



## Financial Services Professional and Executive Liability

### Instructions for Completing This Application

- Part I: All Applicants Must Complete
- Part II: Investment Adviser Professional Liability
- Part III: Mutual Fund Professional Liability
- Part IV: Service Provider Professional Liability
- Part V: Directors and Officers Liability
- Part VI: All Applicants Must Complete

Please read each Part of this Application carefully. All Applicants must fully answer all questions and submit all requested information in Parts I and VI. Applicants must also fully answer all questions and submit all requested information for each proposed coverage part.

Terms appearing in **bold** in this Application are defined in the Policy and have the same meaning in this Application as in the Policy. This Application, including all materials submitted herewith, shall be held in confidence.

### Part I - To be Completed By All Applicants

#### GENERAL INFORMATION

1. The Applicant Company, which is to be the **Named Entity** in Item 1. of the Declarations (the "Applicant"):  
 \_\_\_\_\_  
 Principal Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Officer designated to receive correspondence and notices from the **Insurer** on behalf of all entity(ies) and person(s) proposed for the insurance:  
 \_\_\_\_\_ (Name of Officer)                      \_\_\_\_\_ (Title)
3. Type of organization: \_\_\_\_\_
4. Date and state of incorporation; or, if other than a corporation, state form of organization and identify applicable law controlling said form of organization: \_\_\_\_\_

5. Identify the public authority documents with which documents are filed relating to the formation of the organization (e.g. limited partnership certificate of record; trust documents): \_\_\_\_\_

6. Date entity was established: \_\_\_\_\_

7. Name and address of outside counsel: \_\_\_\_\_

8. Name and address of independent public accountants: \_\_\_\_\_

**INSURANCE/LOSS/CLAIMS HISTORY**

1. Please provide the following information concerning your current insurance:

	<u>INSURER</u>	<u>LIMIT</u>	<u>TERM</u>
Fidelity Bond/Crime Coverage:	_____	_____	_____
General Liability Coverage:	_____	_____	_____
Investment Adviser, Mutual Fund, Directors & Officers and Errors & Omissions Liability Coverage:	_____	_____	_____

2. Has the extended reporting period or discovery period been exercised under any of the captioned policies?  Yes  No

If Yes, please advise the expiration date of such reporting or discovery period and reason for purchase:  
\_\_\_\_\_  
\_\_\_\_\_

3. Has any insurer cancelled, refused to renew, or indicated intent not to renew any previous insurance, whether primary or excess, within the past 3 years?  Yes  No (If "Yes", please provide complete details).

4. Are there any pending **Claims** against any person or entity for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect?  Yes  No (If "Yes", please attach a summary description of each **Claim** and any loss payments by any Insurers).

5. Has any person or entity for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances which may

give rise to a **Claim**?  Yes  No (If "Yes", please attach complete details).

IT IS UNDERSTOOD AND AGREED THAT WITH RESPECT TO QUESTIONS 4 AND 5 ABOVE, IF SUCH CLAIMS OR NOTICE OF FACTS OR CIRCUMSTANCES EXIST, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH CLAIMS OR NOTICED FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

### PAST ACTIVITIES

1. During the last 12 months, have the Applicant's outside auditors stated that there are any material weaknesses in the Applicant's system of internal controls?  Yes  No
2. During the last 3 years, has the Applicant
  - a. changed independent auditors?  Yes  No
  - b. had any changes in the Board of Directors or Senior Management?  Yes  No
3. During the last 3 years, has the Applicant or any proposed **Insured(s)** been involved, or are they currently involved in, or received notice of any of the following:
  - a. civil or criminal action, disciplinary action administrative proceeding, formal or informal inquiry, questioning, probing, investigation, inspection, examination, review, agreement, order or memorandum, whether preliminary or otherwise, by any federal, state, or local or foreign administrative agency, including but not limited to the Securities Exchange Commission, or any self regulatory organization?  Yes  No
  - b. anti-trust, copyright or patent litigation?  Yes  No
  - c. other criminal actions?  Yes  No
  - d. representative actions, class actions or derivative suits?  Yes  No
  - e. other material litigation?  Yes  No
  - f. **Claim** or potential **Claim** noticed under any **Insurance**?  Yes  No

If Yes to a-f above, please attach complete details including any loss payments by insurance carriers.

