

# The Solution Application



## Notice

The liability coverage parts provide claims made coverage, which applies only to claims first made against the insureds during the policy period. The limit of liability to pay judgments or settlement amounts shall be reduced and may be exhausted by payment of defense costs.

## Applicant information

Name of Applicant	Website address		
Street address	City	State	Zip code
SIC code or NACIS	Year Applicant's Business Was Established		

Description of Applicant's Operations:

Contact person in the event of a Claim.

Contact name	Email	Phone
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Is the Applicant a subsidiary of a foreign parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the company's stock publicly trade on any exchange?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Subsidiary Information and 50% or more owned joint ventures under management control:

Name	%Owned	Year started	Description of operations	Entity type

\*Entity Types: FP = For-Profit (other than Partnership) NP = Non-Profit GP = General Partnership

LP = Limited Partnership LLC = Limited Liability Company

To enter more information, please attach a separate page or an organization chart

2. Locations of Applicants and number of employees\* for each:

State or Foreign Country	# of Locations	Full Time Employees		Part Time Employees	
		As of Date of Application	12 Months Ago	As of Date of Application	12 Months Ago

\*Employees include Leased, Temporary, Seasonal, Intern, Volunteer, Union and independent contractors.

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

3. In the next 12 months (or during the past 24 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) the following:

a. Any actual or proposed merger, acquisition, or divestiture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Any creation of a new business, subsidiary or division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Any registration for a public offering or a private placement of securities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Any reorganization or arrangement with creditors under federal or state law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any of the above questions were answered "Yes", please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances.

Financial information

Note: Omit this section if the Applicant is required to submit a separate financial statement as directed by any Required Attachments section.

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): (please indicate negative figures with "( )" or "-", as appropriate) Most Recent FYE (Month/Year) Prior FYE (Month/Year)

- 1. Current Assets
2. Total Assets
3. Current Liabilities
4. Long Term Debt
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)
6. Net Equity/Net Assets (Deficit Equity)
7. Revenues
8. Net Income (Net Loss)

Is the Applicant currently, or has it been in the past 24 months, in violation or has it amended any debt covenant? If "Yes", please attach an explanation [ ] Yes [ ] No

Auditor information

Scope of Financial Statement preparation: [ ] Audit [ ] Review [ ] Compilation [ ] Internal (None)

Has any auditor issued a "going concern" opinion for the Applicant or any of its subsidiaries financial statements during the past three (3) years? [ ] Yes [ ] No

If "Yes", please attach an explanation Has the Applicant changed outside auditors in the last three (3) years? [ ] Yes [ ] No

If "Yes", please attach an explanation Have the outside auditors stated there are material weaknesses in the Applicant's systems of internal controls? If "Yes", please attach an explanation and provide the latest CPA letter to management and management's response. [ ] Yes [ ] No

Has the Applicant implemented all material recommendations of the auditor? [ ] Yes [ ] No

If "No", please attach an explanation

Policy options

What limit options would the Applicant like? (please select all that apply) [ ] Individual limits [ ] Liability Coverage Part Shared Limit of Liability

Current insurance information/requested insurance terms

Table with 5 columns: Liability coverages, Expiring limit, Expiring retention, Requested limit, Requested retention. Rows include Directors and Officers (D&O), Employment Practices (EPL), Fiduciary Liability, GPL, NFP.

Table with 5 columns: Crime coverages, Expiring limit, Expiring retention, Requested limit, Requested retention. Rows include Employee Theft, In Transit, Inside the Premises, Forgery or Alteration, Computer Fraud, Funds Transfer Fraud Coverage, Credit Card Fraud, Money Orders and Counterfeit Currency Fraud, Client Coverage, Expiring insurer, Expiring premium \$.

**Loss information**

**For liability coverage parts**

Related to the requested Liability Coverage(s), has any person or entity proposed for this insurance been a party to any employment-related claims, ERISA claims, professional liability claims, securities claims, criminal actions, administrative or regulatory proceedings, charges, hearings, demands or lawsuits during the past three years including but not limited to, shareholder, creditor, antitrust, fair trade law, copyright or patent litigation, whether or not insured?  Yes  No

If "Yes", please complete the table below

**To the extent that any lawsuit or claim required to be disclosed in response to the question above constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.**

Details	Amount Paid for Defense	Amount Paid for Damages	Covered by Insurance?		Corrective Procedures Implemented
	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**For crime coverages**

Has the Applicant incurred any Crime related losses or incidents during the past three years?  Yes  No

If "Yes", please complete the table below

**To the extent that any loss, incident or expense is required to be disclosed in response to the question above and such loss, incident or expense was "Discovered", as defined by these Coverages, prior to the policy period requested hereunder, such loss, incident or expense is excluded under these Coverages.**

Date of Loss	Amount of Loss	Description of Loss	Corrective Procedures Implemented
	\$		
	\$		
	\$		

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## Directors & Officers and Liability Coverage Part

Is the applicant acting as a General Partner or Partnership Manager?  Yes  No  
 If Yes, please identify and describe such activity in an attachment.

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Is the applicant a Not-for-Profit Organization?  Yes  No  
 Does the company have non-profit status under the IRS?  Yes  No  
 If so, under what section?

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Are board members elected?  Yes  No  
 How often does the board meet?

## Shareholder Information

Total shares	Common	Preferred	Others
Authorized			
Outstanding			
Voting Shares Outstanding			
Voting Shares Owned by Directors & Officers (Direct & Beneficial)			
Number of Voting Shareholders			

If there are multiple classes of stock, please attach a list. The list should include: Number of Shareholders and Number of Shares Held in Each Stock Class

Does the Charter or By-laws of the Organization provide indemnification to its Directors and Officers to the fullest extent permitted by law?  Yes  No

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Are there any securities that are convertible to voting stock?  Yes  No  
 If "Yes", please attach an explanation

Please list all shareholders that own greater than 5% of any class of security:

Shareholder	Class of	% Owned	Director or Officer?	
			Yes	No
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If there are more shareholders, please attach a list. The list should include: Shareholder Name, Class of Security, % Owned and Indicate if they are a Director or Officer

Is any shareholder a trust that qualifies as an Employee Stock Ownership Plan under ERISA or holds securities for the benefit of employees?  Yes  No  
 If "Yes", please attach most recent stock valuation report

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Have there been any changes in the Board of Directors or Senior Management of the Applicant within the past three (3) years for reasons other than death or retirement?  Yes  No  
 If "Yes", please attach an explanation

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Are there currently outstanding loans to any director or officer?  Yes  No  
 If "Yes", please attach an explanation

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a. Has the Applicant or any person proposed for coverage been the subject of, or been involved in, any of the following during the past five years  Yes  No

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b. Anti-trust, copyright or patent litigation?  Yes  No

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c. Civil, criminal or administrative or regulatory proceeding alleging violation of any federal or state laws?  Yes  No

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d. Any other criminal proceeding or investigation?  Yes  No

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e. Any action for suspension or revocation of a license or for any professional disciplinary sanction?  Yes  No

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f. Any allegedly illegal discriminatory practices?  Yes  No

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g. Any class action or derivative suit?  Yes  No

If the Applicant answered "Yes" to any of the above questions, attach a full description of the details including but not limited to name and date of action or proceeding, parties names, summary allegations and resolution.

## Required attachments – Private D&O

As part of this Application, submit the following documents with respect to the Applicant:

- Most recent annual financial statement, if limit requested is greater than \$1,000,000 or, Applicant has been in business less than 3 years.
  - List of Directors & Officers, if limit requested is greater than \$1,000,000
  - Any Private Placement Memorandum(s) or any documents filed with the Securities and Exchange Commission in the past year
  - Interim financial statement
  - Organizational Chart
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## Employment Practices Liability Coverage Part

Please provide employee information for the past three years

	20	20	20
Full Time Employees			
Part Time Employees			
Independent Contractors			
Temporary Employees			
Leased Employees			
Seasonal Employees			

	20	20	20
Voluntary Terminations			
Involuntary Terminations			
Terminations Layoffs			

	20	20	20
Percentage of employees compensated less than \$50,000 annually			
Percentage of employees compensated more than \$100,000 annually			

### Human Resources

- Does the Applicant have a human Resources (HR) department?  Yes  No  
Number of HR employees:-
- Do you have a handbook?  Yes  No  
If yes, has legal counsel reviewed the handbook?  Yes  No
- Does the Applicant utilize an employment application for all prospective employees?  Yes  No
- Does the employment application or employee handbook contain "Employment at Will" language?  Yes  No
- Does the employment application contain an "Equal Employment Opportunity" statement?  Yes  No
- Please indicate whether the Applicant has formal written policies and procedures related to the following and indicate whether employees sign and acknowledge receipt and understanding:

	Receipt Acknowledged			
Anti-Harassment – Including Sexual Harassment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discrimination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equal Opportunity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabled Employees and Accommodations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grievance Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pregnancy Leave/FMLA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Discipline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual Written Performance Evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Internet/Social Media Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

- Have the above policies and procedures been reviewed by legal counsel within the past 24 months?  Yes  No
- With respect to employee terminations, does the Applicant consult with legal counsel or Human Resources personnel prior to every termination?  
If "No", please attach an explanation describing your procedures  Yes  No

9. Please indicate whether the Applicant conducts human resources training, including sexual harassment training for managers and supervisors?  Yes  No
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10. Is the company subject to OFCCP oversight?  Yes  No
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11. Is Applicant a  General contractor  Subcontractor  
If General Contractor, what percentage of jobs require Subcontractors? :- %
- 
12. Does the company have a policy for handling customer complaints of harassment or discrimination?  Yes  No

**Required attachments – EPL**

As part of this Application, submit the following documents with respect to the Applicant:

- Employee Handbook, if Applicant has 250 or more employees
  - Most recent EEO-1 report, if Applicant has 1,000 or more employees
  - Most recent annual financial statement, if policy limit requested is greater than \$2,000,000
-

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## Fiduciary Liability Coverage Part

Premium to be paid by  Employer  Trust or Plan Total Number of Plan Fiduciaries

## Plan data (complete chart for all plans for which coverage is requested)

Full Plan Name	Plan type	Current asset value	Latest FYE Annual Contributions	Current No of Participants	**Plan Status

\*Plan Types: Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach Explanation

\*\*Plan Status: (A)=Active (F)=Frozen (S)=Sold (T)=Terminated (if any plan has been terminated, indicate date of transaction)

List additional plans on a separate attachment

## Plan underwriting questions

1. Is each plan reviewed every 24 months to assure there are no violations of ERISA (e.g., prohibited transactions or party-in-interest rules)?  
If "No", please attach an explanation  Yes  No

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2. Does any plan
  - a. not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law;  Yes  No
  - b. hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits; or  Yes  No
  - c. invest in or provide an option to invest in employer securities?  Yes  No  
If "Yes", please attach an explanation

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3. Has any plan within the last 5 years
  - a. been the subject of an investigation by the DOL, IRS, or any similar foreign agency;  Yes  No
  - b. had its tax exempt status withdrawn or threatened to be withdrawn by the IRS;  Yes  No
  - c. experienced an event reportable to the PBGC;  Yes  No
  - d. filed for an exemption from a prohibited transaction;  Yes  No
  - e. received an adverse opinion as to its financial condition by an independent public accountant; or  Yes  No
  - f. not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standard?  Yes  No  
If "Yes", please attach an explanation

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4. Does the Applicant sponsor any Cash Balance Plans or does the Applicant anticipate the conversion to or has it ever converted a pension plan to a Cash Balance Plan?  
If "Yes", please attach an explanation  Yes  No

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5. Has any plan (a) been amended within the last 12 months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next 12 months; or (b) been merged with another plan, terminated or sold within the past two years or anticipated in the next 12 months?  
If "Yes", please attach an explanation detailing whether a blackout period will result and any associated plans for implementation and disclosure to participants  Yes  No

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6. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible?  
If "Yes", please attach an explanation  Yes  No



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## Crime coverage part

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Are owners active in the day to day oversight of business operations?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does someone other than the person responsible for reconciling bank accounts:  |                              |                             |
| Make Deposits?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Make Withdrawals?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sign Checks?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is countersignature of checks required?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, what is the dual signing limit?   |                              |                             |
| 4. Is segregation of duties practiced in the following areas:   |                              |                             |
| Inventory management?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cash receipts?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vendor approval?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Oversight of blank check stock?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Purchase order approval and payment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retail checks and credit card receipts?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wire transfer receipts and payments   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are there controls in place so that no single person can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are all employees required to take at least 5 consecutive vacation days every year?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are all incoming checks stamped "for deposit only" immediately upon receipt?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is a physical count of inventory conducted at least annually?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, who conducts the inventory?   |                              |                             |
| 9. Are inventory records computerized?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are the duties of computer programmers and operators separated?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is dual authorization required for all wire transfers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, at what amount is dual authorization required?   |                              |                             |
| 12. Do you perform any of the following on candidates for new employment:   |                              |                             |
| Verification of Prior Employment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Credit History?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drug Testing?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Criminal History?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Education Verification?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Does the applicant have custody or control over any funds, accounts, or materials of any of its clients?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. If the company is requesting Client Coverage, please describe the services provided to Clients  |                              |                             |

15. Please indicate if you have or perform any of the following:

**Business Practices/Policies:**

- |   |   |
|---|---|
| <input type="checkbox"/> Formal written business plan?  | <input type="checkbox"/> Code of Ethics?              |
| <input type="checkbox"/> Fraud Policy?  | <input type="checkbox"/> Conflict of Interest Policy? |
| <input type="checkbox"/> Confidential hotline or procedure for employees to report violations in your policies? |   |

**Physical controls**

- |   |   |
|---|---|
| <input type="checkbox"/> Guards/Watchmen  | <input type="checkbox"/> Premises Alarm Systems     |
| <input type="checkbox"/> Messengers       | <input type="checkbox"/> Controlled Premises Access |
| <input type="checkbox"/> Other protection |   |

**Unique/significant exposures**

Please indicate any of the following characteristics or exposures that apply to your business operations:

- |   |  |
|---|--|
| <input type="checkbox"/> Precious Metals or Gemstones | <input type="checkbox"/> Proprietary credit cards                      |
| <input type="checkbox"/> ATM                          | <input type="checkbox"/> Armored car                                   |
| <input type="checkbox"/> Prepaid debit/calling cards  | <input type="checkbox"/> Managed Assets of Others                      |
| <input type="checkbox"/> Computer chips               | <input type="checkbox"/> Art collection or other valuable collectibles |
| <input type="checkbox"/> Proprietary Trading Activity | <input type="checkbox"/> Warehousing operations                        |
| <input type="checkbox"/> Joint Ventures               | <input type="checkbox"/> Narcotics                                     |
| <input type="checkbox"/> None Applicable              |  |

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**If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss in a separate attachment**

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**Required attachments – Crime**

As part of this Application, submit the following documents with respect to the Applicant:

- Most recent annual financial statement, for limit requests up to \$5,000,000
  - CPA Management Letter, if prepared, for limit requests of \$5,000,000 or greater
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## Representation – Prior knowledge of acts/circumstances/situations

The undersigned authorized agent of the Proposed Insureds represent, after reasonable inquiry, that no person or entity proposed for this insurance is aware of any fact, circumstance or situation which could reasonably be expected to give rise to a claim to which the proposed insurance would apply, except as disclosed immediately below (a "Disclosed Matter").

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If no Disclosed Matter exists, please write "None" here

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The undersigned authorized agent acknowledges and agrees, on behalf of all Proposed Insureds proposed for this insurance, that any Disclosed Matter shall be excluded from coverage under the proposed insurance

## Material change

If there is any material change in the answers to the questions in this Application before the policy inception date, the applicant must immediately notify the Insurer in writing, and any outstanding quotation may be modified or withdrawn.

## Fraud warnings

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 Alaska residents:** "A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law."

**Notice to Arizona residents:** "For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

**Notice to California residents:** "For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

**Notice to Colorado residents:** "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 Delaware residents:** "Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

**Notice to Florida residents:** "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 Idaho residents:** "Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

**Notice to Indiana residents:** "A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony."

**Notice to Kansas residents:** “A ‘fraudulent insurance act’ means an act committed by 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 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.”

**Notice to Kentucky residents:** “Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application 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 residents:** “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 Maine residents:** “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 Minnesota residents:** “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 New Hampshire residents:** “Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.”

**Notice to New Jersey residents:** “Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.”

**Notice to New Mexico residents:** “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 residents:** “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 residents:** “WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an 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 residents:** “Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.”

**Notice to Pennsylvania residents:** “Any person who knowingly and with intent to defraud any insurance company or other person files a 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 Tennessee, Virginia and Washington residents:** “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 Texas residents:** “Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

**Notice to Vermont residents:** “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.”

**Notice to New York residents:** “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 violation.”

**Signatures**

Applicant's name (please print)	Title (please print)	Applicants signature	Date
Name (please print)	Title (please print)		
Signature	Date		
If this application is completed in Florida, please provide the insurance agent's name and license number as designated. If this application is completed in Iowa, please provide the insurance agent's name only.			
Name of insurance agent	License number		