

Life Science Application

This application is an adobe document that allows applicant to enter information in the empty sections. This document is configured so that each data entry section will expand to accommodate the information. A box for detailed commentary has been provided below each major section of the application. **If a question or section is not applicable, please answer "NA".**

This is an application for a **CLAIMS MADE POLICY**. Should this application be accepted by the Company, the policy will apply to claims first made against the insured during the policy period. This policy will not apply to claims first made against the insured after the end of the policy period (unless the extended reporting period applies) or claims first made prior to the retroactive date shown in the declarations page. **The completion and submission of this application to the Company does not constitute a binder of insurance under any circumstances. All questions must be answered. If a question or section is not applicable, please answer "NA". If the answer to a question is none, state "None" or "0".** If more space is required to answer a question completely, please provide a separate attachment and identify the question it responds to.

A. General Information	
1. Applicant:	
2. Address:	
3. Mailing Address: (if different)	
4. Web Site Address:	
5. Locations: (if other than above)	
6. All Named Insureds:	
7. Additional Insureds: (explain relationship)	

8. If applicant has acquired any subsidiaries within the last 5 years, identify:

Entity	Date Acquired

9. Applicant is: Individual Partnership Corporation Joint Venture LLC Other (describe):

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10. Years in business? _____		
11. Does applicant have a parent company? (if yes, provide name)	YES	NO
12. Has applicant operated under another name? (if yes, provide full details)	YES	NO
13. Projected gross USA sales? _____		
14. Projected gross non-USA sales? _____		
15. Projected R&D expenditures for human clinical trials? _____		
16. Average annual expenditures for medical treatments for side effects sustained by clinical trial participants over the last 3 years? _____		
17. Projected annual prescriptions / units to be sold? _____		
18. Projected # of annual products users? _____		
19. Who are applicant's top 3 competitors? _____ _____		
20. Any product components/ingredients imported? (if yes, provide details)	YES	NO
21. Any products manufactured sold under others' labels? (if yes, provide details)	YES	NO
22. Any products sold as components/ingredients for other products? (if yes, provide details)	YES	NO
23. Any products manufactured outside the U.S. (if yes, provide details)	YES	NO
24. Indicate revenue percentages per operational activities: Manufacturing _____ Distribution _____ Services _____		
Details to questions 10-24. _____ _____		

B. Product/Service Profile (percentages)			
Potential Source of Revenues	%	Potential Source of Revenues	%
Medical Devices		Contract Research, Manufacturing, Sales, etc.)	
Diagnostics		Equipment Rentals/Leasing	
Drugs/Biologics/Dietary Supplements		Repair/Installation/Service	
Information Services/Databases/Software		Other (please explain)	
Details: _____ _____ _____			

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Does applicant have any past, present or planned association with any of the following: animal derived products, oral contraceptives, vaccines, weight reduction products, psychotropic products, products that are known teratogens, products that are known mutagens, Ephedrine, Phenylalanine, Androsteredione, Estazolam, Phenylpropanolamine (PPA), Aristolochic Acid, St. John's Wort, Phentermine, Butanediol, Gamma Butyrolactone, Stephania or Magnolia, Chaparral, Gamma Hydroxybutyric Acid, Chomper, Germanander, Thimerosal, Comfrey, Germanium, Tiractricol, Creatine, Indinavire, Trix Metabolic Accelerator, Dehydroepiandrosterone, Jin Bu Huan, Willow Bark, Yohimbe, Dieter's Tea, L-tryptophan, Diethylstilbestrol, and Melatonin. (if yes, please explain).

