

Cyber and Technology Professional Liability Insurance Application
NEW BUSINESS APPLICATION

NOTICE: YOUR POLICY CONTAINS CLAIMS-MADE LIABILITY COVERAGE. CLAIMS-MADE COVERAGE APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF PURCHASED, AND REPORTED IN ACCORDANCE WITH THE TERMS OF THE POLICY.

THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES WILL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES. FURTHERMORE, CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

READ THE POLICY AND THIS APPLICATION CAREFULLY AND CONSULT YOUR INSURANCE ADVISOR WITH ANY QUESTIONS.

General Information:

Name of Applicant (include names of all subsidiaries to be insured; attach a separate sheet, if necessary):

Applicant Type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other

Headquarters Address: Date of Formation: / /

Email Address: Telephone Number:

Corporate Website Address: NAICS Code:

Nature of Business:

Does your business involve gambling or cannabis or adult content? Yes ☐ No ☐

Please note: For purposes of this application, “you/your” includes the Applicant and any other persons or entities seeking coverage under this insurance on whose behalf the Applicant is authorized to submit the following information. “Loss” and “Claim” have the same meanings as defined in the policy form. If you do not have a copy, please obtain one from your insurance advisor.

1. Have you been involved in a merger, acquisition, structural change, or consolidation with another entity in the last 12 months? Yes ☐ No ☐

If Yes, please provide additional details:

2. If you are owned by or have any controlling interest in another entity, please provide additional details:

3. Please complete the table below for all entities to be insured:

	U.S.	Canada	U.K.	Other Countries*	Total
Total number of employees					
Total sales or revenue (as reported in your most recent fiscal year-end financial statements prior to inception of this intended policy)	\$	\$	\$	\$	\$
Of total revenue, sales from online sales or services	\$	\$	\$	\$	\$

***If you derive revenue from operations in any country(ies) located within the European Economic Area (EEA) or have a registered entity physically located in any EEA country(ies), please complete the Hiscox Post-Brexit Questionnaire.**

Sensitive Information:

4. Please indicate what sensitive customer or client information you hold (check all that apply):

Social security numbers	<input type="checkbox"/>	Driver's license numbers	<input type="checkbox"/>
Financial account numbers	<input type="checkbox"/>	Credit card numbers (if checked, please specify # of annual transactions)	<input type="checkbox"/>
Personal health information	<input type="checkbox"/>	Biometric data	<input type="checkbox"/>
Other (please specify):			
If Biometric data is selected above, please indicate if consent was obtained		Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. Please estimate the total number of unique Personally Identifiable Information records you hold/access:

a. Regarding the sensitive information in Item 4 above:

i.	Is this information encrypted while at rest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
ii.	If No, is such information stored on a segregated server with role-based access controls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
iii.	Is this information encrypted while in transit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
iv.	Is this information stored on mobile computing devices, including laptops or smart phones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	If Yes, are such devices encrypted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

b. If No to any of the above, please provide compensating controls:

Regulatory Compliance:

6. Please indicate if you are in compliance with the following (check all that apply):

a.	PCI DSS v.3.2 (Payment Card Industry Data Security Standard)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b.	GDPR (EU General Data Protection Regulation)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
c.	HIPAA (Health Insurance Portability and Accountability Act)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
d.	CCPA (California Consumer Privacy Act)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
e.	BIPA (Biometric Information Privacy Act)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
f.	Other, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Privacy and Information Security:

7. Please answer the following:

a. Who is responsible for privacy and information security within your organization?

<input type="checkbox"/> Head of IT	<input type="checkbox"/> Head of Information security or CISO	<input type="checkbox"/> CEO or equivalent	<input type="checkbox"/> Other equivalent:
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b. A written corporate privacy policy which is reviewed by a qualified lawyer and actively followed? Yes ☐ No ☐

If Yes, is this policy regularly updated? Yes ☐ No ☐

c. Formal policies and procedures around the retention, destruction, and purging of data? Yes ☐ No ☐

d. Please indicate if you have annual training for the following:

Privacy training <input type="checkbox"/>	Cyber awareness training <input type="checkbox"/>	Phishing attack training <input type="checkbox"/>
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- e. Screening of potential employees (e.g. background, drug, criminal, credit, etc.)? Yes ☐ No ☐
- f. Regular cyber security assessments of your systems performed by third parties?
Yes, at least yearly ☐ Less than yearly ☐ Never ☐
- g. Please indicate the type of assessments carried out:
Vulnerability scanning ☐ Penetration testing or red teaming ☐ External threat risk assessments ☐
Asset management risk assessments ☐ Other, please specify : ☐
- h. Contracts in place with all third parties that have access to sensitive information, including business associate agreements? Yes ☐ No ☐
If Yes, do you ensure these contracts contain hold harmless/indemnity clauses that benefit you? Yes ☐ No ☐
- i. Do you have procedures in place to vet the security and privacy controls of your vendors and outsourcers? Yes ☐ No ☐
- j. The use of anti-virus software on all computer devices and networks? Yes ☐ No ☐
- k. Regular updating and patching of critical systems and software in a timely manner? Yes ☐ No ☐
If Yes, please indicate frequency of updates and patches:
- l. Firewalls in place that scan both encrypted and unencrypted data to restrict network traffic? Yes ☐ No ☐
If Yes, please indicate where the firewalls are in place:
At the perimeter ☐ On all endpoints ☐ WAF ☐ Other ☐
- m. A policy that requires strong passwords that should be updated on a regular basis? Yes ☐ No ☐
- n. Employee access to systems and data is limited to only what they need to do their job? Yes ☐ No ☐
- o. Employee access to systems and data is cut when employees leave the organization? Yes ☐ No ☐
- p. Multi-factor authentication in place for remote access by employees? Yes ☐ No ☐
- q. Multi-factor authentication in place for remote access by third parties? Yes ☐ No ☐

