

AXIS[®] PRO

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AXIS PRO TechNet Solutions[™] Application

WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION:

DEFINITIONS –

The words **Applicant**, **You** and **Your** in this application refer individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in Item 1. above.

RETENTION –

The coverage the **Applicant** is applying for includes a retention applying to each wrongful act and to any combination of damages and claim expense.

CLAIM EXPENSE WITHIN THE LIMIT –

The policy form for which the **Applicant** is applying contains a provision that reduces the policy limit stated in the policy by the amount of claim expense paid by the Company.

APPLICATION FORMS PART OF POLICY –

The submission of this application does not obligate the **Applicant** to buy insurance nor is the Company obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the **Applicant's** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers, which may have affected the Company's decision to offer or bind coverage, could result in the offer being retracted or coverage being voided.

INSTRUCTIONS –

The purpose of this application is not only to provide the Company with underwriting and rating information, but more importantly, to help make certain the **Applicant** and the Company have a common understanding about what the policy, if issued, will cover and what it will not. Thank you for taking the time to provide complete and accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on the **Applicant's** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the **Applicant**.
4. Please also provide:
 - A. A recent brochure or similar material describing activities or services.
 - B. The **Applicant's** most recent financial statement or annual report.
 - C. Copies of standard contracts the **Applicant** enters into with clients.
 - D. Any other forms or materials which will provide the Underwriter with information about the activities or services the **Applicant** performs.

I. APPLICANT(S):

- 1. Name of entity completing this application:
Street Address:
City, State, Zip Code: Telephone Number:
- 2. Names of parent, subsidiary or affiliated entities for which coverage is desired. Provide a brief description and operations of each, including percentage of common ownership.
- 3. Please provide **Your** website address(es):
 - A. What steps were taken to insure that **Your** domain name(s) does/do not infringe on the intellectual property rights of others?
 - B. Are **You** aware of any potential or actual disputes over **Your** domain name(s) or domain names under **Your** control?
 Yes No If Yes, please explain:
- 4. Provide the year **You** began **Your** cyberspace activities: _____
- 5. In the past five years have any of **You** changed **Your** name, acquired, merged or consolidated with any entity? Yes No
If Yes, provide the following:
Name of entity:
Date of transaction:
Liabilities assumed:
- 6. Provide the number of:
Your Principals, Officers and Partners: _____
Your employees: _____
Your independent contractors: _____

II. ACTIVITIES OR SERVICES:

- 1. A. Describe the activities or services provided that **You** wish to insure:
- B. Please indicate the approximate percentages of **Your** operations derived from the following Internet services performed for others.
 - _____% Internet Advertising and Promotional Services
 - _____% Internet Marketing Services and Data Mining
 - _____% Application Service Provider Services
 - _____% Internet Access Only Services
 - _____% Web Page Development, Design and Consulting Services
 - _____% Website Hosting and Administration Activities
 - _____% Website Ownership Activities
 - _____% Blog, Bulletin Board, Chat, Forum or Newsgroup Operations and Services
 - _____% Cyberspace Software Development (Internet-related software)
 - _____% Interactive Electronic Environments and Virtual Communities Operations and Services
 - _____% Internet Content Provider Services (articles, photo, audio, etc.)
 - _____% Intranets, Extranets and Intra-Business Networks Management and Consulting Services
 - _____% Search Engines
 - _____% E-Commerce
 - _____% Other – Please describe:
- C. Please indicate the approximate percentages of **Your** total operations derived from the following Technology services performed for others.
 - _____% Technology Security Services and Consulting
 - _____% Electronic Data Processing
 - _____% Technology Consulting
 - _____% Custom Software Development
 - _____% Package Software Development
 - _____% Sale of Software on behalf of others
 - _____% Sale of Hardware on behalf of others (value-added resale)
 - _____% Time-Sharing
 - _____% Systems Analysis/Design/Integration/Migration/Consulting
 - _____% Outsourcing/Independent Contractor Provider
 - _____% Software Maintenance and Support Services
 - _____% Local/Long Distance/Cellular Service Provider
 - _____% Enterprise Resource/Risk Management
 - _____% Relational Database Systems
 - _____% Hardware or Components, Machinery, Equipment Installation, Maintenance & Support Services
 - _____% Design, Manufacture or Modification of Computer Hardware Components, Machinery & Equipment
 - _____% Other – Please describe:

D. Please indicate the approximate percentages of **Your** total operations derived from the following non-Internet and non-Technology services performed for others.

____% Other – Please describe:
 ____% Other – Please describe:

____% **TOTAL – THE COMBINED TOTAL OF THE PERCENTAGES GIVEN IN II.1.B., C. & D. MUST EQUAL 100%.**

2. Please indicate the percentages in each of the following areas in which **Your** software or services for others has major or primary applications. (Must total 100%.)

____% LAN/Network Management	____% Administrative
____% Accounting	____% Educational
____% Architectural (e.g. Model building/projection)	____% Imaging
____% Utilities/Oil & Gas Power/Nuclear Energy	____% Publishing
____% Database Management Systems/4GL	____% Office Automation
____% Scientific/Mathematical	____% Internet/Intranet/Extranet
____% Electronic Data Interchange	____% Telecommunications
____% Systems Security/Firewalls/Encryption	____% Medical
____% Banking/Financial/Funds Transfer	____% Fire, Security or other Emergency Applications
____% Environmental/Pollution	____% Government
____% Other – Please describe:	____% Total

3. Are **You** involved with computer-aided manufacturing (CAM), computer-aided engineering (CAE), computer-aided design/drafting (CAD) or real-time monitoring systems or software? Yes No

If Yes, provide a complete description of such activity, including end use of applications by client.

4. Briefly describe **Your** average customer contract:

<u>SIZE (REVENUE)</u>	<u>DURATION</u>	<u>SERVICE(S) PERFORMED</u>
	<u>(PLEASE SPECIFY WEEKS/MONTHS/YEARS)</u>	
\$		

5. Briefly describe **Your** five largest customer contracts during the past five years:

<u>NAME</u>	<u>SIZE (REVENUE)</u>	<u>DURATION</u>	<u>SERVICE(S) PERFORMED</u>
		<u>(PLEASE SPECIFY WEEKS/MONTHS/YEARS)</u>	
	\$		
	\$		
	\$		
	\$		
	\$		

III. FINANCIAL RESULTS AND PROJECTIONS:

1. Please provide the following information regarding **Your** gross revenues from the operations referenced in **Section II.1.B., C. & D.:**

A. DOMESTIC OPERATIONS

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross Revenue	\$	\$	\$
Gross Expenses	\$	\$	\$
Cost of Products/Goods	\$	\$	\$

B. FOREIGN OPERATIONS

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross Revenue	\$	\$	\$
Gross Expenses	\$	\$	\$
Cost of Products/Goods	\$	\$	\$

C. TOTAL REVENUE (FROM ALL REVENUE SOURCES)

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Domestic Operations	\$	\$	\$
Foreign Operations	\$	\$	\$

IV. CONTENT:

1. Type of content disseminated on-line (check all that apply):

<input type="checkbox"/> Entertainment/Games	<input type="checkbox"/> Law/Legal
<input type="checkbox"/> Cultural (art/music)	<input type="checkbox"/> Insurance
<input type="checkbox"/> Financial	<input type="checkbox"/> Database - Please specify subject:
<input type="checkbox"/> Medical	<input type="checkbox"/> Travel

- | | |
|--|--|
| <input type="checkbox"/> News | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Commentary/Editorial |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Children's Interest |
| <input type="checkbox"/> Software for downloading (applications) | <input type="checkbox"/> Advertising/Product Comparisons |
| <input type="checkbox"/> Other – Please describe: | |

2. Please indicate the percentage of content that is:
 - A. Original content created by **You** _____%
 - B. Original content created by others (third parties) for **You** _____%
 - C. Previously published, released or archived content to be republished by **You** and/or retrievable by **You** _____%
3. Have **You** obtained all the necessary rights, licenses, releases and consents applicable to all content designated in B. and C. of Question 2., above? Yes No If No, please explain:
4. Do **You** edit or review content created or provided to **You** by others? Yes No
5. Do those parties providing content to **You** indemnify the **Applicant**, in writing, for any claims arising out of the use of the content provided? Yes No
6. Describe **Your** policies and procedures for removing controversial or potentially defamatory or infringing material.
7. If **You** facilitate the uploading/downloading of content, including software, please describe in detail **Your** procedures regarding copyrighted material and the licensing of software.

V. INFORMATION GATHERING:

1. Do **You** collect user specific information (e.g. from site visitors)? Yes No
2. Do **You** share, sell or give this information to outside parties? Yes No
If Yes, is user permission obtained? Yes No
3. Do **You** employ a privacy disclosure statement on **Your** website(s)? Yes No
4. Do **You** perform privacy audits to make sure **You** are in compliance with **Your** privacy policy as set out in **Your** privacy disclosure statement? Yes No
 - A. If Yes, who performs the audit?
 - B. How frequently are the audits performed?
 - C. What actions have been taken to correct any unfavorable results?
5. Does **Your** content or software include any electronic information gathering (spyware/adware)? Yes No

VI. MARKETING AND ADVERTISING:

1. Do **You** send electronic mail, faxes and/or make telephone calls to third parties concerning the marketing, promotion and/or advertising of **Your** products and services? Yes No
2. Are permissions obtained from the recipients of all electronic mail, faxes and/or telephone calls regarding marketing, promotion and/or advertising of **Your** products and services? Yes No
3. If the answer is no to Question 2. above, what steps do **You** take to make certain that **You** are in compliance with federal and state telemarketing and anti-spam laws?

VII. SECURITY MEASURES:

1. Describe the security measures used to prevent unauthorized access to:
 - A. **Your** premises and facilities:
 - B. **Your** computer systems/servers entrusted to others:
 - C. **Your** computer systems/servers entrusted to employees:
 - D. **Your** computer systems/servers located on **Your** premises:
 - E. Computer systems/services of others in **Your** care, custody and/or control:
2. Describe the security measures used by **You** to protect confidentiality and integrity of data:

3. Advise technology **You** use for:
 - A. Encryption:
 - B. Authentication:
 - C. Anti-virus:
4. Do **You** perform security audits? Yes No
 - A. If Yes, who performs the audit?
 - B. How frequently are the audits performed?
 - C. What actions have been taken to correct any unfavorable results?
5. A. Do **You** have a formal, documented security policy? Yes No
 - B. Do **You** document that all employees have read and understand **Your** security policy? Yes No
6. In the last two years, have **You** experienced any security breaches? Yes No
If Yes, please explain and identify the steps taken to prevent future security breaches.
7. Backup of **Your** computer systems and data:
 - A. How often are backups performed?
 - B. Are backups stored off site? Yes No

VIII. RISK MANAGEMENT:

1. What do **You** see as **Your** potential exposures to liability for claims arising out of the activities or services **You** perform?
2. What safeguards do **You** employ to avoid these claims or reduce these exposures?
3. A. Do **You** have a written disaster recovery plan in place? Yes No
 - B. If **You** do have a disaster recovery plan in place, how often do **You** review the plan with **Your** employees?
4. A. Do **You** use written contracts or agreements related to the activities or services that will be provided? Yes No
 - B. Percentage of time agreements referenced in **Section VIII.4.A.** are used: ____%
 - C. Do **Your** contracts contain hold harmless or indemnity agreements for the benefit of:
 - (1) **You**? Yes No
 - (2) the other parties? Yes No
 - (3) both parties on a mutually beneficial basis? Yes No
 - D. Do **Your** contracts contain:
 - (1) guarantees or warranties by **You**? Yes No
 - (2) disclaimers to **Your** benefit? Yes No
5. Has a law firm experienced in **Your** field reviewed **Your**:

Contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Content?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. A. Is all of **Your** system and/or software design and development work for others documented and tested? Yes No
 - B. Is a standard test plan followed for all of **Your** system and/or software design and development work? Yes No
 - C. Does **Your** test plan include procedures for detection and correction of bugs, viruses, intrusions, security flaws or other anomalies? Yes No
 - D. Are **Your** clients responsible for determining the accuracy of test results? Yes No
 - E. Do **Your** clients provide written acceptance of the systems and/or software prior to production or implementation?
 Yes No
 - F. Do **You** retain design, development and testing documentation for the life of the systems and/or software? Yes No
If No, how long are these critical documents retained?
7. If bugs, viruses, intrusions, security flaws or other anomalies are discovered in systems and/or software **You** provide to others, what are **Your** procedures for determining affected users/licensees, notifying them of potential problems and providing necessary modifications?

8. Describe **Your** procedures to safeguard against potential copyright infringement arising out of:
- A. Systems and/or software designed or developed by **You** for others:
- B. Systems and/or software created by others and modified by **You**:
9. A. Do **You** use independent contractors or vendors for any of **Your** services? Yes No
- B. If Yes, what percentage of total revenues is attributable to independent contractor or vendor work? ____%
- C. Why do **You** use independent contractors or vendors?
- (1) As a regular supplement to staff? Yes No
- (2) For expertise that does not exist within **Your** operations for a particular project? Yes No
- (3) Other:
10. Describe in detail the type of services **Your** independent contractors or vendors provide.
11. Describe experience/qualification requirements for independent contractors or vendors.
12. Describe how **You** monitor and manage the quality of services performed by **Your** independent contractors or vendors.
13. Do **You** obtain certificates of insurance for **every** independent contractor or vendor **You** use showing coverage for Errors and Omissions or professional liability? Yes No
- Please provide sample copies of contracts used with independent contractors or vendors.

IX. CLAIMS EXPERIENCE:

1. Have any claims, suits or proceedings been made during the past five years against **You** or any of **Your** predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, sales persons or employees arising out of the activities described in this application? Yes No
- If Yes, complete a Supplemental Claim Information Form for each.
- THE POLICY FOR WHICH YOU ARE APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS, SUITS OR PROCEEDINGS MADE AGAINST YOU BEFORE THE INCEPTION DATE OF THE POLICY OR ANY SUBSEQUENT CLAIMS, SUITS OR PROCEEDINGS ARISING THEREFROM.**
2. Are any of **You** aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against **You** or any of the persons or entities described in **Section IX.1.** above? Yes No
- If Yes, please explain:
- THE POLICY FOR WHICH YOU ARE APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS THAT CAN REASONABLY BE EXPECTED TO ARISE FROM ANY ACTUAL OR ALLEGED FACT, CIRCUMSTANCE, SITUATION, ERROR OR OMISSION KNOWN TO ANY OF YOU BEFORE THE INCEPTION DATE OF THE POLICY.**
3. Have any of **You** or any of **Your** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? Yes No If Yes, please explain:

X. PRIOR OR CURRENT COVERAGE:

1. A. Provide the following information for similar insurance, if any, carried during the last five years:
- | <u>COMPANY</u> | <u>LIMIT</u> | <u>DEDUCTIBLE</u> | <u>PREMIUM</u> | <u>POLICY TERM</u> |
|----------------|--------------|-------------------|----------------|--------------------|
| | | | | |
- B. Advise current retroactive date:
(Please provide current declarations page.)
2. A. Provide the following information for Commercial General Liability coverage currently in force:
- | <u>COMPANY</u> | <u>LIMIT</u> | <u>POLICY PERIOD</u> |
|----------------|--------------|----------------------|
| | | |
- B. Does the policy referenced in **Section X.2.A.** include coverage for Products/Completed Operations hazards? Yes No
- C. Does the policy referenced in **Section X.2.A.** include coverage for Personal Injury and Advertising Injury? Yes No

XI. POLICY LIMIT/RETENTION:

1. Advise Policy Limit and Retention options for which **You** desire proposals:

<u>POLICY LIMIT</u>	<u>RETENTION</u>

XII. REPRESENTATIONS:

By signing this application, **You** agree that:

1. The statements and answers given in the application and any attachments to it are accurate and complete;
2. The statements and answers **You** furnish to the Company are representations **You** make to the Company on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the Company to provide a proposal for insurance;
4. Any policy the Company issues will be issued in reliance upon those representations;
5. **You** will report to the Company immediately, in writing, any material change in **Your** activities, services, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

WARNING

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

NAME (PLEASE TYPE OR PRINT)

NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER: Producer Name: City, State: Telephone No.:		WHOLESALE PRODUCER: Producer Name: City, State: Telephone No.:	
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NEW HAMPSHIRE SURPLUS LINES AGENT IDENTIFICATION NUMBER: _____

NOTE: AGENT/BROKER IS RESPONSIBLE FOR COLLECTION AND FILING OF ANY SURPLUS LINES TAXES AND FEES THAT MAY APPLY.

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 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 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 COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 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.

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 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.

SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

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 COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.