



**GENERAL STAR INDEMNITY COMPANY**  
**NEW BUSINESS APPLICATION**  
**INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY (E&O)**

1. a. Brokerage/Agency's **Legal Entity** Name: *(proposed primary named insured)*  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. Organization Type:  Sole Proprietor     Partnership     Corporation     LLC  
 Other: \_\_\_\_\_
- c. Are you a member of a provincial Insurance Brokers Association? .....  Yes  No  
**If yes**, please specify which Association(s): \_\_\_\_\_
- d. Date Legal Entity established\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *(month/day/year)*  
**\*If less than 3 years, attach resume and business plan.**
- e. Is coverage requested for any majority owned additional entities? .....  Yes  No  
**If yes**, complete the **Additional Entity Supplement**.
2. a. **Street Address** (Primary Location):  
 \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- b. **Mailing Address** *(if different from 2.a.)*:  
 \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- c. Does the brokerage/agency have additional locations? .....  Yes  No  
**If yes**, number of locations: \_\_\_\_\_
- d. Does more than 10% of your workforce work remotely full-time (i.e., "teleworking")? .....  Yes  No
3. a. Name of individual designated as brokerage/agency E&O contact: \_\_\_\_\_
- b. Phone: (    ) \_\_\_\_\_
- c. Fax: (    ) \_\_\_\_\_
- d. E-Mail Address: \_\_\_\_\_
- e. Website Address: \_\_\_\_\_
- f. Does website contain a privacy statement? .....  Yes  No
- g. Do you transact business "on-line" (i.e., quoting and binding) through your website? .....  Yes  No  
 If yes above, do you have documented policies, procedures and guidelines around how you address "on-line" activities to show that you have met your Legal and Regulatory responsibility as an insurance professional as it relates to your duty to advise and consult? \*  Yes  No  
**\*If you are unsure of your duties, please consult with your provincial regulations or a lawyer.**
- h. Are procedures in place to ensure that security events (e.g., unauthorized access, unsuccessful system access attempts, etc.) are identified, recorded, reviewed, and responded to promptly?.....  Yes  No
- i. Are encryption and other secure mechanisms in place for both the transport and storage of personal information (mobile and portable devices, web site)? .....  Yes  No
- j. Are passwords utilized and changed periodically?.....  Yes  No
4. During the last 5 years for new applicants, and during the last year for renewal applicants,
  - a. has the name of the brokerage/agency changed? .....  Yes  No

- b. has there been a change in brokerage/agency ownership? .....  Yes  No
- c. has the brokerage/agency participated in a cluster / alliance arrangement? .....  Yes  No
- d. have you acquired, merged with, or purchased any other brokerage/agency? .....  Yes  No

**If yes to 4.a. or 4.b., please complete the Name/Ownership Change Supplement**

**If yes to 4.c., please complete the Brokerage/Agency Cluster/Alliance Supplement**

**If yes to 4.d., please complete the Acquisitions & Mergers Supplement**

		<u>Current 12 Months</u>	<u>Next 12 Months</u> <i>(Estimated)</i>
5.	a. Total P&C <b>gross premiums</b> written annually, <b>excluding</b> Life and A&S and Government Auto .....	\$ _____	\$ _____
	b. Total gross annual P&C <b>commissions</b> .....	\$ _____	\$ _____
	c. Approximate P&C Portfolio Split ..... Commercial Lines: ___%    Personal Lines: ___%		
	d. Total gross annual Life and A&S <b>commissions*</b> .....	\$ _____	\$ _____
	e. Total gross annual Government auto <b>commissions</b> .....	\$ _____	\$ _____

**\* If coverage for Life and Accident & Sickness, Mutual Funds, Financial Products, or Financial Planning is required, complete the supplemental questionnaire (SP 15 890).**

- 6. a. Number of **P&C Insurance** Personnel: *(Each individual should be counted only once and attach a listing of staff, including years of experience and position held.)*

	Full-Time	Part-Time
Owners, Officer, Partners		
Employees – Licensed Producers, Brokers, Agents, CSRs		
Employees – non licensed		
Exclusive, Non-employee Producers		
Non Licensed Employees (Including Clerical) Non-exclusive, Non-employee Producers*		
Licensed Life Agents**		
Hail Only Agents		
<b>TOTAL STAFF:</b>		

\* Do you desire coverage for non-exclusive, non-employee producers for business placed on behalf of the Named Insured? .....  Yes  No

**If no**, do you verify that they carry their own Errors and Omissions coverage? .....  Yes  No

**If yes**, attach list of all Non-exclusive, Non-employee Producers desiring coverage (show Name, Commission Income, number of Years with Applicant, and Years Licensed for each)

**\*\* If coverage is required for Licensed Life Agents, complete Life and Accident & Sickness, Mutual Funds, Financial Products, or Financial Planning supplement (SP 15 890).**

- b. What percent of licensed staff have brokerage/agency experience?  
     Less than 3 yrs. - \_\_\_%      3-5 yrs. - \_\_\_%      More than 5 years - \_\_\_%
- c. What was the average turnover rate for the last three years? ..... \_\_\_\_\_%
- d. What percent of brokerage/agency personnel have insurance designations? ..... \_\_\_\_\_%

7. Products and/or Services:

<b>Include past 12 months data. If NEW, please project next 12 months</b>			
<b>Property and Casualty (P&amp;C) Insurance:</b>			
Total P&C Insurance Premium Volume:	\$	<i>(Net is commission &amp; fees after payment to NON-EXCLUSIVE sub producers)</i>	
<b>GROSS</b> P&C Commission and Fee Income:	\$	<b>NET</b> P&C Commission and Fee Income:	\$

<b>P&amp;C - Personal and Commercial Lines</b>			
Indicate the percentage of commission/fee income for each - <b>This P&amp;C section must total 100%</b>			
<b>PERSONAL LINES:</b>			
Auto (Standard)	%	Pleasure Boats/Craft	%
Auto (Non-Standard) / Assigned Risk	%	Umbrella	%
Homeowners / Fire (Standard)	%	Other (Describe):	%
Homeowners / Fire (Non-Standard)	%		
<b>COMMERCIAL LINES</b>			
Fire (Standard)	%	Crop	%
Fire (Non-Standard)	%	Medical Malpractice	%
SMP/BOP/Package	%	Professional Liability	%
Commercial General Liability	%	Inland Marine	%
Umbrella/Excess	%	Wet Marine	%
Auto (Standard)	%	Bonds - Surety*	%
Auto (Non-Standard)	%	Bonds - All Other*	%
Long-Haul Trucking	%	Aviation	%
Workers Compensation	%	Other (Describe):	%
Livestock	%	<b>*If commission/fee income from Bonds, a supplemental application may be required.</b>	
<b>CALCULATE TOTAL P&amp;C (MUST EQUAL 100%):</b>			%

<b>Life, Accident &amp; Health (A&amp;H) Insurance and other Financial Products:</b>			
Total Life, A&H, Annuities & other Financial Products Premium Volume:	\$	<i>(Net is commission &amp; fees after payment to NON-EXCLUSIVE sub producers)</i>	
<b>GROSS</b> Life, A&H, Annuities & other Financial Products Commission & Fee Income:	\$	<b>NET</b> Life, A&H, Annuities & other Financial Products Commission & Fee Income:	\$
<b>Life, A&amp;H Insurance and other Financial Products</b>			
Indicate the percentage of commission/fee income for each - <b>This section must total 100%</b>			
Individual Life	%	Variable Life & Variable Annuities	%
Individual A&H	%	Equity-Indexed Annuities	%
Group Life	%	Mutual Funds	%
Group A&H	%	Securities**	%
Long-Term Care	%	Life Settlement Transactions	%
Fixed Annuities	%	Other (Describe):	%
Premium Financed Life	%	<b>**If commission/fee income, please complete the Securities supplemental application.</b>	
Disability	%		
<b>CALCULATE TOTAL (MUST EQUAL 100%):</b>			%
<b>Other Products and/or Services: *** If fee income from any Other Products and/or Service, complete Supplemental Application.</b>			
Human Resources Consulting Fees	\$	Employee Benefit Plan Consulting/Administration Fees	\$
No. of Human Resources Professional Consultants		Third-Party Insurance Claims Administration Fees	\$
		Other (Describe):	\$

8. a. List the top 3 brokerage/agency contracted **Property & Casualty Insurance Carriers** by annual premium.

Complete Name of Insurance Carrier	Years Represented	Loss Ratio*	Annual Premium
			\$
			\$
			\$

\* If the loss ratio for any company represented is over 100%, please provide reason:  
 \_\_\_\_\_

b. If placing coverage with unlicensed carriers, do you have the policyholder sign an Acknowledgement letter advising the risks associated with this type of market? .....  Yes  No  
 N/A as do not use unlicensed carriers.

c. List all **Insurance Carriers** with whom brokerage/agency contracts have been terminated in the last 5 years. (✓ if "None" )

Name of Insurance Carrier	Reason Contract Terminated				
	Lack of Production	Loss Ratio	Carrier Insolvency	Market Withdraw	Other (Describe)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--------------------------	--

9. a. Percentage of your **Property & Casualty** business placed:
- (1) Direct with Carriers ..... %
- (2) Through Sub Brokers ..... %
- (3) Through MGAs ..... %
- (4) Operating as a Wholesale Broker\* ..... %
- (5) Operating as a MGA\* (Provide copy of MGA contract) ..... %
- TOTAL** ..... **100%**

b. List the top 3 **Brokers, MGAs or Intermediaries** by annual premium. (✓ if “None” )

Name of Broker, MGA, or Intermediary	Annual Premium
	\$
	\$
	\$

10. Is more than 20% of the total premium volume DIRECTLY generated from business involved in Oil Exploration or Extraction? .....  Yes  No

**If yes**, Number of Accounts: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_

(Please complete a Petroleum Business Questionnaire)

11. In the past five years, has the brokerage/agency placed coverage for firms whose principal activity is the removal, storage, or treatment of Hazardous Waste? .....  Yes  No

**If yes**, Number of Accounts: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_

12. In the past five years, has the brokerage/agency placed coverage or been involved with:

	Yes	No
Captive Management	<input type="checkbox"/>	<input type="checkbox"/>
Reinsurance	<input type="checkbox"/>	<input type="checkbox"/>
Self-Insured Captives	<input type="checkbox"/>	<input type="checkbox"/>
Risk Retention Groups (RRG)	<input type="checkbox"/>	<input type="checkbox"/>

13. Does the brokerage/agency perform any of the following activities:

	Yes	No	Revenue
Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Claims Adjustment Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Legal Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$
Title Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Premium Finance Company	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fee Based Insurance Consulting	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fee Based Loss Control/Risk Management <b>with</b> Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fee Based Loss Control/Risk Management <b>without</b> Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$
Deposit Broker Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Real Estate *	<input type="checkbox"/>	<input type="checkbox"/>	\$
Safety Consultant ( <b>Attach a copy of Safety Consulting contract</b> )	<input type="checkbox"/>	<input type="checkbox"/>	\$
Third Party Administrator ( <b>Attach a copy of TPA contract</b> )	<input type="checkbox"/>	<input type="checkbox"/>	\$
Alberta Registry Agent Services *	<input type="checkbox"/>	<input type="checkbox"/>	\$
Travel Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Family Health Plans (i.e. Blue Cross)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Notary / Commissioner of Oaths	<input type="checkbox"/>	<input type="checkbox"/>	\$

\* If coverage requested, a separate supplement/application is required for coverage consideration.

14. a Is there any entity having a 10% or more interest in the brokerage/agency or any subsidiary or affiliate of the agency? .....  Yes  No

**If yes attach organization chart and complete 14. b. to f.**

b. Affiliate's Name: \_\_\_\_\_

c. Ownership ..... %

d. Affiliate's Operations:  Bank  Insurance  Real Estate/ Mortgage  Other: \_\_\_\_\_

e. Affiliation:  Parent Company  Sister Company  Holding Company  Joint Venture

f. What percent of brokerage/agency revenue is derived from insurance placement for affiliated companies? ..... %

15. Does brokerage/agency place insurance for any entity (**other than the brokerage/agency**) which the brokerage/agency or brokerage/agency personnel have 10% or more ownership interest? .....  Yes  No

16. Office Procedures for all locations:

a. Are incoming documents date identified? .....  Yes  No

b. Are certificates of insurance issued based on policy terms and conditions and a copy sent to the insurer? .....  Yes  No

c. Does the brokerage maintain a policy expiration list? .....  Yes  No

d. Does the brokerage use a coverage checklist on all commercial proposals? .....  Yes  No

e. Do you have a procedure requiring written documentation of all rejections of coverage? .....  Yes  No

f. Do you have a procedure requiring a review of client's coverage for needed changes at renewal? .....  Yes  No

g. Do you have a procedure requiring that all applications, policies, certificates and endorsements are checked for accuracy? .....  Yes  No

h. Do you have a procedure requiring that all telephone conversations are documented? .....  Yes  No

i. What type of diary/abeyance system does the brokerage use? (✓ if "None" )

Automated  Non-Automated

j. Are workflows reviewed and updated by management on a regular basis? .....  Yes  No

k. Do you have a specific orientation/training program for new employees? .....  Yes  No

17. After inquiry of each brokerage/agency personnel, are there any known circumstances or incidents which may result in an errors and omissions claim or other claim being made against the brokerage/agency under this policy? .....  Yes  No

**If yes**, what is the total number of these potential claims? .....

**Complete a Claim Supplement for each potential claim.** (Claim supplement not required for claims or incidents previously reported to Gen Star's Claims Dept.)

18. Have any errors and omissions claims or incidents been made against the brokerage/agency or any of its past or present personnel or predecessor brokerage/agency, within the last 5 years? .....  Yes  No

**If yes**, what is the total number of these claims not previously reported to Gen Star? .....

**Complete a Claim Supplement for each claim/incident.** (Claim supplement not required for claims or incidents previously reported to Gen Star's Claims Dept.)

19. Has the brokerage/agency paid an E&O loss in excess of \$5,000 out of brokerage/agency funds within the last 5 years? .....  Yes  No

**If yes**, what is the total number of losses paid? .....

**Complete a Claim Supplement for each incident.** (Claim supplement not required for claims or incidents previously reported to Gen Star's Claims Dept.)

20. Has any policy or application for Errors and Omissions insurance on behalf of the applicant or any of its past or present owners, officers, partners or employees or solicitors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, canceled or renewal refused within the last 5 years? .....  Yes  No

If yes, please indicate: **Year:** \_\_\_\_\_

- Reason:**  Claim Experience     Carrier withdrew from market  
 Non-Payment     Brokerage/Agency Operations  
 Other (Describe): \_\_\_\_\_

21. Has any past or present brokerage/agency personnel been the subject of complaints filed and/or formal investigation and/or disciplinary action by any insurance regulatory authority? .....  Yes  No

If yes, provide explanation on a separate page along with a copy of the action pending or taken by the disciplinary body or judicial system.

22. Please provide the following on the brokerage/agency's prior 5 years of professional liability insurance:

(✓ if "None" )

Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date If "Full Prior Acts", ✓ box
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>

23. Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

24. Requested Limit of Liability: Each Claim: \$\_\_\_\_\_ Annual Aggregate: \$\_\_\_\_\_

25. Requested Deductible:  \$2,500     \$5,000     \$7,500     \$10,000  
 \$15,000     \$25,000     \$50,000     \$100,000 (requires financials)

**READ CAREFULLY**

The undersigned, acting on behalf of the Applicant Firm and all proposed insureds, declares that the statements set forth herein are true and accurate and that thorough efforts have been made to obtain sufficient information from each proposed insured in order to facilitate proper and accurate completion of this Application.

The undersigned agrees that the Application and all other materials submitted to the insurer are their statements, are incorporated in and constitute a part of the Policy and shall be deemed attached to the Policy as if physically attached. The undersigned represents that the statements and representations in the Application and all other materials submitted to the insurer shall be deemed material to the acceptance of the risk and that the Policy is issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by the undersigned, this Application, together with any other materials submitted to the insurer, have been completed as respects the entire Applicant Firm and all proposed insureds.

The undersigned further declares that if any significant change in the condition of the Applicant Firm or proposed insureds is discovered, between the date this Application was signed and the effective date of the policy, which would render the information in this Application inaccurate or incomplete, any such information will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The undersigned and insurer agree that the signing of this Application does not bind the undersigned to purchase the insurance.

\_\_\_\_\_  
Signature of Partner, Owner, Officer, or Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

**ALL STATES (UNLESS A STATE-SPECIFIC FRAUD WARNING APPLIES)**

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**STATE-SPECIFIC**

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

**NOTICE TO 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 INSURANCE 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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY 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 KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

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

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE 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 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: 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 (365:15-1-10, 36 §3613.1).

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

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY 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.

**NOTICE TO 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 INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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