

NOTICE

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WHICH, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS LOSSES AS DEFINED IN EACH APPLICABLE COVERAGE PART, REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

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PART I - To Be Completed By All Applicants

1. a. The Company to be named in Item 1 of the Declarations (the "Company"):

b. Street Address:

City: _____ State: _____ Zip Code: _____
(Do not use P.O. Box)

Telephone: (____) _____ - _____ Website: _____

c. Officer designated to receive correspondence and notices from the Insurer:

_____ (Name of Officer) _____ (Title)

2. During the last 12 months:

a. Has the Company or any Subsidiary filed a registration statement with the Securities and Exchange Commission? Yes [] No []

b. Has the Company or any Subsidiary been involved in any merger, consolidation, acquisition, tender offer, or divestment or sale of its stock in excess of 10% of the total stock outstanding? Yes [] No []

If "Yes" to any of the above, provide details: _____

3. Within the last 12 months have the Company's outside auditors stated that there are any material weaknesses in its system of internal controls?..... Yes [] No []

If "Yes", provide details: _____

4. Provide the dates of the last 3 regulatory exams for the Company and each **Subsidiary**, along with the name of the examining agency: _____

5. Within the last 5 years has the Company or any **Subsidiary** received a Cease and Desist Order from, or entered into any other type of written agreement concerning its operations with, any regulator? Yes No

If "Yes," please attach full details.

6. Please provide the following insurance information:

	<u>Limit</u>	<u>Carrier</u>	<u>Expir. Date</u>
a. Fidelity Bond:	_____	_____	_____
b. General Liability:	_____	_____	_____
c. E&O:	_____	_____	_____
d. Directors' and Officers' Liability:	_____	_____	_____
Amount of Premium:_____	Amount of Retention(s): _____		
e. Has any previous Directors' and Officers' liability insurer indicated an intent not to offer renewal terms?			Yes <input type="checkbox"/> No <input type="checkbox"/>
f. During the last 3 years, has the Company made any Claim in excess of \$100,000 under its financial institution bond?			Yes <input type="checkbox"/> No <input type="checkbox"/>

If "Yes," provide details:

7. During the last 3 years have any of the **Insureds** been involved in:

- a. any anti-trust, copyright or patent litigation? Yes No
- b. any civil or criminal action or administrative proceeding charging a violation of any federal, state or local law or regulation? Yes No
- c. any representative actions, class actions or derivative suits? Yes No
- d. any other material litigation? Yes No
- e. any regulatory action, agreement order or memorandum? Yes No
- f. any **Claim** or notice of any potential **Claim** made under any Directors' and Officers' liability policy? Yes No

If "Yes" to any of the above, please attach full details.

8. Please indicate the type of ownership structure:

Stock Ownership

- a) Are there any shareholders who own greater than 5% of the company Yes No
- b) If YES, do these shareholders have board representation? Yes No
- c) What percentage of the company do its Directors and Officers own? _____

Mutual Insurance Company

- a) Is the company converting, or does it plan on converting within the next twelve months, to a Mutual Holding Company or undertaking a full demutualization? Yes No
- If YES, please explain: _____

Please attach any Notice of Annual Meeting to Stockholders within the last twelve months and the current indemnification provisions of the charter and bylaws. If the Company is not publicly traded, please submit audited financial statements for the last three years.

PART II - OUTSIDE DIRECTORSHIP LIABILITY (INDIVIDUAL) - FOR-PROFIT
Only For Applicants Seeking Coverage A.5.

9. Please attach a schedule setting forth (i) the name and address of the **For-Profit Other Entity**, and (ii) any litigation pending during the last three years against any of the directors and officers of the **For-Profit Other Entity**. If the **For-Profit Other Entity** is not publicly traded, please submit audited financial statements for the last three years.

ALL APPLICANT MUST COMPLETE AND SIGN PART VII

**PART III - EMPLOYMENT PRACTICES LIABILITY -
Only For Applicants Seeking Coverage B.**

10. During the last 3 years have any of the **Insureds** been involved in any employment or labor related litigation?..... Yes No
If "Yes", please attach details.
11. During the last 3 years have any of the **Insureds** been involved in any administrative proceeding before:
a. the Equal Employment Opportunity Commission?..... Yes No
b. the U.S. Department of Labor including the Office of Federal Contract Compliance Programs ("OFCCP")? Yes No
c. any state or local government agency whose purpose is to address employment-related **Claims**? Yes No
If "Yes" to any of the above, please state the number of each type of proceeding and, for each proceeding which has or is expected to exceed \$75,000 in loss (including **Defense Costs**), attach details.
12. Are any of the **Insureds** currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment?..... Yes No
If "Yes", please attach a copy.
13. State the following:
a. Total number of **Employees** currently: _____; 1 year ago: _____; 2 years ago: _____
b. Total number of **Employees** in each of the following jurisdictions: California: _____; Texas: _____; Florida _____; District of Columbia: _____
c. Total number of **Employees** outside the U.S. _____
d. Percentage of **Employees** that have turned over in the last year: _____; previous year: _____
14. a. Has the Company had any layoffs, staff reductions, facility closings or consolidations during the last 3 years which resulted in termination of more than 5% of the work force at any one business location?..... Yes No
b. Has the Company publicly announced its intention to conduct in the future any such layoffs, staff reductions, facility closings or consolidations? Yes No
If "Yes" to either question, please attach details.
15. a. Does the Company use outside employment counsel for employment advice? Yes No
If "Yes", whom? _____
If "No", who is responsible for employment advice and defense? _____
b. Does an attorney with expertise in employment and labor law at least annually review the Company's human resources documents, guidelines, procedures and update thereto? Yes No
If "No", who is responsible for review? _____
16. a. Is the Company a federal contractor subject to Executive Order 11246? Yes No
If "Yes", please attach details of the results of any compliance review or investigation by OFCCP in the last three years.
17. Does the Company have written guidelines or procedures for addressing human resource or personnel management in the following areas:
a. Hiring/interviewing? Yes No
b. Employee at will statement and employee contract disclaimer?..... Yes No
c. Performance appraisal? Yes No
d. Discipline?..... Yes No
e. Discharge?..... Yes No

- f. Accommodating the disabled? Yes No
- g. Non-union grievance procedure? Yes No
- h. Sexual harassment? Yes No
- i. Use of Company electronic mail, voice mail and Internet access? Yes No
- Do all **Employees** receive a copy of these guidelines or procedures? Yes No

- 18. Does the Company have a full-time human resources manager? Yes No
If "Yes", what is the person's name and title? _____

- 19. Do persons supervising **Employees** receive updated information and training on human resources issues, including performance appraisals, discipline and workplace harassment, at least annually? Yes No

- 20. a. When an **Employee** is discharged, is officer approval required and are human resources personnel directly involved? Yes No
- b. Is an attorney consulted prior to discharging an **Employee**? Yes No
- c. Does the Company provide in references for former **Employees** any information other than dates of employment, title(s) and compensation? Yes No
- d. Does the Company have an agreement or policy requiring **Employees** to arbitrate all employment-related **Claims**? Yes No

- 21. Does the Company have a formal out-placement program for **Employees** terminated as a result of downsizing, layoffs or reduction-in-force? Yes No

- 22. Previous Employment Practices Liability Insurance (answer each item):
 - a. Carrier's Name: _____ Limit: \$ _____
Premium: \$ _____ Retention(s): _____
Policy Period: _____
 - b. Will the extended reporting period be exercised for the most recent Employment Practices Liability Insurance? Yes No
 - c. Has the carrier under any previous Employment Practices Liability Insurance policy indicated an intent not to offer renewal terms? Yes No

Attach a copy of the following:

- **Current employee handbook**
- **Current employment application form(s)**
- **Employment termination procedures**
- **Most recent EEOC-1 reports for consolidated Company, headquarters and facilities over 1,000 Employees**

Part III of this **Application** must be signed by the person responsible for human resources management.

Signed: _____
 Title: _____
 Corporation: _____
 Date: _____

ALL APPLICANTS MUST COMPLETE AND SIGN PART VII

**PART IV - FIDUCIARY LIABILITY -
Only For Applicants Seeking Coverage C.**

23. By attachment to this **Application**, provide a copy of the most recent 5500 Form and actuarial report for each **Plan** for which coverage is sought.
24. Are benefits under any **Plan** provided exclusively through guaranteed benefit insurance policies or annuity contracts? Yes No
If "Yes", please provide name of insurance company and briefly describe type of **Plan**: _____

25. Within the last 3 years has any **Plan** loaned money to, or invested in, the securities of the Company or its affiliates? Yes No
If "Yes", please provide details including percentage of holdings: _____
26. Have current **Plan** assets been borrowed by or loaned or pledged to any party in interest? Yes No
If "Yes", please provide details: _____

