

**ACCOUNTANT PROFESSIONAL LIABILITY APPLICATION**

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS MEANING, EXCEPT AS OTHERWISE PROVIDED, COVERAGE APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST THE **INSURED** AND REPORTED TO THE **INSURER** DURING THE **POLICY PERIOD**.

CAREFULLY READ THE ENTIRE POLICY FOR WHICH THIS APPLICATION IS MADE. WORDS AND PHRASES WHICH ARE PRINTED IN **BOLD ITALIC TYPEFACE** HAVE SPECIFIC MEANING AND ARE DEFINED IN SECTION IV OF THE POLICY.

THE APPLICATION, ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS AND THEIR ATTACHMENTS SHALL SERVE AS THE BASIS OF THE POLICY, AND SHALL BECOME PART OF SUCH POLICY SHOULD A POLICY BE ISSUED, AS IF PHYSICALLY ATTACHED. THE **INSURER** RELIES UPON THE APPLICATION IN ISSUING THE POLICY. COMPLETION OF THIS APPLICATION DOES NOT IN ANY WAY IMPLY SUCH COVERAGE UNDER THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

**Please complete the application with respect to the Firm. Wherever the word "Firm" is used, it will be deemed to include the Firm affiliates.**

**FIRM INFORMATION**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Firm Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ County: \_\_\_\_\_  
Contacts:  Mr.  Ms. \_\_\_\_\_ Contact Phone: (if different than above) \_\_\_\_\_

1. Desired Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM / DD / YYYY

2. Please indicate the number of personnel in the Firm:  
(A) Owners, Partners, & Officers \_\_\_\_\_ (A) (C) Other Accounting or Tax Professionals \_\_\_\_\_ (C)  
Number of above that are CPA's \_\_\_\_\_ (D) Consulting Professionals \_\_\_\_\_ (D)  
(do not include in total)  
(B) Employed CPAs (other than identified above) \_\_\_\_\_ (B) (E) Support Staff (all others) \_\_\_\_\_ (E)  
**Total Firm Personnel** \_\_\_\_\_ (A) + (B) + (C) + (D) + (E)

3. Gross annual revenue for the Firm for the last 3 years:

*Estimate For Current Year*	Prior Fiscal Year	Second Last Fiscal Year
FYE: _____ / _____ MM / YYYY	FYE: _____ / _____ MM / YYYY	FYE: _____ / _____ MM / YYYY
\$ _____	\$ _____	\$ _____

\* If the revenue estimate for the current year is above \$500,000; complete the PRACTICE MANAGEMENT SUPPLEMENT

4. Does your Firm or any owners, partners or officers render services or conduct any business activities under a separate entity name? Yes  No

*If yes, complete the SEPARATE ENTITY SUPPLEMENT for all such entities whether coverage is desired or not. Coverage may be available for such entities by endorsement to your policy subject to underwriting approval.*

5. During each of the last 3 years has any client of the Firm represented more than 25% of the Firm's revenue? Yes  No

a. If Yes, please indicate percentage of revenue from largest revenue client (include client's affiliated entities): \_\_\_\_\_%

Services rendered: \_\_\_\_\_

b. Please indicate the percentage of revenue from second largest revenue client (include client's affiliated entities): \_\_\_\_\_%

Services rendered: \_\_\_\_\_

6. Does the Firm obtain a signed engagement letter or written agreement updated annually outlining the services the Firm will perform for each of the Firm's clients? Yes  No
7. Has any member of the Firm attended a Risk Management seminar in the last 3 years? Yes  No
8. Has your Firm merged with or acquired the business of any sole practitioner, accounting Firm or other business entity? Yes  No
9. Does the Firm control or disburse client funds? Yes  No

*If Yes, please complete the BUSINESS MANAGEMENT SUPPLEMENT*

10. Has the Firm or its predecessors within the past five years:
- a. Performed audits for SEC – regulated entities (other than for broker-dealers)? Yes  No
  - b. Received commissions, referral fees, reciprocity or other inducements arising from the sale, promotion or recommendation of securities, insurance products, real estate or other investments? Yes  No
  - c. Organized, promoted, or referred others to invest in investment ventures? Yes  No
  - d. Provided services to investment funds, hedge funds, mutual funds or syndication managers? Yes  No
  - e. Rendered services, for any client in which Firm personnel, or a relative of Firm personnel owned or received an equity interest in excess of 10%? Yes  No
  - f. Provided management services for investment ventures? Yes  No
  - g. Performed services or consented to the use of your work product in connection with public or private offerings of securities, real estate or other investments? Yes  No