4. Within the last 3 years, did the Applicant engage in any transaction (other than routine transactions in the ordinary course of business) with a natural person who is related to an **Insured Person** or any other organization which controls, is controlled by, is under common control with, or is otherwise affiliated with the Applicant, or any **Insured Person**?  Yes  No (If "Yes", please attach details)
5. During the last 12 months, has the Applicant terminated, rescinded, or declined any acquisition, merger, tender offer, or divestiture?  Yes  No (If "Yes", please attach details).

### Part II - Investment Advisers Professional Liability Insurance To be completed by Applicants Seeking Coverage Part A

### GENERAL INFORMATION

I. Please provide the following information for any entity(ies) seeking proposed Investment Adviser Professional Liability coverage ("Adviser"):

- a. Name: \_\_\_\_\_
- b. Date of formation: \_\_\_\_\_
- c. Is the Adviser registered with the SEC as an Investment Adviser?  Yes  No
- d. Year Investment Advising operations commenced: \_\_\_\_\_
- e. Number of Offices in U.S.A. and Canada: \_\_\_\_\_
- f. Number of Offices other than U.S.A. or Canada \_\_\_\_\_
- g. Number of persons serving as partners, directors, officers or trustees \_\_\_\_\_
- h. Number of portfolio managers: \_\_\_\_\_
- i. Has there been any changes in senior management or the portfolio managers within the last year? \_\_\_\_\_
- j. Does Adviser contract with any outside service providers (outside service provider means any unaffiliated person or entity who performs professional services for a fee or commission for the Adviser or for clients of the Adviser at the direction of and on behalf of the Adviser)?  Yes  No
- k. Does the Adviser enter into "soft dollar" arrangements with other service providers?  
 Yes  No
- l. Annual Income:
  - (i) Fees for Investment Advising Services: S \_\_\_\_\_
  - (ii) Other Income: S \_\_\_\_\_
  - (iii) Source of other income: \_\_\_\_\_

(If more than one Adviser, please attach a list providing the above-information for each such additional Adviser.)

**ASSETS UNDER MANAGEMENT**

- | I. With respect to all accounts:   | <u>Current Year</u> | <u>Prior Year</u> |
|--|---------------------|-------------------|
| a. Total asset value   | S _____             | S _____           |
| b. Asset value of largest account:   | S _____             | S _____           |
| c. Total number of accounts:   | _____               | _____             |
| d. Number of accounts lost, terminated or otherwise closed during last twelve (12) months and corresponding total asset value: | _____               |                   |
| e. Explanation for lost accounts:  | _____               |                   |

- f. Minimum size of accounts currently accepted as new accounts: \$ \_\_\_\_\_
- g. Percentage of accounts for which the Adviser acts as custodian: \_\_\_\_\_%

2. Complete the following for those accounts for which the Adviser acts as investment Counselor or Adviser:

<u>a. DISCRETIONARY ACCOUNTS:</u>	<u>MARKET ASSET VALUE</u>	<u>NUMBER OF ACCOUNTS</u>
ERISA Defined Benefits Plans (except IIR 10's and IRA's):	\$ _____	_____
ERISA Defined Contribution Plans:	\$ _____	_____
IIR 10 and IRA Plans:	\$ _____	_____
Non-ERISA Pension and Employee Benefit Plans:	\$ _____	_____
Mutual Funds:	\$ _____	_____
REITS:	\$ _____	_____
Wrap Accounts:	\$ _____	_____
All other accounts (including Personal Accounts):	\$ _____	_____
Accounts for which Adviser is Trustee:	\$ _____	_____
Total Book Value of all accounts:	\$ _____	_____
 <u>b. NON-DISCRETIONARY ACCOUNTS:</u>		
ERISA Defined Benefit Plans: (except IIR 10's and IRA's):	\$ _____	_____
ERISA Defined Contribution Plans:	\$ _____	_____
IIR 10 and IRA Plans:	\$ _____	_____
Non-ERISA Pension and Employee Benefit Plans:	\$ _____	_____
All other accounts (including Personal Accounts):	\$ _____	_____
Wrap Accounts:	\$ _____	_____
Total Book Value of all accounts:	\$ _____	_____

