

BY COMPLETING THIS NEW BUSINESS APPLICATION (“APPLICATION”) THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE “COMPANY”)

NOTICE: THE LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "MATTERS" FIRST MADE DURING THE "POLICY PERIOD", OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

MONTANA DISCLAIMER NOTICE

DEFENSE WITHIN LIMITS: THE AMOUNT OF MONEY AVAILABLE UNDER THE POLICY TO PAY SETTLEMENTS OR JUDGEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU.

APPLICATION INSTRUCTIONS

1. Whenever used in this Application, the term "**Applicant**" shall mean the Parent Organization and all Subsidiaries, as defined by the Policy unless otherwise stated.
2. All **Applicants** must complete this Application in accordance with the specific coverages being renewed. Attach additional pages if necessary.

I. NAME, ADDRESS AND CONTACT INFORMATION

1. Name of **Applicant**: _____
2. Address of **Applicant***: _____
 City: _____ State: _____ Zip Code: _____ - _____
 EIN: _____
3. **Applicant's** Web Site: _____
4. State of Incorporation: _____
5. Years of Operation: _____
6. Description of the **Applicant's** business: _____
7. Primary SIC Code: _____
8. Name and email address of Primary Contact (Executive Officer authorized to receive notices and information regarding the proposed policy):
 Name: _____ E-Mail: _____

**If documents related to the Policy should be sent to a mailing address different than noted in 2. above, please indicate as such in the designated area at the end of this Application.*

II. INSURANCE INFORMATION

Please indicate below, by placing an "X" in the box, which coverages are being requested.

Coverage Requested	Current Insurer (or N/A)	Current (or Requested) Limit	Current (or requested) Retention	Current Pending or Prior Proceedings Date (or N/A)
<input type="checkbox"/> Directors & Officers and Entity Liability				
<input type="checkbox"/> Employment Practices Liability				
<input type="checkbox"/> Fiduciary Liability				
<input type="checkbox"/> Employed Lawyers Liability				
<input type="checkbox"/> Crime				
<input type="checkbox"/> Kidnap Ransom & Extortion				
<input type="checkbox"/> Workplace Violence Expense				

III. GENERAL RISK INFORMATION

1. Please complete the following employee and location information:

	Full Time Employees	Part Time Employees (including Seasonal & Temporary)	Contractors (Independent or Leased)
U.S. Employees			
<i>AK, AZ, CT, DC, KY, MS, NJ, NM, NV, WA, WV</i>			
<i>AL, CO, DE, FL, GA, KS, LA, ME, MO, MT, SC, TN, UT, WY</i>			
<i>Illinois</i>			
<i>California</i>			
<i>All Other States</i>			
Employees Outside the U.S.*			
<i>Country 1:</i>			
<i>Country 2:</i>			
Total Worldwide Employees			

In the past 5 years have you had any employees working in the state of Illinois?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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* If the number of foreign locations exceeds space in the table above, please attach such information as an addendum to this Application or provide details in the designated area at the end of this Application.

2. Please provide the **Applicant's** most recent annual financial statements as an attachment to this Application. If financial statements are not available or do not contain any of the information requested below, please provide the following financial information:

	Most Recent Fiscal Year End	Prior Fiscal Year End (Optional)
	Month/Year _____	Month/Year _____
Cash & Cash Equivalents		
Current Assets		
Total Assets		
Current Liabilities		
Long Term Debt		
Total Liabilities		
Revenue		
Operating Income		
Interest Expense		
Net Income		
Cash Flows From Operating Activities		

3. Has the **Applicant** in the last 12 months completed or is the **Applicant** anticipating in the next 12 months any:
- (i) Reorganization or arrangement with creditors under federal or state law? Yes No
 - (ii) Closings, consolidations, or divestments of any branch, location, office, or subsidiary? Yes No
 - (iii) Proposed, actual, or attempted merger or acquisition? Yes No
 - (iv) Layoffs or reductions in workforce? Yes No
 - (v) Breach or violation of any debt covenant? Yes No
 - (vi) Public or private offering of securities or debt? Yes No
 - (vii) Change in senior executive officers other than due to illness? Yes No

If "Yes" to any question in 4(i) – 4(vii) above, please provide details in the designated area at the end of this Application.

4. Is this organization formed as a partnership? Yes No

If "Yes", please attach a copy of the most recent partnership agreement or organizational chart.

5. Does the **Applicant** conduct any professional ethics, peer review, accrediting, standard setting, credentialing, or licensing activity for third parties? Yes No

If "Yes", please provide details in the designated area at the end of this Application.

6. Is the **Applicant** seeking coverage for entities that are not direct or indirect Subsidiaries of the Parent Organization (i.e. commonly owned entities, affiliates, entities without controlling interest but managed by the **Applicant** via contract or agreement)? □ Yes □ No

If "Yes", please complete the Additional Named Insured Supplemental Application

IV. COVERAGE SPECIFIC RISK INFORMATION

A. DIRECTORS & OFFICERS AND ENTITY LIABILITY COVERAGE INFORMATION

1. Recent or Pending Matters

- (a) Has the **Applicant** in the past 3 years experienced any of the following:
- (i) Antitrust, copyright or patent litigation; □ Yes □ No
 - (ii) Accusations or investigations for deceptive trade practices or consumer fraud; □ Yes □ No
 - (iii) Any civil, criminal or administrative proceeding alleging a violation of any federal or state securities laws; □ Yes □ No
 - (iv) Any other criminal actions other than those listed above? □ Yes □ No
- (b) Other than those identified in your response to question 1(a), has any claim or other matter been made at any time during the last 3 years against:
- (i) Any **Applicant**; or □ Yes □ No
 - (ii) Any proposed insured individual in his or her capacity as a director, officer, or employee of any entity? □ Yes □ No

If "Yes" to any question in this Section A, please provide details in the designated area at the end of this Application.

2. Please complete the table below for all shareholders who own ten percent (10%) or more of the outstanding securities of the **Applicant**. If the number of shareholders exceeds space in the table below, please attach complete ownership information as an addendum to this Application.

Shareholder Name	Ownership	Is shareholder a Director or Officer or represented by a designated Director on the Board?	
	%	□ Yes	□ No
	%	□ Yes	□ No
	%	□ Yes	□ No
	%	□ Yes	□ No
	%	□ Yes	□ No

3. Approximately what percentage of the **Applicants** revenues are derived from government sources? _____%

B. EMPLOYMENT PRACTICES LIABILITY COVERAGE INFORMATION

1. Recent or Pending Matters

During the past 3 years has any **Applicant**, in any capacity, been involved in any of the following:

- (i) EEOC or other similar administrative proceedings; or Yes No
- (ii) Any employment-related civil suit, claim, or other matter? Yes No

If “Yes” to 1(i) or 1(ii) above, please provide details including date, type of suit, claim, or other matter, allegations, current status, defense costs incurred and any applicable judgment or settlement amounts in the designated area at the end of this Application or by attachment to this Application.

2. U.S. Employee Salary Ranges

Annual Employee Compensation Ranges (including bonuses)	Approximate % in Range Current Year
Up to \$50,000	%
\$50,001 to \$150,000	%
Greater than \$150,000	%

3. What was the annual employee turnover rate for the last 3 years?
Past year _____% 1 year previous _____% 2 years previous _____%

4. Does the **Applicant** have written policies regarding:

- (i) Equal Opportunity Employment? Yes No
- (ii) Anti-discrimination? Yes No
- (iii) Anti-harassment, including sexual harassment? Yes No

For Applicants with more than 500 Employees, please also answer questions 5-7 below:

5. Do you, or others on your behalf or at your direction, collect, store, use or transmit biometric information or biometric identifiers, including but not limited to fingerprints, retina or iris scans, or scans of hand or face geometry? Yes No

If “Yes”, do you receive written consent and a release from each individual? Yes No

6. Please provide the **Applicant’s** current employee handbook, or equivalent, as an attachment to this Application. If none exist or is not available, please confirm whether written procedures are in place regarding:

- (i) Progressive Discipline Yes No
- (ii) Terminations Yes No
- (iii) Handling complaints of harassment and discrimination Yes No
- (iv) Leave of Absence including FMLA Yes No

7. Does the **Applicant**:
- (i) Utilize outside counsel to review written policies and procedures? Yes No
 - (ii) Review terminations with outside counsel? Yes No
 - (iii) Conduct training regarding anti-discrimination and anti-harassment? Yes No
 - (iv) Review pay practices for inequities among protected class employees? Yes No
 - (v) Require employees to attend diversity training? Yes No

C. FIDUCIARY LIABILITY COVERAGE INFORMATION

1. Recent or Pending Matters

During the past 3 years, has:

- (i) any fiduciary been accused, found guilty or held liable for a breach of trust or convicted of criminal conduct? Yes No
- (ii) there been any assessment of fees, fines or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL or other government authority against any plan? Yes No
- (iii) any **Applicant**, benefit program, or any past or present individual in his or her capacity as a fiduciary of any employee benefit plan experienced any claims or other matters (other than for benefits under 29 C.F.R. § 2560.503-1(h) or similar procedures pursuant to applicable law)? Yes No

If “Yes” to any question in 1(i) - 1(iii) above, please provide details in the designated area at the end of this Application.

2. Plan Information

Please list the names and types of **Applicant’s** employee benefits plans. Attach additional pages if needed. If the **Applicant** has an ESOP, please complete the Supplemental ESOP Application.

Plan Names (Do not include Health & Welfare Plans)	Type of Plan*	Plan Assets (current year)	Total Plan Participants	If a DB plan, current funded percentage?
				%
				%
				%

*Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership Plan (ESOP), Excess Benefit or Top Hat (EBP)

3. Has there been any merger, termination, or freezing of any plan in the past 3 years? Yes No

If “Yes”, please provide details in the designated area at the end of this Application.

4. Are any plans NOT in compliance with plan agreements or ERISA? Yes No

If “Yes”, please provide details in the designated area at the end of this Application.

For all Defined Contribution retirement plans proposed for coverage with combined plan assets greater than \$100,000,000, please also answer questions 5-6 below:

5. **Plan Administration**

Name of DC Plan	Name of Recordkeeper	Recordkeeping Fees (Per Capita)	Name of Investment Consultant/ Manager

6. In the past 18 months, has the **Applicant** reviewed all plan operation, administration and investment related fees and expenses for reasonableness? Yes No

D. CRIME COVERAGE INFORMATION

1. **Past Activities**

During the past 3 years, has the **Applicant** discovered any employee theft, forgery, computer fraud, social engineering fraud, or other crime losses? Yes No

If “Yes”, please attach details itemizing each loss separately and provide the date, description, and total amount of such loss.

2. Does the **Applicant**:

(i) Completely segregate all accounting duties such that no one person can complete a financial transaction (such check payments, wire and electronic transfers) from beginning to end by themselves without the involvement of another person? Yes No

(ii) Perform a monthly reconciliation of all bank accounts by someone who does not handle deposits, sign checks or have access to electronic or mechanical signatures? Yes No

(iii) Maintain a documented policy and written procedure that requires employees to attempt to verify all requests to change, modify or update to a supplier’s bank account and/or contact information by making a *phone call* to a number previously on file with the **Applicant**? Yes No

(iv) Maintain a documented policy and written procedure that requires all outgoing wire transfers or ACH payments be entered by one employee and then approved by two other employees (at least one of whom is an Executive)? Yes No

(v) Employ Multifactor Authentication (MFA) on all external access to the **Applicant’s** computer systems, including Office 365 and other cloud-based email? Yes No

For Applicants with over 500 employees, please also answer questions 3-4 in their entirety below:

3. Does the **Applicant**:

(i) Maintain an internal audit department? Yes No

(ii) Use a competitive bidding process for high value supplies and services, including IT, legal, and professional services? Yes No

(iv) Conduct physical inventory counts at least annually and reconcile the results with a perpetual inventory system by someone not associated with the control of inventory? Yes No

