



ARGO Private PlaybookSM
Private Company Management Liability
RENEWAL APPLICATION

THIS IS AN APPLICATION FOR ONE OR MORE COVERAGE SECTIONS OF A POLICY. EACH COVERAGE SECTION IS WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. THE WRITTEN STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND ANY MATERIALS OR INFORMATION SUBMITTED WITH THIS APPLICATION ARE INCORPORATED INTO, AND WILL FORM THE BASIS OF, ANY POLICY OF INSURANCE ISSUED BY THE INSURER.

IF A POLICY IS ISSUED, COVERED DEFENSE COSTS AND OTHER EXPENSES WILL REDUCE THE POLICY'S LIMIT OF LIABILITY AND, EXCEPT AS OTHERWISE SPECIFIED IN ANY SPECIFIC COVERAGE SECTION, WILL BE SUBJECT TO THE POLICY'S RETENTION PROVISIONS.

Please answer all questions completely and submit the requested information and/or documentation under Sections A., B., C. and D. of this Application and under the specific section of this Application pertaining to each Coverage Section that is requested. Bold-faced terms within this Application that are defined in the General Terms and Conditions Section or within those sections of this Application specifically relating to a particular Coverage Section of the Insurer's current standard Private PlaybookSM, shall have the same meaning in this Application. The use of the word Company shall refer to the proposed Policyholder and each Subsidiary for which coverage is requested. The Insurer will hold this Application (and all materials submitted herewith) in confidence.

A. GENERAL INFORMATION

1. Proposed Policyholder: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Website: _____
Date of Incorporation/Formation: _____ State of Incorporation/Formation: _____
Legal Structure of the Policyholder: _____
(e.g., corporation, general partnership, LLC)

B. COVERAGE SECTIONS REQUESTED:

(Please check box only for the requested coverage)

- 1. [] Directors & Officers Liability
2. [] Employment Practices Liability
3. [] Fiduciary Liability
4. [] Miscellaneous Professional Liability

C. LIMITS OF LIABILITY AND RETENTIONS REQUESTED:

(If limits are to be shared with another **Coverage Section**, please specify that **Coverage Section** in the middle column labeled "Shared With.")

	Limits	Shared With	Retention
A. Directors & Officers Liability	\$		\$
B. Employment Practices Liability	\$		\$
C. Fiduciary Liability	\$		\$
D. Miscellaneous Professional Liability	\$		\$

1. If Employment Practices Liability is requested, is **Third Party Wrongful Act Coverage** requested?
 Yes No
2. If Fiduciary Liability is requested, is Voluntary **Compliance Loss Coverage** requested?
 Yes No

D. COMPANY FINANCIAL INFORMATION

Please attach copies of the latest consolidated audited financial statements and annual reports.

	CURRENT FISCAL YEAR ____/____/____	PRIOR FISCAL YEAR ____/____/____
Total revenue		
Total assets		
Total Liabilities		
Net Income (Loss)		
Total Equity		

E. DIRECTORS & OFFICERS LIABILITY COVERAGE SECTION

Complete only if the Directors & Officers Liability Coverage Section is requested.

1. Does the **Company** have any securities that are subject to registration under the Securities Exchange Act of 1933 or are publicly traded but exempt from registration under the Securities Exchange Act of 1933?
 Yes No

If the response is Yes to question 1. above, please provide details.

2. Is there any owner or group of affiliated owners who directly or beneficially own 5% or more of the **Company's** outstanding common equity shares?
 Yes No

If the response is Yes to question 2. above, please provide details.

3. In the next twelve (12) months, does the **Company** contemplate or anticipate:
 - a. any registration of its securities under the Securities Exchange Act of 1933 or under any similar provision of state, local or foreign law? Yes No
 - b. issuing any securities that are exempt from registration under the Securities Exchange Act of 1933? Yes No
 - c. any merger, consolidation, acquisition, divestiture or sale of more than 10% of its total outstanding common equity shares? Yes No
 - d. any liquidation, bankruptcy, reorganization or assignment for the benefit of creditors? Yes No

If the response is Yes to any of the questions in question 3. above, please provide details.

4. In the past year, has any director, president, chief operating officer, chief financial officer or general counsel left or joined the **Company**? Yes No

If the response is Yes to question 4. above, please provide details.

5. In the past year, has any licensed attorney employed by the **Company** in his or her capacity as such been disciplined, reprimanded, disbarred, suspended or refused admission by any court or governmental agency having jurisdiction over attorney licensing? Yes No

If the response is Yes to question 5., please provide details.

6. Please provide the following material unless such material has already been provided in connection with a prior application to the **Insurer** for a policy or **Coverage Section** for which the coverage applied for is a renewal and such information, in the form previously provided, has not changed.
- a. Charter, by-laws, articles of incorporation or other similar document pertaining to the formation or governance of the **Company**.
 - b. Any corporate indemnification agreement providing for the indemnification of **Insured Persons**.
 - c. A complete list of all directors of the **Company** by name and date of nomination to the board.

F. EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION

Complete only if the Employment Practices Liability Coverage Section is requested.

1. **WORKFORCE INFORMATION** (Responses to encompass information for the **Company**, including all **Subsidiaries**)

- a. Total number of **Employees**: _____
- b. Break down of **Employees**:

Type of Employee	Current Total Number	Total Number One Year Ago
Domestic (Full Time)		
Domestic (Part time, seasonal, temporary and or volunteers)		
Foreign (ROW- Full time and part time)		
Independent Contractors		
Leased Employees		

- c. Total number of **Employees** located in the following jurisdictions:

<u>Jurisdiction</u>	<u>Percent of Total Employees</u>
California	____%
District of Columbia	____%
Florida	____%
Michigan	____%
New Jersey	____%
New York	____%
Texas	____%

- d. Percentage of **Employees** unionized: ____%
- e. Are any collective bargaining agreements pertaining to unionized **Employees** coming up for renewal in the next 12 months? Yes No

If the response is Yes to question 1.e above, please provide details.

f. **Employee** turnover rate: Current Fiscal Year: _____ Prior Fiscal Year: _____

g. Percentage of **Employees** earning:

<u>Compensation</u>	<u>Percent of Employees</u>
Less than \$50,000	____%
\$50,000 to \$100,000	____%
\$100,001 to \$250,000	____%
Greater than \$250,000	____%

2. Please provide the following material unless such material has already been provided in connection with a prior application to the **Insurer** for a policy or **Coverage Section** for which the coverage applied for is a renewal and such information, in the form previously provided, has not changed. Please provide copies of any documents previously provided that have been amended or updated.

- a. Employee Handbook and Guidelines.
- b. Human Resource Policies and Procedures.
- c. If **Third Party Wrongful Act Coverage** is requested, copies of policies and procedures pertaining to notice to responsible senior management of complaints of **Discrimination** against, or **Harassment** of, individuals other than **Employees** or applicants for employment.
- d. If the **Company** is a contractor with the federal government, copies of the **Company's** affirmative action plan and the results of any OFCCP audit.
- e. Please provide copies of the most recent EEOC-1 report(s) for the **Company**.

G. FIDUCIARY COVERAGE SECTION

Complete only if the Fiduciary Liability Coverage Section is requested.

1. PLAN INFORMATION

Please provide the following information for each **Plan** for which coverage is requested:

Plan Name and Plan Number	Type of Plan *	Number of Participants	Market Value of Plan Assets	Plan Status **

* Welfare (W); Defined Benefit (DB); Defined Contribution (DC); (**ESOP**); Other (O)

** Active (A); Merged (M); Sold (S); Terminated (T); Frozen (F)

- 2. Are any **Plans** over funded or under funded by more than 15%? Yes No
- 3. Are any of the **Plans'** assets invested in securities of, or issued by, the **Company**? Yes No
 - a. If Yes, are the investments in such securities directed by, or at the discretion of, **Plan** participants?
 - b. If Yes, what percentage of the **Company's** shares held in any such **Plans**? _____%
 - c. If Yes, is any such **Plan** an **ESOP**? Yes No
 - d. If the answer to c. above is Yes, is the **ESOP** leveraged? Yes No

4. Have any **Plan** benefits been modified during the policy period of the expiring policy? Yes No
5. Are any modifications to **Plan** benefits contemplated in the next year? Yes No

(For the purposes of questions 4. and 5. a modification of benefits includes an increase in participants' share of costs.)

6. Are any **Plans** managed by independent third party administrator(s) or investment manager(s)? Yes No
 - a. If Yes, how often is the performance of any such third party reviewed?
 - b. If Yes, how often are guidelines or contracts governing the conduct and responsibilities of such third parties reviewed?
 - c. If Yes, is there a written procedure that is followed to assess the reasonableness of fees charged to or paid by the **Plans** for the services of such administrators or investment managers, including the fees relating to investments recommended by investment managers? Yes No
7. Does the **Company** have any non-qualified **Plans**? Yes No
8. Do all **Plans** conform to standards of eligibility, participation, vesting and other provisions of **Employee Benefits Law**? Yes No
9. Are **Plans** reviewed annually to assure that there are no violations of any **Plan** trust agreements or party in interest rules or any prohibited transactions? Yes No
10. Have any **Plans** been terminated, suspended, merged, dissolved, or converted to a cash balance plan within the last two years? Yes No
11. Is any transaction described in question 10. contemplated in the next year? Yes No
12. Are there any outstanding delinquent contributions to any **Plan**? Yes No
13. Has any **Plan** requested or contemplated filing a request for a waiver of contributions? Yes No
14. Are **Plan** participants educated annually regarding investment alternatives? Yes No

If the response is Yes to questions 2., 4., 5., 7., 10., 11., 12. or 13. above, please provide details. If the response is No to questions 6.c, 8., 9. or 14. above, please provide details.

15. Please provide copies of the following materials:
 - a. Copies of the latest audited financials for the five largest **Plans** as measured by the value of **Plan** assets. (If the assets of any such **Plan** are held in a Master Trust, please provide the Master Trust investment portfolio).
 - b. Copies of the latest audited financials for any **Plan** whose assets include securities of, or issued by, the **Company**).

H. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE SECTION

Complete only if the Miscellaneous Professional Liability Coverage Section is requested.

1. Please describe in detail the **Professional Services** for which coverage is requested. _____

2. Does the **Company** engage in any business, including providing any **Professional Services**, for which

coverage is not requested?

Yes No

If the response is Yes to question 2. above, please provide details.

3. Please provide the following financial information:

TYPE OF PROFESSIONAL SERVICES	TOTAL REVENUES PRIOR FISCAL YEAR ____/____/____	TOTAL REVENUES CURRENT FISCAL YEAR ____/____/____	PERCENTAGE OF PROFESSIONAL SERVICE REVENUE VS TOTAL REVENUE OF POLICY HOLDER OF POLICY HOLDER CURRENT FISCAL YEAR ____/____/____

4. In the past year, has the **Company** provided **Professional Services** to any **Affiliate**, including any **Subsidiary**, or to any entity in which the **Company** or any person proposed for insurance has an ownership interest?

Yes No

If the response is Yes to question 4. above, please provide details.

5. In the past year, has the **Company** provided **Professional Services** to any customer or client that has generated more than 20% of gross annual revenues?

Yes No

If the response is Yes to question 5. above, please provide details.

6. In the past year, has the **Company** used any independent contractors or subcontractor in providing **Professional Services**?

Yes No

a. If the response is Yes to question 6. above, please provide details, including the nature of the work provided by the independent contractors or subcontractors, and the frequency with which such independent contractors or subcontractors have been used

b. If the response is Yes to Question 6. above, what percentage of the time have written contracts with independent contractors or subcontractors been used? ____%

7. If written contracts with independent contractors or subcontractors have been used in the past year:

a. What percentage of such contracts has required the contractor or sub-contractor to indemnify any proposed **Insured(s)**? ____%

b. What percentage of such contracts has required the contractor or sub-contractor to maintain errors and omissions insurance? ____%

8. In the past year, what percentage of Professional Services has been rendered pursuant to written contracts with the client or customer? ____%

9. If written contracts with customers or clients have been used in the past year, what percentage of such contracts contained guarantees or warranties? ____%

10. Are any of the individuals proposed for insurance required to maintain licenses in order to provide **Professional Services**?

Yes No

If the response is Yes to question 10. above, please provide details regarding the nature of the licenses that must be maintained.

I. REPRESENTATIONS

The undersigned authorized officer of the Proposed Policyholder declares on behalf of the Proposed Policyholder and all persons and entities proposed for insurance that the statements set forth in this Application, including any supplemental application section for any particular Coverage Section, are true. It is understood that the accurateness and completeness of the statements in this Application, including material submitted to the Insurer, are relied upon by the Insurer, and shall be the basis of the policy of insurance, if issued, and shall be deemed incorporated herein.

The undersigned officer of the Proposed Policyholder agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance that he/she will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this Application does not bind the applicant or the Insurer to issue an insurance policy, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

FRAUD PREVENTION WARNINGS

NOTICE: ANY PERSON WHO KNOWINGLY, OR KNOWINGLY ASSISTS ANOTHER, FILES AN APPLICATION FOR INSURANCE OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD AN INSURANCE COMPANY MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND LOSS OF INSURANCE BENEFITS.

NOTICE TO ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR 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 INSURANCE COMPANY FILES A STATEMENT OF CLAIM OR 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 CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD KNOWINGLY THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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

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 FACT MATERIALLY FALSE INFORMATION OR CONCEAL 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 PUERTO RICO APPLICANTS: 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 THOUSANDS DOLLARS (\$5,000), NOT TO EXCEED TEN THOUSANDS 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.

NOTICE TO TENNESSEE 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 TEXAS APPLICANTS: 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 VIRGINIA 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 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 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 NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

NOTE: 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. If this Application is completed in New Hampshire, please provide the Insurance Agent’s signature.

PRODUCER (Insurance Agent or Broker)	INSURANCE AGENCY OR BROKERAGE
INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.	AGENT OR BROKER LICENSE NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	
E-MAIL ADDRESS OF AGENT OR BROKER	
SUBMITTED BY (Insurance Agency)	INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	