

Named Applicant _____

Date _____

**Section GI
GENERAL INFORMATION**

(To be completed by all Applicants)

GI-1. Describe your business activities and any anticipated changes to same, and list all applicable SIC Codes:

GI-2. Aggregate revenues most recent fiscal year \$ _____, and projections for the following fiscal year \$ _____. *(Use actual where available, expected otherwise.)*

GI-3. Percent of such revenues from foreign sales: last year ____%, next year ____%.

GI-4. For what percentage range of Applicants' contracts are the following statements true?

Contracts	More than 95%	95% to 66%	65% to 33%	Less than 33%
Written contracts used with customers/clients	ρ	ρ	ρ	ρ
Customer contracts:				
➤ Specifically describe the services to be performed	ρ	ρ	ρ	ρ
➤ Limit liability	ρ	ρ	ρ	ρ
➤ Limited Warranty/Guarantee	ρ	ρ	ρ	ρ
➤ Address milestone management	ρ	ρ	ρ	ρ
Supplier, content provider & subcontractor contracts:				
➤ Contain hold harmless or indemnity provisions	ρ	ρ	ρ	ρ
➤ Limit liability	ρ	ρ	ρ	ρ
➤ Require insurance for the benefit of you & your customers	ρ	ρ	ρ	ρ
Legal counsel reviews changes to your standard contract	ρ	ρ	ρ	ρ
Have passed customer sign-off and acceptance	ρ	ρ	ρ	ρ
Duration one year or less	ρ	ρ	ρ	ρ

Named Applicant _____

Date _____

- GI-5. For any project contracts in excess of one year in duration, please provide a copy of your written procedure or guideline for milestone management. Attached Not Applicable
- GI-6. Attach a list of all contracts that are more than 30 days past customer acceptance. As to each, please indicate: (i) contract size; (ii) length of original contract; and (iii) remediation steps taken. Attached Not Applicable
- GI-7. Attach a list of Applicants' five largest projects during the last three years. As to each, please indicate: (i) contract size; (ii) length of project; and (iii) services/products provided.
- GI-8. If Applicants use outside consultants/contractors in the performance of their services to others, please attach a copy of any standard independent contractor agreements used. No consultants/contractors Contract(s) attached
- GI-9. Are you seeking coverage for entities formed and operating outside the U.S.? Yes No

Named Applicant _____

Date _____

Section TECH
TECHNOLOGY ERRORS & OMISSIONS
HARDWARE, SOFTWARE & RELATED SERVICES

(Optional Coverage)

TECH-1. Describe your technology services and any anticipated changes to same:

Technology Errors & Omissions coverage will not be provided for business activities not specifically described in response to this question.

TECH-2. Indicate the amount of the revenues reported in Question GI-2 of this Application which are derived from technology products and services:

Most recent fiscal year \$ _____, next fiscal year \$ _____.

TECH-3. Please provide the percentage of such recent fiscal year's revenues derived from the following activities:

Activity	Of Total Revenue	For Yourself	For Others
Manufacturing	%	%	%
To Specification	%	%	%
Multi-use Components	%	%	%
Software	%	%	%
Consulting	%	%	%
Pre-Packaged	%	%	%
Custom	%	%	%
Implementation/ Integration	%	%	%
Real Time Production	%	%	%
Enterprise Resource Planning (ERP)	%	%	%
Product Design-Turnkey	%	%	%
Distribution/Sales	%	%	%
Other (attach description)	%	%	%

- TECH 1 -

Named Applicant _____

Date _____

TECH-4. Identify the markets for your products/services as a percentage of Applicants' estimated annual revenue:

%	Market	%	Market	%	Market
	Aerospace		Financial Institutions/ Insurance		Retail/Wholesale
	Transportation		Manufacturing/ Industrial		Government
	Construction		Communications/ Internet		Agriculture/Mining
	Education		Health Care/ Medical Services		Other (describe)