3. Percentage of total assets for which the Adviser acts solely as a financial planner: \_\_\_\_\_

### INVESTMENTS

1. Does the Adviser recommend investments in specialty areas other than securities (e.g. commodity futures, real estate, options, private placements, unregistered securities, non-investment grade bonds, direct placement, oil and gas joint ventures, cattle trusts, or limited partnerships of any type)?  Yes  No

If "Yes", describe specialty area and state its percentage of (1) total asset value and (2) each type of account as specified in question 2.a and 2.b of "Assets Under Management" section above (i.e., IIR 10 and IRA plans, mutual funds, etc.):

\_\_\_\_\_  
\_\_\_\_\_

2. If "Yes" to 1 above, do clients sign a disclosure statement acknowledging their understanding of the volatility of such investments?  Yes  No

If "No", please explain: \_\_\_\_\_

**CLIENT RELATIONSHIPS**

1. With respect to any private accounts managed by an Adviser, are clients required to sign written management contracts? \_\_\_\_\_ Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never.

2. Has any Adviser contract been changed or assigned during the last three (3) years or is any such change or assignment currently contemplated?  Yes  No

If "Yes", please provide details, including whether an outside legal opinion has been sought as to the legality of any such change or assignment: \_\_\_\_\_

\_\_\_\_\_

3. Describe procedures to ensure compliance with each client contract: \_\_\_\_\_

\_\_\_\_\_

4. Please state the name, title, and years of experience of the individual who performs risk management and compliance activities for the Adviser: \_\_\_\_\_

5. Does the Adviser render any services in addition to **Investment Advisory Services** such as:

a. Broker/Dealer Services  Yes \_\_\_\_\_ % of Income  No

b. Investment Banking  Yes \_\_\_\_\_ % of Income  No

c. Manager/General Partner/Syndicator of Limited Partnerships  Yes \_\_\_\_\_ % of Income  No

d. Acting as Trustee  Yes \_\_\_\_\_ % of Income  No

e. Other Services of any type (please describe below)  Yes \_\_\_\_\_ % of Income  No

Please describe additional services provided: \_\_\_\_\_

\_\_\_\_\_

(Please note that the Policy as written will determine the coverage provided)

6. If any Adviser provides **Investment Advisory Services** to a mutual fund not to be named as an **Insured Fund** in the Policy, please furnish the name of the fund: \_\_\_\_\_

\_\_\_\_\_

7. Executions:

a. May clients select their own brokers for executions?  Yes  No

b. Are client transactions executed by an in-house or affiliated broker/dealer?  
 Yes  No

If Yes, please provide full details including the name of the broker/dealer, the percentage of transactions so handled and specifics of disclosure: \_\_\_\_\_  
\_\_\_\_\_

c. Does the Applicant use outside selected custodians, broker/dealers or client accounting facilities?  Yes  No

8. Does any director, officer, trustee, partner or employee of any Adviser act in a similar capacity to any entity, other than a sponsored mutual fund, to which such Adviser also gives investment advice?  Yes  No

If Yes, please identify the entity, the capacity in which such Adviser serves and the total amount of such entity's managed assets: \_\_\_\_\_  
\_\_\_\_\_

9. Does the Adviser act as Investment Adviser for any multi-employer (Taft-Hartley), union or governmental employee benefit plans?  Yes  No

If Yes, name of plan and amount of total managed assets: \_\_\_\_\_  
\_\_\_\_\_

10. Does any Adviser manage private account assets of related and/or affiliated companies, or its directors, officers, employees, or their families?  Yes  No

If Yes, identify the entity or individual, and the amount and type of total managed assets:  
\_\_\_\_\_  
\_\_\_\_\_

11. Is there an "approved" list of securities which can be recommended to clients?  Yes  No

If "Yes", how are exceptions to this list handled internally and with clients? \_\_\_\_\_  
\_\_\_\_\_

12. How often do clients receive portfolio financial statements? \_\_\_\_\_

13. How often are meetings held with clients? \_\_\_\_\_

14. Describe the Adviser's policy for timely notification of discretionary clients of securities transactions and changes in portfolio: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Describe measures Adviser has instituted to assure that clients' plans comply with ERISA: \_\_\_\_\_
- \_\_\_\_\_
16. Describe procedure for decisions and executions when a portfolio manager is not available:
- \_\_\_\_\_
- \_\_\_\_\_
17. With respect to Form ADV filed with the SEC, has the Adviser filed any amendments to Questions 11(a) to 11(j) as respects the Adviser's Investment Advisory services? (If yes, attach full details): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Part III - Mutual Fund Professional Liability Insurance**  
**To be Completed by Applicants Seeking Coverage Part B**

