|  |  |
| --- | --- |
|  | **Capitol Indemnity Corporation****Capitol Specialty Insurance Corporation****A Stock Company** |
|  |  |
| **CapSpecialty.com/PL** | **P. O. Box 5900** |
| **eosubmissions@CapSpecialty.com** | **Madison, WI 53705-0900** |

|  |
| --- |
| **CapSpecialty Technology / Media / Cyber Application** |

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| --- |
| **I. APPLICANT INFORMATION** |

|  |  |
| --- | --- |
| 1.1 | Proposed **First Named Insured** (This is how the name & address of the Insured will read on the Declarations Page if coverage is Bound.): |
|  | Name: |       |
|  | Address: |       |
|  | City, State, Zip: |       |
|  | County: |       |
|  | Phone: |       |
| 1.2 | Website Address(es): |       |
| 1.3 | Date Established: |       |
| 1.4 | Is Applicant a: | [ ]  sole-proprietor [ ]  partnership [ ]  LLC [ ]  corporation [ ]  joint-venture[ ]  non-profit [ ]  individual [ ]  other, describe:       |

|  |
| --- |
| **FOR THE REMAINDER OF THIS APPLICATION, “*APPLICANT*” REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).** |

|  |  |
| --- | --- |
| 1.5 | Please provide the total number of Applicant’s employees:       |
| 1.6 | Is Applicant owned by, controlled by or affiliated with any other company?  | [ ]  Yes [ ]  No |
|  | If yes, identify the company and explain the relationship:       |
| 1.7 | Does Applicant have any subsidiaries? | [ ]  Yes [ ]  No |
|  | If yes, please list below: |

| **Name of Entity** | **Nature of Operations** | **% of Ownership** | **Coverage Desired** |
| --- | --- | --- | --- |
|       |       |    % | [ ]  Yes | [ ]  No |
|       |       |    % | [ ]  Yes | [ ]  No |
|       |       |    % | [ ]  Yes | [ ]  No |
|       |       |    % | [ ]  Yes | [ ]  No |
|       |       |     | [ ]  Yes | [ ]  No |

|  |  |  |
| --- | --- | --- |
| 1.8 | Within the past five years, has Applicant changed its name, acquired any business or merged or consolidated with any other entity? | [ ]  Yes [ ]  No |
|  | If yes, please complete the following: |

|  | **Transaction** | **Did Applicant Assume any** |
| --- | --- | --- |
| **Name of Entity** | **Date** | **Type** | **Assets?** | **Liabilities?** |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |

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| --- | --- |
| 1.9 | If liabilities were assumed by Applicant, in connection with a transaction as described in question 1.8, please provide details:       |

|  |  |  |
| --- | --- | --- |
| 1.10 | Does Applicant have any certified, licensed or registered professionals providing services to clients? | [ ]  Yes [ ]  No |
|  | If yes, please indicate which type(s): |

|  |  |  |
| --- | --- | --- |
| [ ]  Actuary[ ]  Architect[ ]  Attorney[ ]  CPA | [ ]  Engineer[ ]  Financial Planner / Adviser[ ]  Healthcare Provider[ ]  Insurance Agent / Broker | [ ]  Securities Broker / Dealer[ ]  Other:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **II. INDEPENDENT CONTRACTORS** |

|  |  |  |
| --- | --- | --- |
| 2.1 | Does Applicant use independent contractors for any activities Applicant performs?  | [ ]  Yes [ ]  No |
|  | If yes, what specific activities do they perform and what percentages of Applicant’s revenues are derived from activities performed by independent contractors?       |
| 2.2 | Describe what controls Applicant has in place to ensure the quality of work by independent contractors:       |
| 2.3 | Does Applicant require independent contractors to maintain E&O insurance?  | [ ]  Yes [ ]  No |

|  |
| --- |
| **III. REVENUE INFORMATION** |

|  |  |
| --- | --- |
| 3.1 | Please provide the following information regarding Applicant’s operations: |

| **Fiscal Year End****Date: \_\_\_     \_\_\_**(mm/dd/yyyy) | Past Fiscal Year | Current Fiscal Year | Next Projected Fiscal Year |
| --- | --- | --- | --- |
| **Total Gross Revenue:** | US: | $ |       | US: | $ |       | US: | $ |       |
|  | Foreign: | $ |       | Foreign: | $ |       | Foreign: | $ |       |
|  | Total: | $ |       | Total: | $ |       | Total: | $ |       |

|  |
| --- |
| **IV. SERVICES** |

|  |  |
| --- | --- |
| 4.1 | Please complete the following with regard to Applicant’s activities: |

| **Activity / Service** | **% of Revenues** |
| --- | --- |
| **Software:** |  |
| Custom Software |      % |
| Package Software |      % |
| Installation/Maintenance/Training/Support |      % |
| Programming |      % |
| Software VAR |      % |
| **Hardware:** |  |
| Component/Chip Design/Manufacturing |      % |
| Component Assembling |      % |
| Embedded Software Design/Installation |      % |
| Cabling/Wiring |      % |
| Maintenance/Repair/Installation/Integration |      % |
| Hardware VAR |      % |
| **Data / Facilities Services:** |  |
| Data Processing/Warehousing/Mining/Management |      % |
| Server/Co-location/Hardware Facilities Management |      % |
| Backup Services/Archiving |      % |
| **Technology / Internet / Telecommunications Consulting:** |  |
| System-Network Analysis/Design/Integration/Migration |      % |
| Outsourcing/Permanent-Temporary Placement |      % |
| Internet/E-Business  |      % |
| **Internet:** |  |
| Website Development/Maintenance/Hosting |      % |
| ASP |      % |
| ISP |      % |
| Advertising/Promotional Design/Services |      % |
| E-Commerce Services |      % |
| Search Engines |      % |
| Website Ownership |      % |
| Content Provider/Aggregator/Publisher |      % |
| Portal (including Chat/BB/Blogs) |      % |
| **Telecommunications Services:** |  |
| Local Service Provider/Cooperatives |      % |
| Long Distance Service Provider |      % |
| Cable or Satellite Television Service Provider |      % |
| **Marketing Services:** |  |
| Branding |      % |
| Coupon/Rebate/Promotions Distribution/Redemption Management |      % |
| Direct Mail Development/Implantation |      % |
| Event Planning |      % |
| Graphic Design |      % |
| Investor Relations |      % |
| Logos/Trademark Development |      % |
| Mail List Development/Maintenance |      % |
| Market Survey Design/Research/Analysis/Consulting |      % |
| Media Buying/Placement |      % |
| Music Service |      % |
| Package/Display/Brochure Design |      % |
| Photo Service |      % |
| Production of Commercials or other Advertising Content |      % |
| Product Development/Product Testing |      % |
| Promotions Design/Development |      % |
| Printing (e.g. Business Forms, Pamphlets, Directories, Social, Bindery, Catalogs) |      % |
| Printing (e.g. Discount/Rebate Coupons, Lottery tickets, Sweepstakes tickets, Corporate/Financial reports) |      % |
| Publishing |      % |
| Public Relations Consulting |      % |
| Strategic Planning |      % |
| Telemarketing |      % |
| Warehousing/Inventory/Fulfillment Services |      % |
| **Other:** |  |
|       |      % |
|       |      % |

|  |  |  |
| --- | --- | --- |
| 4.2 | Is Applicant engaged in any business or profession other than as described in Question 4.1 above? | [ ]  Yes [ ]  No |
|  | If yes, please explain:       |
| 4.3 | Please complete the following regarding the end use of services and activities: |

|  |  |  |  |
| --- | --- | --- | --- |
|    % | Banking/Funds Transfer/Finance |    % | Medical/Healthcare |
|    % | CAM/CAD/CAE – Architectural/Engineering/Scientific |    % | Military/Defense/Homeland Security |
|    % | Credit Card Processing |    % | Security |
|    % | Emergency Applications (911 systems/emergency dispatch) |    % | Utilities |
|    % | Entertainment |    % | Other, please describe:       |

|  |  |
| --- | --- |
| 4.4 | Provide the following information regarding Applicant’s five (5) largest clients: |

|  | **Client** | **Dollar Value of Contract** | **Length of Contract** | **Type of Products/Services** |
| --- | --- | --- | --- | --- |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |

|  |
| --- |
| **V. CONTRACTS AND LICENSING AGREEMENTS** |

|  |  |  |
| --- | --- | --- |
| 5.1 | Does Applicant use a standard written contract or agreement with allclients? | [ ]  Yes [ ]  No |
| 5.2 | Indicate the percentage of contracts where Applicant ‘s standard contract, the client’s contract, or combination of both is used: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|    % | Applicant |    % | Client |    % | Combined |

|  |  |  |
| --- | --- | --- |
| 5.3 | Does legal counsel review all contracts? | [ ]  Yes [ ]  No |
|  | 1. If no, what percentage of total contracts are reviewed?
 |    % |
|  | 1. Does legal counsel review modifications to standard contracts?
 | [ ]  Yes [ ]  No |
| 5.4 | What is the dollar value of Applicant’s contracts? | Average       | Largest       |
| 5.5 | What is the length of Applicant’s contracts? | Average       | Longest       |
| 5.6 | Do Applicant’s contracts contain any of the following provisions? |
|  | [ ]  Hold harmless/indemnification wording to Applicant’s favor | [ ]  Limitation of liability/Disclaimers |
|  | [ ]  Hold harmless/indemnification wording to client’s/member’s favor | [ ]  Statement of work specifications |
| 5.7 | Does Applicant use a written contract with independent contractors?  | [ ]  Yes [ ]  No |

|  |
| --- |
| **VI. QUALITY CONTROL & PROCEDURES** |

|  |  |
| --- | --- |
| 6.1 | What does Applicant see as its greatest potential exposures arising out of the activities for which it is seeking coverage?       |
| 6.2 | What safeguards does Applicant employ to avoid claims or reduce Applicant’s exposures?       |
| 6.3 | How does Applicant inform customers of problems if discovered?       |
| 6.4 | Does Applicant have a written complaint resolution policy or procedure? | [ ]  Yes [ ]  No |
| 6.5 | Does Applicant perform quality control audits? | [ ]  Yes [ ]  No |
|  | If yes, how frequently are audits performed?       |
| 6.6 | If Applicant is a value-added reseller of software/hardware, is the manufacturer still in business and does the manufacturer continue to support products they have manufactured? | [ ]  Yes [ ]  No |
| 6.7 | Does Applicant continue to support all software/hardware that Applicant has developed and/or distributed? | [ ]  Yes [ ]  No |
| 6.8 | Do clients always provide written acceptance of the systems and/or software after the production or implementation? | [ ]  Yes [ ]  No |
| 6.9 | Is a standard test plan followed by Applicant for all system and/or software design and development work (i.e. alpha, beta prototype development, etc.)? | [ ]  Yes [ ]  No |
| 6.10 | Are clients responsible for determining the accuracy of test results? | [ ]  Yes [ ]  No |
| 6.11 | Does Applicant retain design, development and testing documentation for the life of the systems and/or software? | [ ]  Yes [ ]  No |
|  | If no, how long is this information retained by Applicant?       |
| 6.12 | Has Applicant had a product recalled in the past three years? | [ ]  Yes [ ]  No |
|  | If yes, please explain:       |

|  |
| --- |
| **VII. SECURITY & PRIVACY CONTROLS AND PROCEDURES** |

|  |  |  |
| --- | --- | --- |
| 7.1 | Does Applicant collect, process, store or maintain any private or personal information? | [ ]  Yes [ ]  No |
| 7.2 | If yes, please indicate what type: |

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Accounts / Records: | [ ]  Yes [ ]  No | Healthcare / Medical Information: | [ ]  Yes [ ]  No |
| Credit / Payment Card Information: | [ ]  Yes [ ]  No | Intellectual Property of others: | [ ]  Yes [ ]  No |
| Confidential Corporate Information / Trade Secrets of others: | [ ]  Yes [ ]  No | Social Security Numbers: | [ ]  Yes [ ]  No |
| Employee information: | [ ]  Yes [ ]  No | Other, please describe:       | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| 7.3 | Estimate the number of records / individual records Applicant stores electronically or in paper files: |       |
| 7.4 | Does Applicant outsource any of the following critical network system functions? (check all that apply) |

|  |  |  |
| --- | --- | --- |
| [ ]  Hosting Facility | [ ]  Co-Location Facility | [ ]  Managed Security Service Provider (MSSP) |
| [ ]  Data Storage Facility | [ ]  Other, please specify:       |

|  |  |  |
| --- | --- | --- |
| 7.5 | Does Applicant sell or share information gathered from customers or others? | [ ]  Yes [ ]  No |
|  | 1. If yes, does Applicant notify and obtain the consent of customers or others prior to selling or sharing?
 | [ ]  Yes [ ]  No |
|  | 1. If yes, by what means? [ ]  Opt-in [ ]  Opt-out [ ]  Other
 | [ ]  Yes [ ]  No |
| 7.6 | Does Applicant collect, process, store or maintain any personal information that is regulated by compliance standards? | [ ]  Yes [ ]  No |
|  | 1. Is Applicant HIPAA compliant?
 | [ ]  Yes [ ]  No |
|  | 1. Does Applicant comply with Gramm-Leach-Bliley Act?
 | [ ]  Yes [ ]  No |
|  | 1. Other, please describe:
 |
| 7.7 | Does Applicant perform background checks, including credit & criminal history on all employees, independent contractors, consultants? | [ ]  Yes [ ]  No |
| 7.8 | Does Applicant have a formal technology and computer systems training program, including a review of all security procedures, for all employees performing proposed Insured Activities? | [ ]  Yes [ ]  No |
| 7.9 | Has Applicant implemented a user permission and password management policy? | [ ]  Yes [ ]  No |
| 7.10 | Does Applicant accept credit cards for goods sold or services rendered? | [ ]  Yes [ ]  No |
|  | 1. If yes, how many transactions are processed monthly?
 |       |
|  | 1. Is Applicant compliant with PCI / DSS standards?
 | [ ]  Yes [ ]  No |
|  | If yes, indicate level of compliance: [ ]  1 [ ]  2 [ ]  3 [ ]  4 |
| 7.11 | Does Applicant encrypt any of the following hardware? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Laptops
 | [ ]  Yes [ ]  No |  | 1. Backup Tapes/Disks
 | [ ]  Yes [ ]  No |
| 1. USB drives
 | [ ]  Yes [ ]  No |  | 1. Blackberries/iPhones/iPads, or other “smart” devices
 | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| 7.12 | Do Applicant’s external computer systems use firewalls and intrusion detection systems? | [ ]  Yes [ ]  No |
| 7.13 | Does Applicant use anti-virus and other preventive software to prevent malicious code from entering their system? | [ ]  Yes [ ]  No |
| 7.14 | Does Applicant have physical security measures in place to limit physical access to the Applicant’s computer systems / data centers? | [ ]  Yes [ ]  No |
| 7.15 | Does Applicant audit or assess the security of Applicant’s network at least once a year? | [ ]  Yes [ ]  No |
|  | If yes, are all recommendations addressed? | [ ]  Yes [ ]  No |
| 7.16 | Does Applicant have Business Continuity/Disaster Recovery plans in place for allmission critical business processes?  | [ ]  Yes [ ]  No |
| 7.17 | Does Applicant have a data backup procedure in place? | [ ]  Yes [ ]  No |
|  | 1. If yes, how often is data backed up?
 |       |
|  | 1. Where does Applicant store backed up data?
 |
| 7.18 | Does Applicant have a written policy for document retention and destruction, including both paper and electronic records? | [ ]  Yes [ ]  No |

|  |
| --- |
| **VIII. CONTENT CONTROLS** |

|  |  |  |
| --- | --- | --- |
| 8.1 | Does Applicant use content, including software and computer programs, developed by third parties? | [ ]  Yes [ ]  No |
| 8.2 | Does Applicant always obtain the documented rights to use the intellectual property of third parties (including copyright and trademark)? | [ ]  Yes [ ]  No |
| 8.3 | Does Applicant always follow an established procedure for detecting or editing controversial, offensive, or infringing material from Applicant’s website or Internet service? | [ ]  Yes [ ]  No |
|  | Is there an immediate take down policy? | [ ]  Yes [ ]  No |
| 8.4 | Has Applicant performed searches on all trademarks, service marks and domain names? | [ ]  Yes [ ]  No |
| 8.5 | Does Applicant consult with a qualified attorney regarding intellectual property issues / concerns? | [ ]  Yes [ ]  No |

|  |
| --- |
| **IX. CURRENT / PRIOR COVERAGE** |

|  |  |
| --- | --- |
| 9.1 | Prior Professional Liability Insurance for the last three years: |

| **Policy Period** | **Carrier** | **Limits** | **Deductible** | **Premium** | **Claims-Made or Occurrence** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |  |
| --- | --- |
| 9.2 | What is the retroactive date of the current policy?       |
| 9.3 | Is any extended reporting period currently in force? | [ ]  Yes [ ]  No |
|  | If yes, provide the duration and expiration date of the extended reporting period:       |
| 9.4 | Has Applicant ever applied for Professional Liability or any similar type of insurance and been denied, cancelled or non-renewed? (Not Applicable in Missouri) | [ ]  Yes [ ]  No |
| 9.5 | Does Applicant maintain General Liability coverage? | [ ]  Yes [ ]  No |
|  | **Carrier:** |       | **Limits:** |       | **Expiration Date:** |       |
| 9.6 | Does Applicant’s General Liability coverage include: |
|  | 1. Personal Injury/Advertising Injury?
 | [ ]  Yes [ ]  No |
|  | 1. Products/Completed Operations?
 | [ ]  Yes [ ]  No |
|  | 1. Professional Services Exclusion?
 | [ ]  Yes [ ]  No |

|  |
| --- |
| **X. DESIRED LIMITS / RETENTION OPTIONS** |

|  |  |  |
| --- | --- | --- |
| 10.1 | Desired Limits:  |  |
|  | Each Claim or Loss | [ ]  $1,000,000 [ ]  $2,000,000 [ ]  $3,000,000 [ ]  $4,000,000 [ ]  $5,000,000 [ ]  Other       |
|  | Aggregate Limit | [ ]  $1,000,000 [ ]  $2,000,000 [ ]  $3,000,000 [ ]  $4,000,000 [ ]  $5,000,000 [ ]  Other       |
| 10.2 | Desired Retention: | [ ]  $2,500 [ ]  $5,000 [ ]  $7,500 [ ]  $10,000 [ ]  $25,000 [ ]  $50,000 [ ]  Other       |

|  |
| --- |
| **XI. HISTORY** |

|  |  |  |
| --- | --- | --- |
| 11.1 | To the best of Applicant’s knowledge, in the last five years has Applicant transmitted a computer virus to a third party?  | [ ]  Yes [ ]  No |
| 11.2 | Has Applicant experienced a virus or a security breach? | [ ]  Yes [ ]  No |
|  | If yes, what steps have been taken to prevent further security vulnerabilities?       |
| 11.3 | In the past five years, has Applicant sued any of its clients for non-payment?  | [ ]  Yes [ ]  No |
|  | 1. If yes, advise the number of times this has occurred
 | in the last twelve months:       | in the last five years:       |
|  | 1. In these instances, was the Applicant counter-sued?
 | [ ]  Yes [ ]  No |
| 11.4 | In the past five years, have any officers, principals, partners, directors, or professional employees of Applicant had their professional license(s) or certification(s) suspended or revoked? | [ ]  Yes [ ]  No |
|  | If yes, please explain:       |  |
| 11.5 | Is Applicant aware of any actual or alleged fact, circumstance, situation, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against Applicant, or a loss or obligation to provide breach notification? | [ ]  Yes [ ]  No |

|  |
| --- |
| **The policy for which Applicant is applying, if issued, will not insure any Claim or Loss that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to any Applicant before the Effective Date of the Policy.** |

|  |  |  |
| --- | --- | --- |
| 11.6 | Has Applicant or any of Applicant’s predecessors in business, affiliates, or past or present: partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency, certifying body, or other governmental entity? | [ ]  Yes [ ]  No |
| 11.7 | Have any **Claims**, suits or proceedings been brought during the past five years against Applicant or Applicant’s predecessors in business, affiliates, or past or present partners, owners, officers, sales persons or employees? | [ ]  Yes [ ]  No |
| 11.8 | In the last five (5) years has the Applicant: |
|  | 1. Received any **Claims** or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information?
 | [ ]  Yes [ ]  No |
|  | 1. Been subject to any government action, investigation or subpoena regarding an alleged violation of a privacy law or regulation?
 | [ ]  Yes [ ]  No |
|  | 1. Notified consumers or any other third party of a data breach incident involving the Applicant?
 | [ ]  Yes [ ]  No |
|  | 1. Experienced an actual or attempted extortion demand with respect to its computer systems?
 | [ ]  Yes [ ]  No |
|  | If “yes” to any of a) through d), please provide details of any such action, notification, investigation or subpoena:       |
| 11.9 | Has the Applicant experienced any loss of service exceeding 8 hours, excluding any planned maintenance? | [ ]  Yes [ ]  No |

|  |
| --- |
| **The policy for which Applicant is applying, if issued, will not insure any Claims made against the Applicant prior to the Effective Date of the Policy or any subsequent claims, suits or proceedings arising there-from.** |

|  |  |  |
| --- | --- | --- |
| 11.10 | If any of the answers to questions 11.5, 11.6, 11.7, 11.8, or 11.9 above are “Yes”, have all matters been reported to appropriate insurance carriers? | [ ]  Yes [ ]  No |

**IF APPLICANT HAS RESPONDED “YES” TO QUESTIONS 11.5, 11.6, 11.7, 11.8, or 11.9 ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

|  |  |
| --- | --- |
| * A full description including damages alleged
 | * Current status
 |
| * Date the insurance carrier was put on notice
 | * Loss runs
 |
| * Amounts of: reserves; legal expenses paid; and settlements or judgments
 | * Steps implemented to prevent similar claims
 |

|  |
| --- |
| **XII. REPRESENTATIONS** |

|  |
| --- |
| ***This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application. By signing this Application, Applicant represents and warrants the following:*** |
|  | ***The statements in the Application furnished to Us are accurate and complete;*** |
|  | ***Those statements furnished to Us are representations Applicant makes on behalf of all proposed Insureds;*** |
|  | ***Those representations are a material inducement to Us to provide a Quotation;*** |
|  | ***If a policy is issued, We will have issued this Policy in reliance upon those representations;*** |
|  | ***The Applicant agrees to notify Us of any material change in the Applicant’s condition or in the Applicant’s activities, services, or answers provided in this Application that may be discovered between the date this Application is signed and the Effective Date of any policy, if issued, and*** |
|  | ***We reserve the right, upon receipt of such notice, to change or rescind any Quotation previously offered by by Us.*** |

As used herein, “We/Us/Our” means Capitol Indemnity Corporation or Capitol Specialty Insurance Corporation.

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| **XIII. FRAUD WARNING** |

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| **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 and subjects that person to criminal and civil penalties.****(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).** |

**APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD only.

**APPLICABLE IN CO**

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.

**APPLICABLE IN FL AND OK**

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)\*. \*Applies in FL only.

**APPLICABLE IN KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN KY, NY, OH AND PA**

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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**APPLICABLE IN ME, TN, VA AND WA**

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.

**APPLICABLE IN NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**APPLICABLE IN OR**

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.

**NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND. SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.**

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| **Signature of authorized representative of Applicant** |  | **Title** |
|       |  |       |
| **Type / Print name of authorized representative** |  | **Date** |
|       |  |  |
| **E-mail address of authorized representative** |  |  |