27. Is **Plan** administration reviewed periodically to assure that there are no violations of the prohibited transactions or party-in-interest rules of the Employee Retirement Income Security Act of 1974 and amendments thereto ("ERISA")? Yes No
If "No", please explain: _____
28. Has any **Plan** invested more than 10% of its assets in any corporation or partnership? Yes No
If "Yes", attach a list of such investments.
29. Within the last 3 years, has any **Claim** been made against any **Plan**, any fiduciaries or administrators (as defined in ERISA) of the Company in connection with any **Plan**? Yes No
If "Yes", please attach details.
30. a. Do all **Plan(s)** currently comply with ERISA? Yes No
b. Is written documentation of meetings and discretionary decisions by fiduciaries maintained? Yes No
c. Are market values used to determine the equity of the **Plan(s)**, as required by ERISA? Yes No
d. Is a report to all participants about the performance of the **Plan(s)** issued annually? Yes No
e. Has affirmative action been taken to see that all fiduciaries are aware of their responsibilities and obligations under ERISA? Yes No
If "No" to any of the above, please attach details.

31. Previous Fiduciary Liability insurance (answer each item):

a. Carrier's Name: _____ Limit: \$ _____

Premium: \$ _____ Retention(s): _____

Policy Period: _____

b. Has any **Claim** been made under the policy or has notice of potential **Claim** been given to the insurer?..... Yes No

c. Will the extended reporting period be exercised for the most recent Fiduciary Liability insurance?..... Yes No

d. Has the carrier under any previous Fiduciary Liability insurance policy indicated an intent not to offer renewal terms? Yes No

If "Yes" to any of the above, please provide details: _____

ALL APPLICANT MUST COMPLETE AND SIGN PART VII

PART V - INSURANCE COMPANY PROFESSIONAL LIABILITY
Only for Applicants Seeking Coverage D

32. Type of Insurance Company(ies) in Group:
- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| Property & Casualty: | <input type="checkbox"/> | Life, Accident & Health: | <input type="checkbox"/> |
| Title Insurance: | <input type="checkbox"/> | Others: | <input type="checkbox"/> |

33. Indicate which of the following **Professional Services** you currently provide, offer or plan to offer to policyholders and non-policyholders, either directly (through one or more **Subsidiary**), or indirectly (through non-owned agents and/or independent contractors). :

<u>Professional Service</u>	<u>Approximate Percentage of Entity's Revenue</u>
<input type="checkbox"/> Actuarial Consulting	_____ %
<input type="checkbox"/> Claims Handling & Adjusting	_____ %
<input type="checkbox"/> Data Processing	_____ %
<input type="checkbox"/> Personal Injury Rehabilitation Services	_____ %
<input type="checkbox"/> Premium Financing	_____ %
<input type="checkbox"/> Safety Inspection/Loss Control	_____ %
<input type="checkbox"/> Salvage and Subrogation	_____ %
<input type="checkbox"/> Insurance Agency/Broker Operations	_____ %
<input type="checkbox"/> Third Party Administrator	_____ %
<input type="checkbox"/> Financial Planning	_____ %
<input type="checkbox"/> Investment Advisory Services	_____ %
<input type="checkbox"/> Mutual Fund Operations	_____ %
<input type="checkbox"/> Pension Consulting	_____ %
<input type="checkbox"/> Asset Management	_____ %

34 **Claims Handling & Adjusting**

a. Total number of **Claims** handled as of most recent year-end:

	<u>Most Recent Year</u>	<u>Prior Year</u>
Liability:	_____	_____
Property:	_____	_____
Life/Annuity:	_____	_____
Accident & Health:	_____	_____
Other:	_____	_____

b. Is the Company's **Claims** handling and adjusting Centralized (all **Claims** are handled in Home Office) or Decentralized (**Claims** are handled both in the Field and in Home Office)?

c. Percentage of **Claims** adjusting performed by outside firms: _____ %

d. Are the Applicant's agents granted authority to settle **Claims**? Yes No

35. Safety Inspection and Loss Control

- a. Loss Control/Safety Engineering Services are provided to:
 Policyholders Non-Policyholders (Annual Revenue: \$_____)
- b. Total number employed: Loss Control Representatives _____
 Safety Engineers: _____
- c. Total number of annual surveys/inspections performed as of most recent year-end:
 Engineering Surveys: _____
 Loss Control Inspections: _____
- d. What types of inspections/loss control does the company perform? _____

36. Personal Injury Rehabilitation

- a. Personal Injury Rehabilitation Services are provided to:
 Policyholders Non-Policyholders (Annual Revenue: \$_____)
- b. Total number of personal injury rehabilitation specialists employed: _____
- c. Percentage of rehabilitation services performed by outside firms: _____%

37. Premium Finance

- a. Premium finance services are provided to:
 Policyholders Non-Policyholders (Annual Revenue: \$_____)
- b. Percentage of premium finance services performed by outside firms: _____%

38. Insurance Pool Management/Captive Management

- a. Are management services provided to insurance pools and/or captive insurance companies in which the Company and the **Subsidiaries** do not participate?: Yes No
- b. Please check ALL services provided to the pool and/or captive by the Company and the **Subsidiaries**:
 Actuarial Consulting Claims Handling & Adjusting
 Data Processing Personal Injury Rehabilitation Services
 Premium Financing Safety Inspection/Loss Control
 Salvage and Subrogation Other (Describe): _____

39. Other Third-Party **Professional Services**

For the below listed third-party services, answer ONLY if the Company or any **Subsidiary** provides these services to non-policyholders:

- a. Actuarial Consulting Services
(i) Annual Revenue: \$ _____
(ii) Primary Customer for Service: Insurance Companies Captives/PGs/RRGs
 Self-Insured Programs/METs Other
(iii) Actuarial Services Provided: Loss Reserve Analysis/Certification Other

- b. Electronic Data Processing
(i) Annual Revenue: \$ _____
(ii) Primary Customer for Service: Insurance Companies Captives/PGs/RRGs
 Self-Insured Programs/METs Other

- c. Salvage and Subrogation

- (i) Annual Revenue: \$ _____
- (ii) Primary Customer for Service: Insurance Companies Captives/PGs/RRGs
 Self-Insured Programs/METs Other

40. If the Company is a Life Insurance Company, is it currently, or does it plan on becoming, a member of IMSA?
 Yes No

If YES, what operational, management or procedural changes were or are going to be made to bring the Company into compliance with IMSA?

41. If the company is a Life Insurance Company, please answer the following Sales and Marketing conduct issues:

a. Does the applicant currently, or have they, utilized or allowed the use of illustrations which use the term "vanishing", "vanishing premium" or other terminology that implies the policy becomes paid up? Yes No

b. Has the applicant received any indication of potential policyholder action regarding sales practice/market conduct issues?..... Yes No

If YES, please explain:

c. Does the applicant's marketing materials currently comply with the NAIC Sales Illustration Model Regulation standards? Yes No
 If NO, what corrective procedures need to be implemented in order to be in compliance?

42. Vicarious Liability from Agents

a. Does the Company maintain educational/professional/personnel qualifications for a person to become an agent of the Company? Yes No
 If YES, what are these requirements: _____

b. Does the Company require that the agents purchase Individual E&O coverage (either on their own or through the Company)? Yes No
 If YES, who provides the coverage? _____

c. What Corporate supervisory procedures are in place to monitor independent agent activity? How often does the company audit its agency force? _____

43. **Claims History**

- a. Have any Professional Liability (E&O) judgments, settlements, payments, **Claims** or suits seeking punitive or exemplary or extra contractual damages been made during the past five years against the Company or any of its past or present directors, officers, employees or any predecessors in business?Yes No

If YES, please provide the following information for each judgment, settlement, payment, **Claim** or suit made in the past five years:

- 1) The date the underlying **Claim** was reported to the Company
- 2) The date the E&O action was made against the Company
- 3) A narrative of the facts and circumstances which led to the E&O action against the Company
- 4) The current status of the E&O action, and the following information

• **If OPEN:**

- a. The current demand by the plaintiff for:
Contractual Damages
Extra Contractual Damages
Punitive/Exemplary Damages
- b. The current reserve established for the Claim

• **If CLOSED:**

- a. Date of judgment or settlement
- b. The judgment, settlement or payment made for:
Contractual Damages
Extra Contractual Damages
Punitive/Exemplary Damages
Defense Expenses

- b. Is there a separate unit to monitor ECO/Bad Faith Matters?.....Yes No

- c. What are the Company's procedures for handling, assessing and monitoring E&O-related threats (i.e. demands, threats or non-suited matters which allege bad faith or E&O which seek Extra-contractual or Punitive damages)?
-
-

ALL APPLICANTS MUST COMPLETE AND SIGN PART VII

PART VI - BOND COVERAGE
Only for Applicants Seeking Coverage E

44. Coverage Requested:

<u>Insuring Agreement:</u>	<u>Single Loss Limit of Liability</u>	<u>Deductible(s)</u>
1. Fidelity	_____	_____
2. ERISA/Plan	_____	_____
3. Property	_____	_____
4. Financial Documents	_____	_____
5. Computer/Funds Transfer	_____	_____
6. Claims Expense	_____	_____
 Aggregate Limit of Liability	_____	
No. of Employees	_____	
No. of Agents / Registered Representatives	_____	
No. of Draft Signers	_____	
No. of Third Party Administrators	_____	
Locations (Domestic / Foreign)	_____	

45. External Audit:

1. Is there an annual audit by an independent CPA?.....Yes No
 a) If "Yes", by whom?_____
 b) If no, please attach an explanation.