Yes No

Details: _____

C. Drugs/Biologics/Dietary Supplements Product Breakdown (percentages). If N/A Indicate Here:

Animal		Gene Therapy/Transfer		Vaccines	
Birth Control/Fertility		Genetic Testing		Vitamins/Dietary Supplements	
Blood/Plasma		Hormones & Steroids		Other Therapeutics	
Diagnostic		Topical		Other (please explain)	
Indicate product percentages:		Generic Prescription	OTC	Pediatric	

D. Medical Devices Product Breakdown (percentages). If N/A Indicate Here:

Analytical Instruments		Drug Delivery		Lasers Systems	
Anesthesia/respiratory		Durable Medical Equipment		Monitoring Equipment	
Cardiovascular		Hospital Products/Supplies		Surgical Devices	
Dental Instruments		Imaging Devices		Therapy/rehab	
Diagnostic Kits		Implants – Active		Other (please explain)	
Dialysis		Implants – Non-Active			

Targeted application percentages: _____ Clinical _____ Ambulatory
 _____ Home _____ Pediatrics

Other _____

Details: _____

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Does applicant have any past, present, or planned association with any of the following: breast implants, IUD devices, pedicle screws, spinal devices, or latex gloves. <div style="text-align: right; margin-top: 5px;"> Yes No </div>
Details: _____ _____ _____

E. Professional Service Breakdown (percentages). If N/A Indicate Here:			
Clinical Trials Management		Product Recall/Withdrawal	
Site Phase 1 Services		Equipment Maintenance/Sterilization	
Clinical Trials Packaging		Quality Systems & Regulatory Compliance	
CLIA Certified Lab Services		Sales & Marketing	
Communications & Publications		Software Development or Product Design	
Health Management, Economic, & Policy Research		Manuf/Distribution/Packaging/Mixing/Labeling	
Information Services/Databases		Pharmacoviligence/Safety Surveillance	
Institutional Review Board		Other (please explain)	
Pre-clinical Development			
Details: _____ _____ _____ _____			

F. Clinical Trials - Active Trials Currently Being Sponsored. If N/A Indicate Here:						
Product Name & Protocol Number	# of New Enrollees Over Next Policy Period	Indication	Trial Phase	Country(ies)	Expanded Access Participants	Devices SR/NSR

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Complete the following questions if applicant has been or is involved with clinical trials. If N/A Indicate Here:	
1. Total number of completed human clinical trials applicant sponsored in last 3 years: _____	
2. Total number of human test subjects enrolled in the last 3 years _____	
3. Any clinical trials discontinued or suspended due to safety reasons? (if yes, provide details) YES NO _____	
4. Which of the following are not required in meeting the applicant's IRB acceptability standards: accreditation, registration with the OHRP/HHS, confirmation of formal training, workload demand assessments, and specialty and patient group expertise?	Provide answer in details section below.
5. Which of the following are not required of the applicant's CRA's (Clinical Research Associate): certification, professional designation, and formal training?	_____
6. What percentages of applicant's CRA's have less than 5 years experience?	_____
7. What percentages of applicant's clinical sites are academic versus non-academic?	_____
8. Which of the following are not required in meeting the applicant's CI (Clinical Investigator) acceptability standards: formal training, accreditation, certifications, workload demand assessments, specialty & patient group expertise? _____	
9. Please indicate which of the following are allowed by the applicant: CI's enrolling their own patients, enrollment bonuses, contacting patients directly via patient databases, or patient referral fees? _____	
10. Has any of applicant's CI's been cited for regulatory violations? (if yes, provide details)	YES NO
11. Has applicant had any evidence of serious regulatory non-compliance or fraud by applicant's CI's and their staff in the past 5 years? (if yes, provide details below)	YES NO
12. Number of clinical trial "For Cause Audits" conducted by applicant, FDA, or OHRP in the last 3 years?	_____
13. Does applicant put all informed consent documents through well-established readability testing, for example, the Flesch-Kincaid Grade level Scoring?	YES NO
14. Does applicant use information videos as part of the informed consent process?	YES NO
15. Does applicant perform a final approval of IRB approved informed consent documents?	YES NO
Details: _____ _____ _____	

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16. Does applicant require CI's to test participants on their understanding of the informed consent document?	YES	NO
17. Is applicant in compliance with the FDA requirements concerning financial disclosures?	YES	NO
18. Does applicant incorporate financial disclosures in the informed consent documents or process?	YES	NO
19. Does applicant ever use Data Safety Monitoring Boards?	YES	NO
20. What has been the maximum compensation applicant have offered trial participants?	_____	
21. Does applicant have formalized policies for expanded access/compassionate use?	YES	NO
22. Is applicant in compliance with applicable state regulations regarding human clinical trials?	YES	NO
23. Do any of applicant's employees or sub-contractors provide direct patient care on applicant's behalf? Do they carry their own medical malpractice insurance?	YES YES	NO NO
24. Does applicant ever act as both trial sponsor and clinical investigator?	YES	NO
25. Does applicant operate an in-patient facility? If so, does applicant have an accredited emergency care facility?	YES YES	NO NO
Details: _____ _____		

