Member Companies of American International Group, Inc.

Name of Insurance Company To Which Application is Made

_____

Name of Insurance Company to which Application is made (herein called the "Insurer"*)

AIG netAdvantage® Application

NOTICE: THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF THE POLICY IS ISSUED, SOME COVERAGES WILL BE ON A CLAIMS-MADE AND REPORTED BASIS.

"**You**," "**Your**" or "**Applicant**" refer individually and collectively to the **Applicant**, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(s), proposed for this insurance. Some sections of the Application may not apply to **You**. If this is the case, please mark "not applicable" (N/A). In the event **You** need more space to fully answer a question, please attach separate sheet(s) to this Application with **Your** full answer.

Before continuing, please attach copies of:

1. Loss runs for the past three (3) years (if prior coverage has been in place, and this is a new submission).
2. If less than two (2) years in business, a business plan and resumes of principal officers.
3. Sample of products/services brochure and advertising materials.
4. List of mergers, acquisitions or divestitures within past three years, including dates and whether **You** acquired or retained assets, liabilities, or both; applicable retroactive dates; scope of due diligence (contracts, prior litigation).
5. Other information that **You** believe will better help us understand **Your** business.

I. GENERAL INFORMATION

Full Name of **Applicant**: (*attach separate list of subsidiaries for which coverage is sought under this Application***)			
Applicant Type:	☐ Individual ☐ Corporation ☐ Partnership ☐ Other (describe: :_____)		
Applicant ownership	☐ Publicly traded ☐ Privately held		
Mailing Address:			
Telephone:	_____	State of Incorporation:	_____ ☐ NA
Date Established:	_____	No of Employees:	_____
Risk Manager/Contact:	_____	Contact E-Mail Address:	_____
Applicant Home Page:	http:// _____		
Business Description:			
Requested Effective Date:	_____	Requested Retroactive Date:	_____
Aggregate Limit Requested:	$_____	Retention Options:	☐ $10,000 ☐ $25,000 ☐ $50,000 ☐ $100,000 ☐ Other $ _____
Broker:	_____	Broker Phone Number:	_____

* If this blank is not completed "Insurer" shall mean the insurer that issues the policy to the **Applicant** based on this Application.

** Regardless of the list of subsidiaries provided by **You**, there shall be no coverage for any subsidiary unless specifically endorsed to the proposed policy, or if "blanket" subsidiary coverage is specifically provided, such subsidiary falls within the definition of "subsidiary" as defined in the policy issued.

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II. DESIRED COVERAGES

*Check each insurance type that **You** are seeking coverage for pursuant to this Application (hereinafter the term **"Insurance Sought"** refers to that policy providing coverage for the insurance coverage(s) checked by **You"**):*

Network Security & Privacy (3rd Party)	**Network Security & Privacy (1st Party):**	**Media Liability:**
☐ Security & Privacy Liability	☐ Cyber-Extortion	☐ Internet Media
☐ Identity Event Services	☐ Business Interruption	☐ Multimedia Liability (online and offline)
	☐ Information Asset Protection	
	☐ Crisis Management	

III. REVENUE INFORMATION

(Fiscal year basis)	***Prior Year***	***Current Year***	***Projected Next Year***
Total U.S. Revenue	$_____	$_____	$_____
Total Non-U.S. Revenue	$_____	$_____	$_____

IV. NETWORK AND DATA SECURITY (1ST PARTY AND 3RD PARTY)

*Complete this section only if **You** are applying for any of the following coverages: Network Security and Privacy Liability, Crisis Management, Business Interruption, Information Asset Protection or Cyber-Extortion.*

*If **You** have completed the separate AIG IT-Security Self Assessment, please check here ☐ and skip this section.*

1. Do **You** store, process and/or transmit any Sensitive Data on **Your** computer system (*check all that apply below*)? ☐ **Yes** ☐ **No**
   Sensitive Data is defined as information that may lead to an individual being personally identified such as a Social Security Number, Account Number, etc.

☐ Credit Card information	☐ Customer information
☐ Healthcare Information	☐ Money/Securities Information
☐ Trade Secrets	☐ Intellectual Property Assets

2. Do **You** process payments on behalf of others, including eCommerce transactions? ☐ **Yes** ☐ **No**

3. Do **You** outsource any part of **Your** network, computer system or information security functions (*check all that apply below and indicate vendor name providing service*)? ☐ **Yes** ☐ **No**

☐ Data Center Hosting: _____	☐ Managed Security: _____	☐ Data Processing: _____
☐ Application Service Provider: _____	☐ Alert Log Monitoring: _____	☐ Offsite Backup and Storage: _____

4. Do **You** have a process to manage access to Sensitive Data including timely account termination? ☐ **Yes** ☐ **No**

   If 'Yes', please describe _____

5. Do **Your** external computer systems (e.g., commercial websites and mobile devices) use firewall and intrusion prevention systems? ☐ **Yes** ☐ **No**

   If "Yes," please identify the security technologies used: _____

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6. Do **You** have physical security program in place to prohibit and track unauthorized access to Your computer system and data center?	☐ **Yes** ☐ **No**
7. Does **Your computer system** (including e-mail and remote access) use security products that address viruses, worms, Trojans and other malware? If "Yes," please identify the technologies used: _____	☐ **Yes** ☐ **No**
8. Do **You** have a proactive vulnerability assessment program that monitors for breaches and ensures timely updates of anti-virus signatures and critical security patches?	☐ **Yes** ☐ **No**
9. Do **You** have encryption tools to ensure integrity and confidentiality of Sensitive Data including data on removable media (e.g., CDs, DVD, tapes, disk drives, USB devices etc.)? If 'Yes', please describe technologies used: _____	☐ **Yes** ☐ **No**
10. Do **You** process, store, or handle credit card transactions? If "*Yes*:" (a) Are **You** compliant with Payment Card Industry Data Security Standards (PCI DSS)? Please circle your required level of compliance: 1 2 3 4 (b) Are **You** in compliance with the credit card number truncation provisions of the Fair And Accurate Credit Transaction Act (FACTA)?	☐ **NA** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**
11. Do **Your** Web sites use Sensitive Data? If "Yes," are vulnerability tests performed on all applications? Please identify the type of evaluation, and whether You were found to be in compliance:_____	☐ **Yes** ☐ **No**
12. Do **You** implement policies and procedures to ensure compliance with legislative, regulatory and/or contractual privacy requirements that govern your industry? If "*No*," please describe which requirements are still pending.? _____	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **N/A**
13. Does **Your** privacy policy allow you to share information with third parties? If "*Yes*," do **Your** contracts with vendors and others with whom **You** share or store Sensitive Data require the other party to defend and indemnify **You** for legal liability arising from any release or disclosure of the information due to the negligence of the vendor or other party?	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **N/A**

14. Do **You** require all vendors to whom **You** outsource data processing or hosting functions (e.g., data backup, application service providers, etc.) to demonstrate adequate security of their computer systems? If 'Yes', please indicate method of verification:

☐ No ☐ Vendor must supply SAS 70 or CICA Section 5970 ☐ Vendor shared assessments (BITS)
☐ N/A ☐ Security is assessed by internal staff ☐ Other (describe: _____

15. Do 'You' have a Business Continuity (BCP) and Disaster Recovery (DR) plan? How long does it take to restore **Your** operations after a computer attack or other loss/corruption of data?

☐ 12 hrs or less ☐ 13 to 24 hrs ☐ more than 24 hrs

16. a) Do **You** have a security incident response plan in case of a security breach? b) Does **Your** security incident response plan include alternative options to account for incapacitated third-party outsourcing providers which you depend on? If "Yes," explain: _____	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**

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17. a) Do **You** have a comprehensive Information Security Policy and Privacy Policy that is updated and enforced on continual basis? b) If "Y*es*," has 'Your' Privacy Policy been reviewed by a qualified attorney? If "*No*," please identify your organizations plans to develop/update such a plan: _____	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**
18. a) Do **You** have a Chief Security Officer (CSO) or equivalent)? If not, what position(s) are responsible for management of and compliance with Your security policies and what are their roles? b) Do **You** employ a chief privacy officer or an equivalent?)? If not, what position(s) are responsible for management of and compliance with Your privacy policies and what are their roles? _____	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**
19. Do **You** have a backup and restore methodology for your sensitive data? If "*Yes*," do you secure such data to an off-site storage location and require the third party to indemnify you in the event of a data loss caused by those third parties?	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**
20. Do **You** have a document retention and destruction policy within your organization?	☐ **Yes** ☐ **No**
21. a) Do **You** provide awareness training for employees on data privacy and security including legal liability issues, social engineering issues (e.g., phishing), spam, dumpster diving, etc.? If "*Yes*," please describe the medium and frequency of training: _____ b) Are employees aware of their personal liability and any potential ramifications if they aid, abet, or participate in a data breach incident involving the organization?	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**

22. In all cases, does the Applicant's hiring process include the following? (please check all that apply)

	All Employees	Some Employees*	All Independent Contractors	Not Required
Criminal Convictions:	☐	☐	☐	☐
Educational Background:	☐	☐	☐	☐
Credit Check:	☐	☐	☐	☐
Drug Testing:	☐	☐	☐	☐
Work History:	☐	☐	☐	☐

* If hiring procedures are only required in some cases, please describe when such item is required:

23. During the past three (3) years, have **You** experienced any occurrences, claims or losses related to a failure of security of **Your** computer system or has anyone filed suit or made a claim against **You** with regard to invasion or interference with rights of privacy, wrongful disclosure of personal information, or do you have knowledge of a situation or circumstance which might otherwise result in a **claim** against **You** with regard to issues related to the **Insurance Sought**? If "*Yes*," explain: _____	☐ **Yes** ☐ **No**

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V. MEDIA LIABILITY

*Complete this section if **You** are applying for Internet Media, or Multimedia Liability,*

1. In the past two (2) years, have **You** been given notice of **Your** potential infringement of another party's intellectual property (IP) rights, including without limitation, copyright or trademark infringement?	☐ **Yes** ☐ **No**
If "Yes," attach a copy of each and every such notice of potential infringement.	
2. Do **You** have a review process in place to screen material, including but not limited to digitized content, for the following offenses prior to any dissemination, publication, broadcast, utterance, or distribution? (*check all that apply*)	
☐ Copyright Infringement ☐ Trademark Infringement ☐ Domain Name Infringement	
☐ Libel or Slander ☐ Privacy Violations ☐ Violation of rights of publicity	
Are reviews conducted by, or under the supervision of, a qualified attorney?	☐ **Yes** ☐ **No**
3. Do **Your** Intellectual Property (IP) protection or compliance procedures include the following:	
A. periodic IP audit done by legal/business staff or outside counsel?	☐ **Yes** ☐ **No**
B. training of employees regarding copyright & trademark issues?	☐ **Yes** ☐ **No**
C. periodic legal review of applicable privacy laws?	☐ **Yes** ☐ **No**
D. acquisition of all necessary IP rights via licenses, releases or consents?	☐ **Yes** ☐ **No**
E. providing materials to employees explaining the ownership rights in IP created by **Your** employees? .	☐ **Yes** ☐ **No**
F. trademark searches by employees?	☐ **Yes** ☐ **No**
G. trademark searches by professional search firm?	☐ **Yes** ☐ **No**
H. copyright searches by employees?	☐ **Yes** ☐ **No**
I. copyright searches by professional search firm?	☐ **Yes** ☐ **No**
4. Have **You** acquired any companies, subsidiaries or operations in the last 3 years?	☐ **Yes** ☐ **No**
If Yes, were all acquired trademarks evaluated for possible infringement issues?	☐ **Yes** ☐ **No**
5. Do **You** require contractors, vendors or others whom provide **You** with copyrightable material to:	☐ **N/A**
A. assign or license **You** their rights to any copyrightable material, in writing?	☐ **Yes** ☐ **No**
B. warrant that their work does not violate another party's IP rights?	☐ **Yes** ☐ **No**
C. indemnify **You** should an IP infringement claim be made against **You?**	☐ **Yes** ☐ **No**
D. hold **You** harmless should an IP infringement claim be made against **You**?	☐ **Yes** ☐ **No**
6. Does **Your** website include chatrooms, bulletin boards or otherwise allow users to post or upload content?	☐ **Yes** ☐ **No**
If "Yes,":	
A. Is such content reviewed prior to publication?	☐ **Yes** ☐ **No**
B. Do **You** have a procedure to review content after publication?	☐ **Yes** ☐ **No**
C. Do **You** have a procedure to remove infringing, libelous, or otherwise controversial materials?	☐ **Yes** ☐ **No**
7. Do **You** allow employees or others to post material to web log (aka "Blog")?	☐ **Yes** ☐ **No**
If "Yes," is all content of the web logs reviewed by an attorney prior to publication?	☐ **Yes** ☐ **No**