**GENERAL INFORMATION**

1. Please provide the following information for any entity(ies) seeking proposed Mutual Fund Professional Liability coverage ("Fund"):
- a. Name and principal business address: \_\_\_\_\_
- b. Date of formation: \_\_\_\_\_
- c. Current net assets of the Fund: \$\_\_\_\_\_ as of \_\_\_\_\_ (date)
- d. Total net assets in the previous year: \$\_\_\_\_\_
2. Name of principal Underwriter/Distributor of Fund: \_\_\_\_\_
- a. Date of formation: \_\_\_\_\_
- b. Date since Under writer/Distributor to Fund: \_\_\_\_\_
- c. Private or public corporation or partnership: \_\_\_\_\_
3. Has a proceeding in bankruptcy, receivership or insolvency ever been instituted by or against the proposed Fund or any predecessors in business?  Yes  No
- If "Yes", please provide full details: \_\_\_\_\_
4. Does the Fund utilize 12b-1 distribution plans?  Yes  No
- If "Yes", what is the fee percentage: \_\_\_\_\_

(If more than one Fund, please attach a list providing the above-information for each such additional Fund.)

**MANAGEMENT/CHANGES**

1. Do the directors, officers, partners or trustees (as a group) of any proposed **Insured Entity** own more than 5% of the outstanding shares of any Fund?  Yes  No

If "Yes", please provide full details: \_\_\_\_\_

2. Has any Fund merged with or acquired another Mutual Fund or firm during the past three (3) years?  Yes  No

If "Yes", please provide full details: \_\_\_\_\_

3. Has any management contract and/or underwriting agreement been changed or assigned during the last three (3) years or is any such change or assignment currently contemplated?  Yes  No

If "Yes", please provide full details including whether an outside legal opinion has been sought as to the legality of any such change or assignment: \_\_\_\_\_

\_\_\_\_\_

4. Have there been any changes or modifications in the investment restrictions or limitations of any Fund during the last three (3) years?  Yes  No

If Yes, please provide full details: \_\_\_\_\_

5. Have there been any material changes in the administrative operations or investment policies of any Fund during the last three (3) Years?  Yes  No

If Yes, please provide full details: \_\_\_\_\_

**DIRECTORS**

1. Does any Fund have a board of directors consisting of a majority of Independent Directors?  Yes  No

If No, please state the name of the Fund(s) and percent (%) of Independent Director board representation: \_\_\_\_\_

\_\_\_\_\_

2. Has the attendance record of the Independent Directors of any Fund at the last twelve (12) months Board meetings been less than 75%?  Yes  No

If Yes, please state the name of the Mutual Fund(s): \_\_\_\_\_

**SALES PRACTICES**

1. Are mutual fund portfolio transactions executed by an in-house or affiliated broker/dealer?  Yes  No

If "Yes", provide full details including percentage of transactions so handled and specifics of disclosure: \_\_\_\_\_

**CLIENT RELATIONSHIP**

1. How often do clients receive portfolio financial statements? \_\_\_\_\_
2. Describe the Adviser's policy for timely notification of a discretionary client's security transactions and changes in investment portfolios? \_\_\_\_\_  
\_\_\_\_\_

**INVESTMENTS**

1. Does the Fund make investments in other than commonly traded securities (e.g. derivatives such as forwards; futures; swaps; precious metals; options; restricted securities; real estate; limited partnerships, etc.)? \_\_\_ Yes \_\_\_ No

If "Yes", please describe area and state percentage of total investment assets: \_\_\_\_\_  
\_\_\_\_\_

2. Does the Fund make investments in specialty areas other than securities(e.g. commodity futures, real estate, options, private placements, unregistered securities, direct placement, oil and gas joint ventures, cattle trusts, or limited partnerships of any type)?  Yes  No

If "Yes", describe specialty area and state its percentage of total asset value: \_\_\_\_\_  
\_\_\_\_\_

3. If "Yes" to 1 or 2 above, do clients sign a disclosure statement acknowledging their understanding of the volatility of such investments?  Yes  No

If "No", please explain: \_\_\_\_\_

4. If "Yes" to 1 or 2 above, what does the Fund do to review:

a. The strategy used with respect to derivatives/specialty investments or the types of derivatives/specialty investments used? \_\_\_\_\_  
\_\_\_\_\_

b. Whether the use of derivatives/specialty investments is consistent with the investment policy of the fund? \_\_\_\_\_  
\_\_\_\_\_

c. The adequacy of the methods used to value such derivatives/specialty investments: \_\_\_\_\_  
\_\_\_\_\_

**Part IV - Service Provider Professional Liability Insurance**  
**To be completed by Applicants Seeking Coverage Part C**

**GENERAL INFORMATION**

1. Please provide the following information for any entity(ies) seeking proposed Service Provider Professional Liability Insurance Coverage ("Service Provider"):
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Nature of services provided: \_\_\_\_\_
  - d. Date created or acquired \_\_\_\_\_
  - e. Names of Mutual Funds serviced: \_\_\_\_\_
  - f. Contract effective date: \_\_\_\_\_
  - g. Number of employees: \_\_\_\_\_
  
2. With respect to any proposed **Insured Service Provider** which is a distributor:
  - a. The average dollar value of transactions on a daily basis: \_\_\_\_\_
  - b. The number of notices, letters and complaints received in the past three (3) years \_\_\_\_  
How many, if any, of these were unsettled after sixty (60) days? \_\_\_\_\_
  - c. Please attach full details regarding any cases in the last five years involving a monetary settlement in excess of \$10,000.
  - d. Describe the measures instituted for verifying customer orders and determining that confirmations are accurate and received on time: \_\_\_\_\_  
\_\_\_\_\_
  - e. Are services provided to any Mutual Funds other than funds sponsored by or affiliated with the proposed **Insureds**?  Yes  No
  
3. With respect to any proposed **Insured Service Provider** which is a transfer agent:
  - a. The number of shareholders for which it is responsible: \_\_\_\_\_
  - b. The number of notices, letters and complaints received in the past three (3) years \_\_\_\_  
How many, if any, of these were unsettled after sixty (60) days? \_\_\_\_\_
  - c. Please attach full details regarding any cases in the last five years involving a monetary settlement in excess of \$10,000.
  - d. Are services provided to any Mutual Funds other than funds sponsored by or affiliated with the proposed **Insureds**?  Yes  No

4. With respect to any proposed **Insured Service Provider** which is an administrator:
- a. Are services provided to any Mutual Funds other than funds sponsored by or affiliated with the proposed **Insureds**?  Yes  No

**Part V - Directors and Officers Professional Liability Insurance**  
**To be completed by Applicants Seeking Coverage Part D**

Please provide the following information for any entity(ies) seeking Directors' and Officers' Professional Liability Insurance:

**STOCK OWNERSHIP (If Applicable)**

1. Total number of common shares outstanding: \_\_\_\_\_
2. Total number of common shareholders: \_\_\_\_\_
3. Are shares publicly traded:  Yes  No
- If Yes, specify the exchange on which they are listed: \_\_\_\_\_
4. Give names and percent owned of any shareholders who hold, directly, beneficially, or as an affiliated group, 5% or more of the common shares outstanding:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ANNOUNCED CHANGES**

1. Has the Applicant publicly revealed in the past 24 months, or does it presently contemplate that within the next 12 months it will be involved in, any:
- a. acquisition, consolidation or merger with any other entity?  Yes  No
- b. acquisition or disposition of any stock, assets or interest in any other corporation, partnership, or joint venture?  Yes  No
- c. sale, distribution or divestiture of any assets or stock other than in the ordinary course of business?  Yes  No
- d. Does the Applicant anticipate any public offering or private placement of securities within the next twelve (12) months?  Yes  No
- If yes to (a) through (d) above, please attach complete details.
- If yes to any question above, has the Board of Directors approved such action(s)?  
 Yes  No

**Part VI --To be completed by all Applicants**

**PRIOR KNOWLEDGE**

Does the Applicant or any person or entity for whom this insurance is intended have any knowledge or information of any actual or alleged act, error, omission, fact or circumstance which may give rise to a **Claim** which may fall within the scope of any Coverage Part to be included in the proposed Insurance?  
 Yes  No (If "Yes", please attach full details).

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

**MATERIALS REQUESTED**

As part of this Application, please submit the following (where applicable) with respect to the **Named Entity** and each entity(ies) or individuals proposed for insurance

1. Audited and interim financial statements with any notes and schedules
2. Any registration statements filed with the Securities Exchange Commission or any private placement memoranda within the last 12 months and any subsequent filings (Form 10-Q, 10-K, 13D, 8-K, S-1, proxy statement, etc.).
3. Most recent Prospectus of the Applicant, if any, for any securities offering planned or expected within the next year.
4. The Applicant's notice to shareholders and proxy statement(s) for both the last and next scheduled annual meeting (if available).
5. A copy of the Applicant's internal revenue recognition policy and insider trading policy.
6. For each Fund proposed for insurance, the most recent Annual Report (and interim report to shareholders if Annual Report is older than 6 months).
7. For each Fund proposed for insurance, the current Prospectus and Statement of Additional Information, if applicable, issued within the last 14 months (for closed-end funds, last issued prospectus).
8. Proxy statements for each Fund proposed for insurance (please provide any proxy statements issued during the last 12 months for open-end funds and the last three years for closed-end funds).
9. Most recent auditors' letter to management on internal controls and all other communication from independent auditors relating to the operation of internal controls and management's response(s).
10. For each Fund proposed for insurance, the most recent SEC or other regulatory inspection report and management's response.
11. A list of the current directors, officers, partners and/or trustees.
12. Copies of laws and articles of incorporation relating to indemnification provisions.
13. For each Service Provider, the most recent NASD letter following inspections and management response(s).

14. Form TA-2 for each Service Provider proposed for insurance which is a transfer agent..
15. For each Service Provider proposed for insurance which is a transfer agent, any SEC or state or SRO "deficiency" letter(s) following inspection(s) and management response(s).
16. For each Fund and Investment Adviser proposed for insurance, information indicating overall portfolio performance for past five (5) years and include comparative results to Standard and Poors, Salomon Brothers Bond Index or similar indices.
17. A list of all joint ventures, partnerships, limited partnerships, limited liability companies, or any other special purpose vehicles and/or affiliates (such entities are not to be included as **Insureds** under the Policy).
18. For each Fund proposed for insurance, the current management agreement.
19. For each Service Provider proposed for insurance, a specimen fund underwriting agreement and specimen administrative services agreement.

The persons signing this Application declare that to the best of their knowledge the statements set forth herein and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information from all **Insured(s)** to facilitate the proper and accurate completion of this Application for the proposed policy. Signing of this Application does not bind the undersigned to purchase the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued.

It is agreed by all concerned that the particulars and statements contained in this Application are true and shall be deemed material to the decision of the **Insurer** to issue the insurance.

The undersigned agree that if after the date of this Application and prior to the effective date of any policy based on this Application, any occurrence, event or other circumstance should render any of the information contained in this Application inaccurate or incomplete, then the undersigned shall notify the **Insurer** of such occurrence, event or circumstance and shall provide the **Insurer** with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the **Insurer**.

This Application and any material submitted or required herewith shall be maintained on file by the **Insurer**, shall be deemed attached as if physically attached to the proposed Policy and shall be considered as incorporated into and constituting a part of the proposed Policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**. All such notices must be submitted to the **Insurer** pursuant to the terms of the Policy, if and when issued.

**NOTICE: ANY PERSON WHO KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION, MAY BE GUILTY OF INSURANCE FRAUD.**

**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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

**NOTICE OF DISTRICT OF COLUMBIA APPLICANTS:** “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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

**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 MINNESOTA APPLICANTS:** “ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

**NOTICE TO NEW JERSEY APPLICANTS:** “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO NEW MEXICO APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO 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 CLAIMS 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.”

**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 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 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.”

**NOTICE TO HAWAII APPLICANTS: “FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.”**

This Application must be signed by the Chairman of the Board and the President of the Applicant. If the Chairman of the Board and President are the same individual, the Application must also be signed by the Chief Financial Officer, Chief Operating Officer or General Counsel.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED**