



AMERICAN INTERNATIONAL COMPANIES[®]

Name of Insurance Company
To Which Application is Made:

(herein called the Company)

**INTERNET MEDIA LIABILITY
INTERNET PROFESSIONAL LIABILITY
INTERNET & COMPUTER NETWORK SECURITY
APPLICATION**

AIG netAdvantageSM Suite

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

I. COMPANY INFORMATION & BROKER INFORMATION

COMPANY INFORMATION:

Full Name of Applicant	
Applicant Type (if "other")	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other
Address	
Address 2	
City	
State/Providence	
Zip/Postal Code	
Web site Home Page Address(es), including subsidiaries (Optional)	
Mailing Address (if different)	
Chief Information Officer (Optional)	
Date Established	
Place of Incorporation	
No. of Employees	
Descriptions of Business	
Names of Subsidiaries (or attach list) (Optional)	

II. YOUR BUSINESS ACTIVITIES ON THE INTERNET/NETWORK

- 1) **ACCESS:** Sending and receiving email, transferring files, browsing the Internet.
- 2) **PRESENCE:** Providing information or advertising over the Internet through a web server or extranet.
- 3) **PRODUCTION ACCESS:** Integration of business information or internal processes with a web site.
- 4) **ELECTRONIC COMMERCE:** The buying and selling of products, services or information over the internet between a buyer and seller. Electronic Commerce can also include three-party business transactions, typically between an internet user, a merchant, and a bank, involving buying or selling valuable goods, products, or services or the transmission of sensitive financial information to exchange. Electronic Commerce also includes your permitting of advertisements on your web site by others for a fee, regardless of any other internet activities you may conduct.
- 5) **COLLABORATION:** Virtual Private Network (VPN) or an “extranet” activities. This could also include the provision of computer system resources to a third party.
- 6) **HOSTING:** providing hosting services to third parties.
- 7) **DIGITAL CERTIFICATES:** Installation, management, or maintenance of any digital certificate
- 8) **ELECTRONIC FUNDS TRANSFER**
- 9) **OTHER:** _____
- 10) **NEXT YEAR:** The following business activities planned for next year are different than the ones checked above? _____

III. BUSINESS REVENUES

1. Please provide your total revenues:

Past Accounting Year: \$ _____

Projected Current Year: \$ _____

2. Please provide your total e-business revenues (if applicable):

Past Accounting Year: \$ _____

Projected Current Year: \$ _____

3. Please provide the number of unique visitors per day: _____

IV. UNDERWRITING QUESTIONS

A. Media***All applicants must complete this section.***

1. Is there a review process in place to screen content (including domain names) of the web site? Yes No
- If “yes”, is the content of your web site reviewed by a qualified attorney? Yes No
- Does the review include looking for any or all of the following offenses: Libel, Slander, Trademark Infringement, Copyright Infringement, Invasion of Privacy, Inaccurate Information or Trade Secrets? All
 Some
 None
2. Do you have an established procedure for deleting, editing and removing controversial, offensive (i.e. libelous) or infringing material (i.e. copyright, trademark) from your web site or Internet service? Yes No
3. Do you use material of others (such as text, videos, music, etc.) in any electronic form, including on your web site or in any electronic database? Yes No
- If “yes”, in each case, have you:
Obtained written clearance to use this material which *specifically* permits use in electronic forms including your web site? Yes No
- Scanned the material for viruses? Yes No
4. Do your agreements with the developer of your web site and any consultants providing material for your web site provide that you own the intellectual property rights to the content and business methods incorporated into the web site? Yes No

If you are applying only for media liability coverage proceed to Section V.

B. Professional Services

If you are applying for professional liability coverage, answer the following questions.

I. Please provide a division of your Firm's gross fees as follows:

Respecting clients domiciled in:	US/Canada	UK	Europe excluding UK	Elsewhere
Web site design				
Web site management				
Search engines				
Software developers (pre-package)				
Internet access provider (no content)				
Web directories				
Web site hosting				
Internet access provider (with content)				
Software developers				
Encryption software				
Internet access provider (content, e-mail, BBS, Chat Room)				
Firewall software				
Security consultants				
Other (please provide details in space below)				

Please provide a listing of the Firm's business between the following markets by percentage:

Market Sectors	Current Year	Next 12 Months
Government entities	%	%
Financial Institutions	%	%
Health care/Medical	%	%
Commercial entities	%	%
Other (please specify)	%	%