2. Are the audits complete and unqualified?.....Yes No
 (If no, please attach an explanation.)

3. Are all locations and entities audited?.....Yes No
 (If not, please attach description of the extent of your audit.)

4. Have you changed CPAs in the past three (3) years?.....Yes No
 (if yes, please attach an explanation.)

5. Does the CPA provide a Management Letter?.....Yes No
 (If yes, please include most recent copy and applicant's response to the letter.)

46. Internal Audit:

1. Is there an Internal Audit Department responsible for the oversight and review of internal audit programs for all business operations?.....Yes No
 (If no, please attach an explanation of how this function is fulfilled.)

2. How many people are employed in the Internal Audit Department?_____

3. To whom does the Internal Audit Department report?_____

4. How often are full internal audits made of all locations?_____

5. How often are agents/registered representatives audited?_____

47. Controls:

1. Do you require annual vacations of at least two consecutive weeks for all personnel?..... Yes No
 a) If "no ", explain _____

2. Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from origination to posting by one person?.....Yes No
 a) If "no ", explain _____

3. Is there a formal, planned program requiring the rotation of duties of key personnel without prior notice thereof?.....Yes No
 a) If "no ", explain _____

4. Are bank accounts reconciled by someone not authorized to deposit or withdraw?.....Yes No
 a) If "no ", explain _____

5. Is countersignature of checks required?.....Yes No
 a) If "no ", explain _____

48. **Loss** Information:

Please provide the following information for ANY **Loss(es)** discovered during the past five (5) years which involve, or potentially involve, peril of the type covered by the policy.

Cause of Loss	Date Discovered	Gross Amount of Loss (Actual or Estimated)	Amount Received from Insurance Less Salvage	Deductible at Time of Loss	Location , if other than Main Office

Please attach the following supporting documentation when submitting this Application:

- Annual Report
- Audited Financial Statement
- 10K
- Management Letter and Management's Response thereto.

ALL APPLICANTS MUST COMPLETE AND SIGN PART VII

PART VII - To Be Completed By All Applicants

49. None of the **Insureds** is responsible for or has knowledge of any **Wrongful Act** or fact, circumstance or situation which (s)he has reason to suppose might result in a future **Claim**, except as follows (If answer is "None", so state.):

It is agreed by all concerned that if any of the **Insured Persons** or **Employees** is responsible for or has knowledge of any **Wrongful Act**, fact, circumstance, or situation which s(he) has reason to suppose might result in a future **Claim**, whether or not described above, any **Claim** subsequently emanating therefrom shall be excluded from coverage under the proposed insurance as to (i) such of the **Insured Persons** or **Employees** and (ii) the Company, **Subsidiaries** and the **Plan** if such **Insured Persons** are **Executive Officers**. The responsibility or knowledge of any individual shall not be imputed to any other individual for the purposes of determining the availability of coverage.

50. It is declared that this **Application** and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy) are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
51. The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from all of the **Insureds** 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, and this **Application** will be attached to and become part of such Policy. The undersigned agrees 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.
52. 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.

The undersigned acknowledges that he or she is aware that **Defense Costs** reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any **Loss** (which includes **Defense Costs**) in excess of the applicable Limits of Liability.

This **Application** must be signed by the Chairman of the Board, the Chief Executive Officer or by the President.

Signed: _____

Title: _____

Corporation: _____

Date: _____

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

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT 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 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 AGENCIES.

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

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

NOTICE TO MINNESOTA APPLICANTS: A 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 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 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 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: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURY, 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.

This **Application** must be signed by the Chairman of the Board, the Chief Executive Officer or by the President.

Signed: _____

Title: _____

Corporation: _____

Date: _____

A POLICY CANNOT BE ISSUED TO NEW YORK RESIDENTS UNLESS THE **APPLICATION** IS PROPERLY SIGNED AND DATED ABOVE.

Please submit this **Application**, when completed, signed and dated, to:

CNA
FINANCIAL INSURANCE
180 MAIDEN LANE, 15TH FLOOR
NEW YORK, NY 10038