G. Medical Staff Profile. If N/A Indicate Here:

Health professionals	Specialty	Estimated hours of direct patient interactions annually	# Applicant Employees	# of Independent Contractors
Employees				
Physicians				
RN's				
LPN's				
Pharmacist				
Medical Technician				
EMT's				
Others (please describe) _____ _____ _____				

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H. Professional Services. If N/A Indicate Here:	
1. Any GLP, GCP, GMP, or QS Regulatory violations in last 3 years? (if yes, provide details)	Yes No
2. Does applicant have formalized project-planning policies and procedures?	
3. Does applicant have formalized client complaint resolution policies and procedures?	
4. Are any contracts past due or has a client stopped paying or asked for a refund in the last 3 years? (if yes, provide details) YES NO _____	
5. Total # of current contracts?	
6. Any discontinued services? (if yes, provide details) YES NO _____	
7. Average dollar value of applicant's contracts?	_____
Average length of applicant's contracts?	_____
8. Indicate largest client for upcoming policy year, and include contract size and length: _____	
9. What is the total value of the personal property of others at applicant's facilities? _____	
Details: _____	

I. Contracts	
Does applicant have any contracts that do not contain the following provisions that inure to applicant's benefit? (if so, please explain) _____	
1. All duties and responsibilities of each party	_____
2. Arbitration Clause	_____
3. Choice of Law or Jurisdiction	_____
4. Force Majeure	_____
5. Guarantees	_____
6. Hold Harmless Agreements/Indemnification	_____
7. Limitation Of Consequential Damages	_____
8. Limitation Of Liabilities	_____
Details: _____	

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9. Warranty Disclaimers _____		
10. Does applicant use a written contract or agreement with all clients, including changes?	YES	NO
11. Does an attorney review all contracts or agreements including changes prior to use?	YES	NO
Details: _____ _____ _____		

J. Safety Surveillance & Regulatory
1. How many product recalls has applicant had in the past 3 years? _____ Describe in detail any Class 1 recalls? _____ _____
2. Indicate the top 3 products in terms of number of Adverse Event Reports where the product was associated with a death or permanent injury outcome? Please provide copy of most recently completed Quarterly Periodic Safety Report (or Annual Report if applicable) associated with these products. _____ _____ _____
3. Identify any product requiring the addition of a black box warning to existing labeling in the last 3 years? _____ _____
4. What is the make-up of applicant's safety surveillance team and whom do they report to? _____ _____ _____
5. Identify any safety surveillance team recommendations involving any of the following forms of remedial actions that have yet to be implemented or completed: product recall/withdrawal, black box warning label, "Dear Health-care Professional" letter, additional studies, or expanded product monitoring. _____ _____ _____
6. Indicate all standard sources of product Adverse Event monitoring used by applicant. _____ _____ _____
7. What steps if any would the company take if applicant became aware of a pervasive off-label use of applicant's products? _____ _____
8. Has any company product submitted to a FDA Advisory Committee in the last 3 years received less than a 2/3rd majority committee approval vote? (if yes provide details) YES NO _____ _____ _____
9. Any product discontinued for safety reasons? (if yes, provide details) YES NO _____ _____ _____

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10. Is applicant in compliance with all applicable GLP, GCP, GMP, and QS Guidelines?	YES	NO
11. Has applicant been cited for any GLP, GCP, GMP, QS, or Advertising & Promotion violations in the last 3 years? (if yes, provide details) YES NO _____		
12. How many untitled letters did the company receive from the FDA in the last 3 years that ultimately ended up as a warning letter? _____		
13. Has there been any FTC violations in the last 3 years? (if yes, provide details) _____	YES	NO
14. What percentage of the regulatory staff has less than 5 years experience? _____		
15. Does applicant have formalized information privacy policies and procedures that are in compliance with applicable local, state, and federal regulations? _____	YES	NO

K. Sales & Marketing. If N/A Indicate Here:

1. Does the company allow any off-label information dissemination?	YES	NO
2. Is applicant in compliance with Title 21 CFR PART 99--Dissemination Of Information On Unapproved/New Uses For Marketed Drugs, Biologics, And Devices? _____	YES	NO
3. What percentage of the sales & marketing staff has less than 5 years experience? _____		
4. What % of the company's advertising budget is allocated to Direct to Consumer advertising? _____		
5. What are the top 3 most expensive perks applicant provide to physicians? _____		
6. In the last 3 years have applicant published any study results without including other studies that were conducted by applicant that did not support the same findings? (if yes, provide details) _____	YES	NO
7. Does applicant have formal policy specifically prohibiting direct patient contact by product sales personnel? Have there been any incidents of non-compliance in the last 3 years? _____	YES	NO

L. Risk Management & Loss Control

1. Does applicant have a formal safety program (which includes biohazard & disaster recovery)? (if yes please provide name of person in charge of program) YES NO _____		
2. Does applicant have formalized Intellectual Property policies and procedures? _____	YES	NO
3. Does applicant require all new employees participate in training program that instructs them on all applicable company policies and procedures? _____	YES	NO
4. Does applicant require Certificates of Insurance from all applicants' suppliers and sub-contractors? What limits and terms does applicant require? YES NO _____		

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5. Does applicant have formalized product anti-counterfeiting measures?	YES	NO
6. Are all risk management programs and SOP's audited at least annually?	YES	NO
7. Does applicant's marketing/sales, safety surveillance, product development, and regulatory teams receive regular training in product liability concepts and regulatory requirements?	YES	NO
8. Indicate Industry Trade Associations Memberships. _____		
9. Does applicant have a crisis management team in place?	YES	NO
10. Does applicant have a full time risk manager on staff?	YES	NO

M. Premises/Operations

1. Indicate which of the following applies to applicant's premises: access is not allowed without card and/or authorized employee, front desk registration only, or no restricted access. _____
2. Indicate which of the following applies: hazardous substances are kept outdoors or in a cut-off within approved containers, just in time supply levels, cut-off area with unapproved containers. _____
3. Indicate how many gallons of hazardous substances are kept on site? _____
4. Biohazard Lab Rating if applicable? YES NO
5. If applicable is the applicant in compliance with 49 CFR 172.702PART 172--Hazardous Materials Table, Special Provisions, Hazardous Materials Communications, Emergency Response Information, And Training Requirements? YES NO
6. Has applicant ever hired key employees from direct competitors? YES NO
7. Does applicant ever do direct product comparisons against competitor products? YES NO
8. Does applicant have any competitors making similar products? YES NO

Details: _____

N. Property

If the answer to Question #1 below is 'Yes', and if applicant would like to apply for Spoilage and/or Change in Temperature coverage for temperature sensitive property, please complete questions #2 through #7 below. If applicant seeks coverage at multiple locations and is working with an electronic version of this application, copy and paste these questions as many times as necessary. If applicant is working with a paper copy of the application, use additional sheets to provide the necessary information. The coverage being applied for does not apply to Research Animals or to Personal Property in Transit.