Business Interruption and Disaster Recovery Plan:

8. Please indicate your net income (as reported in your most recent fiscal year-end financial statements prior to inception of this intended policy): \$
9. Do you have a Business Continuity or Disaster Recovery Plan in place that covers cyber event scenarios, such as ransomware attacks? Yes ☐ No ☐
a. If Yes, is this Plan regularly tested? Yes ☐ No ☐
b. If you suffer a network disruption, how long would it take to become fully operational?
1-4 Hours ☐ 4-8 Hours ☐ 8-12 Hours ☐ 12-24 Hours ☐ 24-48 Hours ☐ 48+ Hours ☐
10. Do you have a written incident response plan in the event that Personally Identifiable Information is/may be compromised? Yes ☐ No ☐
If Yes, is this Plan regularly tested? Yes ☐ No ☐
11. Please specify how often you back-up all of your critical data and systems? (please indicate frequency) Never ☐

Is the back-up disconnected from your systems? Yes ☐ No ☐
If Yes, is the back-up regularly tested? Yes ☐ No ☐

For entities having total sales or revenue greater than \$100M, during the last completed year, please answer these supplementary questions:

12. If you have a back-up of all of your critical data and systems, does that include an offline copy? Yes ☐ No ☐

If Yes, how old is the back-up?

13. Do you utilize cloud back-ups?

Yes ☐ No ☐

If Yes, are the cloud back-ups secured via two-factor authentication or other similar means?

Yes ☐ No ☐

14. Please detail any other controls you have in place to protect your back-ups from a ransomware attack:

Cyber Crime:

15. With regards to transfer of funds, please indicate the following:

	Domestic	Foreign
Daily average number of transfers		
Average amount transferred per day	\$	\$
Maximum amount in any one transfer	\$	\$
Percentage going to Asia/Russia combined	%	

16. Before acting on a transfer, do you verify the request or account detail changes using a method other than the initial contact method (Example: the initial request is received by mail and verification is done by telephone)?

Yes ☐ No ☐

a. If Yes, what amount? \$

b. Please describe procedure:

c. Are procedures followed for transfers requests coming from both internal and external sources?

Yes ☐ No ☐

Media & Intellectual Property Controls:

17. Please indicate if you employ any of the following media and intellectual property controls (check all that apply):

- a. Obtaining all necessary and proper rights when using content developed by third parties? Yes ☐ No ☐
- b. Legal review of all content disseminated by you? Yes ☐ No ☐
- c. Notice and Take-Down procedures in place for addressing potentially libelous, infringing, or illegal content on the corporate website(s) (e.g. DMCA or similar)? Yes ☐ No ☐
- d. Obtaining consent from individuals when collecting Personally Identifiable Information? Yes ☐ No ☐
- e. Procedures in place to ensure compliance with the Telephone Consumer Protection Act, anti-SPAM statutes, and any other consumer protection act? Yes ☐ No ☐

Technology Services:

Should you not wish to purchase Technology Professional Liability, please skip to the Current Insurance section.

Revenue allocation

18. Please provide the revenue information and length of service for your products/services:

Type of products/service offered:	Percentage of revenue:	# of years providing such service:
a. Sale of your own pre-packaged software	%	
b. Sale of your own software (including project based services such as customization and integration)	%	
c. Sale of pre-packaged third-party software	%	
d. IT consulting	%	
e. Mobile application design/build	%	

f.	Software implementation/ integration	%	
g.	Software maintenance	%	
h.	Hardware design or manufacturing	%	
i.	Sales of your own hardware	%	
j.	Sale of third-party hardware	%	
k.	Outsourced service provider	%	
l.	Hardware Maintenance	%	
m.	Business-to-consumer telecommunication services	%	
n.	Business-to-business telecommunication services	%	
o.	Website hosting	%	
p.	Payment processing	%	
q.	Other, please specify:	%	

Contracts

19. Please provide details regarding your company's largest contracts for ongoing or completed work in the last three years, as well as, your average contract:

Name of client		Description of services	Contract value	Date range that service is/was provided
a.			\$	to
b.			\$	to
c.			\$	to
Average contract details		Average contract value		Average contract length (months)
		\$		

