



## Technology Professional Advantage and Advantage Plus

### CLAIMS-MADE NOTICE

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO "CLAIMS" FIRST MADE AGAINST "YOU" DURING THE "POLICY PERIOD", AUTOMATIC EXTENDED REPORTING PERIOD OR ANY PURCHASED OPTIONAL EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

UNDERWRITTEN BY: THE HANOVER INSURANCE COMPANY

#### APPLICATION INSTRUCTIONS

Whenever used in this Application, the term **you** or **your(s)** or the Applicant shall mean the **Named Insured** and all subsidiaries, unless otherwise stated.

#### YOUR BUSINESS

- Name of Applicant: \_\_\_\_\_
- Address of Applicant: \_\_\_\_\_
- State of domicile or incorporation (if applicable): \_\_\_\_\_  
Number of continuous years in business: \_\_\_\_\_
- If you have ever operated under another name, please explain or indicate N/A: \_\_\_\_\_
- If you are controlled or owned by another business enterprise, please explain or indicate N/A: \_\_\_\_\_  
\_\_\_\_\_
- Please list your subsidiaries: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ %
- In the past 5 years, have you engaged in any mergers or acquisitions or have you sold or divested any assets (valued at 10% or more of your total assets at the time of sale or divestment)?  Yes  No  
If Yes, please explain: \_\_\_\_\_
- Please list your websites and the websites of your subsidiaries. (Include all URLs registered in your name or the name of your subsidiaries). If any of these website(s) have a password protected member's only/private area, also provide temporary passwords and log-in ID.  
Address \_\_\_\_\_ Password/Log in ID \_\_\_\_\_  
Address \_\_\_\_\_ Password/Log in ID \_\_\_\_\_

#### YOUR BUSINESS OPERATIONS

- Please provide your projected revenue and operating expenses for the next 12 months:  
Total Projected Revenue: \_\_\_\_\_  
Operating Expenses: \_\_\_\_\_
- If you provide products or services outside the United States, please provide the following:

Description of Products or Services	Countries	Percentage of projected revenue next 12 months
_____	_____	_____
_____	_____	_____

3. Do you provide any products or services not considered to be technology or telecommunication related? (Example: management consulting, marketing/advertising, broadcasting, printing, logistics consulting, engineering or legal services)  Yes  No  
 If Yes, please explain: \_\_\_\_\_
4. Please provide a general description of your business operations: \_\_\_\_\_

Please provide detailed information about your products or services and the products and services of your subsidiaries: (If there is not enough space to describe your products or service, please use an additional page.)

Description of Products or Services	Application or End Use	End User or Target Market	Percentage of projected revenue

5. If your products or service include any of the following, please provide percentage of projected revenue for each product or service:

Accounting services/content	%	Legal advice/content/services	%
Aerospace, weapons, guidance or navigation systems	%	Medical or Health advice/content/services	%
Architectural or engineering advice/content/services	%	Medical diagnostics or patient care	%
Emergency or fire response	%	Nutritional advice/content/services	%
Funds transfer, trade execution or other securities transactions	%	Process control, process automation, CAM or robotics	%
File sharing/swapping	%	Pollution or environmental monitoring, testing or remediation	%
Gaming, sweepstakes contests, lotteries or other games of chance	%	Physical security	%
HIPPA compliance	%	Security assessment, encryption, authentication, penetration/vulnerability testing	%
Insurance advice/content/services	%		

6. Have you discontinued or ceased providing support for any products or services in the last 3 years?  Yes  No  
 If Yes, please explain: \_\_\_\_\_
7. Do you anticipate any significant changes in the nature of your business over the next 12 months?  Yes  No  
 If Yes, please explain: \_\_\_\_\_
8. Total number of your employed project managers? \_\_\_\_\_ Independent Contractors? \_\_\_\_\_
9. What is the annual percentage of turnover of your project managers? \_\_\_\_\_ If no project managers, indicate N/A.

### CURRENT INSURANCE INFORMATION

1. Please provide information on your current insurance program:

Carrier	Expiration Date	Limit of Liability	Retention	Premium	Retroactive Date(s)
E&O:					

If your current policy includes coverage for Security, Privacy or Media/Content, please provide the following:

Carrier	Limit of Liability	Retention	Retroactive Date(s)
Security:			
Privacy:			
Media/Content:			

2. Within the past 3 years have you had any policy cancelled or non-renewed?  Yes  No  
(Not Applicable in Missouri)
3. Does your current insurance program exclude any of your products or services?  Yes  No  
If Yes, what products or services are excluded? \_\_\_\_\_

**REQUESTED LIMITS, RETENTION AND RETROACTIVE DATE**

1. Limits:  \$1,000,000/\$1,000,000  \$2,000,000/\$2,000,000  \$3,000,000/\$3,000,000  
 \$4,000,000/\$4,000,000  \$5,000,000/\$5,000,000  Other \_\_\_\_\_
2. Retention Amount:  \$5,000  \$10,000  \$15,000  \$25,000  \$50,000  \$100,000  Other \_\_\_\_\_
3. Retroactive Date: E&O \_\_\_\_\_ Information Security \_\_\_\_\_ Privacy \_\_\_\_\_ Media/Content \_\_\_\_\_

**HISTORY**

1. In the past 5 years:
- a. Have you received any claims or suits (whether insured or not) claiming Damages associated with your products or services?  Yes  No
  - b. Have you given notice of any Claim, circumstance or potential Claim to any insurer under any insurance coverage referred to above?  Yes  No
  - c. Are you aware of any facts or circumstances associated with your products or services that could reasonably be expected to result in a claim or suit?  Yes  No
2. Within the past 3 years:
- a. Have you had contract disputes alleging non-performance of your products or services?  Yes  No
  - b. Have any customers withheld payment due to a contract dispute?  Yes  No
  - c. Have you sued any of your customers for non-payment?  Yes  No
  - d. Have you been accused of any type of privacy violation?  Yes  No

If you answer Yes to any of the questions in the history section, please explain each Yes answer in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTRACT INFORMATION**

1. What is your average contract size? \_\_\_\_\_ Average duration? \_\_\_\_\_
2. Describe your five largest projects or jobs during the past three years.

Client Name	Product or Services Provided	Annual Revenue Derived from the Project or Job	Length of contract	Actual/Expected Completion Date

3. Type(s) of contracts used:  
 Executable  Clickwrap  Shrinkwrap  Engagement Letter  Other \_\_\_\_\_
4. Does your standard client contract or purchase order contain the following?
- Limitation of liability  Hold harmless/Indemnification agreements  Warranty disclaimers
  - Force majeure  Integration clause  Limitation of consequential damages
  - Arbitration clause  Statement of work  Performance Milestones/Schedule of deliverables

5. Do you require all beta testers to acknowledge pre-release software is for testing purposes only and not suitable for production use?  Yes  No  N/A
6. Have your standard client contracts undergone legal review?  Yes  No
7. Are all deviations from the standard client contract reviewed by legal counsel?  Yes  No  N/A  
If No, please give examples of deviations that do not require legal review and sign off?  
\_\_\_\_\_
8. What percentage of revenue is derived from your products or services that are sold or provided using non-standard or customer supplied contracts? \_\_\_\_\_ %
9. Please explain your contractual procedures when accepting non-standard or customer supplied contracts?  N/A  
\_\_\_\_\_

### SUBCONTRACTORS

1. If you use subcontractors, what percentage of your projected revenue is derived from the work or services provided by subcontractors? \_\_\_\_\_ %  N/A
2. What products or services do your subcontractors provide? \_\_\_\_\_  
\_\_\_\_\_
3. Do you use a standard contract or agreement with all subcontractors?  Yes  No  
If Yes, are hold harmless and indemnification provisions in your favor?  Yes  No
4. Are your subcontractors required to carry errors and omissions insurance?  Yes  No  
If Yes, what is the minimum policy limit required: \$ \_\_\_\_\_

### QUALITY CONTROL / QUALITY ASSURANCE

1. Which of the following quality control/quality assurance procedures do you have in place?
- |   |  |
|---|--|
| <input type="checkbox"/> Verification Testing   | <input type="checkbox"/> Customer signoff                          |
| <input type="checkbox"/> Validation Testing   | <input type="checkbox"/> Milestones                                |
| <input type="checkbox"/> Component  | <input type="checkbox"/> Final acceptance                          |
| <input type="checkbox"/> Integration  | <input type="checkbox"/> Vendor approval and certification process |
| <input type="checkbox"/> System   | <input type="checkbox"/> Prototype development                     |
| <input type="checkbox"/> Acceptance <input type="checkbox"/> Alpha <input type="checkbox"/> Beta <input type="checkbox"/> Pilot                                       | <input type="checkbox"/> Statistical process control               |
| <input type="checkbox"/> Product change control procedures/signoff  | <input type="checkbox"/> Formalized quality control program        |
| <input type="checkbox"/> Pre-release/pre-dissemination testing to protect customers from malicious code, security vulnerabilities, bugs or problems in your services. |  |

**IF YOU ARE NOT A MANUFACTURER OR DISTRIBUTOR PROCEED TO QUESTION #3**

2. If you are an equipment or component manufacturer what percentage of your products do you test?  
Percentage of all products \_\_\_\_\_ % Percentage of batch/lot \_\_\_\_\_ %  
If you use or sell products provided by third party vendors, what are your testing procedures for third party supplied products? \_\_\_\_\_
- Does your customer test all products prior to final acceptance?  Yes  No  
If No, what percentage of your products does your customer test prior to acceptance? \_\_\_\_\_ %  
Do you negotiate an acceptable product failure rate with customers?  Yes  No  
If Yes, what is considered an acceptable failure rate for your products? \_\_\_\_\_
3. How many customers would be affected if your products or services failed? \_\_\_\_\_
4. What is the acceptable downtime of your product or service? \_\_\_\_\_

5. Have you ever had to recall any of your products?  Yes  No  
 If Yes, please explain: \_\_\_\_\_
6. Do you warrant or guarantee any standards of performance for your products or services (delivery and/or completion timeframes, availability, durability, quality, volume of transactions)?  Yes  No  
 If Yes, specify which standards: \_\_\_\_\_
7. Do your risk management procedures include the following? (check all that apply)  
 Document Retention Plan (customer orders/signoffs, agreements, development methodology, testing, etc)  
 How long do you retain the documents? \_\_\_\_\_ months \_\_\_\_\_ years  unlimited  
 Maintenance of error/problem/downtime log for life of service  
 Customer complaint resolution plan, including escalation procedures when complaints can not be resolved  
 Product recall plan  
 Customer notification plan for discontinuance of your product, service or support  
 Formal customer notification plan, to address any bugs, anomalies, problems, etc. discovered in your products or services  
 How long would it take for you to notify all your customers? \_\_\_\_\_  
 Customer or product support including:  Email  Website  Customer site visitation  
 Remote access repairs  In-house repairs Availability:  M-F  24/7
8. If you perform services that require you to modify information security protection in order to perform your services, do you have a formal procedure to ensure all applicable information security protections are operational upon completion of your services?  Yes  No  N/A  
 If Yes, does this procedure include testing to verify security protections are operational?  Yes  No  N/A  
 Do you have a formal process that requires your customer to verify protections are operational?  Yes  No  N/A

## WEBSITE ACTIVITIES

1. What is the use/purpose of your website(s)?  
 Informational  Transactional  To provide access to restricted information, applications or content  
 Other \_\_\_\_\_
2. Do you collect user information from your website?  Yes  No
3. Do your visitors have the option to  opt-in or  opt-out of allowing collection and/or use of their information?
4. Do you sell or share personal and/or confidential information gathered from customers or others (this includes information gathered from your website or by other means)?  Yes  No  N/A  
 If Yes, do you notify and obtain the consent of customers or others prior to dissemination?  Yes  No
5. Do you have a Privacy Policy?  Yes  No  
 If Yes, has your Privacy Policy been through legal review?  Yes  No
6. Do you or a third party perform privacy audits to confirm compliance with your Privacy Policy?  Yes  No  
 If Yes, how often are audits performed? \_\_\_\_\_
7. Do you have a Chat Room or Bulletin Board?  Yes  No  
 If Yes, please provide the following information:
- a. Who are the primary users of the Chat Room or Bulletin Board, i.e. employees, vendors, customers?  
 \_\_\_\_\_
- b. Do you monitor the Chat Room or Bulletin Board?  Yes  No
- c. How quickly are offensive posts removed from your website? \_\_\_\_\_
- d. How quickly do you remove content when you are notified content is unacceptable or infringing?  
 \_\_\_\_\_

## FACILITIES AND NETWORK SECURITY

1. Which of the following facilities security measures do you have in place?

- |  |   |
|--|---|
| <input type="checkbox"/> Key Card Access               | <input type="checkbox"/> Redundant network equipment          |
| <input type="checkbox"/> Key Card protocols            | <input type="checkbox"/> Redundant connectivity/power/cooling |
| <input type="checkbox"/> 24-hour security surveillance | <input type="checkbox"/> Facilities Security Manager          |
| <input type="checkbox"/> Biometric scanning            | <input type="checkbox"/> Security Guards                      |
| <input type="checkbox"/> Disaster Recovery Plan        |   |

2. Which of the following network security measures do you have in place?

- |  |  |
|--|--|
| <input type="checkbox"/> Security firewall                   | <input type="checkbox"/> VPN   |
| <input type="checkbox"/> Anti-virus scanning                 | <input type="checkbox"/> Continuous network monitoring   |
| <input type="checkbox"/> End point security                  | <input type="checkbox"/> Password control  |
| <input type="checkbox"/> Secure remote maintenance           | <input type="checkbox"/> Access control  |
| <input type="checkbox"/> Active content filtering            | <input type="checkbox"/> Periodic security audit from third parties                                      |
| <input type="checkbox"/> Hot site                            | <input type="checkbox"/> Intrusion detection system  |
| <input type="checkbox"/> Protocols meeting x.509 standards   | <input type="checkbox"/> Intrusion protection system   |
| <input type="checkbox"/> Automated security scanner          | <input type="checkbox"/> Identification/authentication/integrity protocols                               |
| <input type="checkbox"/> Internal security gateway           | <input type="checkbox"/> Penetration testing   |
| <input type="checkbox"/> Host based security                 | <input type="checkbox"/> Network administrator/manager   |
| <input type="checkbox"/> Formal Security Policies/Procedures | <input type="checkbox"/> Procedures to address any suspected intrusion and/or respond to security alerts |

- Wireless security meets  WPA standards  Other \_\_\_\_\_
- Continuous implementation of vendor security patches
- Continuous monitoring of security alerts from organizations like  CERT  Other \_\_\_\_\_
- Reassessment of security vulnerabilities when you make any system changes, software upgrades, changes to website or website functionality etc.

3. Who is allowed access to systems on your network?

- employees  customers  vendors  business partners  others \_\_\_\_\_

4. Is access to your systems granted only on a need to know or use basis? \_\_\_\_\_

5. What are your screening procedures prior to granting access? \_\_\_\_\_

6. Do you require special training on protecting sensitive and confidential data for those with access to your systems?  Yes  No

7. What procedures do you have in place to revoke access for employees, customers, vendors, business partners and others who access your systems? \_\_\_\_\_

8. Who manages the hiring and oversight of employees that have administrator privileges or that have control over who is granted access to sensitive and confidential information? \_\_\_\_\_

9. Have you experienced or has your system or website been used in any type of security incident or attack (viruses, denial of service attacks, etc.)?  Yes  No

If Yes, please describe in detail the incident or attack, impact to you, customers or others and what measures you have taken to prevent a similar event. \_\_\_\_\_

**INFORMATION SECURITY**

Please identify each type of sensitive or confidential information stored or transmitted to or from your networks, laptops, personal computers or other mobile equipment. If you use a third party vendor to store, transmit or process sensitive or confidential information please identify specific type of information.

	Your	Vendor		Your	Vendor
Social Security Numbers	<input type="checkbox"/>	<input type="checkbox"/>	Credit/Debit Card data	<input type="checkbox"/>	<input type="checkbox"/>
Account numbers associated with individuals names and addresses	<input type="checkbox"/>	<input type="checkbox"/>	Credit history or ratings	<input type="checkbox"/>	<input type="checkbox"/>
Identification card number (example -drivers license, passport or other state ID card)	<input type="checkbox"/>	<input type="checkbox"/>	Corporate confidential data, including intellectual property belonging to third parties	<input type="checkbox"/>	<input type="checkbox"/>
Biometric data	<input type="checkbox"/>	<input type="checkbox"/>	Bank or Financial records of your employees	<input type="checkbox"/>	<input type="checkbox"/>
Medical data or health records	<input type="checkbox"/>	<input type="checkbox"/>	Bank or Financial records of your customers, vendors, partners or other third parties	<input type="checkbox"/>	<input type="checkbox"/>
Work history/Resumes	<input type="checkbox"/>	<input type="checkbox"/>	Legal documents	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Records	<input type="checkbox"/>				

1. Please provide the following information as relates to sensitive and confidential information/data files:
  - a. Is all sensitive and confidential information on your network systems, personal computers, laptops and other mobile devices encrypted while at rest and during transmission?  Yes  No  
If No, please explain: \_\_\_\_\_
  - b. How is information stored on your systems segregated while the information is at rest? \_\_\_\_\_
  - c. Approximately how many sensitive or confidential records do you have in your care? \_\_\_\_\_
  - d. How long do you retain these data files or records? \_\_\_\_\_
  - e. How are the data files or records disposed? \_\_\_\_\_
2. If you are responsible for your client's information as part of your products or services, how often do you back up software and applicable data essential to the client's operations? \_\_\_\_\_  N/A  
How is the timeframe for backup procedures determined? \_\_\_\_\_
3. Does your customer contract address that third party vendors will have access to, store, transmit, or care for sensitive and confidential information?  Yes  No  N/A
4. Are security requirements and responsibilities for sensitive and confidential information addressed in your contract or agreements with vendors, partners, subcontractors, independent contractors and other third parties?  Yes  No  N/A  
If No, please explain: \_\_\_\_\_
5. Do your vendor contracts provide indemnification in your favor for the vendor's failure to secure sensitive and confidential information?  Yes  No  N/A

**IF YOU ARE NOT APPLYING FOR MEDIA/CONTENT COVERAGE PLEASE CONTINUE TO THE DECLARATIONS AND NOTICE OF THIS APPLICATION**

## MEDIA & CONTENT

1. Which of the following are included in your intellectual property or business methods clearance procedures? (check all that apply)
  - The acquisition of all the necessary rights, licenses, releases and consents applicable to content or services created or provided by you or by third parties
  - Legal review of the following checked items performed prior to release, use or dissemination regardless of the medium.
    - content
    - technology used
    - services
    - business methods
    - websites
    - advertising and marketing material
  - Legal review performed with respect to laws in jurisdictions outside of the U.S.
  - New hire and independent contract agreements include signed statements that new employees or contractors will not disseminate or use a previous employers' or clients' trade secrets or other intellectual property.
  - The contractual acquisition of all rights (including electronic rights) to work done for you by third parties, including hold harmless and indemnification clauses, which inure to your benefit pertaining to that work.
  - Legal review of all updates or changes to the content, business methods and functionality of your website prior to dissemination or implementation
  - Permission of sites you link to or frame
  - Legal review of all Referral and Affiliate program agreements
  - Disclaimers on your website pertaining to content made available or disseminated
  - Trademark and/or servicemark searches and clearances for all your
    - domain names
    - service names, designs or logos
  - Content searches and clearances performed by
    - your legal counsel
    - professional search company
    - computerized database search
  - Permission to use and legal review of the trademarks and/or servicemarks of others
  - Legal review of all licensing and/or cross-licensing agreements
2. Do you provide any of the following? (check all that apply)
  - Applications/software that enables the copying or dissemination of the content of others (e.g. music, art, photos, graphics, video, written works etc.)
    - A file-swapping network
    - Access to file sharing activities (example: peer to peer)
3. Are you an Internet Service Provider?  Yes  No

If Yes, have you designated an agent with the United States Copyright Office as provided for under the Digital Millennium Copyright Act and do you meet the standards required by the Act?  Yes  No



**DECLARATIONS AND NOTICE**

The undersigned, acting on behalf of all Applicants, declare that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and are the basis for issuance of the insurance policy provided by us. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us; as soon as practicable
- Any policy issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the policy inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled with respect to that person or persons if such information was material to issuance of the policy. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the policy inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled with respect to that person or persons and the Applicant Organization if such information was material to issuance of the policy;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

This Application\* must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date \_\_\_\_\_ Signature/Title \_\_\_\_\_  
(mm/dd/yyyy) (Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Produced By: Agent: _____ Agency: _____
Agent Signature: _____
Agency Taxpayer ID or SS No.: _____ Agent License No.: _____
Address (Street, City, State, Zip): _____

**NOTICE TO ARKANSAS, LOUISIANA, 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 COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER 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 HAWAII APPLICANTS:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**NOTICE TO KENTUCKY 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.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR 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 MAINE, VIRGINIA, TENNESSEE, 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.

**NOTICE TO MICHIGAN AND MINNESOTA 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, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MISSOURI AND ARIZONA APPLICANTS:** CLAIM EXPENSES ARE INSIDE THE POLICY LIMITS. ALL CLAIM EXPENSES SHALL FIRST BE SUBTRACTED FROM THE LIMIT OF LIABILITY, WITH THE REMAINDER, IF ANY, BEING THE AMOUNT AVAILABLE TO PAY FOR DAMAGES.

**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 NEW JERSEY APPLICANTS:** ANY PERSON WHO KNOWINGLY INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY OR FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION 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 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 AND IDAHO 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 OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD ANY INSURANCE COMPANY: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.