2. Do you provide original content? Yes No
3. Do you have subscribers for your website? Yes No
- How many subscribers do you have capacity for? _____
- Do you have adequate capacity to accommodate the number of subscribers to your service? Yes
 No
 Unknown
4. Do you offer bulletin board/chat room services at your web site? Yes No
- If “yes”, who manages bulletin board/chat room? We Do
 Subcontractor
- If a subcontractor, do you require “hold harmless” agreements for liabilities arising out of the bulletin board/chat room? Yes No
- Can you edit and remove any content or posting at your sole discretion and does the user agreement allow you to do so? Yes No
- If “yes”, how often do you review the content or postings? Daily
 Weekly
 Monthly

- Do you have an agreement which users of your bulletin board/chat Room must accept as a condition of using the bulletin board/chat room? Yes No
5. Do you review, edit or censor the material contained on your web site or Internet service in any way? Yes No
- If “yes”, how often do you review, edit or censor your web site or Internet service? Daily
 Weekly
 Monthly

6. Do you make representations that you review, edit or censor the material contained on your web site or Internet service in any way? Yes No
7. How often do you update the content of your web site or Internet service? Daily
 Weekly
 Monthly

- _____
8. Do you provide content for a web site on the behalf of a client? Yes No
- If "yes", does the client approve the content before it is published on the Internet? Yes No
9. Do you limit your liability in your contracts for any breach of your professional services? Yes No
- If "yes", indicate what they are: No liability
 Cap on liability as a multiple of fees
 Other
10. Do you make any guarantees or warranties in your contracts regarding your professional services? Yes No
- If "yes", indicate what they are: _____
11. Does your website contain materials designed to be downloaded (such as software, plug-ins, etc.)? Yes No
- If "yes", is that material scanned for viruses? Yes No
12. Does your website or internet service sell any products or services over the internet? Yes No
- Are credit card transactions conducted on your website or internet service? Yes No
13. Would you like professional liability coverage to include claims arising out of failures to a network? (if yes, please complete questions #1 through #15 of Section C. below) Yes No

C. Network Security

1. Are firewalls used to prevent unauthorized access connections from external networks and computer systems to internal networks?
- Not Implemented Partially Implemented Fully Implemented

If implemented, what specific firewall protections do you use? _____

2. Are remote users authenticated before being allowed to connect to internal networks and computer systems?

Not Implemented Partially Implemented Fully Implemented

If implemented, is authentication: Passwords Other: _____

3. Are firewall, anti-virus and intrusion detection procedures and protections used on desktops and mission critical servers?

Not Implemented Partially Implemented Fully Implemented

If in place, what specific anti-virus safeguards and programs do you use? _____

If implemented, how often are the procedures updated?

Daily Weekly Monthly _____

4. Are backup and recovery procedures documented and implemented for:

(a) all mission critical systems? Yes No

(b) your Web site? Yes No

(c) data and information assets? Yes No

If "Yes" for each of the above, how frequently do you backup?

Daily Weekly Monthly _____

Please indicate name of the company providing backup services and provide a copy of the applicable contract/service level agreement. _____

5. Are special privileges restricted to primary and backup system administration personnel?

Not Implemented Partially Implemented Fully Implemented

6. Are continuity plans in place for all mission critical business processes?

Not Implemented Partially Implemented Fully Implemented

How often are such plans revised? _____

What is the maximum duration of outage anticipated based upon the business continuity plan (in hours)? _____

Please indicate name of the company providing business continuity services and provide a copy of the applicable contract/service level agreement. _____

7. Are your network and computer systems monitored?

Not Implemented Partially Implemented Fully Implemented

If monitoring is handled internally, what monitoring tools do you use? _____

If an external vendor handles monitoring, please indicate the name of the company providing any monitoring services and provide a copy of the applicable contract/service level agreement. _____

8. Do you have an internal network and internet use security policy?

Not Implemented Partially Implemented Fully Implemented

If so, please attach. If not in writing, check here:

Do you have an Internet privacy policy?

Not Implemented Partially Implemented Fully Implemented

Please attach. If not in writing, check here:

9. What authentication processes or applications do you utilize with _____ respect to your e-business?

10. Do you outsource a critical part of your Internet, network or computer system to others? Yes No

If "yes", choose all that apply, indicate the outsourced company and provide a copy of the applicable contract/service level agreements:

Hosting Facility: _____ Server Maintenance: _____
 Firewall Maintenance: _____ Intrusion Detection: _____

Internet or computer system?

Money Securities Other Tangible Property Credit Card Information
 Information assets

20. Do you perform background checks, including credit & criminal history, on new employees, independent consultants/vendors? Yes No

21. Are all employees provided with a copy of your security policy? Yes No

If “yes”, are all employees required to provide written confirmation acknowledging they read and understood the contents of the security manual? Yes No

If “yes”, are all employees required to sign a statement confirming that failure to follow procedures set forth in your security policy manual will result in disciplinary and including termination? Yes No

22. What is the total number of independent consultant employee & contractor employee performing Internet, network and computer system services for your organization? _____

23. Do you require the outside consultants/contractors to maintain fidelity bond insurance? Yes No

24. With respect to the following potentially sensitive areas of the company: Finance & Accounting (such as Payables, Receivables, Collection, Payroll or Cash Management), Engineering, Research & Development, Programming, Security & Systems administration:

How many employees (including leased workers) are employed there or otherwise have access? _____

Do any non-employees (such as those identified in questions 10 and 24 above) have access? If “yes” how many? Yes _____
 No _____

If “yes”, is the access for these non-employees restricted in any way? Yes No

How often are these accounts reconciled and by whom?
 Daily
 Weekly
 Monthly

By: _____

25. Please identify your web based applications:

Application:	Vendor	Purpose
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

Were any of the applications listed above designed by or for you? Yes No

If "yes," have these applications been tested for security vulnerabilities? Yes No

If "yes," was any vulnerability uncovered? Yes No

If "yes," please describe the vulnerability and actions taken: _____

26. Have you implemented any of the following security solutions?

Data Integrity Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product: _____
Access Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product: _____
Virtual Private Networking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product: _____
File Encryption Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product: _____
Security Management Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product: _____
Public Key Infrastructure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product: _____
Automated Content Inspection Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product: _____
Vulnerability Assessment Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product: _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product: _____

27. With respect to electronic funds transfer (if applicable):

What is the average/maximum number of transfers made daily? _____

What is the average/maximum dollar value of the transfers made daily? _____

Do you maintain a current manual covering procedures for the funds transfer function? Yes No

Is written verification of the transfer made by the financial institution within 24 hours of the transfer? Yes No

Is the verification sent to a department and person other than the department executed the transfer? Yes No

Is reconciliation of the account from which the transfer was made completed on the same day the transfer confirmation is received? Yes No

V. OTHER INSURANCE

Have you purchased any of the following insurance policies? If yes, provide insurer, limits, retentions or deductibles, and policy period:

Coverage	Insurer	Expiration Date	Limits	Deductible
(a) General Liability WITH Advertising Injury/Personal Injury				
(b) General Liability WITHOUT Advertising Injury/Personal Injury for Internet Activities				
(c) Errors & Omissions				
(d) Property & Business Interruption (with EDP Coverage)				
(e) Property & Business Interruption (without EDP Coverage)				
(f) Employee Dishonesty/ Crime (with Computer Fraud Extension)				
(g) Employee Dishonesty/ Crime (without Computer Fraud Extension)				
(h) Directors & Officers				
(i) Other				

Do you wish to apply for Excess/Difference-in-Conditions coverage for any of the above?

If yes, state which coverages (A-I):

A B C D E F G H I

VI. DESIRED COVERAGES

AIG netAdvantage Applicants:	Complete Section (a) only
AIG netAdvantage Professional Applicants:	Complete Sections (a) & (b) only
AIG netAdvantage Liability Applicants:	Complete Sections (a), (b), (c) & (d) only
AIG netAdvantage Security Applicants:	Complete Sections (a), (c), (d) & (e) only
AIG netAdvantage Complete Applicants:	Complete Sections (a), (b), (c), (d) & (e)

Coverage	Limits of Liability (\$)	Retentions
(a) Media Liability	\$_____ per claim \$_____ aggregate	\$_____ per claim
(b) Professional Services Liability	\$_____ per claim \$_____ aggregate	\$_____ per claim
(c) Security Liability	\$_____ per claim \$_____ aggregate	\$_____ per claim
(d) Cyber-Extortion	\$_____ per occurrence \$_____ aggregate	\$_____ per extortion claim
(e) Asset & Income Protection	\$_____ per occurrence \$_____ aggregate	\$_____ per occurrence _____ waiting period (hrs) (12, 24, 36, 48)

Policy Aggregate (for all coverage under the policy): \$_____

Proposed Effective Date _____

Proposed Retroactive Date (Coverage B & C) _____

VII. CLAIMS/INCIDENTS/LOSS HISTORY

1. Has any insurance similar to the kind found under this policy, or your property GL D&O policy, ever been declined or cancelled during the past three years? (not applicable in MO) Yes No

If "yes":

Name of Policy:	_____
Insurer:	_____
Date Declined or Cancelled:	_____

2. Are you aware of any pending or prior incident, circumstance, event or litigation during the last three years concerning the content of your web site relevant to intellectual property content or advertising offenses that may be reasonably expected to give rise to a claim or would have given rise to a claim if similar insurance was in force for coverage or benefits provided by this insurance? Yes No

If "yes":

Loss doesn't exceed:	_____
Date:	_____
Litigation involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
This has been the only incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have steps been taken to prevent this type of incident from occurring again?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. During the past 3 years, have you ever received a complaint concerning:

Professional liability:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", loss doesn't exceed:	_____
Date:	_____
Litigation involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
This has been the only incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have steps been taken to prevent this type of incident from occurring again?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security of network/website:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", loss doesn't exceed:	_____
Date:	_____
Litigation involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
This has been the only incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have steps been taken to prevent this type of incident from occurring again?	<input type="checkbox"/> Yes <input type="checkbox"/> No

During the past three years, have you suffered any loss under a Commercial Crime or Dishonesty bond/policy or computer crime policy? Yes No

If "yes",

Loss doesn't exceed:	_____
Date:	_____
Litigation involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
This has been the only incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have steps been taken to prevent this type of incident from occurring again?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. During the past three years, have you experienced an incident involving loss of service except for planned maintenance of computer systems, exceeding four hours? Yes No

If “yes”,

Cost to restore service (USD):	_____
Amount of lost revenue (USD):	_____
Theft/damage to info. assets (USD):	_____
Date:	_____
Length of time out of service:	_____
Litigation involved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this been the only incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have steps been taken to prevent this type of incident from occurring again?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. During the past 3 years, have you had any other breaches of security causing damage to your existing security systems in excess of \$25,000? Yes No

If “yes”,

Loss doesn't exceed:	_____
Date:	_____
Litigation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
This has been the only incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have steps been taken to prevent this type of incident from occurring again?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Is a security incident log kept and reviewed? Yes No

VIII. AUTHORIZATION FOR SECURITY ANALYSIS, PAYMENT AND RELEASE OF LIABILITY

I, the applicant, understand that a security analysis may be required to quote this insurance. An independent security consulting firm approved by the insurer will perform this security risk survey or electronic remote security scan. If such is required, either the consulting firm or the insurer will advise the cost for such security analysis. SUBMISSION OF THIS APPLICATION IS NOT AUTHORIZATION TO PERFORM THE SECURITY ANALYSIS. HOWEVER, I UNDERSTAND THAT UPON BEING ADVISED OF THE COST OF THE SECURITY ANALYSIS, IF I AUTHORIZE THE CONDUCTING OF THE ANALYSIS, THAT A COPY OF THE REPORT WILL BE SENT TO THE INSURER FOR THE PURPOSE OF DEVELOPING AN INSURANCE QUOTATION.

Further, I understand and agree that in consideration for the insurer providing access to the consulting firm for the purposes of the security analysis, the applicant shall not provide a copy of the analysis to any other person or entity, including specifically other insurance entities, without the insurer's prior written consent. Applicant further acknowledges that unauthorized disclosure or use of such information to third parties (including but not limited to other insurance entities) would cause irreparable harm and significant injury to the Insurer, the degree of which may be difficult to ascertain and accordingly the Applicant has agreed to an liquidated damage amount in cases of intentional violations of this agreement of Fifty thousand United States dollars (\$50,000). Accordingly, Applicant agrees that the Insurer will have the right to obtain an immediate injunction enjoining any such disclosure and that the Insurer also has the right to pursue any and all other rights and remedies available at law or in equity for such a breach. A confidentiality agreement can be executed between the insurer and the applicant upon request. I also understand and acknowledge

acknowledge that the applicant is financially responsible to pay, and hereby agrees to pay, for the security analysis. Execution of this application together with any subsequent authorization constitutes an agreement between the applicant and the security consulting firm to pay the security consulting firm for the analysis. A list of approved independent security consulting firms can be obtained from the insurer.

I, the applicant, agree that the insurer is not responsible for any loss or damage howsoever caused whether direct or indirect which may arise as a result of the provision of services to the applicant or to any of the applicant's related entities by such independent security consulting firm or any representative, agent, employee or contractor of such independent security consulting firm, including the performance of any electronic remote security scan, risk assessment survey, security workshop or related service, and you agree to indemnify and hold the insurer harmless in respect of any such loss or damage. Further, the insurer does not warrant the effectiveness or accuracy of any such security analysis.

APPLICANT'S SIGNATURE: _____

In order for us to efficiently process your application, please attach the following to the signed application:		
• Most recent audited financial statement	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
• Descriptive advertising materials regarding your business	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
• A copy of a standard service contract or a recent contract issued	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached
• If the company has been established for three years or less, please provide resumes of senior professional staff	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached

IX. LEGAL NOTICES AND SIGNATURE

IF A POLICY IS ISSUED, THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE.

NOTICE: IN SOME STATES, 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 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 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 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.”

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 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 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, 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 PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

APPLICANT’S SIGNATURE: _____

TITLE: _____

DATE: _____

BROKER: _____

ADDRESS: _____