TECH-5. For each Applicant, please attach a copy of Applicant's policies and procedures for ensuring that it owns, or has licensed any and all of the software code you produce, manufacture or market, and that such code does not infringe any intellectual property rights of others. ρ Attached ρ Not Applicable

TECH-6. For each Applicant, please attach a copy of Applicant's policies and procedures for product quality control and recall. Please specify: (i) testing and calibration procedures for: (a) incoming components, and (b) Applicant's components and equipment, and (ii) the percentage of incoming components that can be traced back to their manufacturer. ρ Attached ρ Not Applicable

TECH-7. Identify your mission critical suppliers:

Named Applicant _____

Date _____

Section NA
AIG netADVANTAGEsm
AIG netADVANTAGE PROsm
INTERNET ERRORS & OMISSIONS

(Optional Coverage)

- NA-1. Indicate the amount of revenues reported in Question GI-2 of this Application derived from Internet professional services:
Most recent fiscal year \$ _____, next fiscal year \$ _____.
- NA-2. What percent of your GI-2 revenues are derived from e-commerce sales of goods?
Most recent fiscal year \$ _____, next fiscal year \$ _____.
- NA-3. Please provide the average number of unique visitors to your site per day: _____
MEDIA
- NA-4. With respect to web site content, for each Applicant, please describe Applicant's methods for avoiding (vetting for) potential infringement of copyrights, trademarks, service marks and other intellectual property. As to each such IP type, please indicate: (i) who provides the review; (ii) what employee related policies are in place; and (iii) if outside counsel is involved, the name(s) of such counsel. ρ Attached
- NA-5. In the event any of Applicants' products or material have been the subject of a qualified opinion that an intellectual property infringement may exist, please (i) attach such opinion(s) and (ii) describe remedial efforts.
ρ Attached ρ Not Applicable
- NA-6. Please attach a description of Applicants' procedures for handling controversial, potentially offensive or infringing material on your web site or web sites you manage and any agreements with third parties for handling same.
ρ Attached ρ Not Applicable
- NA-7. Do your agreements with the developer(s) 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? ρ Yes
ρ No
- NA-8. Please attach copies of your standard contracts with customers and other content providers (*i.e.* authors, advertisers, advertising agencies, independent producers and sponsors) and any agreements with third parties that contribute to 5% or more of your Internet related revenues. ρ Attached

Named Applicant _____
 Professional Services

Date _____

NA-9. Please provide the percentage of Question NA-1 recent fiscal year's revenues derived from the following services:

Activity	Of NA-1 Revenue	U.S./ Can.	U.K.	Non-U.K. Europe	All Others
Web Site					
Design	%	%	%	%	%
Management	%	%	%	%	%
Hosting	%	%	%	%	%
Web directories	%	%	%	%	%
Search engines	%	%	%	%	%
Internet access provider					
No content	%	%	%	%	%
Content, no other services	%	%	%	%	%
Content, e-mail, BBS & chat	%	%	%	%	%
Security					
Software—firewall, intrusion detection, anti-virus or other network security	%	%	%	%	%
Consultants	%	%	%	%	%
Digital certificates, PKI or encryption software or services	%	%	%	%	%
Internet related software-other					
Pre-packaged	%	%	%	%	%
Custom solutions	%	%	%	%	%
Internet related consulting-other	%	%	%	%	%
Other Internet services (attach description)	%	%	%	%	%

NA-10. Please provide the percentage of Question NA-1 revenues derived from the following market segments:

	Gov't	Financial Institutions	Health Care /Medical	Other Commercial	All Others
Most recent fiscal year	%	%	%	%	%
Next fiscal year	%	%	%	%	%

Named Applicant _____

Date _____

NA-11. Do you provide original content? Yes No

NA-12. Please provide the information indicated.

