

Application for Technology Companies

Name of Insurance Company to which application is made

CLAIMS MADE NOTICE: CLAIMS MADE COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR APPLICABLE EXTENDED REPORTING PERIOD AND WHICH HAVE BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS.

DEFENSE WITHIN LIMITS: THE AMOUNT OF MONEY AVAILABLE UNDER THE POLICY TO PAY SETTLEMENTS OR JUDGEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU. READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE PRODUCER.

1. GENERAL INFORMATION

Name of Applicant Company

(Together with any subsidiaries for whom this policy is intended, hereinafter, "your business.")

Headquarters Address

City

State

Zip Code

Year established

Number of employees

Industry (NAIC or SIC)

Does your business have a website? Yes No

If yes, primary website address or domain:

And, is your business' email hosted through this web domain? Yes No

Does the Applicant Company have any subsidiaries? Yes No

If yes, please list them here:

2. OPERATIONS

As part of your business' operations, is there engagement in any service or activity involving, or products or services provided to, the following?

Yes No

- Adult media or entertainment
- Aerospace vehicles & satellites
- Air traffic control
- Cannabis, tobacco or nicotine
- Credit reporting
- Cryptocurrency
- Dating services
- Debt collection
- Gambling or games of chance
- Liquor, wine or spirits
- Mining
- Music streaming
- Online trading
- Ride sharing
- Unauthorized collection of protected data
- Weapons, explosives or ammunition

Is your business providing any of the following products or services?

Yes No

- Consumer tax preparation software or services
- Consumer data aggregation, broking or warehousing
- Employment screening
- Manufacturing smart phones or smart meters
- Media broadcasting, production or publication services
- Medical billing or medical claim processing
- Payment or payroll processing
- Social media website/application operation

3. REQUESTED COVERAGE

Does the Applicant Company currently purchase cyber, media and technology E&O liability coverage? Yes No

If yes, provide details of current coverage:

Cyber, Media & Technology Liability Limit	\$	Expiration Date	
First Party Expense Limit	\$	Carrier	
Technology E&O Retroactive Date		Premium	\$

Indicate the limits and retention desired for the coverages requested.

Cyber, Media & Technology Liability Limit	\$	Desired Effective Date	
First Party Cyber Expense Limit	\$	Retention	\$

4. REVENUE

Most Recent Completed Fiscal Year Gross Revenue	\$
Current Fiscal Year Projected Gross Revenue	\$
Current Fiscal Year Projected Total Expense	\$
Are there revenue-generating operations for your business outside the country of domicile?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, what percentage of revenue is generated outside the country of domicile?	%
Is the Applicant Company a subsidiary of a parent company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the parent company domiciled outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your business experienced within the past 12 months, or does your business anticipate experiencing in the next 12 months, a merger, acquisition, sale of any assets or similar transaction? If yes, attach a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. TECHNOLOGY PRODUCTS & SERVICES

