

APPLICATION FORM

CLAIMS-MADE WARNING FOR APPLICATION

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO "CLAIMS" FIRST MADE AGAINST THE "INSUREDS" AND REPORTED TO THE "INSURER" DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE "POLICY" CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

Whenever used in this Application, the term "Applicant" shall mean the "Named Insured" and all subsidiaries, unless otherwise stated.

1. Name of Applicant: _____
2. Address of Applicant: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
3. Name and Address (if different than above) of Primary Contact (Executive Officer authorized to receive notices and information regarding the proposed policy):
Name: _____ Title: _____
City: _____ State: _____ Zip Code: _____
4. For Employment Practices Loss Prevention, indicate the individual responsible for human resources or employment law matters:
Name: _____ Title: _____
Email Address: _____ Telephone: _____

COVERAGE REQUESTED

1. Please indicate below which "Coverage Parts" are being requested and complete only those sections of this Application.

<input type="checkbox"/> Directors and Officers Liability	Limit of Liability Requested: \$ _____
<input type="checkbox"/> Corporate (Entity) Liability Insurance	Limit of Liability Requested: \$ _____
<input type="checkbox"/> Employment Practices Liability Insurance	Limit of Liability Requested: \$ _____
<input type="checkbox"/> Fiduciary Liability Insurance	Limit of Liability Requested: \$ _____
<input type="checkbox"/> Crime	Limit of Liability Requested: \$ _____
<input type="checkbox"/> Kidnap/Ransom and Extortion	Limit of Liability Requested: \$ _____
2. Indicate the type of limit requested:

<input type="checkbox"/> Combined Aggregate Limit of Liability for all "Coverage Parts"
<input type="checkbox"/> Separate Aggregate Limit of Liability for each "Coverage Part"

CURRENT INSURANCE INFORMATION

1. Please provide the following information regarding the Applicant's most recent insurance policies. If no coverage is currently in place, please indicate with a N/A. Attach a copy of all applications submitted to the current insurer or any prior insurers.



IMPORTANT: We will rely upon the declarations and statements contained in any prior application(s) and the Applicant understands and agrees that those declarations and statements will be incorporated into any Advantage policy issued by us.

Coverage Part

Directors and Officers Liability: ☐ None

<u>Insurance Carrier</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Retention</u>	<u>Premium</u>
_____	_____	\$ _____	\$ _____	\$ _____

Corporate (Entity) Liability: ☐ None

<u>Insurance Carrier</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Retention</u>	<u>Premium</u>
_____	_____	\$ _____	\$ _____	\$ _____

Employment Practices Liability: ☐ None

<u>Insurance Carrier</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Retention</u>	<u>Premium</u>
_____	_____	\$ _____	\$ _____	\$ _____

Fiduciary Liability: ☐ None

<u>Insurance Carrier</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Retention</u>	<u>Premium</u>
_____	_____	\$ _____	\$ _____	\$ _____

Crime: ☐ None

<u>Insurance Carrier</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Retention</u>	<u>Premium</u>
_____	_____	\$ _____	\$ _____	\$ _____

Kidnap/Ransom and Extortion: ☐ None

<u>Insurance Carrier</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Retention</u>	<u>Premium</u>
_____	_____	\$ _____	\$ _____	\$ _____

2. Has the Applicant exercised the Extended Reporting Period (or Discovery Period) most recently for any Coverage Parts to which this application relates? ☐ Yes ☐ No
3. Within the past 5 years has the Applicant given notice of any claim, circumstance or potential claim to any insurer under any of the coverage parts to which this application relates? ☐ Yes ☐ No
If "Yes" please attach a full explanation of the claim, circumstance, or potential claim.
4. Within the past 5 years has the Applicant cancelled or non-renewed any of the coverage parts to which this application relates? **(Not Applicable In Missouri)** ☐ Yes ☐ No

GENERAL INFORMATION

1. State of incorporation: _____ Date established: _____
2. Nature of the Applicant's business: _____
3. What is the Applicant's Primary Standard Industrial Classification ("SIC") Code? _____
4. What is the Applicant's Primary North American Industry Classification System ("NAICS") Code? _____
5. Please complete the following information for the current year:
Total Employees: _____ Annual Revenues: \$ _____ Total Assets: \$ _____
6. Within the past 3 years, has there been any change (resignations, departures, retirements, etc.) in the position of the Chairperson of the Board, President, Chief Executive Officer or Chief Financial Officer?
If "Yes", please provide the following details via attachment: Name of individual, date of change, and reason for change.



7. In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing):
- (a) Any merger, acquisition, or divestment? ☐ Yes ☐ No
- (b) Any change in outside auditors? ☐ Yes ☐ No
- (c) Any reorganization or arrangement with creditors under federal or state law? ☐ Yes ☐ No
- (d) Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? ☐ Yes ☐ No

If the Applicant answered "Yes" to any part of Question 7, please attach an explanation.

8. Does the Applicant perform any professional services for a fee? ☐ Yes ☐ No

If "Yes", please attach an explanation.

9. Does the Applicant have any subsidiaries for which coverage is requested? ☐ Yes ☐ No

If "Yes", please attach a list of these entities and indicate nature of business for each.