No. of Your Web site Subscribers		Capacity for Subscribers	
Last FY	Next FY	Last FY	Next FY

NA-13. Check all that apply:

Internet Service/Activity	Managed By		Frequency				
	You	Others	No/None/Never	Daily	Weekly	Monthly	Other (Attach details.)
Bulletin board/chat room services at your web site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove any posting at your sole discretion and Internet Service Provider agreement allows you to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit the content of your bulletin board/chat room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit or censor the material contained on your web site or Internet service in any way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scan web sites for viruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update the content of your web site or Internet service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NA-14. 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

NA-15. Do you provide content for a web site on the behalf of a client? Yes No

NA-16. Do clients approve material you provide before it is published on the Internet? Always Mostly Sometimes Rarely No

NA-17. Are credit card transactions conducted on your web site or Internet service? Yes No

NA-18. Does your web site contain materials designed to be downloaded? Yes No

NA-19. Would you like professional liability coverage to include claims arising out of failures to a network or your web site? Yes No

If you answered "No" to Question NA-19, you have completed this Section. Otherwise, please continue on the next page.

Named Applicant _____
Network Security

Date _____

NA-20. Check all that apply:

Security Feature/Procedure	Implemented			Frequency of Updates/Backups			
	Not	Partially	Fully	Daily	Weekly	Monthly	Other (Attach details.)
Firewalls used to prevent unauthorized access connections from external networks and computer systems to internal networks	ρ	ρ	ρ				
Remote users authenticated before being allowed to connect to internal network and computer systems	ρ	ρ	ρ				
Anti-virus procedures and protections used on desktops and mission critical servers	ρ	ρ	ρ	ρ	ρ	ρ	ρ
Backup and recovery procedures documented and implemented for:							
All mission critical systems	ρ	ρ	ρ	ρ	ρ	ρ	ρ
Your web site	ρ	ρ	ρ	ρ	ρ	ρ	ρ
Data and information assets	ρ	ρ	ρ	ρ	ρ	ρ	ρ
Special privileges restricted to primary and backup system administration personnel	ρ	ρ	ρ				
Continuity plans in place for mission critical business processes	ρ	ρ	ρ				
Network and computer systems monitored	ρ	ρ	ρ	ρ	ρ	ρ	ρ
Internal security and privacy policy	ρ	ρ	ρ				

NA-21. For each of the Security Features/Procedures above that you have implemented either "partially" or "fully," attach a list of the software and, where applicable, the service provider used and copies of your contracts with the vendors who provide such services to you. ρ Attached ρ Not applicable

NA-22. Describe the authentication process or applications you utilize in connection with your e-business.

Named Applicant _____

Date _____

NA-23. For critical Internet, network or computers services that you outsource, please provide the information indicated:

Outsource Service	Service Provider(s)	Contract/Service Level Agreement	
		Attached	N/A
Hosting Facility		<input type="checkbox"/>	<input type="checkbox"/>
Firewall Maintenance		<input type="checkbox"/>	<input type="checkbox"/>
Server Maintenance		<input type="checkbox"/>	<input type="checkbox"/>
Intrusion Detection		<input type="checkbox"/>	<input type="checkbox"/>
Managed Security Type: Scope:		<input type="checkbox"/>	<input type="checkbox"/>
Application/Software		<input type="checkbox"/>	<input type="checkbox"/>
Data Storage		<input type="checkbox"/>	<input type="checkbox"/>
Other (attach description)		<input type="checkbox"/>	<input type="checkbox"/>

NA-24. Name any organizations providing you with CERT or SAIC Advisories, or similar notification: _____

NA-25. Attach copies of your written warranties or indemnities regarding your Internet services, network or computer operations. Attached Not applicable

NA-26. Attach copies of written warranties or indemnities you receive regarding Internet services provided to you, your network or your computer operations.
 Attached Not applicable

NA-27. Has there been any change in ownership or senior management (including Chief Information Officer) in the past year? Yes No

NA-28. Do you have a full time, dedicated Director of Information Security or equivalent?
 Yes No

Named Applicant _____

Date _____

**Section CLS
QUESTIONS APPLICABLE TO ALL SECTIONS**

(To be completed by all Applicants)

CLS-1. Does any person or entity proposed for insurance have knowledge of any act, error or omission which might give rise to a claim(s) under coverage which may be granted on the basis of this application?
ρ Yes ρ No. If "Yes", please attach a detailed description of such act, error or omission and an explanation of why same might give rise to a claim.

