

Application

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any question, or any part thereof, does not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using the Applicant's letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated, and signed by an authorized representative of the Applicant.

Required Attachments, if available:

- Please provide copies of the Applicant's past two (2) years of audited financial statements and annual reports.
- Summary of Environmental Site Assessments/Remediation Reports (past, current, planned) (check here if not applicable)
- Tank Inventory Lists (check here if not applicable)
- Permit Schedule (check here if not applicable) (Air or water/wastewater/stormwater discharge permits, hazardous waste storage permits, on-site disposal permits, etc.)
- Federal, State, Local environmental regulator inspection reports (check here if not applicable)
- Copies of Notices of Violations for air or water/wastewater/stormwater discharge violations, solid or hazardous waste violations, etc. (check here if not applicable)

The coverage applied for is solely as stated in the policy and any endorsement thereto. This policy provides liability coverage on a CLAIMS-MADE AND REPORTED basis, which covers only claims first made against the insured during the policy period and reported to the insurer, in writing, during the policy period or within thirty days thereafter, unless an extended reporting period applies. This policy also provides first-party coverages on a DISCOVERED AND REPORTED basis, which covers only pollution conditions and indoor environmental conditions, as applicable, first discovered during the policy period and for which a first-party claim is reported to the insurer, in writing, during the policy period or within thirty days thereafter. Finally, this policy provides coverage for EMERGENCY RESPONSE COSTS that is limited by more specific reporting criteria and covers only EMERGENCY RESPONSE COSTS incurred, and reported to the insurer, in writing, within the specific timing requirements identified in this policy. LEGAL DEFENSE EXPENSES are subject to and SHALL ERODE the limits of liability and any applicable self-insured retention.

1. Name of Applicant: _____
 Principal Contact: _____ E-mail Address: _____
 Principal Contact Regarding Environmental and Health & Safety Issues: _____
 Mailing Address: _____

 Telephone #: _____ Fax #: _____
 URL: <http://> _____ Date Established: _____
 The Applicant is: Corporation Partnership Joint Venture LLC/LLP
 Other: _____

- 2.** Please identify entities for which coverage is requested (subsidiary, predecessor, acquired, parent, affiliated, or merged entities): *(continue on a separate sheet, if necessary)*

Name of Entity	Date of Formation or Transaction

- 3.** Details of covered locations: *(continue on a separate sheet, if necessary, or provide a statement of values)*

Company Name	Address	Standard Industrial Classification Code (SIC)	Year Operations Began	Facility Size acres or square feet	Known Pre-Existing Contamination Present? (Yes or No)

- a.** If “Yes” is indicated above with respect to Known Pre-Existing Contamination Present, please provide details on a separate sheet. Include at a minimum:

- Copies of prior Environmental Site Assessment Reports;
- Past, current, planned sampling/remediation activities, including results/reports, if applicable; etc.

- 4.** If applicable, please identify contracting services performed by or on behalf of the Applicant beyond the boundaries of the proposed covered location(s) and provide the estimated sales/revenues associated with such activities for the current fiscal year: *(continue on a separate sheet, if necessary)*

Contracting Services or Off-Site Activities	Sales / Revenues	% of Services or Activities Sub-Contracted	Name of Sub-Contractor

- 5.** Within the past five (5) years has the Applicant, any other party to be covered by the proposed insurance, or any foreign entity purchased this type of insurance coverage? YES NO

- a.** *If “Yes” is indicated above, please provide detailed information regarding any such coverage and all available loss information as an attachment to this application.*

- 6.** Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) brought against, or notices of violation or intent to sue been issued to, the Applicant, any other party to be covered by the proposed insurance, or any foreign entity with respect to pollution conditions or indoor environmental conditions (such as mold, fungi, or *legionella pneumophila*) associated with any of the proposed covered locations? YES NO

- a.** *If “Yes” is indicated above, please provide detailed information regarding any such claim, legal action, or notice with respect to any pollution condition or indoor environmental condition and all available loss information as an attachment to this application.*

7. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any pollution conditions or indoor environmental conditions (such as mold, fungi, or *legionella pneumophila*) associated with any of the proposed covered locations? YES NO
- a.** *If “Yes” is indicated above, please provide detailed information regarding any such pollution condition or indoor environmental condition and all available loss information as an attachment to this application.*
8. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) brought against, or notices of violation or intent to sue been issued to, the Applicant, any other party to be covered by the proposed insurance, or any foreign entity for exposure to lead-based paint, asbestos, or asbestos-containing materials? YES NO
- a.** *If “Yes” is indicated above, please provide detailed information regarding any such claim, legal action, or notice and all available loss information as an attachment to this application.*
9. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of lead-based paint or asbestos-containing material in any structures situated at any of the proposed covered locations? YES NO
- a.** *If “Yes” is indicated above, please provide a copy of the insured’s lead-based paint or asbestos management plan(s) as an attachment to this application.*
10. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any notices of violation for the discharge of air, stormwater, wastewater, or other environmental media, or the handling of waste, issued by Federal, State, or local regulatory agencies with respect to any of the proposed covered locations? YES NO
- a.** *If “Yes” is indicated above, please provide detailed information regarding any such notices of violation as an attachment to this application.*
11. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of injury to people or damage to property during the last five (5) years on or at any of the proposed covered locations, or in connection with any projects on or for which the Applicant, any other party to be covered by the proposed insurance, or any foreign entity has performed proposed covered operations? YES NO
- a.** *If “Yes” is indicated above, please provide detailed information regarding any such injury to people or damage to property and all available loss information as an attachment to this application.*
12. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of flooding on or at any of the proposed covered locations, or water leaks or other water intrusion into any structures situated at any of the proposed covered locations, during the past 5 years? YES NO
- a.** *If “Yes” is indicated above, please provide a description of the flooding event or details of the water leaks or water intrusion and the steps taken to mitigate such events.*
13. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have a water intrusion management plan for any of the proposed covered locations? YES NO
- a.** *If “Yes” is indicated above, please provide a copy of the insured’s water intrusion management plan(s).*
14. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any claims made or pollution conditions in existence during the last five (5) years resulting from the transportation of the Applicant’s, any other party to be covered by the proposed insurance, or any foreign entity’s waste, materials, goods, or products or such waste, materials, goods, or products in its care, custody, or control? YES NO
- a.** *If “Yes” is indicated above, please provide detailed information regarding any such claim(s) and/or pollution condition(s) as an attachment to this application.*

15. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any claims made with respect to pollution conditions on, at, under, or migrating from any disposal, recycling, or beneficial reuse sites to which the Applicant's, any other party to be covered by the proposed insurance, or any foreign entity's waste, recycled materials, or beneficial reuse materials, are currently being, or have historically been, taken for recycling, disposal or beneficial reuse? YES NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such claim(s) as an attachment to this application.*

16. At the time of signing this application, is the Applicant, any other party to be covered by the proposed insurance, or any foreign entity aware of any circumstances that may reasonably be expected to give rise to a claim against the Applicant, any other party to be covered by the proposed insurance, or any foreign entity related to pollution conditions or indoor environmental conditions (such as mold, fungi, or *legionella pneumophila*)? YES NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such claim(s) as an attachment to this application.*

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

Supplemental Information for Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)

Note:

PFASs include, but are not limited to, perfluorinated carboxylic acids and carboxylates (PFCAs), perfluorosulfonic acids and sulfonates (PFASAs), perfluoroalkane sulfonamides (PFASAs), fluorotelomer substances, perfluoroalkane sulfonamide substances, perfluorooctanoic acid (PFOA), perfluorooctane sulfonic acid (PFOS), perfluorobutane sulfonic acid (PFBS), and hexafluoropropylene oxide dimer acid (HFPO-DA or GenX).

PFASs include the products or chemicals, themselves, as well as all of their associated salts, ionic states, and acid forms of molecules, along with their precursor products or chemicals, related replacement products or chemicals, and any daughter or degradation byproducts thereof or additives thereto.

17. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS) being manufactured, stored, or used at any location for which you are seeking coverage, including but not limited to any related chemicals or products, any chemicals that replaced PFAS, or any products that may have contained PFAS? YES NO

a. *If "Yes" is indicated above, please identify the products and amounts manufactured, stored, or used at each location as an attachment to this application.*

18. Does the applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any inquiries from Federal, State, or local agencies regarding the use of PFAS at any location for which you are seeking coverage? YES NO

a. *If "Yes" is indicated above, please identify the nature of the inquiry(ies) and provide any responses provided as an attachment to this application.*

19. Does the applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any actual, potential, or proposed/threatened legal actions from any regulatory agencies or any other third parties regarding PFAS at any location for which you are seeking coverage? YES NO

a. *If "Yes" is indicated above, please provide details of the actual, potential, or proposed/threatened legal action(s) as an attachment to this application.*

- 20.** Does the applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any firefighting suppression system that uses, or has at any time used, Aqueous Film-Forming Foam (AFFF), or any similar substance that contains PFAS, at any location for which you are seeking coverage? YES NO
- a.** *If “Yes” is indicated above, please identify the locations where AFFF or a similar substance is or has been used, the date(s) of such use, and the volume/quantity and chemical composition of AFFF or similar substance(s) stored or used on site as an attachment to this application.*
- b.** *If “Yes” is indicated above, does or at any time did the firefighting system require periodic maintenance or testing which discharged/discharges AFFF or any similar substance at any location for which you are seeking coverage?* YES NO
- 1.** *If “Yes” is indicated above, please identify the location(s) where AFFF or a similar substance is/was discharged, and the date(s) and volume of such discharge(s), as an attachment to this application.*
- 21.** Does the applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any fires occurring at any time at any location for which you are seeking coverage? YES NO
- a.** *If “Yes” is indicated above, was AFFF or a similar substance used to extinguish the fire?* YES NO
- 1.** *If “Yes” is indicated above, please identify the location(s) where AFFF or a similar substance was used, and the date(s) when such substance was used, as an attachment to this application.*
- 22.** Does the applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any accidental discharges of AFFF or similar substances at any location for which you are seeking coverage? YES NO
- a.** *If “Yes” is indicated above, please identify the location(s) where the discharge(s) took place and the date(s) and volume of such discharge(s) as an attachment to this application.*

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

Supplemental Information for Ethylene Oxide (EtO)

- 23.** Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of Ethylene Oxide (EtO) currently or historically being manufactured, stored, or used at any location for which you are seeking coverage? YES NO
- a.** *If “Yes” is indicated above, please identify the location(s) of such manufacture, storage, or use, the products and amounts manufactured, stored, or used at each location, and the approximate dates of such manufacture, storage, or use as an attachment to this application.*
- 24.** Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of Ethylene Oxide (EtO) currently or historically being used as an intermediate for the manufacture of other products at any location for which you are seeking coverage? YES NO
- a.** *If “Yes” is indicated above, please identify the location(s) of such use, the products and amounts stored or used at each location, and the approximate dates of such storage or use as an attachment to this application.*
- 25.** Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of Ethylene Oxide (EtO) currently or historically being used for the sterilization of medical devices, hospital equipment, food, cosmetics, or other materials or products at any location for which you are seeking coverage? YES NO

a. If "Yes" is indicated above, please identify the location(s) where sterilization occurred or occurs, the products and amounts stored or used at each location, and the approximate dates of such storage or use as an attachment to this application.

26. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any actual, potential, or proposed/threatened legal actions from any regulatory agencies or any other third parties regarding EtO at any location for which you are seeking coverage? YES NO

a. If "Yes" is indicated above, please provide details of the actual, potential, or proposed/threatened legal action as an attachment to this application.

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

Supplemental Information for Storage Tanks

If you are not seeking coverage for pollution conditions emanating from storage tanks, please confirm that the items below are not applicable by checking here:

27. Are all of the storage tanks to be covered pursuant to this insurance (hereinafter Storage Tanks) compliant with all applicable federal, state, and local laws and regulations? YES NO

a. If "No" is indicated above, please provide a written explanation of outstanding compliance issues as an attachment to this application.

28. Have any storage tanks been removed or closed-in-place on or at any proposed covered location? YES NO

a. If "Yes" is indicated above, please provide detailed information identifying such storage tanks and identify the locations where and dates when they were removed or closed-in-place. Please also provide any closure reports for such tanks as an attachment to this application.

