

If "YES," provide full details (attach a separate sheet if necessary).

IT IS AGREED THAT IF ANY SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH ERROR, MISSTATEMENT, MISLEADING STATEMENT, ACT, OMISSION, NEGLECT, BREACH OF DUTY OR OTHER MATTER OF WHICH THERE IS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE REQUESTED. HOWEVER, THIS EXCLUSION SHALL APPLY UNDER A SPECIFIC COVERAGE PART ONLY TO THE EXTENT THAT THE "LIMITS REQUESTED" ARE HIGHER THAN THE "CURRENT LIMTS" PURCHASED FOR THAT COVERAGE PART.

4. APPLICANT INFORMATION

If the Applicant Company listed in 1(a) above has any subsidiaries, complete the following (attach a separate sheet if necessary):

a)

NAME	NATURE OF BUSINESS	DATE CREATED OR ACQUIRED	PERCENTAGE OWNED BY APPLICANT LISTED IN 1(a)	STATE/COUNTRY OF INCORPORATION

b)

Please provide the following based on the Applicants' most recent fiscal year end ("FYE") and the year prior. Please indicate negative figurers using "( )" or "-"	Most Recent Fiscal Year End (Month/Year)	Year Prior to Most Recent Fiscal Year End (Month/Year)
Current Assets		
Goodwill		
Total Assets		
Current Liabilities		
Long Term Debt		
Total Liabilities		
Retained Earnings		
Shareholder Equity		
Total Revenues		
Earnings before interest and Taxes		
Net income after taxes		
Interest Expense		
Cash flow from Operations		

c) Total number of current:

i. US based employees _____

ii. US locations _____

iii. Foreign based employees _____

iv. Foreign locations? _____

d) Has an Applicant experienced within the past 24 months, or does an Applicant anticipate in the next 12 months, any of the following events:

i. Merger, acquisition, sale of any assets or other similar transaction? ☐Yes ☐No

ii. Any financial restructuring, reorganization or filing for bankruptcy? ☐Yes ☐No

iii. Any downsizing, layoffs, reduction in force, plant or office closings? ☐Yes ☐No

If the response is "YES" to any of the above, please provide full details (attach separate sheet if necessary).

5. DIRECTORS, OFFICERS & ENTITY LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

a)

For all classes of stock or other ownership of the Applicant listed in 1(a) above, list all shareholders (*attach additional sheet if required*)	Percentage Held (%)	Entity Type (***if not an individual***) e.g. Corporation, Venture Capital Fund, Trust, Partnership, or Other	Is the individual a Director/Officer, or does the entity have direct representation on the board of directors?
		Select One	☐Yes ☐No
		Select One	☐Yes ☐No
		Select One	☐Yes ☐No
		Select One	☐Yes ☐No
		Select One	☐Yes ☐No
		Select One	☐Yes ☐No
		Select One	☐Yes ☐No
		Select One	☐Yes ☐No

If the response is "YES" to any question below, please provide full details (attach separate sheet if necessary).

b) Within the past 24 months or the next 12 months, has an Applicant completed or does an Applicant anticipate completing any public or private offering of securities (including, but not limited to, IPO, Secondary Exchanges, or Crowd Funding/Crowd Financing)? ☐Yes ☐No

c) Is an Applicant currently, or has an Applicant been in the past 12 months, in breach or violation of any debt covenant or loan agreement or any other material contractual obligation? ☐Yes ☐No

d) Has an Applicant, or any natural person for whom this insurance is intended, been involved in:

i. Any antitrust, copyright or patent litigation? ☐Yes ☐No

ii. Any civil or criminal action or administrative proceeding alleging a violation of any federal or state security law or regulation? ☐Yes ☐No

iii. Any representative actions, class actions or derivative suits? ☐Yes ☐No

iv. Any other litigation? ☐Yes ☐No

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Most recent audited Financial Statement and CPA opinion

6. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

a) Please list the following information based on the Applicants' current facts as of today and those facts of one year ago:

		Currently	1 Year Ago
i.	Non-Union Full Time US Employees (including interns)	_____	_____
ii.	Non-Union Part Time US Employees (including interns)	_____	_____
iii.	Independent Contractors	_____	_____
iv.	Union Employees	_____	_____
v.	Foreign Based Employees	_____	_____
vi.	TOTAL EMPLOYEES and CONTRACTORS *(line vi should be the sum of lines i-v.)*	0	0

vii. Of the total number of employees/contractors listed above, please indicate how many are located in:

	Currently	1 Year Ago
California	_____	_____
New Jersey	_____	_____

b) How many employees have total compensation (including any bonus and commissions) above $200,000 annually? _____

c) Please also list: the following:

		Within Last 12 months:	Within Last 24 months:
i.	Involuntary Terminations:	_____	_____
ii.	Layoffs:	_____	_____

- Was severance available to all affected? ☐N/A ☐Yes ☐No
- Did all severance recipients sign a release? ☐N/A ☐Yes ☐No

If "NO" to either question, please provide full details (attach a separate sheet if necessary).

d) Is an employee handbook distributed to all employees? ☐Yes ☐No

If the response is "NO," do the Applicants have written procedures in place regarding:

i. Sexual Harassment ☐Yes ☐No

ii. Discrimination ☐Yes ☐No

e) Do the Applicants have a stand-alone Human Resources Department? ☐Yes ☐No

f) Do the Applicants review all terminations with Legal Counsel? ☐Yes ☐No

g) Do the Applicants employ any outside employment risk management services? ☐Yes ☐No

h) Do the Applicants require new employees to agree to arbitrate employment disputes? ☐Yes ☐No

i) Do the Applicants require new employees to sign class action waivers? ☐Yes ☐No

j) Has an Applicant experienced any complaints, charges or hearings involving:

i. Any Civil complaint as respects Employment Practices Liability, including any Class or Multi- Claimant Action? ☐Yes ☐No

ii. Any Federal, State or Local Government agency as respects Employment Practices Liability? If "YES" to (i) or (ii), please provide full details (attach separate sheet if necessary). ☐Yes ☐No

7. FIDUCIARY LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

a) For each plan to be covered, please list the following:

PLAN NAME	PLAN TYPE*	# OF PARTICIPANTS	PLAN ASSETS (CURRENT YEAR)	PLAN STATUS**
	Select One		$	Select One
	Select One		$	Select One
	Select One		$	Select One

* Plan Type: Defined Benefit (DB), Defined Contribution (DC), Welfare (W), Employee Stock Ownership (ESOP) or Other (O).

** Plan Status: Active (A), Merged (M), Terminated (T) or Frozen (F).

If the response is "YES" to any question below, please provide full details (attach separate sheet if necessary).

b) Has an Applicant, any plan, or plan fiduciary:

i. been accused or found guilty of a breach of fiduciary duty or violation of ERISA? ☐Yes ☐No

ii. been investigated by the DOL, IRS or any other regulatory agency in the past 2 years? ☐Yes ☐No

iii. had any other litigation against any Plan or Plan Fiduciary? ☐Yes ☐No

c) Does any plan hold or provide the option to invest in the securities of an Applicant? ☐Yes ☐No

d) Within the past 24 months have there been, or does an Applicant anticipate in the coming 12 months that there will be, any reductions in benefits? ☐Yes ☐No

8. CRIME COVERAGE PART (Complete Only if Requesting this Coverage)

a) Has an Applicant discovered or sustained a crime or fidelity loss within the last 36 months? ☐Yes ☐No
If the response is "YES," please provide full details (attach separate sheet if necessary).

b) Are the Applicants' financial statements audited by a CPA on an annual basis? ☐Yes ☐No

If the response is "NO" to any of the remaining questions, please provide details on a separate sheet.