- (iv) Have custody, access to or control of any clients' funds, accounts, computer systems, or tangible goods? Yes No
- 4. Does the **Applicant**:
 - (i) Have procedures in place to verify the existence and ownership of all vendors prior to doing business with them? Yes No
 - (ii) Maintain a master vendor list? Yes No
 - (iii) Require all additions, removals and changes to the master vendor list or accounts payable system be performed by a person that is not authorized to make or process payments? Yes No

E. KIDNAP RANSOM & EXTORTION COVERAGE INFORMATION

1. **Past Activities**

In the past 3 years, has any **Applicant** discovered an occurrence of any of the following prior events: extortion threats, cyber extortion, hijacking, wrongful detention, or political threats? Yes No

If "Yes", please attach full details of any occurrence in the designated area at the end of this Application.

2. Please complete the following table regarding the **Applicant's** foreign travel plans for the next 12 months *:

Destination City or Region & Country	Purpose of Travel	Number of Employees Traveling	Number of Trips Per Year

**please attach a separate schedule of locations if additional travel information applies.*

3. Describe the **Applicant's** security precautions at overseas locations and during outside U.S. travel, including use of security consultants:

F. EMPLOYED LAWYERS LIABILITY COVERAGE INFORMATION

1. **Recent or Pending Matters**

In the past 3 years, has any person proposed for this coverage been the subject of, or been involved in, any of the following arising out of his or her provision of legal services, irrespective of whether such activity arose out of work performed for the **Applicant**:

- (i) any reprimand, sanction, fine or discipline by, or refused admission to, a bar association, court, administrative or regulatory agency; or Yes No
- (ii) Any civil or criminal litigation, arbitration, claim, or administrative or regulatory proceeding? Yes No

If "Yes" to question 1(i) or 1(ii) above, please provide details in the designated area at the end of this Application.

- 2. Provide the total number of Employed Lawyers, Temporary and Contact Attorneys: _____
- 3. Do any Employed Lawyers, Temporary Attorneys or Contract Attorneys provide legal services in any of the following: Environmental Law & Compliance, Copyright, Patent, Trademark and Other Intellectual Property Law, Litigation, or Securities Law? Yes No
- 4. Do any Employed Lawyers provide Moonlighting Legal Services or legal services for others? Yes No

If “Yes” to question 4 above, describe the scope of services provided and the total number of hours annually in the designated area at the end of this Application.

G. WORKPLACE VIOLENCE EXPENSE COVERAGE INFORMATION

- 1. **Past Activities**

In the past 3 years, has any **Applicant** discovered or experienced any workplace violence incidents? Yes No

If “Yes”, please provide details in the designated area at the end of this Application.
- 2. Does the Applicant provide goods or services to general public? Yes No

If “Yes”, please describe the level of access the general public has to the company’s Premises in the designated area at the end of this Application.

For Applicants with over 500 employees, please answer Question 3 in its entirety below:

- 3. Does the Applicant have all of the following policies and procedures in effect:
 - (i) An Employee Assistance Program (EAP) Yes No
 - (ii) A progressive discipline policy Yes No
 - (iii) Employee and customer complaint/grievance resolution procedures Yes No
 - (iv) A written policy on workplace violence that is circulated to all employees Yes No
 - (v) Training for supervisory and management employees to recognize, report and respond to potentially hostile employees or situations Yes No
 - (vi) A process for performing background checks for potential employees Yes No
 - (vii) Security precautions to limit access to its premises from hostile or volatile person Yes No

V. WARRANTY: PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES/SITUATIONS

The **Applicant** must complete the warranty statement herein for which coverage is requested and is not currently purchased, as indicated in Section II, INSURANCE INFORMATION, of this Application.

For Alaska, Arizona, Delaware, Florida, Georgia, Hawaii, Idaho, Kansas, Kentucky, Maine, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, Oklahoma, Oregon, Puerto Rico, South Dakota, Virginia, Washington, Wyoming and West Virginia Residents ONLY: the title of this section and any other reference to “Warranty” is deleted and replaced with “**Applicant** Representation”.