Does your business provide managed security detection or response services to customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage of revenues is derived from these services?	%
Does your business have administrator access to customer networks and access them remotely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which of the following controls are implemented:	
<input type="checkbox"/> Least Privilege Access	<input type="checkbox"/> Customer network remote access monitoring
<input type="checkbox"/> Secure remote monitoring and management tools	<input type="checkbox"/> Customer network remote access auditing
<input type="checkbox"/> Encrypted communication of credentials & access details	<input type="checkbox"/> Customer network segmentation of critical systems
Does your business develop, install, lease, or license any of the following software products or platforms to customers?	
<input type="checkbox"/> Autonomous vehicle or aircraft operation systems	<input type="checkbox"/> Network security
<input type="checkbox"/> Biometric recognition	<input type="checkbox"/> On-demand platforms
<input type="checkbox"/> Blockchain technology	<input type="checkbox"/> Peer to peer file sharing
<input type="checkbox"/> Customer Relationship Management	<input type="checkbox"/> Supervisory Control & Data Acquisition Systems for utility, transportation & communication providers
<input type="checkbox"/> Electronic Health Records	<input type="checkbox"/> Supply Chain Management
<input type="checkbox"/> E-commerce transaction processing	<input type="checkbox"/> Transportation Management
<input type="checkbox"/> Financial transaction processing	<input type="checkbox"/> Video games or virtual reality
<input type="checkbox"/> Guidance or navigation systems	
<input type="checkbox"/> Healthcare Prescription Management	
	<input type="checkbox"/> None of the above
Does your business develop, manufacture, sell or distribute any of the following products to customers?	
<input type="checkbox"/> ATMs	<input type="checkbox"/> Medical devices
<input type="checkbox"/> Drones	<input type="checkbox"/> Point-of-Sale payment processing devices
<input type="checkbox"/> Guidance or navigation devices	<input type="checkbox"/> Wearable fitness devices
	<input type="checkbox"/> None of the above
Does your business utilize secure software coding practices throughout the lifecycle of its products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which of the following controls are implemented:	
<input type="checkbox"/> Secure coding principles training program for developers	
<input type="checkbox"/> Automated vulnerability scanning and code analysis inclusive of proprietary and open-source code	
<input type="checkbox"/> Documented process for managing identified vulnerabilities	
<input type="checkbox"/> Documented Software Development Life Cycle Policy reviewed annually	

Describe the three largest products or services offered by your business and include the percentage of total revenue derived from each.

	%
	%
	%

6. CUSTOMERS

What percentage of your business revenue is derived from work performed for:

<input type="checkbox"/> Government - Federal	%	<input type="checkbox"/> Government – State & Local	%
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If any **Federal Government** work, what percentage of all federal government work is performed as the prime contractor, under contracts your business executes directly with the federal government? %

Which of the following best describes the impact of the technology products and services your business provides to its customers?	<input type="checkbox"/> Highly critical to customers' daily business operations
	<input type="checkbox"/> Somewhat critical to customers' daily business operations
	<input type="checkbox"/> Customers can tolerate brief interruptions or lack of functionality
	<input type="checkbox"/> Not at all critical to customers' daily business operations

Provide the revenue size of the average customer your business serves.	<input type="checkbox"/> Individuals / consumers
<input type="checkbox"/> Up to \$50M <input type="checkbox"/> \$50M - \$250M <input type="checkbox"/> \$250M - \$1B	<input type="checkbox"/> \$1B or larger

Provide the average annual revenue earned by your business per customer contract.	\$
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Provide the annual revenue earned by your business for the largest active customer contract.	\$
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Provide the duration of your business' longest active customer contract.	
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Provide the following for your business' three largest customer contracts during the last three years.	
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CUSTOMER NAME	PRODUCTS AND SERVICES PROVIDED	DURATION	ANNUAL REVENUE
			\$
			\$
			\$

7. CONTRACT MANAGEMENT

CUSTOMER CONTRACTS			
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From what percentage of customers does your business obtain written contracts, purchase orders, and/or user agreements?

<input type="checkbox"/> Less than 50%	<input type="checkbox"/> 50% - 74%	<input type="checkbox"/> 75% - 90%	<input type="checkbox"/> 91% - 100%
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Does a qualified attorney review all customer contract wording executed by your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are the following provisions found in the majority of your business' contracts, purchase orders, and/or user agreements?

Limitation of liability for consequential damages caused by your business	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , what percentage contains this limitation?	%
And, is this limitation equal to or less than the value or cost of your products or services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquidated damages payable by your business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disclaimer of warranties by your business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hold harmless in favor of your business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business have a formal customer acceptance and sign-off procedure when modifying a service contract and delivering a completed product or service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business have procedures to resolve disputes with clients over fees or other charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUBCONTRACTOR AGREEMENTS	
Does your business engage subcontractors in the course of providing products or services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , what percentage of revenues is derived from subcontractors?	%
And, does your business require subcontractors to carry professional liability or technology liability with limits of at least \$1,000,000 and obtain evidence of such insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
And, does your business execute written agreements with subcontractors containing hold harmless agreements in favor of your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. CYBERSECURITY FUNCTION & CONTACT PERSON

Is there a dedicated cybersecurity team monitoring the network for your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , is cybersecurity managed in-house or outsourced to a third party?	<input type="checkbox"/> In-house <input type="checkbox"/> Third party
If third party , please list third party entity:	
If in-house , how many employees are dedicated to the cybersecurity team?	
Cybersecurity Contact: <i>This should be an employee of the policyholder that The Hartford should contact with information pertinent to cyber risks, security alerts and incidents. Chief Information Officer (CISO), Risk Manager or equivalent.</i>	
Name	
Title	
Email	

9. DATA, PRIVACY & MEDIA

DATA INVENTORY	
How many unique individual people or organizations nonpublic personal records are received, processed, stored or transmitted during the policy period as part of your business activities?	
<input type="checkbox"/> Records <= 50k	<input type="checkbox"/> 1m < Records <= 5m
<input type="checkbox"/> 50k < Records <= 100k	<input type="checkbox"/> 5m < Records
<input type="checkbox"/> 100k < Records <= 1m	<input type="checkbox"/> Unknown
Indicate whether these nonpublic personal records are encrypted:	
While at rest	<input type="checkbox"/> Yes <input type="checkbox"/> No
While electronically in transit	<input type="checkbox"/> Yes <input type="checkbox"/> No
While on mobile devices	<input type="checkbox"/> Yes <input type="checkbox"/> No
BACKUPS & RECOVERY	
Is your business' critical data regularly backed up?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, weekly
<input type="checkbox"/> Yes, monthly	<input type="checkbox"/> Yes, less frequently than monthly
If yes , are backups stored offline and/or isolated from production systems?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
And, how often does your business test recovering data from the backup?	
<input type="checkbox"/> Never	<input type="checkbox"/> At least monthly
<input type="checkbox"/> At least quarterly	<input type="checkbox"/> At least annually
Does your business have a Cyber Incident Response Plan or Business Continuity Plan in place to respond to a computer system disruption?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , how often is the Cyber Incident Response Plan or Business Continuity Plan tested?	
<input type="checkbox"/> Never	<input type="checkbox"/> At least monthly
<input type="checkbox"/> At least quarterly	<input type="checkbox"/> At least annually
MEDIA	
Does your business have a legal review process governing all content that's published both on and offline (including social media), including a formal process to ensure there isn't infringement of another's copyright, slogan, trademark, logo, trade name, service mark or brand?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your business create original content for others or develop software code?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , does legal counsel review software and source code for potential intellectual property violations prior to release?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did your business acquire any trademarks in the last 3 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , were such trademarks screened and cleared for infringement?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. SECURITY CONTROLS**MFA**

Is Multi-Factor Authentication (MFA) required for ALL remote access to your business' network? Including cloud-hosted, on-premises and via Virtual Private Networks (VPNs).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Remote Access Not Permitted
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If no, how is remote access to the network controlled?

<input type="checkbox"/> SMS Based MFA	<input type="checkbox"/> No Remote Access Enabled
<input type="checkbox"/> Device or App Based MFA	<input type="checkbox"/> USER ID & Strong Password

Is MFA required for access to email?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No web-based email
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FUNDS TRANSFER CONTROLS

Does your business have a dual authentication protocol for confirming all funds transfer requests or account information changes from a vendor/partner through a secondary method of communication before the account information is changed or a funds transfer request is carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your business accept fund transfer requests from customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, is the funds transfer instruction validated by a method other than the original means of request? <i>For example, if the request is made by email, a follow up phone call is made to confirm that the supplier or vendor made the original request.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ENDPOINT PROTECTION

Identify all places where antimalware, antivirus and/or endpoint detection is running for your business:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Networks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there an Endpoint Detection and Response (EDR) or Managed Detection and Response (MDR) product in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, indicate EDR or MDR product used:**EMAIL SECURITY**

Identify what email security controls your business has in place for incoming emails:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Secure Email Gateway (SEG)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, indicate SEG product used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Screening for malicious attachments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Screening for malicious links	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Tagging emails from external senders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

How often is Antiphishing and Cybersecurity Awareness training conducted for employees?