29. Will any of the Storage Tanks be removed, closed-in-place, or upgraded during the proposed policy term? YES NO

a. If "Yes" is indicated above, please provide detailed information identifying the specific storage tanks and identify the locations where and dates when they will be removed, closed-in-place, or upgraded as an attachment to this application.

Supplemental Information for Landfills

30. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity own or operate any open or closed landfills at any location for which you are seeking coverage? YES NO

a. If "Yes" is indicated above, please identify the landfill name, landfill type, and wastes currently and historically accepted at each landfill as an attachment to this application.

31. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any actual, potential, or proposed/threatened legal actions from any regulatory agencies or any other third parties regarding pollution conditions on, at, under, or migrating from any open or closed landfill at any location for which you are seeking coverage? YES NO

a. If "Yes" is indicated above, please provide details of the actual, potential, or proposed/threatened legal action as an attachment to this application.

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE**

EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.

Supplemental Information for Development/Redevelopment

- 32.** Is any proposed covered location currently undergoing development or redevelopment including, but not limited to, the addition of any structures, or the renovation, improvement, or demolishing of any existing structures? YES NO
- a.** *If “Yes” is indicated above, please identify the location and development/redevelopment plans as an attachment to this application.*
- 33.** Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have plans to develop or redevelop any proposed covered location, including, but not limited to, by adding any additional structures, or renovating, improving, or demolishing any existing structures? YES NO
- a.** *If “Yes” is indicated above, please identify the location and development/redevelopment plans as an attachment to this application.*

BY SIGNING THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT(S) OF THE APPLICANT WARRANTS TO THE INSURER THAT THE APPLICANT AND THE OTHER PARTIES TO THIS INSURANCE, ALONG WITH ANY FOREIGN ENTITIES, WILL STRICTLY FOLLOW ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR LEGIONELLA PNEUMOPHILA-RELATED OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, INCLUDING ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR LEGIONELLA PNEUMOPHILA -RELATED DUE DILIGENCE PROCEDURES OR PROTOCOLS FOR THE ACQUISITION, LEASE OPERATION, MANAGEMENT OR MAINTENANCE OF ANY PROPERTIES, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER’S AGREEMENT TO PROVIDE MOLD, FUNGI AND/OR LEGIONELLA PNEUMOPHILA COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT’S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT(S) OF THE APPLICANT WARRANTS TO THE INSURER THAT THE APPLICANT AND THE OTHER PARTIES TO THIS INSURANCE, ALONG WITH ANY FOREIGN ENTITIES, WILL STRICTLY FOLLOW ANY LEAD-BASED PAINT OR ASBESTOS OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY SUCH COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER’S AGREEMENT TO PROVIDE LEAD-BASED PAINT AND/OR ASBESTOS COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT’S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT(S) OF THE APPLICANT WARRANTS TO THE INSURER THAT, TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS THERETO, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT’S ACCEPTANCE OF THE INSURER’S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

THE INFORMATION REQUESTED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE INSURER UNDER ANY POLICY OF A CLAIM, FIRST-PARTY CLAIM OR POTENTIAL CLAIM.

THIS APPLICATION MUST BE SIGNED BY THE RISK MANAGER OR A SENIOR OFFICER OF THE APPLICANT, ACTING AS THE AUTHORIZED REPRESENTATIVE OF THE PERSON(S) OR ENTITY(IES) PROPOSED FOR THIS INSURANCE.

NOTICE TO COMMERCIAL INSURANCE APPLICANTS

This Notice to Commercial Insurance Applicants – State Fraud Warnings provides you with information concerning various state fraud warnings and statements. Where fraud warnings are required as part of the insurance application, this notice forms a part of your application for Commercial Insurance.

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.

NOTICE TO ARKANSAS, LOUISIANA, 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 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 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 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 MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and 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 MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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 who knowingly and with intent to defraud or solicit another to defraud an insurer: 1) by submitting an application, or 2) by filing a claim containing a false statement as to any material fact may be violating state law.

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 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO APPLICANTS IN STATES NOT LISTED ABOVE: 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.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)