



National Union Fire Insurance Company of Pittsburgh, Pa.®

(herein called the "Insurer")

LAWYERS PROFESSIONAL LIABILITY APPLICATION

NOTICE

THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. THEREFORE, ONLY CLAIMS WHICH ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER ARE COVERED, SUBJECT TO THE POLICY PROVISIONS.

DEFENSE COSTS REDUCE AND MAY EXHAUST THE LIMITS OF LIABILITY. FURTHER NOTE THAT THE DEDUCTIBLE FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND DEFENSE COSTS.

PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER TO DETERMINE WHAT IS AND WHAT IS NOT COVERED.

IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

INSTRUCTIONS

"You," "Your", "Applicant" or "Firm" refer individually and collectively to the Named Applicant, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(ies), proposed for this insurance.

This Application and all supplements must be signed and dated by either (a) the Managing Partner or Managing Executive of the Applicant Firm or (b) the Principal, Business Manager or Risk Manager of the Applicant Firm.

In the event You need more space to fully answer a question, please attach a separate sheet(s) to this Application with Your full answer and indicate the question number to which You are responding. Supplemental Applications must be completed as indicated.

ALL SUPPLEMENTAL APPLICATIONS ARE AVAILABLE ON NSM'S WEBSITE AT www.afpd.net

Please attach a sample copy of your letterhead with your completed application.

GENERAL INFORMATION

1. Name of Applicant Firm: _____
2. Business Structure: Solo Practitioner Individual attorney with employee attorney(s)
 Partnership P.A. P.C. L.L.C. L.L.P. Other _____
3. Address of Applicant's Principal Office: Street: _____
City: _____ County: State: _____ Zip code: _____
E-mail address: _____ Web Page Address: _____
Telephone number: _____ - _____ Facsimile number: _____ - _____
4. Date firm was established: _____
5. Does the firm have offices in other locations where you provide legal services? Yes No
If "Yes", please complete **BRANCH OFFICE AND AFFILIATE SUPPLEMENT**
6. Does the firm share office space, expenses, or staff with any other non-affiliated lawyers or law firms? Yes No
If "Yes," please describe the arrangement, including signage and letterheads

7. If you are a solo practitioner, do you have a designated back-up attorney? Yes N/A
If "Yes", do you request your back up attorney to provide proof of professional liability insurance? Yes No

8. Is coverage desired for any Predecessor Firm or any firm you will be acquiring in the next 12 months? Yes No
 (A Predecessor Firm is a firm engaged in the practice of law and where the applicant firm is the majority successor in interest by acquisition of all financial assets and liabilities).

If "Yes", please complete the Predecessor Firm chart below Dissolved (D) Changed name/form (CN) Continues to Exist (CE)

Name of Predecessor Firm	Date of Acquisition	Number of Lawyers Acquired	Status of Predecessor Firm (D)(CN)(CE)	Predecessor Firm's Retroactive Date

9. Is the firm planning any of the following changes within the next 12 months?

- a. Downsizing other than through retirement and normal attrition? Yes No
 b. Adding a branch office or additional locations? Yes No

If there will be new branch offices, please complete **BRANCH OFFICE AND AFFILIATE SUPPLEMENT**

If downsizing, please give the number and type of staff to be released _____

LAWYERS AND STAFF

10. a. Please complete the following for all members of your firm:

NAME	STATUS CODE	FIRM HIRE DATE MM/DD/YYYY	BAR ADMISSION MM/YYYY	STATES LICENSED	*ANNUAL HOURS WORKED* (OC/PTA/ICA ONLY)	HOURS OF CLE OR ETHICS/LOSS PREVENTION PAST 12 MONTHS	RETROACTIVE DATE FOR INDIVIDUAL ATTORNEY IF DIFFERENT FROM FIRM RETROACTIVE DATE

Status Codes:

Partner/Owner/Member (P)
 Associate/Employed Attorney (EA)
 Retired Attorney (RA)
 Other (O) specify _____

Indicate Annual Hours Worked OC/PTA/ICA only

Of Counsel (OC)
 Part-Time Attorney (PTA)
 Independent Contractor/Per Diem Attorney (ICA)

10. b. Please indicate the following number of other staff/employees currently with your firm:

____ Paralegals/Law Clerk
 ____ Administrative/Clerical
 ____ Other (specify) _____

11. Number who have joined or left the firm in the last 12 months.

Partner/Principal/Member/Owners
 Employed Lawyers/Associates
 Of Counsel
 Other Staff: (specify) _____

JOINED	LEFT
_____	_____
_____	_____
_____	_____
_____	_____

CLIENT INFORMATION

12. Please list your 5 largest current clients

NAME OF CLIENT	CLIENT INDUSTRY	CLIENT ANNUAL REVENUES	TYPE OF SERVICE PROVIDED	ANNUAL BILLINGS	YEARS AS CLIENT

13. In the last 5 years, has the firm provided legal services to clients with the following characteristics?

High net worth individuals (more than \$10 million in assets) Yes No

Private or Public companies (more than \$100 million in revenues) Yes No

If "Yes", please complete the following:

NAME OF CLIENT	TYPE OF SERVICE PROVIDED	ANNUAL BILLINGS	DATES OF SERVICE

FEES AND BILLING PROCEDURES

14. Annual Gross Revenues/Billings

Projected for next year _____ Current year _____ Last year prior _____

15. Does the firm accept any other form of payment other than legal fees for services rendered Yes No

If "Yes", please explain type of legal services or situations when alternative forms of payment are accepted.