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8. Do **You** comply with the safe harbor provisions of Section 512 of the DMCA?	☐ **Yes** ☐ **No** ☐ **NA**
If "Yes," is **Your** compliance with the DMCA regularly reviewed by an attorney?	☐ **Yes** ☐ **No**

VI. HISTORICAL INFORMATION

1. Has any insurance carrier ever cancelled or non-renewed a policy that provided the same or similar coverage as the **Insurance Sought? (MISSOURI APPLICANTS NEED NOT REPLY)**	☐ **Yes** ☐ **No**
If "Yes," explain: _____	
2. Are **You** aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a claim against **You** under the **Insurance Sought**?	☐ **Yes** ☐ **No**
If "Yes," explain: _____	
3. Has any claim, demand, lawsuit, arbitration, litigation, bankruptcy, administrative proceeding or regulatory proceeding been made or initiated against **You**, that might have given rise to a claim under the **Insurance Sought** if the same or similar insurance coverage was in force?	☐ **Yes** ☐ **No**
If "Yes," explain: _____	
4. During the past three (3) years, have **You** experienced an interruption or suspension of **Your** computer system for any reason (not including downtime for planned maintenance), which exceeded 4 hours?	☐ **Yes** ☐ **No**
If "Yes," explain: _____	
5. Do **You** currently have any policy providing coverage for network security liability, or media liability?	☐ **Yes** ☐ **No**
If "Yes," attach a separate document which lists for each policy: (a) insurer's name; (b) the policy period; (c) the policy limits; (d) the retention; and (e) the retroactive date.	
6. Have **You** reported any occurrences, claims or losses to any insurer in the past five years that provided the same or similar insurance to the **Insurance Sought**?	☐ **Yes** ☐ **No**
If "Yes," please attach a separate document with respect to each such occurrences, claim or loss providing: (a) a description; (b) the name of the insurer and policy; (c) the amount of damage, expenses or other loss suffered as a result of occurrences, claim or loss; (d) and the amount paid by the insurer to whom notice was provided (if any)	

VII. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY **APPLICANT** WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

VIII. LEGAL NOTICE AND SIGNATURES

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BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE **APPLICANT** OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY 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 IN THE THIRD DEGREE.

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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.

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 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 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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH 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 (365:15-1-10, 36 §3613.1).

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 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 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

The undersigned is a duly authorized representative of the Applicant and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Signed _____
(Duly authorized representative, by and on behalf of the Applicant)

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Date _____

Title _____ Organization: _____
(must be signed by an authorized officer) (organization's seal)

Attest _____
(Duly authorized representative, by and on behalf of the **Applicant**)

Producer _____

License Number _____

Address _____

_____

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