CLS-2. Has or is the Applicant or any person or entity proposed for coverage:
(a) been named as a defendant in any litigation, identified as the subject of a claim or charged in any civil, criminal, administrative or regulatory action or proceeding concerning any:
(i) activities or media directly or indirectly referenced in this application, or
(iii) copyright, trademark, trade dress, trade secret or other intellectual property;
(b) been charged in any civil, criminal, administrative or regulatory action or proceeding concerning a violation of any antitrust, privacy, false advertising, unfair trade or business practices, securities or other federal, state or local statute, rule or regulation; or
(c) been or is being investigated in connection with anything referenced in parts (a) and (b) of this Question?
ρ Yes ρ No. If "Yes", please attach a detailed description of each such litigation, action, proceeding and investigation and all relevant details.

Applicants and Insurer agree that with respect to Questions CLS-1 and CLS-2 above, that if such knowledge, litigation, claim, action, proceeding or investigation exists, then any litigation, claim, action, proceeding, investigation or occurrence arising out of, in connection with, relating to or which is a part of (i) such known acts, errors and omissions, or (ii) such existing litigation, claim, action, proceeding or investigation, is excluded from any coverage which may be afforded on the basis of this application.

CLS-3. Please indicate desired policy limit and retention.

Alternative	Retention	Co-Insurance	Policy Limit of Liability	
			Per Wrongful Act	Aggregate
1				
2				
3				

Named Applicant _____

Date _____

CLS-4. List all of Applicants' current errors and omissions, internet liability, media liability and/or telecommunications policies, and provide the information indicated.

Coverage	Insurer(s)	Limit of Liability	Annual Premium	Expiration Date	Prior Acts Date

CLS-5. Has any insurance similar to any type of insurance requested by Applicants been refused, cancelled or nonrenewed (Missouri applicants need not respond)?
ρ Yes ρ No. If "Yes", attach a description of the details.

CLS-6. Are all Applicants insured under commercial general liability insurance policies?
ρ Yes ρ No.

CLS-7. For all of the policies providing the coverage referenced in Question CLS-6, please provide the information indicated.

Insurer/Policy No.	Policy Period	Limit of Liability	Deductible or Retention	Annual Premium

CLS-8. Do all of the policies listed in Question CLS-7 provide advertising injury/personal injury coverage? ρ Yes ρ No.

CLS-9. Do all of the policies listed in Question CLS-7 provide products/completed operations coverage? ρ Yes ρ No.

**ATTACHMENTS
CHECKLIST**

Attached	Not Applicable	Question No.	Attachment
ρ	ρ	Cover	List of all entities proposed for coverage, describe their relationships to each other and indicate their places of formation.
ρ	ρ	GI-5	Written procedure or guideline for milestone management.
ρ	ρ	GI-6	List of all contracts that are more than 30 days past customer acceptance. As to each, please indicate: (i) contract size; (ii) length of original contract; and (iii) remediation steps taken.
ρ	ρ	GI-7	List of Applicants' five largest projects during the last three years. As to each, please indicate: (i) contract size; (ii) length of project; and (iii) services/products provided.
ρ	ρ	GI-8	Any standard independent contractor agreements used.
ρ	ρ	TECH-5	Applicant's policies and procedures for ensuring that it owns or has licensed any and all of the software code you produce, manufacture or market, and that such code does not infringe any intellectual property rights of others.
ρ	ρ	TECH-6	Applicant's policies and procedures for product quality control and recall. Please specify: (i) testing and calibration procedures for: (a) incoming components, and (b) Applicant's components and equipment, and (ii) the percentage of incoming components that can be traced back to their manufacturer.
ρ	ρ	TEL-4	Description of your tariff filing policies and procedures, and details of any tariff filings or protections that have been disallowed, rejected or waived.
ρ	ρ	MEDIA-3	Describe Applicant's methods for avoiding (vetting) for potential infringement of copyrights, trademarks, service marks and other intellectual property. As to each such IP type, please indicate: (i) who provides the review; (ii) what employee related policies are in place; and (iii) if outside counsel is involved, the name(s) of such counsel.
ρ	ρ	MEDIA-4	Any qualified opinions that an intellectual property infringement may exist and description of remedial efforts.
ρ	ρ	MEDIA-5	Applicants' procedures for handling controversial, potentially offensive or infringing material and any related agreements with third parties?
ρ	ρ	MEDIA-6	List of outside counsel.

