



FREEDOM SPECIALTY
INSURANCE COMPANY®
a Nationwide Insurance® company

Freedom Specialty Insurance Company
7 World Trade Center, 37th Floor
250 Greenwich Street
New York, NY 10007-0033

**FREEDOM 360°
PRIVATE COMPANY PACKAGE POLICY APPLICATION**

Please answer all questions and submit all requested information. Terms appearing in bold in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. The **Insurer** will hold this **Application**, including all materials submitted herewith, in confidence. Whenever used in the **Application**, the term "**Applicant**" shall mean the **Parent Organization** and any of its **Subsidiaries**. Please complete the "General Information" section of the **Application** and any other section of this **Application** for which coverage is sought.

In addition to answering the following questions, the **Applicant** must provide a copy of all requested items specified in any of the questions below, plus: 1) a copy of the past two years audited financial statements; and 2) three years prior loss history for any coverage for which the **Applicant** is applying. Please also attach a copy of the following for any coverage for which the **Applicant** seeks: 1) For employment practices liability insurance, please attach a copy of the **Applicant's** employee handbook, most recent EEO-1 filing, and employment application; and 2) For fiduciary liability insurance, please attach a copy of the **Applicant's** most recently filed Form 5500s for All ERISA plans (Except Health and Welfare Plans), audited financial statements with investment portfolios for the five largest ERISA plans, and plan descriptions and financial statements for any non-qualified plans, if applicable.

A. GENERAL INFORMATION

Please answer all questions in this General Information Section.

1. Applicant's Information

Company Name (**Applicant**): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website Address: _____

2. Applicant's Contact Information

Name: _____ Title: _____

Phone: _____ E-mail: _____

3. Applicant's Organizational Information

a. Provide a brief description of the **Applicant's** business: _____

b. Date **Applicant** Established/Incorporated: _____

c. **Applicant's** Organizational Structure (Corporation, Partnership, etc.): _____

d. NAIC Code: _____

e. SIC Code: _____

f. **Applicant's** Ticker Symbol (if applicable): _____

g. Does the **Applicant** desire coverage for entities that are more than fifty percent (50%) owned, or joint ventures that are at least fifty percent (50%) owned? Yes No

If "Yes," please attach a list of all such entities, including the percentage of ownership, nature of business and date acquired or created.

h. Does the **Applicant** desire coverage for entities outside the United States? Yes No

If "Yes," please complete and attach the International Entity Supplement.

4. **Financial Information**

a.

	Current Year	Prior Year	Two Years Prior
Current Assets	\$	\$	\$
Inventories	\$	\$	\$
Current Liabilities	\$	\$	\$
Cash Flow from Operations	\$	\$	\$
Revenue	\$	\$	\$
Net Income	\$	\$	\$

b. Has an auditor recommended a “going concern” opinion of the **Applicant’s** finances within the past three years? Yes No

If “Yes,” please attach such opinion to this **Application**.

c. Has the Applicant filed for bankruptcy within the past year? Yes No

d. Does the Applicant anticipate filing for bankruptcy within the next year? Yes No

5. **Insurance Information**

a. Current/Expiring Insurance—please provide the following information concerning your current/expiring insurance. If none, please mark as “N/A.”

Name of Insurance Provider: _____

	Directors & Officers and Entity Liability	Employment Practices Liability	Fiduciary Liability	Crime
Limit of Liability				
Retention Amount				
Effective Dates				

b. Has any insurance provider refused, canceled or non-renewed any insurance coverage sought within this **Application** in the past five years? Yes No

If “Yes,” please attach details of the circumstances of such refusal, cancellation or non-renewal.