c) Do the Applicants conduct any type of background checks on potential employees? ☐Yes ☐No

d) Do the Applicants have an internal audit department or someone with internal audit responsibilities? ☐Yes ☐No

e) Are disbursement and banking controls segregated so no one employee (other than the owner) can control a process from beginning to end? (e.g. request check, approve voucher, sign check, make withdrawals and account reconciliation) ☐Yes ☐No

f) Is an authorized vendor list utilized to assist in detecting payments to fictitious suppliers? ☐Yes ☐No

g) Is the responsibility for authorizing vendors, approving invoices and processing payments segregated amongst different individuals? ☐Yes ☐No

h) Are changes to vendor payment account information confirmed via the contact information originally supplied when the vendor was initially contracted and not the contact information included in the change request? ☐Yes ☐No

i) Are automated inventory systems and physical inventories reconciled? ☐N/A ☐Yes ☐No

j) If an Applicant operates its own plants or warehouses, are there security guards, alarms and video cameras to protect inventory in plants and warehouses? ☐N/A ☐Yes ☐No

k) Do the Applicants use precious metals, stones, gems, or other high value items in their operations? ☐Yes ☐No

If "YES," is access to this high value material restricted, controlled and monitored? ☐Yes ☐No

l) Is the authority to initiate and approve a wire transfer separated amongst different employees? ☐Yes ☐No

m) Do the Applicants maintain written procedures for the proper handling of wire transfers? ☐Yes ☐No

n) Are employees that process wire transfers trained to never process an internal transfer request:

i. unless the request comes from someone with documented authority and within their established dollar threshold? ☐Yes ☐No

ii. without first properly validating the request via a telephone number which was obtained from the employee directory and not by utilizing a telephone number supplied as a part of the request? ☐Yes ☐No

o) Can wire transfer authority be delegated to anyone verbally or in writing? ☐Yes ☐No

If "YES", are procedures in place to verify that the authority has been delegated to someone else? ☐Yes ☐No

p) Are employees that are responsible for wire transfers provided with regular anti-fraud training to include how to detect phishing, social engineering and other types of deception fraud schemes? ☐Yes ☐No

q) Are wire transfers reconciled daily? ☐Yes ☐No

r) Do these same internal control procedures exist at foreign location(s)? ☐N/A ☐Yes ☐No

s) Complete the below if Theft of Clients' Property Off Premises coverage is requested:

i. Will an Applicant or its employees have access to any client's money, securities, banking systems, purchasing systems, payroll systems, accounting systems and/or wire transfer systems? ☐Yes ☐No
If "yes," please provide details:

ii. If an Applicant or its employees will have access to restricted areas of the client's premises, will this be limited by the use of keycards, locks, etc.? ☐Yes ☐No

iii. How many of the Applicants' employees or 1099 contractors will be working at the client's location?

9. KIDNAP AND RANSOM/EXTORTION COVERAGE PART (Complete Only if Requesting this Coverage)

If "YES" to any of the questions below, please provide full details (attach separate sheet if necessary).

a) With respect to the Applicant, or any natural person for whom this insurance is intended:

i. Has there ever been a prior kidnapping, extortion or detention incident or threat? ☐Yes ☐No

ii. Are there any current threats or incidents regarding kidnapping, extortion or detention? ☐Yes ☐No

iii. Are any operations to be insured involved in the production of food, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)? ☐Yes ☐No

b) Please complete the following regarding the Applicants for each foreign (non-U.S.) location:
(If none, leave this space blank.)

Country, city, and description of operations	# of Employees

c) Please complete the following regarding travel to foreign countries:
(If none, leave this space blank.)

Country and city(ies)	Number of Trips Per Year	Average length of stay	# of Employees

d) If an Applicant has foreign locations or travel, describe security precautions on a separate sheet.

10. CYBER (Complete Only if Requesting this Coverage)

a) If the Applicant currently purchases insurance providing any Cyber coverage, has the Applicant reported or could the Applicant have reported any facts, acts, circumstances, claims, or loss under such insurance?
☐Not Purchased ☐Yes ☐No

b) If the Applicant does not currently purchase insurance providing any Cyber coverage, has the Applicant experienced any facts, acts, circumstances, claims, or loss that would have been reported under this Cyber coverage part had it been in place? ☐N/A ☐Yes ☐No

If yes to any of the above, please attach full details

Throughout questions (c) thru (k) of this section, any reference to "Applicant" shall mean the Applicant Company listed in 1(a) above and any third party on whom the Applicant currently relies, or to whom the Applicant entrusts any information.

c) Does the Applicant engage in any service or activity involving or similar to: initial offerings, mining, trading, exchanging, or storing of cryptocurrency, token, digital coin, or equivalent thereof? ☐Yes ☐No

d) How many people's non-public personal information (NPI) does the Applicant collect, store, process or otherwise handle?