No person or entity proposed for coverage is aware of any fact, circumstance, or situation which could reasonably be expected to give rise to any claim, action, inquiry or other matter that would fall within the scope of the proposed **Liability Coverage Parts**:

NONE or, except:

Without prejudice to any other rights and remedies of the Company, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim, action, inquiry or other matter arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

VI. MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

VII. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim, potential Claim or other Matter.

Notice to Applicants in States not listed below: 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 materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Notice to 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 fines and confinement in prison, or any combination thereof.

Notice to 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.

Notice to California Applicants: For your protection, California law requires the following to appear on this form: any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 Authorities.

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 Hawaii Applicants: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Notice to Kansas Applicants: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Louisiana Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison, or a denial of insurance benefits.

Notice to Maine Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to 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.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Oregon Applicants: Any person with the intent to knowingly defraud makes any misstatements, misrepresentations, omissions or concealments concerning a material fact to an insurance company or other person in connection with an application for insurance may be guilty of insurance fraud and subject to prosecution.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of 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.

Notice to 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.

Notice to Tennessee Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to 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.

Notice to Virginia Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to 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 and denial of insurance benefits.

Notice to 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 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 violation.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Date

Signature*

Title

*This Application must be signed by the chief executive officer, president, executive director, chief financial officer, or any person with the responsibility for the management of insurance matters (or any equivalent position to any of the foregoing) of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By:
 Agent (Print & Sign): _____
 Agency: _____
 Agency Taxpayer ID or SS No.: _____ Agent License No.: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Submitted By:
 Agency: _____
 Agency Taxpayer ID or SS No.: _____ Agent License No.: _____
 Address: _____
 City: _____ State: _____ Zip: _____

SIGNATURE - FOR ARKANSAS, NEW MEXICO, NORTH DAKOTA AND RHODE ISLAND APPLICANTS ONLY

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR **APPLICATION** FOR INSURANCE:

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED REPRESENTATIVE OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTANDS AND ACKNOWLEDGES THAT WITH RESPECT TO ANY LIABILITY COVERAGE PART(S):

1. THE PROPOSED POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS SHALL REDUCE THE APPLICANT'S LIMIT(S) OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, THE COMPANY SHALL NOT BE LIABLE FOR ANY FURTHER DEFENSE COSTS AND LOSS (AS DEFINED IN THE PROPOSED POLICY) TO THE EXTENT THAT SUCH DEFENSE COSTS AND LOSS EXCEED THE APPLICABLE LIMIT(S) OF LIABILITY.
2. ANY DEFENSE COSTS INCURRED UNDER THIS POLICY SHALL BE APPLIED AGAINST THE APPLICABLE RETENTIONS(S) STATED IN THE DECLARATIONS PAGE OR ANY ENDORSEMENT ATTACHED TO THE POLICY. THE OBLIGATIONS OF THE COMPANY TO PAY DEFENSE COSTS AND/OR LOSS (AS DEFINED IN THE PROPOSED POLICY) SHALL ONLY BE IN EXCESS OF THE RETENTION(S), WHICH AMOUNT SHALL BE BORNE BY THE INSURED AT THE INSURED'S OWN RISK.

Applicant's Signature (Arkansas, New Mexico, North Dakota & Rhode Island Applicants, In Addition To **Application** Signature Above):

Signed: _____ (must be Officer of Applicant)
 Print Name & Title: _____
 Date (MM/DD/YY): _____
 Email/Phone: _____

SIGNATURE - FOR KANSAS AND ALASKA APPLICANTS ONLY

ELECTRONIC DELIVERY SUPPLEMENT:

We are required by law to obtain consent from insureds prior to engaging in any electronic delivery of insurance policies and/or other supporting documents in connection with the **Policy**. You have the right to:

Select electronic delivery - check here _____
 Reject electronic delivery – check here _____

Applicant's Signature (Kansas and Alaska Applicants, In Addition To **Application** Signature Above):

FOR FLORIDA APPLICANTS ONLY:

FOR IOWA APPLICANTS ONLY:

Agent Name: _____
 Agent License ID Number: _____

Broker: _____
 Address: _____

Section for Additional Information / Responses:		
Section #	Question #	Details