



## INSURANCE AGENCY PROFESSIONAL LIABILITY APPLICATION

**THIS IS A "CLAIMS MADE AND REPORTED" POLICY. SUBJECT TO ITS TERMS AND PROVISIONS, THIS POLICY ONLY AFFORDS COVERAGE FOR CLAIMS FIRST MADE AGAINST THE INSURED(S) AND REPORTED TO THE INSURER IN WRITING DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE. IN ADDITION, DEFENSE COSTS ARE INCLUDED IN AND WILL REDUCE THE LIMITS OF LIABILITY.**

**PLEASE READ THIS ENTIRE POLICY CAREFULLY. CONSULT YOUR BROKER OR OTHER REPRESENTATIVE IF YOU DO NOT UNDERSTAND ANY TERMS OR PROVISIONS OF THIS POLICY.**

**Whenever used in this Application, the term "Applicant" means the Named Insured(s) and the term "Firm" means the Named Insured(s) and any entity identified in Question 4 of this Application. Please answer all questions and attach all requested materials including the following:**

- Descriptive or promotional brochures, firm resumes, marketing materials or literature
- Resumes of all principals, partners, managing members, directors, officers, majority owners and key employees (including name, title, license held, professional designations, years of experience and years with the Applicant) n
- Standard contract or engagement letter used with clients, independent contractors and subcontractors
- Latest fiscal year end and current interim financial statements for all entities proposed for coverage

### COVERAGE REQUESTED:

#### Effective Date Requested:

Limits Desired:  \$1,000,000  \$2,000,000  \$3,000,000  \$5,000,000  Other \$ \_\_\_\_\_

Self Insured Retention (each claim):  \$5,000  \$10,000  \$25,000  \$50,000  Other \$ \_\_\_\_\_

### APPLICANT:

1. Name of Applicant: \_\_\_\_\_

Date Established (Mo./Yr.): \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Website Address: \_\_\_\_\_

Individual designated to accept all notices on Applicant's behalf: \_\_\_\_\_

Location(s) where Applicant is licensed or registered: \_\_\_\_\_

Professional organizations to which Applicant belongs: \_\_\_\_\_

2. Applicant is:  Corporation  LLC  Partnership  Other

a.) Is the Applicant owned or controlled by, or affiliated with, any other entity?  Yes  No

b.) Has the name of the Applicant ever been changed?  Yes  No

c.) Is the Applicant a franchisee or franchisor?  Yes  No

d.) Are there any branch offices or additional locations?  Yes  No

**If the response to any part of Question 2 is "YES," please attach complete details.**



3. a.) Is the Applicant a successor-in-interest to any predecessor firm or has the Applicant ever been involved in any merger, acquisition, consolidation, divestiture, bankruptcy or dissolution?  
 Yes  No
- b.) In the next 12 months, does the Applicant have any plans for any merger, acquisition, consolidation, divestiture, bankruptcy, dissolution, or creation of a new business, subsidiary or division?  Yes  No

**If the response to any part of Question 3 is “YES,” please attach complete details.**

4. a.) Please provide the following information for all subsidiaries **for which coverage is desired**

Name of Subsidiary	Location	Nature of Business	Applicant's % of Ownership
			%
			%

- b.) Please provide the following information for all additional entities **for which coverage is desired**

Name of Subsidiary	Location	Nature of Business	Relationship to Applicant

**To enter more information for Question 4(a) and/or 4(b), please attach a separate page to the Application**

5. Does the Applicant or any of its principles or partners own, control or manage any other entity not shown in Question 4?  Yes  No **If “Yes” please attached details.**

**PROFESSIONAL ACTIVITIES:**

6. Please indicate the services performed by the Firm and the percentage of total commission and fee revenue derived from each service (must total 100%): **For activities in bold, please also complete the supplemental application.**

Services	Services Provided	Next 12 Months	Most Recent Fiscal Year
Agent	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Broker/Wholesaler	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
<b>MGA/MGU/Program Administrator</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Surplus Lines Broker	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Risk Manager/Loss Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
<b>Third Party Administrator/Claims Administrator</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Reinsurance Intermediary	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
<b>Professional Employer Organization (PEO)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Actuary	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Human Resources Consulting	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Premium Financing	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
<b>Claims Adjuster</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Risk Management Consultant	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Other Services (Describe In Attachment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
<b>TOTAL</b>		<b>100%</b>	<b>100%</b>



7. a.) During the past 5 years or within the next 12 months, has the Firm been engaged in, or plan to engage in, any services or business activity other than those indicated in Question 6?  Yes  No
- b.) Does the Firm provide any Professional Services over the Internet?  Yes  No
- c.) Does the Firm provide any Professional Services outside the United States  Yes  No

If the response to any part of Question 7 is “Yes”, please attach complete details and estimated revenues.

8. a.) Please indicate the projected revenue for the next 12 months and the actual revenue for each of the past three fiscal years.

Revenue/Premium	Next 12 Months	/20	/20	/20
Total P&C gross written annual premium	\$	\$	\$	\$
Total Life/A&H gross written annual premium	\$	\$	\$	\$
P&C Commissions and Fees	\$	\$	\$	\$
Life/A&H Commissions and Fees	\$	\$	\$	\$
Total Revenue From All Other Sources Other Sources of Revenue:	\$	\$	\$	\$
Total Commission & Revenue	\$	\$	\$	\$p

- b.) Percentage of policies written on a direct bill basis: \_\_\_\_\_ %
- c.) Percentage of policies placed with Non-Admitted carriers: \_\_\_\_% Total Premium: \$\_\_\_\_\_.
- d.) Percentage of policies placed through MGAs, other brokers or intermediaries: \_\_\_\_\_ %
- e.) Percentage of premium volume with foreign insurance carriers: \_\_\_\_\_%
- f.) Percentage of premium volume placed through a state administered fund: \_\_\_\_\_ %
- g.) Percentage of premium volume accepted from sub-producers: \_\_\_\_\_%



9. Please indicate the premium volume by percentage from the following lines of business:

<b>Commercial Lines (% of Total Premium)</b>	<b>Current Year</b>	<b>Prior Year</b>	<b>Life Insurance (% of Total Premium)</b>	<b>Current Year</b>	<b>Prior Year</b>
Commercial Auto			Annuities		
BOP/CGL/Package			Credit Life		
Umbrella/Excess			Group		
Property Coverage			Individual		
Crop Coverage			Other (List)		
Workers Compensation					
Flood					
Wet Marine			TOTAL LIFE INSURANCE:		
Livestock Mortality					
Medical Malpractice					
Professional Liability Non-Medical			<b>A&amp;H Insurance</b>		
Aviation			Group - Carrier Insured		
Bonds			Group - Self-Insured		
Long Haul Trucking			HMO/PPO/DSP		
Other (List)			Individual		
			Other (List)		
TOTAL COMMERCIAL LINES:					
<b>Personal Lines</b>			TOTAL A&H INSURANCE:		
Auto-Standard			<b>LIFE + A&amp;H</b>	<b>100%</b>	<b>100%</b>
Auto-Non-Standard					
Auto-Assigned Risk/FAIR Plan					
Homeowners & Standard Fire					
Non-Standard Fire					
Watercraft					
Umbrella					
Flood					
Farmowners					
Other (List)					
TOTAL PERSONAL LINES:					
<b>COMMERCIAL + PERSONAL</b>	<b>100%</b>	<b>100%</b>			

10. Please complete the following for ALL insurance carriers business was placed within the last 12 months:

Insurance Carrier	Annual Premium Volume	Years Represented	AM Best Rating	Line of Business

**To enter more information, please attach a separate page to the application**

11. Have any agency contracts been cancelled by any insurance carrier in the last 5 years for reasons other than lack of production?  Yes  No If "Yes" please attach complete details.



12. During the past 5 years or within the next 12 months, has the Firm:
- a.) Been engaged in, or plan to engage in, any services or business activity other than those indicated in Question 6?  Yes  No
  - b.) Placed or plan to place coverage for risks involved in petroleum and extraction, mineral exploration and mining, hazardous waste operations or operations with significant pollution exposures?  Yes  No
  - c.) Specialized or plan to specialize in any programs or classes of business?  Yes  No
  - d.) Discontinued any program or classes of business you are not currently involved with that accounted for more than 10% of your volume?  Yes  No
  - e.) Placed coverage with or referred clients to any Self Insured/Captive; Professional Employer Organization (PEO); Multiple Employer Trust or Welfare Arrangement (MET or MEWA)  Yes  No
  - f.) Been involved in the establishment or management of any Risk Retention Group (RRG); Risk Purchasing Group (RPG); Professional Employer Organization (PEO); Multiple Employer Trust or Welfare Arrangement (MET or MEWA); Insurance Company (including but not limited to any Captive) or any similar organization  Yes  No
  - g.) Been involved in any structure settlement, viatical settlement, or the placement of any vanishing premium life insurance policy?  Yes  No
  - h.) Been involved with the establishment or management of any fronted program?  Yes  No
  - i.) Placed coverage on/for any Real Estate Owned (REO) or foreclosed properties?  Yes  No
  - j.) Placed coverage with any captive, risk retention group, self-insurance program or risk purchasing group?  Yes  No
  - k.) Placed coverage with any carrier who has been or is going through insolvency, receivership, conservatorship, liquidation, bankruptcy?  Yes  No

\*\*\*\*\*If "yes" to any of the above, please attach detailed explanation (name of the program/carrier, coverages placed/premium amount, revenue generated, administrative duties performed).

13. During the past 5 years or within the next 12 months, has or will any principal, partner, managing member, director, officer, professional employee, leased employee or independent contractor of the Firm been engaged or plan to be engaged to provide, or plan to provide, professional services for or in connection with any entity in which he, she, the Applicant, or any other proposed insured had/has an ownership or financial interest?  Yes  No If "Yes", please attach complete details.

**REGISTERED REPRESENTATIVE COVERAGE:**  Yes (Answer Question 14)  No

14. a.) Please indicate the Commissions derived during the past 12 months from the following:
- |                    |          |                  |          |
|--------------------|----------|------------------|----------|
| Variable Life      | \$ _____ | Stocks and Bonds | \$ _____ |
| Variable Annuities | \$ _____ | Pension Plans    | \$ _____ |
| Mutual Funds       | \$ _____ | 401-K Plans      | \$ _____ |
- b.) Name of Broker/Dealer: \_\_\_\_\_
  - c.) Number of employees with: Series 6 license: \_\_\_\_\_ Series 7 license: \_\_\_\_\_
  - d.) Have there been any U-4 or U-5 violations in the past 5 years?  Yes  No If "Yes", please attach complete details.

**TRAINING AND RISK MANAGEMENT:**

15. a.) Please indicate the following information for all licensed employees/independent contractors and Customer Service Representatives (CSRs) of the Firm:

	Total	Average Years	Average Years	Turnover Rate Last 3 Years		
	Number	of Experience	With Applicant	20__	20__	20__
Licensed Agents/Brokers				%	%	%
CSRs				%	%	%

- b.) How many of the licensed Agents/Brokers are independent contractors? \_\_\_\_\_
- c.) Is coverage desired for independent contractors?  Yes  No  Not Applicable If "NO," are independent contractors required to maintain their own E&O insurance?  Yes  No If "YES," minimum



limits required: \$ \_\_\_\_\_

16. Does the Firm have:
- a.) Written procedures to escalate complaints to senior management?  Yes  No
  - b.) Written risk management procedures in place including written procedures to ensure compliance with all federal, state and local statutes and regulations?  Yes  No
  - c.) A formal training program for personnel?  Yes  No
  - d.) Network security management procedures to prevent breaches of security including identity theft and the spread of computer viruses?  Yes  No
  - e.) Written procedures in place to protect, or provide training for the protection of, the personal and confidential information of clients and prospective clients?  Yes  No
  - f.) Legal/Clearance procedures for media and marketing material and content?  Yes  No
  - g.) Internal Control procedures to prevent theft of client funds or other client assets?  Yes  No
17. Does the Firm:
- a.) Use a centralized diary or suspense system?  Yes  No
  - b.) Date stamp all incoming mail?  Yes  No
  - c.) Have a procedures for documenting business telephone conversations?  Yes  No
  - d.) Have standardized file construction procedures?  Yes  No
  - e.) Use coverage checklists for both commercial and personal lines clients?  Yes  No
  - f.) Have standardized file construction procedures?
  - g.) Obtain client signatures confirming their understanding when terrorism and/or mold coverage is not provided?  Yes  No
  - h.) Document client refusals to accept coverage or limit recommendations?  Yes  No
  - i.) Provide clients with written confirmation of reductions in current/proposed coverage?  Yes  No
  - j.) Confirm all binders promptly in writing?  Yes  No
  - k.) Maintain a policy expiration list (including Direct Bill)  Yes  No
  - l.) Check all applications, policies and endorsements for accuracy prior to mailing?  Yes  No
  - m.) Mark files to ensure certificate holders are notified of cancellation/material change?  Yes  No
  - n.) Retain records for a minimum of 5 years?  Yes  No
  - o.) Ensure credit checks/investigations comply with the Fair Credit Reporting Act?  Yes  No
  - p.) Document client acceptance of purchasing insurance from B+ or lower rated or NR carriers?  Yes  No
18. a.) If the Firm accepts business from sub-producers, are sub-producers required to carry E&O Insurance?  Yes  No  Not Applicable If "YES," minimum limits required: \$ \_\_\_\_\_
- b.) If the Firm places business through MGAs, wholesalers or other intermediaries, are they required to carry E&O insurance?  Yes  No  Not Applicable If "YES," minimum limits required:\$ \_\_\_\_\_

**PRIOR INSURANCE:**

19. List all professional liability insurance carried for each of the past three years. If none, the reason for the present insurance inquiry is: \_\_\_\_\_

Insurance Carrier	Limits	Retention	Premium	Policy Period

20. Has the Applicant had any Professional Liability Insurance declined, cancelled or non-renewed within the past three years?  Yes  No If "YES," please attach complete details.



**CLAIMS EXPERIENCE:**

21. Have any claims, suits or proceedings (including without limitation: any shareholder action or derivative suit; or any civil, criminal, or regulatory action, or any complaint, investigation or proceeding related thereto) been made during the past five years against: (a) the Applicant; (b) its predecessors in business; (c) any subsidiary or affiliate of the Applicant; (d) any other entity proposed for coverage; or (e) any past or present principal, partner, managing member, director, officer, employee, leased employee or independent contractor of the Applicant, its predecessors in business, any subsidiary or affiliate of the Applicant or any other entity proposed for coverage?  Yes  No
22. Is the Applicant (after diligent inquiry of each principal, partner, managing member, director or officer) aware of any fact, circumstance, incident, situation, or accident (including without limitation: any shareholder action or derivative suit; or any civil, criminal, or regulatory action, or any complaint, investigation or proceeding related thereto) that may result in a claim being made against: (a) the Applicant; (b) its predecessors in business; (c) any subsidiary or affiliate of the Applicant; (d) any other entity proposed for coverage; or (e) any past or present principal, partner, managing member, director, officer, employee, leased employee or independent contractor of the Applicant, its predecessors in business, any subsidiary or affiliate of the Applicant or any other entity proposed for coverage?  Yes  No
23. Has the Applicant or any individual or entity proposed for coverage ever been the subject of a reprimand, or a disciplinary or criminal action by any federal, state or local authority, professional association or state licensing board?  Yes  No
24. Has the Applicant or any individual or entity proposed for coverage been involved during the past five years in any disputes with respect to fees or other compensation which may be due for professional services rendered by the Applicant, any subsidiary or affiliate of the Applicant, or any other entity proposed for coverage?  Yes  No
25. Is the Applicant or any individual or entity proposed for coverage aware of any actual or alleged deficiencies, errors or omissions in work performed by the Applicant, any subsidiary or affiliate of the Applicant, any other entity proposed for coverage, or by others for whom the Applicant is legally responsible?  Yes  No

If the response to Question Questions 21, 22, 23, 24, and/or 25 is “YES,” please attach complete details.

**NOTE: It is agreed that any claim or lawsuit against the Applicant, or any principal, partner, managing member, director, officer or employee of the Applicant, or any other proposed insured, arising from any fact, circumstance, act, error or omission disclosed or required to be disclosed in response to Questions 21, 22, 23, 24, and/or 25, is hereby expressly excluded from coverage under the proposed insurance policy.**

26. Has the Applicant reported the matters listed in Questions 2 1-25 to its current or former insurance carrier?  
 Yes  No  Not Applicable

**NOTICE – PLEASE READ CAREFULLY**

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after diligent inquiry of each principal, partner, managing member, director, officer and employee of the Firm, the statements in this Application are true and complete and will be relied upon by the Insurer in issuing any policy. The undersigned agrees that if the information provided in this Application changes between the time this Application is executed and the time the proposed insurance policy is bound or coverage is commenced, the Applicant will immediately notify the Insurer in writing of such changes, and that the Insurer may withdraw or modify any outstanding quotations or agreements to bind the insurance. The undersigned hereby authorizes the Insurer to make any inquiry in connection with the information, statements and disclosures provided in this Application and further authorizes the release of claim information from any prior insurer to the Insurer.

The undersigned declares that all individuals and entities proposed for this insurance understand and accept that the policy applied for provides coverage for only those claims that are first made against the Insured and reported in writing to



the Insurer during the policy period or any extended reporting period (if applicable) and that the limits of liability contained in the policy will include both Damages and Claim Expenses.

The signing of this Application does not bind the Insurer to offer nor the undersigned to purchase the insurance, but it is agreed this Application shall be the basis of the insurance and shall be considered physically attached to and become part of the Policy should a Policy be bound and issued. All attachments and information submitted to or obtained by the Insurer in connection with this Application are hereby incorporated by reference into this Application and made a part hereof.

### STATE SPECIFIC PROVISIONS

- Arkansas** 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.
- Colorado** 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- District of Columbia** 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.
- Florida** 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.
- Hawaii** 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.
- Kansas** Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy 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 is guilty of a crime and may be subject to fines and confinement in prison.
- Kentucky** 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.
- Louisiana** 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.





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<b>Maine</b>	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.
<b>Maryland</b>	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.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	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.
<b>New York</b>	<p>All commercial insurance forms, except as provided for automobile insurance: 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.</p> <p>Automobile insurance forms Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation</p> <p>Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.</p>
<b>Ohio</b>	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.
<b>Oklahoma</b>	<b>WARNING:</b> 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.



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<b>Oregon</b>	<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.</p> <p>In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:</p> <ul style="list-style-type: none"><li>A. The misinformation is material to the content of the policy;</li><li>B. We relied upon the misinformation; and</li><li>C. The information was either:<ul style="list-style-type: none"><li>1. Material to the risk assumed by us; or</li><li>2. Provided fraudulently.</li></ul></li></ul> <p>For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.</p> <p>With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.</p> <p>Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.</p>
<b>Pennsylvania</b>	<p>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.</p>
<b>Puerto Rico</b>	<p>Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.</p>
<b>Rhode Island</b>	<p>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.</p>
<b>Tennessee</b>	<p>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.</p>
<b>Virginia</b>	<p>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.</p>
<b>Washington</b>	<p>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.</p>
<b>West Virginia</b>	<p>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.</p>



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**The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.**

\_\_\_\_\_  
Date (Mo./Day/Yr.)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title