Continued on Next Page

ATTACHMENTS CHECKLIST (CONTINUED)

Attached	Applicable	Not	Question No.	
ρ	ρ		MEDIA-7	Standard contracts with content providers and any agreements with third parties that contribute to 5% or more of your media revenues.
ρ	ρ		MPL-4	Description of your practices concerning risk management.
ρ	ρ		NA-4	Applicant’s methods for avoiding (vetting) potential infringement of copyrights, trademarks, service marks and other intellectual property. As to each such IP type, please indicate: (i) who provides the review; (ii) what employee related policies are in place; and (iii) if outside counsel is involved, the name(s) of such counsel.
ρ	ρ		NA-5	Any qualified opinions that an intellectual property infringement may exist and description of remedial efforts.
ρ	ρ		NA-6	Applicants’ procedures for handling controversial, potentially offensive or infringing material on your web site or web sites you manage and any related agreements with third parties.
ρ	ρ		NA-8	Standard contracts with customers and other content providers and any agreements with third parties that contribute to 5% or more of your Internet related revenues.
ρ	ρ		NA-20	List of software and service providers used and copies of your contracts with the vendors who provide designated services to you.
ρ	ρ		NA-22	Contracts with outsourced Internet, network or computers service providers as indicated.
ρ	ρ		NA-24	Your written warranties or indemnities regarding your Internet services, network or computer operations.
ρ	ρ		NA-25	Written warranties or indemnities you receive regarding Internet services provided to you, your network or your computer operations.
ρ	ρ		CLS-1	Detailed description of referenced acts, errors or omissions and an explanation of why same might give rise to a claim.
ρ	ρ		CLS-2	Detailed description of referenced litigation, action, proceeding and investigation and all relevant details
ρ	ρ		CLS-5	Type of insurance requested by Applicants been refused, cancelled or nonrenewed and all relevant details of same--(Missouri applicants need not respond)?
ρ	ρ		NONE	Most recent audited financial statements (i.e. annual report, 10k, pro-forma). If none are audited, then most recent statements.
ρ	ρ		NONE	Descriptive promotional materials (advertising brochures).
ρ	ρ		NONE	If an Applicant has been established for three years or less, resumes of its senior professional staff.

Named Applicant _____

Date _____

ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATIONS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND THE INFORMATION PROVIDED BY ATTACHMENT HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) 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 INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

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 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."

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."

Named Applicant _____

Date _____

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 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 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 VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Named Applicant _____

Date _____

Signed on behalf of the Named Insured and all other Applicants

By _____

Date _____

Title _____

Organization _____

(Organization's Seal)

MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD OR PRESIDENT OF THE NAMED APPLICANT

Attest _____ (Broker)

Brokerage _____

License Number _____

Address _____

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Named Applicant hereby acknowledges that he/she 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 Insurer 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 undersigned authorized officer of the Named Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against applicable retention amounts.

By _____

Date _____

Title _____

Organization _____

(Organization's Seal)

MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD OR PRESIDENT OF THE NAMED APPLICANT