

AXIS PRO®

2300 Main Street, Suite 800
Kansas City, Missouri 64108-2404



Telephone: (816) 471-6118
Toll Free: (866) 282-0565
Fascimilie: (816) 471-6119

Email: AxisProSubmissions@axiscapital.com
Website: www.axisproinsurance.com

American Association of Advertising Agencies Program APPLICATION FOR INSURANCE

Submission of a completed application incurs no obligation to purchase or bind insurance.

Note: All questions must be answered. All requested attachments must accompany application.

To complete this application, please submit:

- Current audited financial statement, annual report and/or 10K
- Copies of standard contracts with clients and freelancers/independent contractors
- Experience résumés if in business less than three years

I. GENERAL INFORMATION

1. First Named Insured (including DBAs):

NOTE: First Named Insured is responsible for premium payment, cancellation and changes – refer to specimen policy.

Street Address:

City, State, Zip Code:

Telephone Number: -

Website Address(es):

2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which coverage is desired? Yes No

If yes, please provide a list of entities for which coverage is desired.

3. Do you participate in joint ventures? Yes No

If yes, list the name of each joint venture, describe your role and percentage (%) interest.

With respect to the joint venture(s) described above:

A. Do you require coverage for your participating interest only? Yes No

OR

B. Are you contractually required to provide coverage for the entire joint venture including all joint venturers? Yes No

ALL REMAINING QUESTIONS ON THIS APPLICATION APPLY TO ALL OF THE PERSONS AND ENTITIES DESCRIBED IN QUESTIONS 1., 2., AND 3. ABOVE, COLLECTIVELY REFERRED TO AS "APPLICANT".

4. A. Year applicant was established:

B. Location (city & state) of all applicant's offices:

C. Geographic area(s) in which applicant's advertising appears and advertising services are performed:

- Local Statewide Regional National International

5. A. Is applicant wholly or partially owned by, affiliated with or controlled by any other entity(ies) not previously listed in Question 1. or 2.? Yes No
- B. Does applicant wholly or partially own, operate, manage or control any other businesses or entity(ies) not previously listed in Question 1. or 2.? Yes No

If 5.A. or 5.B. are answered yes, provide complete details:

6. Within the past five years has applicant:
- A. Changed name? Yes No
- B. Changed ownership structure? Yes No
- C. Purchased or acquired another entity? Yes No
- D. Merged or consolidated operations with another entity? Yes No

If any of 6.A. - 6.D. are answered yes, please attach a summary of relevant transactions.

7. Is applicant a current member of the American Association of Advertising Agencies? Yes No

If yes, date of membership: _____

8. List membership in any other industry groups or associations:

9. A. List major clients and description of their business:
- B. Do any of applicant's clients produce or manufacture:

Tobacco? Yes No
 Firearms? Yes No
 Alcoholic beverages? Yes No
 Pharmaceuticals? Yes No

10. A. Is applicant a "full service" advertising agency? Yes No

If no, state area of specialization:

- B. Does applicant obtain written releases with respect to creative material or talent from the following:

Employees? Yes No
 Models? Yes No
 Free-lance photographers, writers, composers, artists, musicians? Yes No
 Non-professional persons appearing in commercials or advertisements? Yes No

- C. Does applicant develop trademarks? Yes No

If yes, describe trademark search and clearance procedures:

Number of trademarks developed per year: _____

- D. Does applicant's contract always provide for client approval? Yes No

Attach a specimen copy of client contracts.

II. ACTIVITIES

11. Provide the approximate percentage of work performed in the following activities:

_____% Billboards
 _____% Crisis Management
 _____% Direct Mail
 _____% Events
 _____% Internet Advertising
 _____% Lobbying
 Please describe:
 _____% Mail Order/Production of Catalogs
 _____% Market Research
 _____% Media Buying/Media Placement
 _____% Medical/Pharmaceutical Advertising
 _____% Mobile/Wireless Advertising
 _____% Package Design/Display Design/Product Design

- _____% Political Advertising
- _____% Printing (or assumption of liability for printing by others on your behalf)
- _____% Promotions, contests, games, sweepstakes
- Please describe:
- _____% Public Relations
- _____% Print Material
- _____% Radio or Television Commercial Production
- _____% Search Engine Marketing/Optimization
- _____% Web Hosting
- _____% Website design/development (content only; "look and feel")
- _____% Website design/development (infrastructure, including programming)
- Please describe:
- _____% Other Advertising Activities
- Please describe:
- _____% Other Consulting Activities related to Advertising, Marketing and Communications
- Please describe:

III. CYBERLIABILITY – INTERNET AND TECHNOLOGY SERVICES THAT YOU PERFORM FOR OTHERS

12. Indicate the approximate percentages of revenue derived from the following **Internet** activities and services:

- _____% Internet marketing and data mining services
- _____% Application Service Provider (ASP) services
- _____% Web page development, design and related consulting services
- _____% Website hosting and website administration services
- _____% Software development (Internet-related software)
- _____% Interactive electronic environments and virtual communities
- _____% Intranets, extranets and intra-business networks management and related consulting services
- _____% Search engine services
- _____% E-Commerce services (processing orders/facilitating purchases using credit/debit card or similar pay method)
- _____% Other Internet services – Describe: _____

13. Indicate the approximate percentages of revenue derived from the following **Technology** activities and services:

- _____% Electronic data processing services
- _____% Custom software development services
- _____% IT systems analysis/design/integration/data migration and related consulting services
- _____% Software maintenance and support services
- _____% Hosting, co-location or managed network services
- _____% Support services and training for software and technology
- _____% Other technology services – Describe: _____

14. Describe your procedures for handling customer complaints or requests for corrections including the escalation process. Include those complaints and requests resulting from quality, performance, flaws or other anomalies in your activities and services.

15. Do you have a formal system development methodology? Yes No Not Applicable

If Yes, do you obtain your client's written acceptance of systems or software prior to production or implementation?

Yes No

16. Do you have procedures to safeguard against copyright infringement arising out of systems and/or software designed, developed or modified by you? Yes No Not Applicable

17. What percentage of your revenue is attributed to services provided by subcontractors and independent contractors? _____%

18. Describe your requirements for subcontractors, independent contractors and third party vendors to provide evidence of errors and omissions liability coverage.

19. Do you use written contracts or agreements related to the activities and services you provide? Yes No

If Yes, what percentage of the time are they used? _____%

20. Do your standard contracts contain the following provisions for your benefit?

- A. Limitation of liabilities Yes No
- B. Hold harmless or indemnity agreements Yes No
- C. Disclaimer of warranties Yes No

21. Estimate the percentage of your client contracts which contain deviations from your standard provisions? _____%

22. Are all contracts and modifications approved by your legal counsel? Yes No

If No, describe the process for approval of contracts, deviations and modifications.

23. Do you enter into contracts where you accept liability for consequential damages? Yes No

If Yes, explain when and how often:

24. Briefly describe your three largest customer contracts:

<u>CUSTOMER</u>	<u>SIZE OF CONTRACT</u>	<u>DURATION</u>	<u>SERVICES</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

IV. DATA AND PRIVACY PROTECTION

25. Does the **Applicant** employ security measures to prevent unauthorized access to the following:

A. The **Applicant's** websites: Yes No

If Yes, please explain:

B. The **Applicant's** premises and facilities: Yes No

If Yes, please explain:

C. The **Applicant's** computer systems/servers in the custody of others: Yes No Not Applicable

If Yes, please explain:

D. The **Applicant's** computer systems/services located on your premises: Yes No

If Yes, please explain:

E. The **Applicant's** employee, vendor and customer data: Yes No

If Yes, please explain:

26. Describe the **Applicant's** Anti-virus Software program.

27. Are security audits performed? Yes No

If Yes, please explain:

28. Does the **Applicant** have a formal documented security and/or privacy policy that has been read and is understood by all employees? Yes No

If No, please explain:

29. Does the **Applicant** have an employee assigned for maintaining network security? Yes No

30. Please indicate what types of electronic data records of third parties the **Applicant** stores on the **Applicant's** computer system? (Please check all that apply.)

- Medical data
- Customer information

- Credit card or bank account information
- Trade secrets
- Intellectual property assets
- Other – Describe: _____

31. Does the **Applicant** transmit credit card, customer, employee, medical, monetary or financial information through wireless routers to banks for approval or to your central computer systems? Yes No
 If No, does the **Applicant** utilize Wired Equivalent Privacy (WEP) security protocol? Yes No
 If No to the above, please describe any additional measures that have been made to upgrade the **Applicant's** WEP security protocol:
 If the **Applicant** does not utilize WEP security protocol, does the **Applicant** utilize Wi-Fi Protected Access (WPA) or Wi-Fi Protected Access 2 (WPA2) security protocol? Yes No
32. Does the **Applicant** store personal, vendor or customer information on portable computers or mobile devices? Yes No
 If Yes, does the **Applicant** have policies and procedures regarding their use and safekeeping? Yes No
 If Yes, does the **Applicant** have policies and procedures regarding the tracking of these assets? Yes No
33. Does the **Applicant** transact business utilizing debit, credit, pre-paid, e-purse, ATM and/or POS cards? Yes No
 If Yes, is the **Applicant** compliant with the Payment Card Industry Security Standards? Yes No
 If Yes, is the **Applicant** compliant with the Fair and Accurate Credit Transactions Act (FACTA)? Yes No
34. Does the **Applicant** collect personally identifiable material regarding visitors to the **Applicant's** websites? Yes No
 If Yes, does the **Applicant** sell or otherwise distribute this material to third parties? Yes No
 If Yes, does the **Applicant** disclose the privacy policy on your website(s)? Yes No
35. Does the **Applicant** perform regular computer system and data backups? Yes No
 A. How often are backups performed?
 B. Are backups stored off site? Yes No

V. RISK MANAGEMENT, CLEARANCE AND LEGAL PROCEDURES

Answer the following questions with consideration of media liability related issues, including but not limited to, defamation, invasion of privacy, infringement of copyright or trademark, and errors & omissions.

36. Describe your procedures to ensure the accuracy and originality of matter/content created by you in-house:
37. Describe your procedures to check the accuracy and originality of matter/content created for you by independent contractors (such as freelance writers, photographers, artists):
38. Do you enter into contracts with independent contractors that provide matter/content to you? Yes No
 If yes:
 A. Does your contract contain an assignment of rights in the matter/content provided to you in any medium including digital and electronic format? Yes No
 B. Do you require an indemnity in your favor with respect to claims arising from the matter/content provided to you by independent contractors? Yes No
39. Approximately what percentage of matter/content is:
 A. Created by you in-house: _____%
 B. Provided by independent contractors: _____%
 C. Obtained from syndicates, stock photo houses, other (describe _____): _____%
40. Do you accept unsolicited matter/content? Yes No
 If yes, describe your procedure for processing and documenting the receipt of unsolicited matter/content:

41. Do you perform advertising campaigns in a language other than English? Yes No

If yes, describe:

42. Do you pay licensing fees to ASCAP, SESAC, BMI or other music licensing society? Yes No

43. Do you stream any content over your website(s)? Yes No

If yes, do you pay licensing fees to ASCAP, SESAC and BMI for the content that is streamed over your website(s)? Yes No

If no, give details.

44. Do you allow users to upload video, audio or any other third-party content to any website(s) you own or operate?

Yes No

If yes, please respond to the following questions:

A. Do you screen such uploaded content before it is posted on website(s)? Yes No

B. Do you have actual knowledge of content on your site that might infringe on any intellectual property or other rights of third parties? Yes No

C. Do you receive a financial benefit directly attributable to that user-uploaded video or audio content? Yes No

D. Do you have take down procedures in the event you are notified that user-uploaded video, audio or other third party content may infringe another's intellectual property rights? Yes No

If yes, please attach the take down procedures your company has adopted for such notifications.

E. Have you implemented a termination policy for users of your website(s) who are repeat infringers? Yes No

F. Do you use filters or other software to screen your site for copyrighted user-uploaded video or audio content?

Yes No

If yes, please explain:

45. Do you have a Risk Manager? Yes No

If yes, name of Risk Manager:

46. Do you have an in-house legal department? Yes No

If yes:

A. Name of General Counsel: _____

B. How many attorneys specialize in media liability related issues? _____

C. Describe your procedures for engaging in-house counsel with respect to media liability related issues including pre-publication/pre-broadcast review and post-publication/post-broadcast issues:

47. Do you utilize outside law firms with respect to media liability issues? Yes No

If yes, list name of law firms used:

48. Describe your procedures for utilizing outside law firms with respect to media liability related issues arising from the creation and development of advertising, media buying/placement and other services performed for clients:

VI. CLAIM EXPERIENCE

49. A. Have any claims, suits or proceedings been made during the past five years against the applicant or any of the applicant's predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers or employees? Yes No

If yes, provide complete details. Include type of claims, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.

B. Is the applicant aware of any actual or alleged fact, circumstance, situation or error or omission arising out of the activities described in this application that may reasonably be expected to result in a claim being made against the applicant or any of the person or entities described in 63.A. above? Yes No

If yes, please explain and provide details:

50. In the past five years, has the applicant been the subject to an investigation or proceeding instituted by the FCC, FTC or similar governmental body related to the coverage being applied for? Yes No

If yes, please describe circumstances including costs associated with responding to the investigation or proceeding.

CLAIMS EXPERIENCE RELATED TO DATA AND PRIVACY PROTECTION

51. Has the **Applicant** experienced a theft or unintended release of private or personal information in the past 3 years? Yes No

If Yes, please describe the event and subsequent corrective action taken:

52. Have any claims, suits or proceedings been made during the past five years against the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, sales persons or employees arising out of the activities described in this application? Yes No

If Yes, complete a Supplemental Claim Information Form for each.

53. Is the **Applicant** aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against the **Applicant** or any of the persons or entities described in **Section IV.2.** above? Yes No

If Yes, please explain:

54. Has the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? Yes No

If Yes, please explain:

*THE COVERAGE FOR WHICH THE **APPLICANT** IS APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS THAT CAN REASONABLY BE EXPECTED TO ARISE FROM ANY ACTUAL OR ALLEGED FACT, CIRCUMSTANCE, SITUATION, ERROR OR OMISSION KNOWN TO THE APPLICANT BEFORE THE INCEPTION DATE OF THE POLICY.*

VII. FINANCIAL INFORMATION

55.

<u>DOMESTIC AND FOREIGN REVENUE</u>	<u>BILLINGS*</u> <u>CURRENT FISCAL YEAR</u>	<u>BILLINGS*</u> <u>ESTIMATED NEXT FISCAL YEAR</u>
<i>United States</i>	\$ _____	\$ _____
<i>Canada</i>	\$ _____	\$ _____
<i>Other (specify)</i>	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

56. Gross Income**: Current Fiscal Year: \$_____ Estimated Next Fiscal Year: \$_____

***BILLINGS:** Billings includes amounts invoiced to clients and includes the total of amounts paid to outside vendors, or pass through costs. (Billings = Gross Income + Pass Through Costs)

****GROSS INCOME (i.e. revenue):** Gross income includes the portion of client billings related to media commissions, production markups, fees, and hourly staff and incentive/performance compensation billings, and excludes pass through costs. (Gross Income = Billings - Pass Through Costs)

IX. OTHER INSURANCE -

57. A. During the past three years, has any similar insurance been issued to applicant? Yes No

If yes, complete the following:

Company:

Policy Number:

Limits:
Deductible:
Coverage Dates:
Premium:

- B. Has any insurer declined, canceled or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri.) Yes No
If yes, give details:
- C. Does applicant's comprehensive general liability policy provide coverage for personal injury (libel, invasion of privacy) arising out of business operations? Yes No

IX. PROPOSAL REQUIREMENTS

58. Policy limit required: \$ _____
Self-Insured Retention: \$ _____

59. Do you desire coverage for Business Operations and Personal Injury Liability Coverage? Yes No
(This optional coverage is in addition to the Personal Injury coverage provided by the policy for your Media activities. This coverage fills a potential gap in coverage left by your General Liability policy by providing Personal Injury coverage for claims arising from your usual and ordinary business operations.)

X. REPRESENTATIONS

By signing this application, the applicant agrees that:

1. The statements and answers furnished to the Company in this application and any attachments to it are accurate and complete;
2. The statements and answers furnished to the Company are representations the applicant makes to the Company on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the Company to provide a proposal for insurance;
4. Any policy the Company issues will be issued in reliance upon those representations;
5. The applicant will report to the Company immediately, in writing, any material change to the applicant's operations, conditions or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NAME (PLEASE TYPE OR PRINT)

NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER: <i>Producer Name:</i> <i>City, State:</i> <i>Telephone No.:</i>	C. GUYT, RISK STRATEGIES COMPANY NEW YORK, NY 212-338-4322	WHOLESALE PRODUCER: <i>Producer Name:</i> <i>City, State:</i> <i>Telephone No.:</i>	
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BROKER/AGENT SIGNATURE (NEW HAMPSHIRE): _____

NOTICE TO ARKANSAS 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 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 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.

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 KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF, AN INSURANCE POLICY OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT 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 PENALTIES.

NOTICE TO KENTUCKY APPLICANTS:

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

NOTICE TO 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 COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 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.

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.

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.

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 PUERTO RICO APPLICANTS: 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 WITH THE PENALTY OF 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.

NOTICE TO RHODE ISLAND 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.

SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

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