*If yes to 10g, please provide information below for each offering of securities, real estate or other investments within the past 5 years including non-regulated offerings:*

Client Name & Industry	Type of Services Rendered	Year Services Rendered	Size of Offering	Fees Charged	Type of Offering*
	by Your Firm		\$	\$	
			\$	\$	
			\$	\$	

\*If public, indicate primary or secondary. If private, indicate partnership, trust or stock sale.

11. Has the Firm or its predecessor Firms within the past five years, arranged debt or equity financing, acted as a business broker, underwritten the offering of public or private securities, or prepared fairness opinions? Yes  No
12. Has the Firm, its personnel or its predecessors within the past five years, invested in any non-public investment venture in which a client has also invested? Yes  No
13. Has the Firm, its personnel or its predecessor Firms within the past five years, served as a trustee, co-trustee, executor, administrator or personal representative for any client? Yes  No

*If answer to question 13 is yes, please complete the following information for each trust or estate below:*

Name of Trust or Estate	Start Date of Engagement	*Type	Value of Assets	Annual Income of Assets	Number of Beneficiaries	**Beneficiary Interest
			\$	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>

\* E = Estate P = Personal/Family trusts B = Business trusts F = Foundations C = Charities R = Real Estate I = Irrevocable Life Insurance trust

\*\*Beneficiary interest means any personal interest you or your relatives might have as heir or beneficiary of the trust or estate funds, other than customary fees as trustee, administrator, executor or personal representative to which you are entitled.

14. Has your Firm or its personnel served as an officer, director, partner, manager or other member of a client's governing body?

Yes  No

*If yes to Question 14, please complete the information below:*

Firm Member	Entity Name	Industry	Position held	Is Director / Officer Insurance in force?	Percent Equity Interest	Firm Services	Does the individual listed perform these services?
				Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

**NATURE OF PRACTICE**

15. Provide the percentage of gross annual revenue derived from the areas of practice listed below:

SERVICE AREA	% OF REVENUE	SERVICE AREA	% OF REVENUE
<b>Tax</b>		<b>Consulting</b>	
A. Business Tax Services	_____ %	K. Litigation Support	_____ %
B. Estate Tax Services	_____ %	L. General Business Advice	_____ %
C. Individual Tax Services	_____ %	M. Other Consulting <sup>(4)</sup>	_____ %
<b>Accounting / Bookkeeping</b>		<sup>(4)</sup> Please describe _____	
D. Bookkeeping/Write-up	_____ %	N. Management Consulting /Business Planning	_____ %
<b>Attestation</b>		O. Computer Related Services <sup>(5)</sup>	
E. Audit: Publicly-held clients <sup>(1)</sup>		P. Business Valuation	
F. Audit: Non-public clients <sup>(1)</sup>	_____ %	Q. Forecasts/Projections	_____ %
<sup>(1)</sup> Complete the Audit Supplement if an entry in E or F above		R. Mergers/Acquisitions	_____ %
G. Review		<b>Special Services</b>	
H. Compilation	_____ %	S. Business Management <sup>(6)</sup>	_____ %
I. Agreed upon Procedures <sup>(2)</sup>	_____ %	<sup>(6)</sup> Complete the Business Management Supplement if an entry in S above	
<sup>(2)</sup> Please describe: _____		T. SEC Work other than Audit <sup>(7)</sup>	_____ %
_____		U. Investment / Financial Planning <sup>(8)</sup>	_____ %
J. Other Assurance Services <sup>(3)</sup>	_____ %	<sup>(8)</sup> Complete the Investment Financial Planning Supplement if entry in U above	
<sup>(3)</sup> Please describe: _____		V. Erisa / Pension Plans	_____ %
_____		W. Trustee Services	_____ %
		X. Other <sup>(9)</sup>	_____ %
		<sup>(9)</sup> Please describe _____	

