

New Business Application for Private Companies

NOTICE: THE LIABILITY COVERAGE PARTS PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMITS OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY DEFENSE EXPENSES AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE INSURER WILL HAVE NO LIABILITY FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY.

Application Instructions

- Whenever used in this Application, the term "Applicant" shall mean the Named Insured and all subsidiaries or other organizations applying for coverage, unless otherwise stated.
- The Applicant must complete the relevant sections of this Application and of any applicable supplemental Application in accordance with the specific coverages requested, along with any additional underwriting information or attachments as indicated.

I. Name and Address

Name of Applicant: _____
(Include Named Insured and all additional insureds. Attach separate sheet if necessary)

Address of Applicant: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Date Business Established: _____

Internet Address: _____ State of Incorporation: _____

II. Requested and Current Liability Coverage

Indicate below which coverages are being requested. **Complete only those sections of this Application which pertain to requested coverage.**

Requested Coverage Part	Requested Limit	Currently purchased?	Current Limit	Current Retention
<input type="checkbox"/> Directors, Officers and Entity Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Employment Practices Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Fiduciary Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Crime Insurance	See Section VIII.	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Section VIII.	See Section VIII.
<input type="checkbox"/> Kidnap and Ransom Insurance	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

Expiring Insurer: _____ Expiring Premium: \$ _____

Expiration Date: _____ Expiring Prior and Pending Litigation Date: _____

1. Has the Applicant exercised any Extended Reporting Period (or Discovery Period) for any Coverage Parts to which this Application relates? ☐ Yes ☐ No

2. Within the past 3 years has the Applicant given notice of any claim, circumstance, or potential claim to any insurer under any of the coverage parts to which this application relates? ☐ Yes ☐ No
If "Yes", please attach a full explanation of the claim, circumstance, or potential claim.
3. Within the past 3 years has the Applicant cancelled or any insurer non-renewed any coverage parts to which this application relates? (Not applicable in Missouri) ☐ Yes ☐ No
If "Yes", please explain:

III. General Information

1. Name of persons for Insurance Primary Contact and loss prevention services:

Responsibility:	Name:	Title:	E-mail:
Insurance Primary Contact			
Human Resources			

☐ Check here if the Applicant consents to have The Hanover Insurance Group email you and your agent regarding periodic loss prevention and renewal information.

2. Operations:

a. Describe Applicant's operations:

b. What is the Applicant's North American Industrial Classification System (NAICS) code: _____

3. Does the Applicant have any subsidiaries, franchises, or joint ventures for which coverage is requested? ☐ Yes ☐ No

If "Yes", please attach a list of these entities and indicate percentage of ownership and nature of business for each.

4. Foreign Exposure:

a. Is the Applicant owned by a foreign (Non U.S.) organization? ☐ Yes ☐ No

b. Does the Applicant have any of the following:

- 1) Subsidiaries domiciled outside the U.S.? ☐ Yes ☐ No
- 2) Branch or representative offices outside the U.S.? ☐ Yes ☐ No
- 3) Joint ventures or partnerships with third parties outside the U.S.? ☐ Yes ☐ No
- 4) Sales outside the U.S.? ☐ Yes ☐ No

If "Yes", to any part of question 4. please attach an explanation.

5. What percentage of the Applicant's employees work at customer location or perform a majority of their functions off-site? _____ %

6. Within the past 3 years, has there been any change (resignations, terminations, departures, retirements, etc.) of Directors, Officers, or other senior management? ☐ Yes ☐ No

If "Yes", please attach a list including the name of individual(s), date of change and reason.

7. Location Information:

Total # of Locations:_____ **Total U.S. Locations:**_____ **Total Non-U.S. Locations:**_____

- If the Applicant has **less than 5** total locations, fill out the first four columns including the individual location zip codes.
- If the Applicant has **more than 5** total location, aggregate the data by state and/or non-U.S. country by completing the first three columns and the last column (skip the individual zip code column.) Use a separate sheet if necessary.
- Please note that Type of Operations includes: Manufacturing, Warehouses, Distribution Centers, Retail, or Other.

State or Non-U.S. Country	Type of Operation(s)	Number of Employees	If 5 or Less locations:	If 5 or More Locations:
			Zip Code	Sum of Locations

8. Please provide the following information regarding the Applicant's employees:

	Number of Employees in Current Year:	Number of Employees in Previous Year:
Full Time <i>(not including independent contractors)</i> :		
Part Time <i>(including leased and seasonal)</i> :		
Independent Contractors:		
Located in New York City <i>(including 5 boroughs)</i> :		
Located in California:		

9. In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or in the process of completing):

- Any merger, acquisition, or divestment? ☐ Yes ☐ No
- Any bankruptcy, reorganization, or arrangement with creditors under federal or state law? ☐ Yes ☐ No
- Any branch, location, facility, office, or subsidiary closings, consolidations, reductions in force, downsizing, or layoffs? ☐ Yes ☐ No
- Any public or private offering of securities (including crowd funding/crowd financing)? ☐ Yes ☐ No
- Any change in ownership greater than 10%? ☐ Yes ☐ No

If "Yes", to any of the above parts of question 9. please attach an explanation.

10. Are all newly acquired organizations within 12 months of their acquisition, and all current foreign locations using the same computer system security, financial audit controls and procedures, and Human Resource policies as other similar domestic locations? ☐ Yes ☐ No ☐ N/A
- If "No", please attach an explanation.*

11. Please provide the following financial information for the most recent fiscal year (indicate month/year):
_____ Month / _____ Year, or check box if attaching most recent yearend financial statements: ☐

Financial Data	Current Year	Previous Year
Total Revenue:	\$	\$
Total Assets:	\$	\$
Current Assets:	\$	\$
Current Liabilities:	\$	\$
Long Term Debt:	\$	\$
Retained Earnings (Accumulated Deficit):	\$	\$
Total Shareholders' Equity:	\$	\$
Net Income (or Net Loss):	\$	\$
Cash Flow from Operating Activities:	\$	\$

12. With respect to the financial auditor:
- What is the scope of the financial statement preparation?
☐ Internal ☐ CPA Compilation ☐ CPA Review ☐ CPA Audit ☐ None
 - Has the auditor issued a "going concern" opinion for the Applicant's financial statements during the past 3 years? ☐ Yes ☐ No ☐ N/A
If "Yes", please attach a full explanation.
 - Does the outside auditor prepare a Management Letter / Internal Control Over Financial Reporting Letter commenting on internal control deficiencies or material weaknesses identified, with recommendations for improvement? ☐ Yes ☐ No ☐ N/A
If "Yes", has the auditor identified any significant deficiencies or material weaknesses during the current or prior year? ☐ Yes ☐ No ☐ N/A
 - Is the Applicant in compliance with all debt and/or loan covenants? ☐ Yes ☐ No ☐ N/A
If "No", please attach a full explanation.
 - Has the Applicant changed auditors in the last three years? ☐ Yes ☐ No ☐ N/A
If "Yes", please attach a full explanation.

IV. Prior Loss and Litigation Information

Loss Experience (during the last 5 years)

Check if no losses in the last 5 years ☐

Description of Loss	Date	Amount of Loss	Reported to Insurer?	Corrective Action Taken
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If additional space is needed, please attach a separate sheet.</i>				

V. Directors, Officers and Entity Liability Information

Complete the following table for all Shareholders owning more than 10%, attach additional pages as needed

Director or Officer Shareholders	% Of Voting Shares Owned Greater Than 10% Only	Related to/Family of Another Shareholder, Director or Officer?
	%	<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
Non-Director and Non-Officer Individual and Corporate Shareholders	% Of Voting Shares Owned Greater Than 10% Only	Related to/Family of Another Shareholder, Director or Officer?
	%	<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 any family relationships noted in the last column in the table above please describe:

- Total Number of Shareholders: _____
- Is any shareholder a trust that qualifies as an Employee Stock Ownership Plan under ERISA? ☐ Yes ☐ No
- Has any Executive of the Applicant disclosed to the Board of Directors any conflicts of interest in regards to any specific contracts or dealings with family members, competitors, customers or vendors? ☐ Yes ☐ No
If "Yes", please describe: _____
- Please check all the following corporate governance controls and procedures the Applicant has in place:
☐ Anti-trust training ☐ Family Employment Policy ☐ Anti-Bribery FCPA Training
☐ Conflict of Interest Policy ☐ Ethics Hotline ☐ Board Level Audit Committee
- Does the Applicant have a code of conduct or use signed contracts such as offer letters requiring employees and independent contractors to not disseminate or use previous employers' or clients' trade secrets, customer lists or other intellectual property? ☐ Yes ☐ No ☐ N/A

VI. Employment Practices Liability Information

- What percentage of the Applicant's employees currently earn more than \$150,000 annually? _____ %
- Does the Applicant have written procedures in place regarding:
 - Equal Opportunity Employment ☐ Yes ☐ No
 - Anti-Discrimination and Anti-Harassment ☐ Yes ☐ No
 - Employment at Will ☐ Yes ☐ No

- d. Multiple avenues of reporting employee complaints ☐ Yes ☐ No
- e. ADA accommodations ☐ Yes ☐ No
- f. Social Media and Computer/Network Usage ☐ Yes ☐ No
3. Does the Applicant:
- a. Distribute and document the receipt of an employee handbook to all employees? ☐ Yes ☐ No
- b. Conduct written annual performance evaluations? ☐ Yes ☐ No
- c. Have a full-time human resources manager or department? ☐ Yes ☐ No
- d. Use written Performance Improving Plans prior to a termination? ☐ Yes ☐ No
- e. Review all terminations with human resources or in-house / outside counsel? ☐ Yes ☐ No
- f. Conduct training regarding anti-discrimination and anti-harassment policies and procedures using in-house human resource staff or an outside vendor? ☐ Yes ☐ No
- g. **If over 100 employees**, review an audit with outside counsel at least every two years regarding employee classification and wage and hour documentation of exempt vs. nonexempt and Independent Contractors? ☐ Yes ☐ No ☐ N/A
- h. **If over 1,000 employees**, review pay practices for inequalities among protected classes in the workforce? ☐ Yes ☐ No ☐ N/A

VII. Fiduciary Liability Information

Please list the names and types of Applicant's employee benefit plan(s). Attach addition pages if needed.

Plan Name(s) (Other than health & welfare plans)	Plan Assets (Current year)	Type of Plan*	Funding (DB only) Under Funded 75% or less	Number of Plan Participants	Plan Status**
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
* Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP), Excess Benefit or Top Hat (EBP)					
** Active (A), Frozen (F), Sold (S), Terminated (T)-Include date of termination					

1. Does the Applicant request coverage for an Employee Stock Ownership Plan? ☐ Yes ☐ No ☐ N/A
If "Yes", please complete the ESOP Application and provide the most recent stock valuation report.
2. Are plans and guidelines reviewed and updated annually for compliance with plan agreements, ERISA, written investment guidelines, and Health Insurance Portability and Accountability Act (HIPAA)? ☐ Yes ☐ No
If "No", please describe:
3. In the past 3 years or the next 12 months has/will any plan:
- a. Been amended in a way that will result in the reduction of benefits? ☐ Yes ☐ No
- b. Contemplated or concluded any restructuring, spin-off, transfer, consolidation, merger, termination, or other similar transaction? ☐ Yes ☐ No
If "Yes", please describe:

4. Does the Applicant handle any investment decisions in-house? ☐ Yes ☐ No
If "Yes", please describe:

5. Has any employee benefit plan:
- a. Invested in securities of the Applicant? ☐ Yes ☐ No
 - b. Invested in more than 10% of any entity other than the Applicant or a pooled investment vehicle such as a mutual fund? ☐ Yes ☐ No
 - c. Loaned or pledged any employee benefit plan assets to any party in interest (including the Applicant)? ☐ Yes ☐ No
- If "Yes", to any of the above in Question 4., please attach a full description with details.

VIII. Crime Insurance Information

Indicate current and requested Crime coverage limits and retentions:

Check if the Applicant does not currently have Crime coverage ☐

Insuring Agreements:	Current Limit of Liability:	Requested Limit of Liability:	Current Retention:	Requested Retention:
Fidelity:				
Employee Theft	\$	\$	\$	\$
ERISA Fidelity	\$	\$	\$	\$
Client's Property	\$	\$	\$	\$
Forgery or Alteration	\$	\$	\$	\$
Premises Coverage	\$	\$	\$	\$
Transit Coverage	\$	\$	\$	\$
Computer Fraud	\$	\$	\$	\$
Funds Transfer Fraud	\$	\$	\$	\$
False Pretenses Fraud	\$	\$	\$	\$
Credit, Debit or Charge Card Fraud	\$	\$	\$	\$
Money Orders and Counterfeit Money	\$	\$	\$	\$
Personal Accounts Protection:				
Personal Accounts Forgery or Alteration	\$	\$	\$	\$
Identity Fraud Expense Reimbursement	\$	\$	\$	\$
Coverage Expenses:	Current Limit of Liability:	Requested Limit of Liability:		
Investigation Expenses	\$	\$		None
Data Restoration Expenses	\$	\$		None

Audit Procedures

1. Does the Applicant maintain an internal audit department? ☐ Yes ☐ No
If "No", is there an individual with internal audit responsibilities that include oversight and enforcement of internal control policies and procedures? ☐ Yes ☐ No

Human Resources / Payroll

2. Does the Applicant perform:
- a. Criminal background checks? ☐ Yes ☐ No
 - b. Prior employment verification and reference checks? ☐ Yes ☐ No
 - c. Drug testing? ☐ Yes ☐ No
3. Are separation of duties and management policies in place to prevent individual(s) authorized to hire, terminate, or change salary information from accessing payroll systems? ☐ Yes ☐ No
4. Does the Applicant have a program in place to detect possible "Ghost" employees? ☐ Yes ☐ No
"Ghost" employee means a person added to your payroll to collect a wage, even though they are not an actual employee

Check Handling and Disbursement Controls

5. Do employees who reconcile the monthly bank statement also:
- a. Sign checks? ☐ Yes ☐ No
 - b. Handle deposits? ☐ Yes ☐ No
 - c. Make withdrawals? ☐ Yes ☐ No
6. Is countersignature required on checks? ☐ Yes ☐ No
If "Yes", over what amount? \$ _____
If "No", who can sign checks individually and what controls are in place over this person(s) to prevent their issuance of unauthorized checks?
7. Are all invoices verified against purchase orders, receiving reports, and an authorized vendor list prior to issuing payment? ☐ Yes ☐ No
8. Are all expense reports supported by applicable receipts and approved by a next level manager with knowledge of the employee's job requirements, travel itineraries, and necessary and usual expenses? ☐ Yes ☐ No

Vendor Controls

9. Does the Applicant maintain a list of authorized vendors that is updated at least annually? ☐ Yes ☐ No
10. Does the Applicant have procedures in place to verify the existence and ownership of all new vendors prior to adding them to the authorized vendor list? ☐ Yes ☐ No
If "Yes", is due diligence conducted by someone other than the person requesting such addition? ☐ Yes ☐ No
11. Does the applicant prohibit those who have vendor approval authority from having access to or editing the authorized vendor list? ☐ Yes ☐ No
12. Does the Applicant have a system to detect payments to fictitious or unauthorized vendors / suppliers? ☐ Yes ☐ No
13. Are all invoices verified against purchase order, receiving reports, and the authorized vendor list prior to issuing payment? ☐ Yes ☐ No

Computer Funds Transfer Controls / Computer Security Controls

14. Has separation been established between the individuals responsible for approving computer funds transfers and processing computer funds transfers? ☐ Yes ☐ No
15. Are computer funds transfers reconciled the same day the transfer verifications are received by a person who did not initiate the request? ☐ Yes ☐ No
16. Are independent checks of computer funds transfer records done by a person not authorized to approve or initiate such transfers? ☐ Yes ☐ No
17. Does the Applicant employ Multifactor Authentication (MFA) before allowing any external access to their computer systems? ☐ Yes ☐ No

18. Are access controls in place to prevent unauthorized users from gaining access to programs and files? ☐ Yes ☐ No

Inventory Controls

19. Please check all of the following characteristics that apply to the Applicants Business operations:
- ☐ Computer Chips ☐ Art collection or other valuable collectibles ☐ Precious metals or gemstones
☐ Narcotics ☐ Special secured/locked retail inventory ☐ Warehousing operations
☐ Alcohol or Tobacco ☐ Care, custody and control of clients' property ☐ Manage assets of others
- If any of the above are checked, please attach a description of how such exposures are restricted, controlled and monitored.*
20. Are the duties of purchasing, receiving, storekeeping, and shipping separate so that no one person can control these functions from beginning to end? ☐ Yes ☐ No
21. Are physical inventories conducted at least annually? ☐ Yes ☐ No
22. Are perpetual inventories of materials and supplies maintained and periodically reconciled to a physical inventory count? ☐ Yes ☐ No
23. Is physical inventory protected by:
- a. Alarm system? ☐ Yes ☐ No
b. Video camera? ☐ Yes ☐ No
c. Security guards? ☐ Yes ☐ No
d. Security fencing? ☐ Yes ☐ No
24. Does the Applicant use, purchase, or sell any base metals in its business operations such as steel, aluminum, copper, nickel, or iron? ☐ Yes ☐ No ☐ N/A
25. Does the Applicant warehouse for others? ☐ Yes ☐ No
If "Yes", what does the Applicant warehouse?

Foreign Exposure

26. Are internal controls, as represented in this Crime Insurance Information section, the same for all international locations? ☐ Yes ☐ No ☐ N/A

IX. Kidnap and Ransom Insurance Information

1. Complete the following information regarding foreign travel of the Applicant:
Please attach additional pages if needed.

City and Country Visited	Number of Annual Trips	Average Length of Stay	Number of Employees Traveling	Number of Independent Contractors Traveling

2. Describe the Applicant's security precautions while traveling, both domestic and international, including use of security consultants:

X. Prior Knowledge and Applicant Representation

The Applicant must answer the prior knowledge question below:

- For any Liability Coverage Part for which coverage is requested and is not currently purchased; or
- If the Applicant is requesting higher limits than are currently purchased.

Is any Applicant proposed for coverage aware of any fact, circumstance, or situation that might reasonably be expected to result in a Claim that would fall within the scope of the proposed Liability Coverage Parts?

Yes ☐ No ☐

If "Yes" please attach a full description of the details.

This representation applies only to those coverage types for which no coverage is currently maintained, and any higher limits of liability are requested.

IMPORTANT: Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance or situation exists, whether or not disclosed in response to the question above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

XI. Material Change

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete including but not limited to a new Claim or other matter to be reported, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

XII. Declarations, Notices, and Signature

The submission of this Application does not obligate the Insurer to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant hereby authorizes the Insurer to make any inquiry in connection with this Application.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this Application and in any attachments or other documents submitted with the Application are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the Insurer will have relied on all such materials in issuing any such policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any policy, of a Claim or potential Claim.

GENERAL FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA AND OKLAHOMA: 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 in FL).

KANSAS: 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.

KENTUCKY, OHIO AND PENNSYLVANIA: 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.

MAINE, 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 (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

NEW HAMPSHIRE AND NEW JERSEY: Any person who includes any false or misleading information to the best of her/his knowledge on an application for an insurance policy is subject to criminal and civil penalties.

OREGON: 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.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT: 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.

NEW YORK: 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 civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Date	Signature**	Title
_____	_____	_____

**This Application must be signed by the chief executive officer, president, or chief financial officer of the Applicant's parent organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By: Producer: _____ Agency: _____

Taxpayer ID: _____ License Number: _____ Email: _____

Address (Street, City, State, Zip): _____