☐ Under 50,000 ☐ 51,000 - 100,000 ☐ 100,001 - 1,000,000 ☐ 1,000,001 - 5,000,000 ☐ Over 5,000,000

e) Does the Applicant back-up mission critical data regularly, routinely store recent back-ups off-line and are the Applicants' backups well isolated from threats against its production systems? ☐Yes ☐No

f) How often does the Applicant implement system security updates or patches?
☐ Immediately upon availability ☐Weekly ☐Monthly ☐Yearly ☐Not at all

g) Does the Applicant use technical measures, devices or tools and techniques including: firewalls, anti-virus, and passwords/authentication? ☐Yes ☐No

h) Does the Applicant encrypt all electronic information that leaves its physical control (laptops, mobile devices, storage, etc.), using strong encryption and keys so that only the Applicant can decrypt it? ☐Yes ☐No

Only answer questions i-k if requesting Media Coverage

i) Does the Applicant have written editorial policies and a review process governing any content that the Applicant publishes both on and off line (including social media) including a formal process ensuring that the Applicant doesn't infringe another's copyright, title slogan, trademark, logo, trade name, service mark or brand?
☐N/A ☐Yes ☐No

j) Were any trademarks acquired by the Applicant in the last three years? ☐Yes ☐No
If "YES," were they screened for infringement? ☐Yes ☐No

k) Does the Applicant have a formal policy for responding to allegations that content created by the Applicant is libelous, infringing, or in violation of any other party's rights? ☐Yes ☐No

11. LOSS HISTORY

If "YES" to any of the questions below, please provide full details (attach separate sheet if necessary).
With respect to the Applicants and any natural person for whom this insurance is intended:

a) Have there been any actual claims that may fall within the scope of the coverage requested?
☐Yes ☐No

b) Has any Insurer cancelled or refused to renew any Directors and Officers, Employment Practices, Fiduciary, Crime, Kidnap Ransom, Cyber, or similar insurance within the past 36 months? ☐Yes ☐No
*** MISSOURI APPLICANTS NEED NOT REPLY.**

Applicable to Liability Coverage Parts Only:

c) Are there any pending claims or demands against an Applicant or any natural person for whom this insurance is intended that may fall within the scope of coverage of any other previously or currently purchased insurance policy? ☐Yes ☐No

d) Has an Applicant or any natural person for whom this insurance is intended given notice under the provisions of any other previously or currently purchased insurance policy of any facts or circumstances which may give rise to a claim against any of them? ☐Yes ☐No

REGARDING THESE QUESTIONS C & D, IT IS AGREED THAT IF ANY SUCH CLAIMS, DEMANDS OR NOTICES EXIST, ANY CLAIM BASED UPON, ARISING FROM OR IN ANY WAY RELATED TO SUCH MATTERS SHALL BE EXCLUDED FROM THE INSURANCE BEING APPLIED FOR. 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.

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION 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.

ATTENTION 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.

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. 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 ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

ATTENTION KENTUCKY, OHIO AND 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.

ATTENTION LOUISIANA, 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.

ATTENTION 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.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION 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.

ATTENTION 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.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE[1]. 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, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE[2]. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE 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 DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY[3]. 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.

1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2- In Maine this sentence ends at the word "quotations."

3- The application shall actually attach in the following states: North Carolina, _____

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, OWNER, CONTROLLER, PRESIDENT OR BOARD CHAIRMAN.

ATTENTION 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.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Additionally required of applicants in Florida, Iowa & New Hampshire

Name of Agent _____ Agent License #: _____
(Required: Florida, Iowa & New Hampshire only) *(Required: Florida only)*

Print Name: _____ Name of Agency: _____

Address: _____ _____

Date: _____ Agent Signature: _____
(Required: Florida & New Hampshire only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

<Enter the address and phone number of the local The Hartford office.>