*Total of all items must equal 100%:* \_\_\_\_\_

16. Within the past 5 years, has your Firm instituted suit to collect fees, including in small claims court?

Yes  No

If yes, against how many clients? \_\_\_\_\_

17. After inquiry of all owners, partners, officers and other professional staff of the Firm, within the past 5 years have any past or present personnel:

- a. been the subject of any regulatory investigation or inquiry; suspended from practice; or charged, indicted, plead no contest ("nolo contendere"), plead guilty or convicted of any felony charge? Yes  No

If yes, please provide details and dates: \_\_\_\_\_

- b. become aware of any accountants professional liability claims made against the Firm, Firm affiliates, their personnel, or the Firm's predecessors in business? Yes  No

- c. become aware of any act, omission, or fee dispute which could be the basis of a claim against the Firm, its personnel, or the Firm predecessors in business? Yes  No

If yes to 17 b or c above, please complete the CLAIM SUPPLEMENT for each claim or potential claim

**NOTE: THE POLICY FOR WHICH THIS APPLICATION IS BEING MADE SHALL NOT APPLY TO ANY INCIDENTS OR CLAIMS DETAILED OR WHICH SHOULD HAVE BEEN DETAILED IN THE QUESTION 17 a, b or c ABOVE.**

18. Within the past five years has the Firm or their personnel been declined, canceled, or non-renewed for professional liability insurance for any reason? (Not applicable to Missouri) Yes  No

If yes, please provide reasons and dates: \_\_\_\_\_

**PRIOR INSURANCE INFORMATION**

19. Does your Firm currently carry accountants professional liability insurance? Yes  No   
If yes, provide the information requested below.

Insurance Company (not broker): \_\_\_\_\_ Policy Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/ DD /YYYY

Limits of Liability: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Defense expenses reduce limits of liability or  Defense expenses are paid in addition to limits of liability

Indicate the prior acts date (also known as retroactive date) for your policy : Prior Acts Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/ DD /YYYY

20. Does the policy above, exclude coverage for any predecessor Firms, Firm affiliates, clients, specific engagements or other circumstances? Yes  No

If yes, please describe: \_\_\_\_\_

**COVERAGE SELECTION**

Indicate your desired coverage selection:

21. Limits of Liability: Per Claim \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_

22. Deductible: \$ \_\_\_\_\_  Per Claim or  Annual Aggregate

23. Defense Expenses:  Defense expenses reduce limits of liability or  Defense expenses paid in addition to limits of liability

NOTICE TO ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A **CLAIM** CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

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 ARIZONA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT **CLAIM** FOR PAYMENT OF A **LOSS** IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO CALIFORNIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT **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 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 HAWAII APPLICANTS: "FOR OUR 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."

NOTICE TO IDAHO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO INDIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN **INSURER** FILES A STATEMENT OF **CLAIM** CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION COMMITS A FELONY."

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 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 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 TO PRISON."

NOTICE TO MASSACHUSETTS APPLICANTS: "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A *CLAIM* WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN *INSURER* IS GUILTY OF A CRIME."

NOTICE TO MISSOURI APPLICANTS: "*DEFENSE COSTS* PAID UNDER THE POLICY PROVISIONS WILL REDUCE THE AVAILABLE LIMIT OF LIABILITY AND MAY EXHAUST THEM COMPLETELY."

NOTICE TO NEBRASKA APPLICANTS: "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY 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 MY 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 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 HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

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 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."

NOTICE TO 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.

NOTICE TO VIRGINIA 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."

NOTICE TO 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."

NOTICE TO 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 TO PRISON."

Completion and/or signing of this application does not bind the Applicant to purchase, nor the Insurer to provide, any insurance policy; however, no policy can be issued unless the application is properly completed, signed and dated.

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective Insureds and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the Insurer of such and shall provide the Insurer with information that would complete, update or correct the application or materials submitted therewith. The Insurer may withdraw or modify any of the terms or conditions of coverage accordingly.

**ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATION AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF, AND DEEMED ATTACHED HERETO.**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)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.**

SIGNATURE\* \_\_\_\_\_ PRINTED NAME\* \_\_\_\_\_  
\*MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF ALL INSUREDS.

TITLE OF SIGNATORY: \_\_\_\_\_ DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY