

NATIONWIDE PRIVATE COMPANY 360 MANAGEMENT LIABILITY PACKAGE POLICY CRIME APPLICATION

Please answer all questions and submit all requested information. Terms appearing in bold in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. The **Company** will hold this **Application**, including all materials submitted herewith, in confidence. Whenever used in the **Application**, the term “**Applicant**” shall mean the **Parent Organization** and any of its **Subsidiaries**. Please complete the “General Information” section of the **Application** and any other section of this **Application** for which coverage is sought.

*In addition to answering the following questions, the **Applicant** must provide a copy of all requested items specified in any of the questions, below, plus three (3) years prior loss history and most recent audited financial statements.*

A. Applicant’s Information	
Company Name (Applicant):	
Address Line 1:	
Address Line 2:	
City, State, Zip:	
Phone:	
Website Address:	

B. Applicant’s Contact Information	
Name:	
Title:	
Phone:	
Email:	

C. Applicant’s Organizational Information	
1) Provide a brief description of the Applicant’s business:	
2) Date Applicant Established / Incorporated:	
3) Applicant’s Organizational Structure (<i>Corporation, Partnership, etc</i>):	
4) NAIC Code:	
5) SIC Code:	
6) Applicant’s Prior Ticker Symbol (<i>if applicable</i>)	
7) Does the Applicant desire coverage for entities that are more than 50% owned, or any joint venture entities? If yes, please attach a list of all such entities, including the percentage of ownership, nature of business and date acquired or created.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Does the Applicant desire coverage for entities outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Expiring Coverage				
Coverage	Yes	No	Expiring Limit	Expiring Deductible
Employee Theft			\$	\$
Client Property			\$	\$
Computer Fraud and Funds Transfer Fraud			\$	\$
Inside the Premises			\$	\$
Outside the Premises – In Transit			\$	\$
Forgery or Alteration			\$	\$
Money Order & Currency Fraud			\$	\$
Total Expiring Policy Premium	\$			

E. Requested Coverage				
Coverage	Yes	No	Requested Limit	Requested Deductible
Employee Theft			\$	\$
Client Property			\$	\$
Computer Fraud and Funds Transfer Fraud			\$	\$
Inside the Premises			\$	\$
Outside the Premises – In Transit			\$	\$
Forgery or Alteration			\$	\$
Money Order & Currency Fraud			\$	\$

If requesting larger liability limits than expiring, please complete the following statement:

As respects to the limit of liability sought under any proposed coverage of this insurance that exceeds the limit of liability for such coverage of the expiring insurance, does anyone for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a loss which may fall within the scope of this proposed insurance? Yes No

*If "Yes," please attach details to this **Application**.*

Solely with respect to any portion of the limit of liability under the proposed insurance that exceed the limit(s) in the expiring policy, the Applicant understands and agrees that if any claims, knowledge or information of acts, errors, omissions, facts or circumstances which may give rise to a loss exists, any subsequent loss arising therefrom is excluded from this proposed insurance.

F. Applicant's Operations

Pursuant to the chart, below, please complete the requested information concerning the **Applicant's** current operations. If additional space is needed, please attach a separate sheet of paper providing the requested information.

Country of Operation	# of Locations	# of Employees	Gross Revenue	Type of Operation
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Totals:			\$	

G. High Value Materials and Items

Please indicate if the **Applicant's** operations involve use or transportation of any of the following items or material (check all that apply):

Precious metals or gemstones	<input type="checkbox"/>	Furs	<input type="checkbox"/>
Electronic components	<input type="checkbox"/>	Firearms, weapons, or ammunition	<input type="checkbox"/>
Computer chips or computer components	<input type="checkbox"/>	Food or agricultural product	<input type="checkbox"/>
Money or currency	<input type="checkbox"/>	Art, collectibles, heirlooms, antique, or vintage items	<input type="checkbox"/>
Gold, silver or fine jewelry	<input type="checkbox"/>	Musical instruments	<input type="checkbox"/>

H. Applicant's Audit Procedures

1) Within the past three (3) years, has a CPA Management Letter been issued commenting on any internal control issues or providing recommendations for improvement of such controls? <i>If "Yes," please attach details to this Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2) Does the Applicant's internal audit department also audit foreign locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3) Within the last year, has the department provided any reports to management commenting on any internal control issues or providing recommendations for improvement of such controls? <i>If "Yes," please attach a copy of such report to this Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4) Please provide the number of employees working within the internal audit department: _____	
5) Has there been any audit recommendations that have not been adopted by the Applicant ? <i>If "Yes," please attach the reason for not following such recommendation to this Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

I. Applicant's Internal Controls

Please check "Yes", "No" or "N/A" for the following questions. If the response to any of the following questions is "No", please attach details to this **Application**.

1) Does the Applicant fully and completely reconcile its bank statements on at least a monthly basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2) Are the individuals(s) who reconcile the bank statements prohibited from performing the following:	
a) Signing checks or approving disbursements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Receiving checks or handling bank deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Making withdrawals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Obtaining access to electronic or mechanical check signing devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3) Does the Applicant require two signatures on <i>all</i> checks? If "No", does the Applicant require two signatures on checks that exceed a certain sum? If "Yes", please provide the amount for which two signatures are required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$
4) Are the following processes separated amongst different employees:	
a) Requesting checks, approving vouchers and signing checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Initiating and approving wire transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5) Can funds or securities wire transfer authority be delegated to anyone else within the Applicant's organization, whether verbally or in writing? If "Yes", please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6) If online banking software is used to perform funds transfer functions, is access to the portal restricted to specific users and terminals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7) Are international and domestic funds and securities transfer procedures performed consistently across all business units?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8) Are invoices stamped "PAID" at the time checks are issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9) Are paid invoices reconciled with issued checks on at least a monthly basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10) Are payroll preparation, disbursement and distribution functions segregated amongst different employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11) Does someone outside of the Applicant's payroll department reconcile, on at least a monthly basis, its payroll ledger and its employee list?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12) Are the Applicant's supervisors and managers required to verify payroll for their employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13) Does the Applicant's accounting system generate an automatic report of payroll additions and deletions to relevant supervisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14) Are the Applicant's payroll systems automated, including time clock entries, if any? If "Yes": a) Does the Applicant's IT control employee access to systems and log employee access to payroll functions? b) Are manual payroll entries given to supervisors for approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15) Does the Applicant separate the functions of authorizing vendors, approving invoices and processing payments amongst different individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16) Does the Applicant require preauthorization of <i>all</i> requisitions and purchase orders by a manager of the requesting employee and/or by a separate department?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17) Does the Applicant reconcile invoices with its vendor list and contract terms prior to payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

18) Do salespersons, truck drivers, delivery personnel or any other employees collect money while outside of the Premises ? If "Yes", within the past year what was the maximum dollar amount collected in one day by all employees while outside the Premises ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$
19) Do any employees or authorized custodians of the Applicant keep money or other valuables with them while travelling for the Applicant or at their home? If "Yes", within the past year what was the maximum value kept by such employee or custodian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$
20) Does the Applicant have its own employees perform the function of delivering goods to its customers? If "Yes", does the Applicant always assign more than one employee to its delivery vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
21) Does the Applicant promote and provide its employees, vendors and customers with a tip or hot line to assist in reporting fraud detection or theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

J. Applicant's Pre-employment Screening and Employee Protocols

1) Does the Applicant perform the following background checks or pre-employment tests on <i>all</i> new hires? <i>If additional explanation is needed to answer any of the following, please attach details to this Application.</i>	
a) Previous employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Credit checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Arrests and convictions for felonies or misdemeanors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Drug testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2) Does the Applicant have an anti-fraud policy that is distributed to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3) Does the Applicant provide fraud awareness training for its supervisors and employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4) Are terminated employees denied access to the Applicant's facilities immediately upon termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5) Upon an employee's termination, does the Applicant cancel the employee's credit cards, purchasing and other authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

K. Applicant's Inventory Management

1) Does the Applicant have its inventory physically counted, at least annually, by an independent CPA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2) Does the Applicant perform its own physical count of inventory on a regular basis? If Yes, how often are physical inventory counts done? <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3) Does the Applicant separate the functions of ordering inventory, receiving shipments and making payments for such inventory amongst different Employees ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4) Does the Applicant have an automated inventory system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5) If the Applicant maintains an automated inventory system, are such systems reconciled with physical inventory counts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6) Please check any of the following that applies concerning locations containing the Applicant's inventory:	
a) The location(s) is protected by security guard(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) The location(s) has an alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) The location(s) has video camera surveillance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

L. Applicant's Vendor Management

Please check "Yes", "No" or "N/A" for the following questions. If the response to any of the following questions is "No", please provide attach details to this **Application**.

1) Does the Applicant restrict doing business with vendors listed on an authorized vendor list?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2) Does the Applicant perform a vendor validation process that reviews and verifies the following:	
a) The vendor name and ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) The vendor's W-9?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) The vendor's tax identification number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) The vendor's phone number and address?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) The vendor's bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3) Does the Applicant cross-check vendor and employee addresses and Tax ID numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4) Does the Applicant have written guidelines and procedures for vendor bidding processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5) Does the Applicant perform regular vendor file maintenance by removing duplicate files and vendors that have gone out of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6) Does the Applicant provide its employees and its authorized vendors a copy of its conflict of interest and gift policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7) Does the Applicant confirm with vendors any changes that are made to the vendor's account using a predefined contact or confirmation method?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8) Does the Applicant run exception reports showing all changes to vendor or supplier details?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

M. Social Engineering / Impersonation

*Social Engineering refers to a **Fraudulent Transfer Instruction**, issued by an **Imposter** purporting to be an **Employee/Executive, Vendor, or Client**, directing an **Applicant's Employee/Executive** to transfer **Money, Securities** or **Other Property** to the **Imposter**.*

1) Does the Applicant operate any gaming establishment or any financial institution, advisor, bank, escrow company, collections agency, or similar type of business? <i>If "Yes", please attached details to this Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2) Does the Applicant have a Chief Information Security Officer or equivalent position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3) Does the Applicant provide guidance and periodic anti-fraud training to employees concerning the detection of phishing and other social engineering scams?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4) Within the last 12 months, has the Applicant received fraudulent emails, purportedly from customers, vendors, or employees seeking to direct transfers of the Applicant's funds or securities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5) When verifying new customers or clients prior to initiating any financial transaction, does the Applicant verify:	
a) The customer or client bank account information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) The customer or client physical address?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

6) Please indicate all procedures used to authenticate fund or security transfer instructions prior to any such transfer:	
a) Call the customer or client at a predetermined number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Send a text message to the customer or client at a predetermined number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Receive a code from the customer or client that only they know?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Other (please describe): _____	
7) Does the Applicant incorporate any of the procedures described in question F, above, into contracts with its vendors or suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8) Does the Applicant run exception reports showing all changes to vendor or supplier details?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

N. Supplemental Information

1) Is the Applicant's business associated with the use, storing, replenishing or renting of Automated Teller Machines? <i>If "Yes", please complete the Automated Teller Machines Supplemental Crime Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Does the Applicant maintain any type of escrow or trust accounts for its clients or customers? <i>If "Yes", please complete the Client Trust/Escrow Account Supplemental Crime Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Does the Applicant use cash registers during the course of business? <i>If "Yes", please complete the Cash Register Supplemental Crime Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Does the Applicant maintain, hold, control, transfer or sell any precious metals or stones, such as gold, silver, copper, platinum, diamonds or other high value material? <i>If "Yes", please complete the Precious Metals Supplemental Crime Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Does the Applicant operate its own warehouse or a warehouse for others? <i>If "Yes", please complete the Warehouse Supplemental Crime Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Does the Applicant allow employees access to the personal banking accounts of any of its owners, directors or officers? <i>If "Yes", please complete the Personal Account Supplemental Crime Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

O. Foreign Operations Information

A) For those Applicant's with foreign operations, does the Applicant utilize the same loss control policies and procedures as indicated in the Applicant's responses in Sections E.3. through E.7. of this Application ? <i>If "No" for any of the responses, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

P. Crime Prior Claim History

Please list all employee related theft, burglaries, robberies or other crimes that would be potentially covered under the requested insurance coverage that was discovered by the **Applicant** in the last three (3) years. If "None" please state as such.

Date of Discovery	Description of Loss	Loss Amount	Insurance Payment Amount

The persons signing this **Application** declare that to the best of their knowledge the statements set forth herein and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information from all proposed **Insureds** to facilitate the proper and accurate completion of this **Application** for the proposed policy. Signing this **Application** does not bind the undersigned to purchase the insurance, but this **Application** shall be the basis of the contract should a policy be issued.

It is agreed by all concerned that the particulars and statements contained in this **Application** are true and shall be deemed material to the decision of the **Company** to issue the insurance. The undersigned agree that if after the date of this **Application** and prior to the effective date of any policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** inaccurate or incomplete, then the undersigned shall notify the **Company** of such occurrence, event or circumstance and shall provide the **Company** with information that would compete, update or correct such information. In such event, the **Company** in its sole discretion may modify or withdraw any outstanding quotation. The **Company** shall maintain on file this **Application**, including material submitted therewith, which shall be considered to be physically attached to and part of the Policy, if issued. The information requested in this **Application** is for underwriting purposed only and does not constitute notice to the **Company** under any policy of a **Claim** or potential claim. All such notices must be submitted to the **Company** pursuant to the terms of the Policy, if and when issued.

FRAUD WARNING: 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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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 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 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 MINNESOTA APPLICANTS: 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 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 OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: 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.

APPLICANT NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____

AGENT NAME: _____ **AGENT LICENSE NUMBER:** _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, electronic signature, facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.