20. Please check the box of the contract information that applies to you:

- a. Do you always use written contracts when performing your technology services for a client? Yes ☐ No ☐
- b. Have you had your standard contract terms and conditions reviewed by a suitably qualified attorney? Yes ☐ No ☐
- c. What percentage of your contracts are based on non-standard contract terms? %
- d. If you use non-standard contract terms, do you have a suitably qualified attorney review the contract? Yes ☐ No ☐
- e. Approximately what percentage of your contracts include the following?
- i. Limitations of liability: %
- ii. Level at which you typically limit your liability (This may be a monetary amount, value of the individual contract, a fixed percentage of fees, etc.):
- iii. Exclusion of liability for all consequential damages: %
- iv. Provisions related to intellectual property: %
- v. Hold harmless/indemnity agreements that benefit you: %
- vi. Hold harmless/indemnity agreements that benefit your client: %
- vii. Warranties or guarantees provided by you: %
- f. Is formal signoff and acceptance required when mid-project changes are requested? Yes ☐ No ☐
- g. Do you contractually indemnify your clients for costs they incur as a result of your breach of their sensitive data? Yes ☐ No ☐

Quality Controls

21. Do you perform a review to ensure customer requirements are sufficiently captured and documented? Yes ☐ No ☐
22. Do you perform a technical review to ensure functional requirements can be met? Yes ☐ No ☐
23. Do you have formalized procedures in place to ensure your work product does not infringe on the rights of others? Yes ☐ No ☐
24. Do you host sensitive data of your clients? Yes ☐ No ☐
If Yes, do you encrypt this data? Yes ☐ No ☐
25. Do you host sensitive data belonging to your clients' customers? Yes ☐ No ☐
If Yes, do you encrypt this data? Yes ☐ No ☐

Current Insurance:

26. Do you currently have cyber liability insurance coverage? Yes ☐ No ☐
If Yes, please answer the following:
Name of insurer: Limit of liability: \$
Retention: \$ Premium: \$
27. Do you currently have technology liability insurance coverage? Yes ☐ No ☐
If Yes, please answer the following:
Name of insurer: Limit of liability: \$
Retention: \$ Premium: \$
28. Has any insurer declined, canceled, or nonrenewed any similar insurance issued to you? Yes ☐ No ☐

Claims Details:

29. Do you, including your executives, employees, or contractors, have knowledge or information of any act, error, omission, breach of duty, cease and desist letter, alleged breach of intellectual property rights, or any other circumstance which might reasonably be expected to give rise to:
- a. a claim made against you? Yes ☐ No ☐
- b. a first party loss, including but not limited to a data breach, extortion threat, or other incident? Yes ☐ No ☐
- c. a loss of money, securities, or property due to social engineering, fraud, or other criminal acts? Yes ☐ No ☐
- d. If Yes to any of the above, please specify details (attach additional information).
30. Are you aware of any release, loss, or disclosure of Personally Identifiable Information in your care, custody, or control during the last three years? Yes ☐ No ☐
If Yes, please specify details (attach additional information).
31. Are you aware of any known network intrusion or denial of service attack during the last three years? Yes ☐ No ☐
If Yes, please specify details (attach additional information).
32. Have you or any of your predecessors in business, subsidiaries, affiliates, or any of your principals, directors, officers, partners, professional employees, or independent contractors ever been the subject of a regulatory action as a result of the handling sensitive data, including a civil investigative demand, consent order, or investigation by an Attorney General or other industry body? Yes ☐ No ☐
If Yes, please specify details (attach additional information).
33. During the past five years, have any claims been made or legal action brought against you or your executives, employees, or contractors, or any related entities for which coverage is desired or any predecessors in business, subsidiaries, affiliates or any principal, director, officer, or employee? Yes ☐ No ☐
If Yes, please specify details (attach additional information).

34. Have you reported any of the matters listed in Claims Details Questions 29 through 33 to your current or former insurance carrier?

Yes ☐ No ☐

If Yes, please specify details (attach additional information).

It is understood and agreed that with respect to the claims details questions above, if such knowledge of information exists, any claim or action arising there from is excluded from this proposed coverage.

APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

Please read the following statement carefully and sign where indicated in the Applicant Information section below:

The undersigned Applicant (or their representative authorized to sign on their behalf) 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 Applicant (or their representative authorized to sign on their behalf) hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO COMMITS A FRAUDULENT INSURANCE ACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES AND CONFINEMENT IN PRISON. A FRAUDULENT INSURANCE ACT MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER,

PURPORTED INSURER OR INSURANCE AGENT OR BROKER, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR INSURANCE, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT UNDER AN INSURANCE POLICY, WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY MATERIAL FACT THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO 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 OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicant Information:

Applicant Name:

By (Authorized Signature):

Name/Title:

Date:

Producer Information:

Producer Name:

* Producer Signature:

Date:

Address of Producer:

Street:		
City:	State:	Zip:
E-Mail Address:		

** Producer License Number:

* required only in the following State(s): Iowa
** required only in the following State(s): Florida