****Missouri Applicants need not reply****

c. Requested terms of coverage for this **Application**:

	Directors & Officers and Entity Liability	Employment Practices Liability	Fiduciary Liability	Crime
Limit of Liability:				
Retention Amount:				
Effective Dates:				

6. **Merger and Acquisition Related Activity**

If the answer to any of the following questions in this section is “Yes,” please attach details to the **Application**.

a. Has the **Applicant** revealed within the past two years, or does it anticipate that within the next year it will be involved in any:

(1) Acquisition, consolidation, or merger with any other entity? Yes No

(2) Tender offer, acquisition or disposition of any stock, assets or interest in any other corporation, partnership or joint venture? Yes No

(3) Termination, rescission or declination of any acquisition, merger, tender offer or divestiture? . Yes No

(4) Sale, distribution or divestiture of any assets or stock other than in the ordinary course of business? Yes No

b. Has the **Applicant** merged with or acquired any other organization in the last five years? Yes No

If "Yes," please check one of the following:

The acquisitions represented less than five percent (5%) of the **Applicant's** total assets or revenues.

The acquisitions represented between five percent (5%) and fourteen and nine-tenths percent (14.9%) of the **Applicant's** total assets or revenues.

The acquisitions represented between fifteen percent (15%) and twenty-five percent (25%) of the **Applicant's** total assets or revenues.

The acquisitions represented greater than twenty five percent (25%) of the **Applicant's** total assets or revenues.

c. Within the past three years, has any regulatory agency denied, or indicated they would deny, any contemplated merger, acquisition or divestment? Yes No

7. Cyber Security Related Activity

a. Does the **Applicant** have a security policy which describes protection of physical and IT assets, acceptable use of those assets and enforcement for non-compliance? Yes No

b. Are the **Applicant's** security policies reviewed and updated (if necessary) on an annual basis? Yes No

c. Is the **Applicant** currently insured under a cyber insurance policy? Yes No
If "Yes," please provide the name of the insurance carrier, the limits of liability and any deductible or retention amount:

8. Applicant's Prior Loss/Claim History

If the answer to any of the following questions in this section is "Yes," please attach the details of any such matters to this **Application**, together with any disposition, settlement or judgment amount and associated defense costs.

a. Within the last three years, has the **Applicant** or any of its directors, officers or employees, in their respective capacities as such, or any person proposed for this insurance, been the subject of or involved in any:

(1) Civil or criminal action or litigation? Yes No N/A

(2) Administrative or regulatory proceeding or investigation, including, without limitation any audit or review by the Office of Federal Contract Compliance Programs (OFCCP)? Yes No N/A

(3) Class or representative action or derivative lawsuits? Yes No N/A

(4) Lawsuits or administrative action initiated by the Equal Employment Opportunity Commission (EEOC), National Labor Relations Board (NLRB), U.S. Department of Justice (DOJ), U.S. Department of Labor (DOL) or any government agency whose purpose is to enforce employment related or discrimination matters? Yes No N/A

(5) Lawsuits or administrative action concerning discrimination or harassment of third parties? Yes No N/A

(6) Written demand seeking damages or equitable relief? Yes No N/A

b. Has any person or entity proposed for this insurance 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 N/A

(1) Does any person or entity proposed for this insurance 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 the proposed insurance? Yes No N/A

*****As to the above questions, the Applicant hereby acknowledges that if any such proceeding, litigation, demand, notice, knowledge or information exists, then any such proceeding, litigation and demand, and any claim that may arise from any such proceeding, litigation, demand, notice, knowledge or information is excluded from coverage under this proposed insurance*****

B. DIRECTORS AND OFFICERS AND ENTITY LIABILITY INFORMATION

Please answer the questions, below, if the **Applicant** seeks coverage for Directors and Officers and Entity Liability.

1. Applicant's Ownership and Management Information

- a. Number of common shares outstanding: _____
- b. Number of common shareholders: _____
- c. Number of shares held by directors or officers: _____
- d. Name and title of all directors and officers, with years of service as a director or officer, and percent of shares owned:

Name and Title	Years as Director	Years as Officer	% of Shares Owned

If any of the directors or officers wholly or partly own any other organization, or serve as a director or officer for any other organization, please attach to this **Application** the details of any such relationship, including the name of the organization, the capacity of ownership or service and the number of years in that capacity

- e. Number of shares held by individuals or entities that are not directors or officers: _____
- f. Names and percent of shares owned by any shareholders holding, directly or beneficially, five percent (5%) or more of common shares that are not directors or officers. If applicable, please also provide the family relationship of the shareholder to any other director, officer or other shareholder of the **Applicant** (if none, please state as such):

Name	Family Relation	% of Shares Owned

- g. List all changes to the **Applicant's** Board of Directors or officers over the past three years or are anticipated in the next year, along with a brief description of the reason for such change:

Name and Title	Date or Expected Date of Departure	Reason for Departure

- h. Are any of the securities of the **Applicant** publicly traded? Yes No
If "Yes," please state the exchange on which they are listed:

2. Debt Related Activity

If the answer to any of the following questions in this section is "Yes," please attach details to the **Application**.