16. Does the firm consider the financial condition of a client before entering into a new engagement? Yes No

17. In the past 36 months, has the firm sued for fees, entered into arbitration, received any countersuits or sent outstanding client bills to a collection agency in order to collect fees? Yes No

If "Yes", please complete FEE SUITS SUPPLEMENT

18. In the past 36 months, on average, what percentage of the firm's receivables were over 90 days past due? _____%

INSURANCE COVERAGE

19. a. Limits Requested: check additional limit options to be included in your quote. (each claim/policy aggregate)

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$200,000/\$600,000 | <input type="checkbox"/> \$250,000/\$750,000 |
| <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/1,000,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 |
| <input type="checkbox"/> \$1,000,000/\$3,000,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 |
| <input type="checkbox"/> \$3,000,000/\$3,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |
| <input type="checkbox"/> Other _____ | | |

b. Deductible Requested: (each claim including defense costs)

- \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$25,000 \$50,000 Other

20. Prior Insurance (please complete the following for the prior 3 years of professional liability insurance your firm has purchased)

Year	Carrier	Policy Period	Limits	Deductible	Number of Attorneys	Premium	Retroactive Date

21. List the earliest date from which the Named Insured (including Predecessor Firms) has had uninterrupted "claims made" coverage:

____/____/____
MM DD YYYY

22. Does your current policy contain any exclusions or coverage limitations tailored specifically for your firm? Yes No
If "Yes", please provide applicable policy endorsements

AREA OF PRACTICE

23. Please indicate current percentages for your firm's current AREAS OF PRACTICE of (by billable hours):

Administrative	%	Family Law	%	Litigation - General	%
Admiralty/Marine	%	Custody/Child Support	%	Insurance Defense	%
Antitrust/Trade Regulation	%	Guardianship/Adoption	%	Plaintiff*	%
Bankruptcy	%	Divorce	%	Commercial	%
Collection/Repossession*	%	Other(specify)	%	Real Estate*	%
Communications/FCC	%	Financial Institutions/Banking*	%	Commercial	%
Construction/Building Contracts	%	Government/Municipal	%	Escrow Agent	%
Commercial/Corporate	%	Healthcare	%	Foreclosure	%
General	%	Immigration/Naturalization	%	Landlord Tenant	%
Finance	%			Mortgage/Loan Modification	%
Formation/Alteration	%	Intellectual Property*	%	Residential	%
Mergers & Acquisitions	%	Copyright	%	Short Sales	%
Secured Transactions	%	Patent	%	Syndication/Development	%
Other (specify) _____	%	Trademark	%	Title Work	%
Criminal	%	Other(specify)	%	Zoning/Land Use	%
Elder/Senior Law	%	Investment Counseling/Money Mgmt*	%	Securities/Bonds*	%
Employment/Civil Rights		International Law	%	Social Security Law	%
Energy/Natural Resources/Environmental	%	Labor Relations/Employment Law	%	Taxation – Corporate and Individual*	%
Entertainment/Sports/Celebrity/Public Figures*	%	Labor Law – Management	%	Water Rights Law	%
ERISA/Employee Benefits/Pension		Labor Law – Union/Employee	%	Workers Compensation-Defense	%
Estate/Trust/Probate/Wills*	%	Litigation-Class Action/Mass Tort*	%	Workers-Compensation-Plaintiff	%
				OTHER (specify) _____	%

*For any Areas of Practice with an asterisk indicated above, please fill out the corresponding SUPPLEMENTAL APPLICATION if your firm has performed legal services currently **OR in the last 5 years.**

INTERNAL POLICIES AND PROCEDURES

24. FIRM MANAGEMENT STRUCTURE

- If the firm is managed by a committee, does this committee meet on a regularly scheduled basis? Yes No
- Does the firm employ a full time non-lawyer firm administrator? Yes No
- Does the firm designate or employ an Ombudsperson, i.e. someone with management responsibility for evaluating or dealing with actual or potential claims whether malpractice or employment related? Yes No

25. RISK MANAGEMENT

- Does the firm have written risk management procedures? Yes No
- If "Yes," are the procedures circulated or discussed with the lawyers and staff at regular intervals? Yes No
- Has the firm had a risk management seminar or audit conducted within the past 2 years by an outside risk management specialist? Yes No
- Does the firm have back-up systems and procedures in place in the event of a disruption or interruption of business? Yes No
- Does the firm have a formalized document retention procedure in place? Yes No
- Briefly describe the firm's procedures to ensure the security of client's confidential personal information,

INTERNAL POLICIES AND PROCEDURES

26. CASE MANAGEMENT

- a. Does the firm accept pro bono cases in areas of practice that the firm does not specialize? Yes No
- b. Does the firm accept clients or cases where the legal proceedings will take place outside of your local jurisdiction (other states or internationally)? Yes No

If "Yes", please indicate the procedures in place to ensure that state statutes and other state licensing requirements are met

- c. Does the firm have a formal peer review program in place? Yes No
- d. Have you or will you represent opposing or dual parties relative to the same basic legal matter or transaction? Yes No

If "Yes", please explain the firms procedures in disclosing your representation to both parties and the nature and types of legal services where this has or could occur.

27. NEW LAWYER HIRING

Please check the applicable measures taken when hiring new attorneys:

- a. Verification of bar admission(s).
- b. Investigation of possible and actual conflicts of interest, e.g., clients of prior firm(s) and equity interests in clients.
- c. Require the purchase of an extended reporting period endorsement, if available.
- d. Disclosure of past claims and potential claims
- e. Warranty letter regarding no known claims or potential claims

28. INTERNAL TRAINING PROCEDURES

Please check the applicable measures taken for new and existing members of your firm:

- a. Training in office procedures, e.g., docket and conflict of interest systems, mail, and confirmation letters.
- b. Periodic review of assigned clients, matters, and performance.
- c. Senior Mentor appointments for new attorneys
- d. Other (please describe) _____

29. INTERNAL PROCEDURES

a. Docket Control/Diary Systems

Please check all of the applicable docket and diary controls and systems utilized by your firm:

Computer		Tickler	
Perpetual Calendar		Day-Timer	
Pocket Calendar		No Formal System	
Other _____		Other _____	
System is centralized and used on a firm-wide basis		System tracks court dates and deadlines and statute of limitations dates	
Software calculates/identifies all key dates upon initial entry of a matter		Open calendar entries are circulated to all lawyers on a weekly basis	

b. Engagement Letters

Please indicate applicable percentage of use. If not used by the Firm, indicate 0%. All blanks should be answered:

- i. Engagement letters on new cases/matters to the Firm. _____%
- ii. Declination or "non-engagement" letters on new cases/matters that will not be undertaken. _____%
- iii. Scope of service/engagement letters on new cases/matters for existing clients _____%
- iv. Termination or disengagement letters when representation on existing cases/matters ends. _____%

v. Do engagement letters:

- Define who is being represented? Yes No
- Define the specific services to be performed? Yes No
- Describe billing rate and procedures Yes No

OUTSIDE INTERESTS

30. a. Does the firm have written policies in place that clearly state the firm's conflicts of interest rules of engagement? Yes No
- b. Check all of the applicable conflict of interest controls and systems utilized by your firm:

Computer		Single Index Files	
Oral/Memory		Multiple Index Files	
Other _____		No Formal System	
Conflicts of interest are strictly prohibited as a matter of firm policy		If a potential or actual conflict exists in the firm, a written disclosure must be signed by all parties involved in the case prior to acceptance of services.	
System is centralized and used on a firm-wide basis		All new incoming cases are reviewed by partners	
All new cases required to be logged in a central clearance system that identifies current and prior clients and opposing party names		All firm outside interests are regularly disclosed to all firm members or included in central clearance system	

- c. Does any firm member perform duties for any other organization, entity or governmental body or act as an officer, director, trustee, or employee of a business entity other than the firm? Yes No
- d. Does any member of your firm have a financial or ownership interest of more than 10% in any entity where legal services are also provided by your firm? Yes No

If "Yes" to c. or d. above, please complete the OUTSIDE INTEREST SUPPLEMENT

ATTORNEY CONDUCT

NOTE: Answer the following questions in Section H and I only after making a reasonable and thorough inquiry of all attorneys in the firm:

31. In the past 5 years, has any current or former attorney of yours:
- a. been refused admission to practice or disbarred? Yes No
 - b. been the subject of a bar complaint, disciplinary action, censure, or sanction? Yes No
 - c. been fined or held in contempt by any court? Yes No

If "Yes" please explain _____

Section I. CLAIMS AND INSURANCE HISTORY

32. Has any application for similar insurance made on behalf of the Applicant or any of its predecessors in business been declined or has any such insurance ever been rescinded, cancelled or has renewal been refused? (MISSOURI APPLICANTS NEED NOT REPLY) Yes No

If "Yes", provide details: _____

33. Is any attorney aware of:
- a. A professional liability claim made in the last 5 years against them, the firm, its predecessor(s), or against any current or former attorney of the firm while affiliated or employed by the firm? Yes No
 - b. an actual or alleged act, error, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or against any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim has merit? Yes No

If "Yes" to any of the above, please complete - INCIDENTS AND CLAIMS SUPPLEMENT- for each incident or claim

It is agreed that with respect to Questions 33 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), knowledge, or information exists, then such claim(s), suit(s), investigation(s), action(s), or proceeding(s) and any claim or action arising there from or arising from such knowledge or information is excluded from the proposed coverage.

IMPORTANT NOTICE

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY AND SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

STATE FRAUD WARNINGS

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.

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 RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

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 OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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 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 MINNESOTA APPLICANTS: A PERSON WHO 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 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 OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 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.

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

Agent/Producer Name: _____

License #: _____