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1. Is temperature sensitive property stored on site (e.g. reagents, cell cultures, work-in-process, stock etc.) at any location? If no, proceed to question #7	YES	NO
2. Address of Location where Spoilage / Change in Temperature coverage is requested: _____		
3. Is all temperature sensitive property monitored by a UL listed central station temperature alarm, programmed to activate in the event of both low and high temperatures, with protection operational at all times?		
	YES	NO
4. Is temperature alarm effectiveness ensured through a regular maintenance program with, at a minimum, annual scheduled testing?		
	YES	NO
5. Are automatic, self-starting, non-electric back-up power units providing a minimum 6 hour power supply to all temperature sensitive property operational and load tested at least annually?		
	YES	NO
6. Is a specific, pre-planned emergency response action plan in place and practiced at least annually to ensure rapid and effective intervention by trained personnel to failure of building support systems and resulting temperature emergencies?		
	YES	NO
7. In the event of a failure of these protection features, what would be the estimated property damage and business income loss from a spoilage or change in temperature situation at this location? _____		
8. Does applicant have an animal lab on site? If no, proceed to question #11		
	YES	NO
9. Is the animal facility physically separated from other parts of the building?		
	YES	NO
10. Does the animal facility have it's own HVAC system?		
	YES	NO
11. Is applicant scheduled to receive any grants, endowments or milestone payments in the upcoming year, which are contingent upon performance of their R&D operations? If so, please describe source and amounts.		
YES	NO	_____
12. Does applicant produce or utilize radioisotopes in applicant's manufacturing process? If so, is applicant in compliance with the relevant government regulations with respect to their use? YES NO _____		
13. Are applicant's products exposed to radioisotopes at other facilities (i.e. off-site sterilization)? If so, does applicant obtain certificates of insurance from those third party firms evidencing liability coverage and naming applicant as additional insured with respect to such work? YES NO _____		
14. Does applicants fire detection and protection systems comply with NFPA Standards?		
	YES	NO
15. What is the total value of the personal property of others at applicant's facilities? _____		
16. Does applicant ship any temperature sensitive property, narcotics or live animals?		
	YES	NO

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O. Loss History					
*Total aggregate cost (losses from ground up including defense, deductibles, and SIR's) for last five years					
Policy Period	Insurer	# of Claims	Total Incurred	Total Paid	Loss Ratio

*Attach previous carrier loss runs.

1. Describe all incurred losses of \$10,000 or more: _____
2. Any known incidents or circumstances that might reasonably be expected to give rise to a claim? (If yes, provide details) YES NO
3. Any claims not yet reported? (If yes, provide details) YES NO
4. Indicate any product or service past or present that has been involved with class action or multi-district litigation? _____
Details: _____ _____ _____

P. Coverage History				
Policy Period	Primary & Excess Limits	Carriers	Occurrence/ Claims Made	Retro Date
1. Does applicant have any outstanding loss control recommendations with applicant's current carrier? (if yes, provide details) YES NO				
2. Has applicant's insurance ever been canceled or non-renewed by a carrier? (if yes, provide details) YES NO				
Details: _____ _____ _____				

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Q. Liability Coverage Request		
Coverage	Limits Requested	Deductible/SIR Requested
Premises & Operations Liability		
Products & Completed Operations Liability		
Professional Liability		
Errors & Omissions Liability		
Other		
Details: _____		

*When requesting excess coverage please provide underlying premium figures and policy terms & conditions.

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

- Previous carrier loss runs for last 5 years
- If private, most recent financial statement.
- Protocols or Investigator Brochures & Master Informed Consent documents for active sponsored clinical trials.
- Safety Surveillance & Clinical Trial Monitoring SOPs

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

NOTICE TO ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS 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 CALIFORNIA APPLICANTS: ANY PERSON WHO KNOWING PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

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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 THERE TO, 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.”

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NOTICE TO NEBRASKA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, WHERE SUCH PERSON SUBSEQUENTLY SUBMITS A CLAIM.

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, 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).

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NOTICE TO OREGON APPLICANTS: ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AND APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL FACT THERETO, MAY BE GUILTY OF AN INSURANCE FRAUD.

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR AN 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.”

Signature page below.

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The undersigned authorized officer of the applicant knows of no other relevant facts which might affect the Company's judgment when considering this application and represents that the statements herein are true, accurate, and complete. The undersigned understands and agrees that the company is relying on such statements in determining whether or not to accept this application and provide insurance.

Authorized Applicant Signature _____

Title _____

Date _____

Applicant _____

Authorized Agent Signature _____

Authorized Agent _____

Title _____

Date _____

Submitted By (Insurance Agent) _____

Insurance Agency _____

Insurance Agency Taxpayer ID or Social Security No. _____

Agent License Number _____

(For non-admitted placements a copy of valid surplus lines license will be required)

Address _____