- a. Within the past year, has the **Applicant** been in breach of any debt covenant, loan agreement or contractual obligation? Yes No
- b. Does the **Applicant** have a portion of its debt purchased by the public? Yes No
If "Yes":
 - 1) What is the amount of such debt?\$ _____
 - 2) What is the Debt Rating of such debt?

- c. Within the last two years, has the **Applicant** filed or revealed any bankruptcy proceeding or legal or financial reorganization or arrangement with creditors under federal or state law? Yes No
- d. Within the next year, does the **Applicant** anticipate filing or revealing any bankruptcy proceeding or legal or financial reorganization or arrangement with creditors under federal or state law? Yes No

3. Securities Related Activity

If the answer to any of the following questions in this section is “Yes,” please attach details to the **Application**.

- a. Within the last two years, has the **Applicant** filed any registration statement with any government authority for any public or private offering of securities, or does the **Applicant** anticipate doing such filing within the next year? Yes No
- b. Within the past year, did the **Applicant** repurchase shares directly from its directors or officers? Yes No

4. Governance Related Activity

If the answer to any of the following questions in this section is “Yes,” please attach details to the **Application**.

- a. Within the past three years, has any auditor stated that there is a material weakness in the **Applicant’s** system of internal controls? Yes No
- b. Has the **Applicant** restated its financial statements in the past three years? Yes No
- c. Within the past three years, has the **Applicant** engaged in any transaction (other than a routine transaction in the ordinary course of business) with any proposed director, officer or employee, or with any other business entity that such persons are affiliated with? Yes No
- d. Within the past three years, has the **Applicant** engaged in any transaction (other than a routine transaction in the ordinary course of business) with any relative of any proposed director, officer or employee, or with any other business entity of such relative? Yes No
- e. Within the past three years, has the **Applicant** changed its corporate charter or bylaws concerning any of the following:
 - (1) Antitakeover provisions? Yes No
 - (2) Limiting the liability of directors or officers? Yes No
 - (3) Indemnifying directors or officers? Yes No

C. EMPLOYMENT PRACTICES LIABILITY INFORMATION

Please answer the questions, below, if the **Applicant** seeks coverage for Employment Practices Liability.

1. Applicant’s Human Resource Contact Information

Name: _____ Title: _____
 Phone: _____ E-mail: _____

2. Workforce Information

- a. Complete the following concerning the number and location of the **Applicant’s** employees, including all leased and temporary employees and volunteers for all **Subsidiaries** and other entities proposed for this insurance.

	Non-Union		Union		Independent Contractors
	Full-Time	Part-Time	Full-Time	Part-Time	
Total Employees:					
SPECIFY:					
CA:					
NY:					
FL:					
TX:					
All Other States:					
Foreign:					

- b. How many of the above employees are leased to the **Applicant**? _____

c. Provide the turnover rate for the **Applicant's** employees over the last three years:

Current Year	Last Year	Two Years Prior

d. Employee Salary Information—provide the percentage of employees that fall within the provided salary ranges.

Less than \$60,000	%
Between \$60,000-\$119,999	%
Between \$120,000-\$250,000	%
Greater than \$250,000	%

3. Anticipated or Actual Reductions in Force

a. Has the **Applicant** had any facility closing, consolidations, layoff or reductions in force of at least five percent (5%) of its workforce in the past three years?..... Yes No

If "Yes":

(1) Please state percent of workforce affected:..... %

(2) Did the **Applicant** analyze whether protected classes would be adversely impacted as a result of the reduction? Yes No

If "Yes," who performed this analysis?