<input type="checkbox"/> Never	<input type="checkbox"/> At least monthly	<input type="checkbox"/> At least quarterly	<input type="checkbox"/> At least annually
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11. LOSS HISTORY

During the past five years, has your business experienced any cyber incident (including claims, cyber attacks, cyber extortion demands, privacy breaches or system failures)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your business or any natural person for whom insurance is intended ever been the subject of reprimand or disciplinary or criminal actions by authorities as a result of their professional activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past five years has there been, or is there now, any: pending claim, closed claim, litigation, demand, or arbitration, civil, criminal, administrative, or regulatory action or proceeding involving your business (including those reported to and/or covered under a previous insurance policy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The following question is not applicable if the Applicant Company is currently applying to renew an in force FailSafe Enterprise Liability policy with The Hartford. Does your business or any natural person for whom insurance is intended have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a detailed description for any of the foregoing that apply.	

IT IS UNDERSTOOD AND AGREED THAT IF ANY CYBER INCIDENT; REPRIMAND, DISCIPLINARY, OR CRIMINAL ACTION; CLAIM, LITIGATION, OR DEMAND; ARBITRATION, CIVIL, CRIMINAL, ADMINISTRATIVE, OR REGULATORY ACTION OR PROCEEDING; OR KNOWLEDGE OR INFORMATION, EXISTS, ANY CLAIM OR ACTION FOR, BASED UPON, ARISING FROM, OR IN ANY WAY RELATED THERETO IS EXCLUDED FROM THIS PROPOSED COVERAGE. THE INFORMATION PROVIDED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY OF A CLAIM OR POTENTIAL CLAIM UNDER ANY POLICY. IF YOU INTEND TO NOTICE A CLAIM OR POTENTIAL CLAIM FOR POSSIBLE COVERAGE, PLEASE COMPLY WITH THE NOTICE OF CLAIM CONDITIONS/PROVISIONS FOUND IN YOUR POLICY.

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION 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.

ATTENTION 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.

ATTENTION 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.

ATTENTION 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.

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. 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 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. IN THE STATE OF KANSAS, COVERAGE FOR LOSS RESULTING FROM ILLEGAL ACTIVITY IS SUBJECT TO KANSAS LAW (AND SUBJECT TO FEDERAL LAW, WHERE APPLICABLE). COVERAGE MAY THEREFORE BE LIMITED TO DEFENSE COSTS RELATED THERETO.

ATTENTION KENTUCKY AND 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 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.

ATTENTION LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: 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.

ATTENTION 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.

ATTENTION 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.

ATTENTION 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.

ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

ATTENTION PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY 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 WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

ATTENTION TEXAS 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION VERMONT APPLICANTS: 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.

ATTENTION 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.

MATERIAL CHANGE, DECLARATION AND SIGNATURE

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT COMPANY DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE¹. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE². THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY³. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

1-In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2-In Maine this sentence ends at the word "quotations."

3-The application shall actually attach in the following states: North Carolina.

THIS APPLICATION MUST BE SIGNED BY A SENIOR OFFICER OF THE APPLICANT COMPANY, ACTING AS THE AUTHORIZED REPRESENTATIVE OF THE PERSON(S) AND ANY ENTITY(IES) PROPOSED FOR THIS INSURANCE.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Additionally required in Florida, Iowa & New Hampshire:

Name of Agent: _____
(Required: Florida, Iowa & New Hampshire only)

Agent License #: _____
(Required: Florida only)

Print Name: _____

Name of Agency: _____

Address: _____

Date: _____

Agent Signature: _____
(Required: Florida & New Hampshire only)