(3) Were releases signed in exchange for a severance? Yes No

(4) Were there any officers or managers that were part of the layoffs? Yes No

(5) Please provide the percentage of employees that did not sign releases: %

(6) Please provide the percentage of officers and managers that did not sign releases: %

b. Within the next year, does the **Applicant** anticipate any facility closing, consolidations, layoff or reductions in force of at least five percent (5%) of its workforce?..... Yes No

If "Yes," what percent of the workforce is anticipated to be affected? %

4. Human Resource Functions, Policies and Practices

a. Training

(1) How often does the **Applicant** provide training to its managers and officers concerning the **Applicant's** anti-discrimination, anti-harassment policies and its HR policies and procedures? _____

(2) How often does the **Applicant** provide training to all other employees concerning the **Applicant's** anti-discrimination, anti-harassment policies and its HR policies and procedures? _____

(3) Please respond to the questions below concerning the **Applicant's** training requirements:

Subject	Training Required for Managers and Officers?	Training Required for All Other Employees?
Anti-discrimination, including USERRA and GINA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-harassment, sexual or otherwise	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-bullying	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee and corporate ethics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social and electronic media policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee privacy rights	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Retaliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability and Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Process for employees to report discrimination or harassment related incidents	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investigation process of reported incidents of discrimination or harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- (4) Does the **Applicant** track completion of all required training for its managers and employees? Yes No
- (5) Is the completion of required training a prerequisite for employees to obtain a “meets” or satisfactory performance review? Yes No

b. Handbook and Written Policies

- (1) Does the **Applicant** have an employee handbook that is distributed and acknowledged by all employees that they received such handbook? Yes No
- (2) If there is no employee handbook, does the **Applicant** have written employment policies and procedures in place that are distributed to all employees? Yes No N/A
- (3) How often does the **Applicant** update the employee handbook or its written employment policies?
 Annually Every two years Every three years After Employee Incidents
 Has never been updated
- (4) Are these updates distributed to all employees with an acknowledgement that they received them? Yes No N/A
- (5) Are the employee handbook and human resource materials and updates reviewed by internal or external employment counsel prior to distribution? Yes No N/A

c. Hiring Practices

- (1) Are all employees required to complete a uniform application prior to hire? Yes No
- (2) Does the **Applicant** use criminal background checks to screen applicants? Yes No N/A
 If “Yes,” at what stage in the employment application process does the **Applicant** utilize such checks?

- (3) Does the **Applicant** require pre-employment physicals for any particular positions? Yes No N/A
 If “Yes,” please attach to this **Application** a list of such positions that require pre-employment physicals.
- (4) Does the **Applicant** access social media (i.e., Facebook, etc.) content while evaluating a prospective employee? Yes No N/A
 If “Yes,” does the **Applicant** obtain the prospective employee’s written consent prior to accessing social media? Yes No N/A

d. Performance and Discipline

- (1) Does the **Applicant** provide written performance appraisals or reviews at least annually that are acknowledged and signed by the employee? Yes No N/A
- (2) Does the **Applicant** require its managers and human resource department to follow published, objective and consistent performance criteria for evaluating its employees? Yes No N/A
- (3) Are employees provided written performance improvement plans, if needed, and are such plans followed and documented? Yes No N/A
- (4) Does the **Applicant** consult with internal or external employment counsel consulted prior to disciplining or terminating an employee? Yes No N/A
- (5) Does the **Applicant** consult with its Human Resource Department prior to disciplining and terminating an employee? Yes No N/A
- (6) When did the **Applicant** last review its pay practices for possible inequities among protected classes in the workforce? _____

e. Complaints and Investigations

- (1) Does the **Applicant** have written procedures for handling complaints of discrimination and harassment? Yes No N/A

- (2) When does the **Applicant** initiate internal investigations into employee complaints? (Check one):
 When first hearing of an issue When a complaint is made to a manager
 When a complaint is made to HR
- (3) Does the **Applicant** initiate internal investigations into employee complaints upon receiving an EEOC complaint? Yes No N/A
- (4) Who performs the **Applicant's** internal investigations into employee complaints? (Please check ALL that apply):
 Manager of complainant Manager of any accused wrongdoer Human Resource Department
 In-House Counsel Outside third party investigator/counsel
- (5) Does the **Applicant** have a hotline for employees to make anonymous complaints concerning conduct in the workplace? Yes No N/A
- (6) Are discrimination and harassment reporting procedures listed in the:
Employee Handbook? Yes No N/A
Company/Human Resource Intranet? Yes No N/A
Postings in the workplace? Yes No N/A
- (7) Does the **Applicant** have all legally required notices appropriately posted in the workplace? Yes No N/A
- (8) Does the **Applicant** require arbitration to resolve employment disputes? Yes No N/A

5. Third Party Information

- a. Does the **Applicant** have written procedures for handling complaints from its customers and vendors about discrimination or harassment? Yes No N/A
- b. Does the **Applicant** require employee training concerning anti-discrimination and anti-harassment policies for its customers and vendors? Yes No N/A

D. FIDUCIARY LIABILITY INFORMATION

Please answer the questions below, if the **Applicant** seeks coverage for Fiduciary Liability.

1. Plan Information

- a. Please list the names and types of the **Applicant's** employee benefit plans. Please use the following codes for completing the Plan Type column: **CB** = Cash Balance; **DB** = Defined Benefit Plan; **DC** = Defined Contribution Plan; **EB** = Excess Benefit or Top Hat Plan; **ESOP** = Employee Stock Ownership Plan; **WB** = Welfare Benefit Plan. (Please attach additional pages to this **Application** if more space is needed.)

Plan Name	Plan Type	Year Established	Current Plan Assets	*Current Funded %	Total Current Plan Participants
			\$		
			\$		
			\$		
Total for All Plans:			\$		

* Please complete only for Defined Benefit Plans under the Pension Protection Act. If any such Plan is "At Risk," please indicate as such. If additional space is needed, please attach the additional information to this **Application**.

- b. Total value of the **Applicant's** stock held by all Plans: \$ _____
- c. For each Plan proposed for coverage, please provide the following information:

Plan Name	Trustee	Investment Manager	Plan Administrator

* If additional space is needed, please attach the additional information to this **Application**.

- d. Has any Plan or portion of any Plan been sold, transferred, merged or terminated in the past three years? Yes No
- e. Does the **Applicant** anticipate selling, transferring or terminating any Plan in the next twelve (12) months? Yes No

2. **Plan and Regulatory Compliance**

As to each Plan proposed for coverage:

- a. Does each Plan conform to the Plan agreements, ERISA and similar foreign laws, if applicable? Yes No
If "No," please attach details concerning each matter.
- b. Has each Plan been reviewed to assure that there are no violations of prohibited transactions and party-in-interest rules? Yes No
If "No," please attach details concerning each matter.
- c. Has an actuary certified within the past year that each Plan is adequately funded? Yes No
If "No," please attach details concerning each matter.
- d. Are there any outstanding delinquent contributions owed to any Plans? Yes No
If "Yes," please attach details concerning each matter.
- e. Has any Plan experienced an event reportable to the Pension Benefit Guaranty Corporation? Yes No
If "Yes," please attach additional pages to this **Application** providing complete details concerning each matter.
- f. Has the **Applicant** experienced within the past year, or does it anticipate experiencing within the next two years, any reductions in plan benefits? Yes No
- g. Has there been any assessment of fees, fines or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL, or other government authority against any Plan? Yes No

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 proposed **Insureds** to facilitate the proper and accurate completion of this **Application** for the proposed policy. Signing this **Application** does not bind the undersigned to purchase the insurance, but 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 compete, update or correct such information. In such event, the **Insurer** in its sole discretion may modify or withdraw any outstanding quotation. The **Insurer** shall maintain on file this **Application**, including material submitted therewith, which shall be considered to be physically attached to and part of the Policy, if issued. 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.

FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 policy holder 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.

WARNING TO 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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 RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: 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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____

AGENT NAME: _____ **AGENT LICENSE NUMBER:** _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

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

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, electronic signature, facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.