IMPORTANT: It is understood and agreed that coverage is not provided for subsidiaries in Question 9. unless the information requested above is provided.

DIRECTORS AND OFFICERS LIABILITY INFORMATION

1. Does the Applicant participate in any of the following activities? If None, so state.

- | | |
|---|--|
| <input type="checkbox"/> Captive Insurance Company Operations | <input type="checkbox"/> Insurance Company Operations |
| <input type="checkbox"/> Franchising | <input type="checkbox"/> Activities that fall under the Investment Act of 1940 |
| <input type="checkbox"/> General Partnership Operations | <input type="checkbox"/> Partnership Manager |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> None |

If "Yes", please attach a list of these entities and indicate nature of business and percent of ownership held by Applicant for each.

2. In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) any public or private offering of securities? ☐ Yes ☐ No

If "Yes", please attach a full description with details.

3. Has the Applicant or any person proposed for coverage been the subject of, or been involved in, any of the following during the past 5 years:

- | | Organization | Persons |
|---|--|--|
| (a) Anti-trust, copyright or patent litigation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Civil, criminal or administrative proceeding alleging violation of any Federal or State securities laws? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Civil, criminal or administrative proceeding alleging violation of any Federal or State Anti-Trust or Fair Trade Law? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Any other criminal actions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Any action for suspension or revocation of a license or for any professional disciplinary sanction? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the Applicant answered "Yes" to any of the above in Question 3, attach a full description of the details.

4. Other than those identified in your response to Question 3, has any claim been brought at any time during the last 5 years against (i) any Applicant or (ii) any proposed insured individual in his or her capacity as a director or officer of any entity? ☐ Yes ☐ No

If "Yes" please attach a full description of the details.

5. Please provide the following information regarding the Applicants outstanding ownership:

- (a) Total number of shares or units outstanding: _____
- (b) Total number of security holders: _____
- (c) Number of shares or units owned directly and/or beneficially by the Applicants: _____



(d) Any security holder own, or have the right to own, directly and/or beneficially 10 percent or more of the Applicants outstanding shares or units.

Please provide details below.

Director or Officer Shareholders	Voting Shares Owned	Represented on Applicants Board of Directors or Board of Managers
Individual and Corporate Shareholders who are both non-directors and non-officers	Voting Shares Owned	Represented on Applicants Board of Directors or Board of Managers

EMPLOYMENT PRACTICES LIABILITY INFORMATION

1. Employee Count

<u>Year</u>	<u>Full Time</u>	<u>Part Time</u>	<u>Employees in California</u>	<u>Locations that have 400 or more employees</u>	<u>Independent Contractors</u>
Current					
Previous					

2. What percentage of the Applicant's Employees currently earn more than \$100,000? _____

3. Does the Applicant:

(a) Have written procedures in place regarding:

- Equal Opportunity Employment: ☐ Yes ☐ No
- Anti-Discrimination: ☐ Yes ☐ No
- Anti-Sexual Harassment: ☐ Yes ☐ No
- Employment at Will: ☐ Yes ☐ No
- Progressive Discipline: ☐ Yes ☐ No
- Handling complaints of sexual harassment or discrimination: ☐ Yes ☐ No
- ADA accommodations ☐ Yes ☐ No

(b) If the Applicant answered "No" to any of the above in Question 3, please attach a full explanation.

4. Does the Applicant:

- (a) Distribute and document the receipt of its employee handbook to all employees? ☐ Yes ☐ No
- (b) Have written procedures in place that are distributed to each employee if the Applicant does not have an employee handbook? ☐ Yes ☐ No
- (c) Use any tests to screen Applicants or employees for continued employment or promotion? ☐ Yes ☐ No
- If "Yes", please describe: _____
- (d) Review all terminations with human resources and in-house or outside counsel? ☐ Yes ☐ No
- (e) Have a full-time human resources manager or department? ☐ Yes ☐ No
- (f) Is face-to-face training regarding anti-discrimination and anti-sexual harassment policies and procedures conducted by:
 - In-house human resources staff? ☐ Yes ☐ No
 - An outside vendor? ☐ Yes ☐ No

If "No" to both of the above in Question 4f, please attach an explanation.



5. During the past 5 years, has any Applicant in any capacity, been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following
- (a) National Labor Relations Board? ☐ Yes ☐ No
- (b) Equal Employment Opportunity Board? ☐ Yes ☐ No
- (c) Office of Federal Contract Compliance Programs? ☐ Yes ☐ No
- (d) U.S. Department of Labor? ☐ Yes ☐ No
- (e) Any State or Local Government agency such as the Labor Department or Fair Employment Agency? ☐ Yes ☐ No
- (f) U.S. District or State Court? ☐ Yes ☐ No

If the Applicant answered "Yes" to any part of Question 5, please attach an explanation.

OPTIONAL THIRD PARTY LIABILITY COVERAGE

6. Does the Applicant have established policies and procedures:
- (a) Outlining employee conduct when dealing with third parties, including, non-discrimination and non-harassment statements? ☐ Yes ☐ No
- (b) For responding to complaints of harassment, discrimination or civil rights violations from third parties? ☐ Yes ☐ No
7. What percentage of the Applicant's employees work at customer locations or perform a majority of their functions off-site? _____ %
8. Has the Applicant ever had any action or civil suit brought against them by a customer, client or third party alleging harassment, discrimination, or civil rights violations? ☐ Yes ☐ No

If "Yes" please attach a full description of the details.

FIDUCIARY LIABILITY INFORMATION

1. Please list the names and types of Applicant's employee benefits plan(s). Attach additional pages if needed.

Plan Names (Do not include health & welfare plans)	Plan Assets (Most current year)	Type of Plan*	Funding Under or Over Funded by more than 25% (DB only)	Number of Plan Participants	Third Party or Outside Administrators
			<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		

*Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP), Excess Benefit or Top Hat (EBP)

2. Does the Applicant handle any investment decisions in-house? ☐ Yes ☐ No
If "Yes," please describe: _____
3. If "No" to question 2 above, do the fiduciaries review the investment guidelines used by the investment managers at least annually? ☐ Yes ☐ No
4. Are any plans NOT in compliance with plan agreements or ERISA? ☐ Yes ☐ No
If "Yes," please describe: _____
5. Has any employee benefit plan invested in securities of the Applicant? ☐ Yes ☐ No
If "Yes", please attach a full description with details.
6. Has any employee benefit plan invested in more than 10% of any entity other than the Applicant or a pooled investment vehicle such as a mutual fund? ☐ Yes ☐ No
If "Yes", please attach a full description with details.



7. Has any employee benefit plan loaned or pledged any employees benefit plan assets to any party-in-interest (including the Applicant)? ☐ Yes ☐ No
If "Yes", please attach a full description with details.
8. Are there any overdue Applicant contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions? ☐ Yes ☐ No
If "Yes", please attach a full description with details.
9. Within the last 3 years, has there been, or is there currently under consideration, any restructuring, spin-off, transfer, consolidation, merger, termination or other similar transaction of any employee benefit plan? ☐ Yes ☐ No
If "Yes", please attach a full description with details.
10. If any of the following questions are answered "No", please attach a full description with details.
- (a) Are all employee benefit plans compliant with the Health Insurance Portability and Accountability Act (HIPPA)? ☐ Yes ☐ No
- (b) Does the plan sponsor comply with the summary plan description requirements under ERISA for all employee benefit plans? ☐ Yes ☐ No
- (c) Do all employee benefit plans have a written investment policy? ☐ Yes ☐ No
- (d) Is the *fair market value* of all employee benefit plans calculated annually? ☐ Yes ☐ No
11. During the past 5 years, has there been, or is there currently, any investigation by the IRS, Department of Labor (DOL), Pension Benefit Guarantee Corporation (PBGC), or any other State or Federal Agency of any employee benefit plan or any current or former fiduciary of such employee benefit plan? ☐ Yes ☐ No
If "Yes", please attach a full description with details.

CRIME COVERAGE INFORMATION

1. Does the Applicant:
- (a) Allow the employees who reconcile the monthly bank statements to also:
- Sign checks? ☐ Yes ☐ No
- Handle deposits? ☐ Yes ☐ No
- Have access to check signing machines or signature plates? ☐ Yes ☐ No
- (b) Is countersignature of checks required?
If "Yes", over what amount? \$ _____
If "No", who can sign checks? _____
- (c) Are internal controls designed so that no employee can control a process from beginning to end (e.g. request a check, approve a voucher, sign a check)? ☐ Yes ☐ No
- (d) Is check stock stored under dual control with controlled access? ☐ Yes ☐ No
- (e) Are incoming checks immediately stamped *For Deposit Only*? ☐ Yes ☐ No
2. Does an annual external audit include all subsidiaries and joint ventures? ☐ Yes ☐ No
3. Does the Applicant's external audit include all of its locations? ☐ Yes ☐ No
If "No", please explain: _____
4. Does an independent CPA provide a Management Letter to the Applicant? ☐ Yes ☐ No
5. Do you have a documented system of internal control policies/procedures? ☐ Yes ☐ No
6. Do you have an internal audit department? ☐ Yes ☐ No
7. Are management policies and computer system controls in place to prevent individual(s) who approve new hires from adding them into the payroll ☐ Yes ☐ No
8. Do you have a program in place to detect possible "Ghost" employees? ☐ Yes ☐ No
9. How often does the Applicant perform a physical inventory check of stock and equipment? _____
Who performs these reconciliations? _____
10. Does the Applicant maintain a perpetual inventory of stock, including raw materials/manufactured or purchased goods/scrap? ☐ Yes ☐ No



11. Number of Locations:

Domestic Locations	Foreign Locations (Name)	Locations in each

12. Are internal control policies and procedures for foreign locations consistent with those of domestic locations? ☐ Yes ☐ No

If "No", please attach an explanation.

13. Does the Applicant perform pre-employment reference checks for all its potential employees? ☐ Yes ☐ No

If "No", please attach an explanation.

14. Does the Applicant:

(a) Maintain a list of authorized vendors? ☐ Yes ☐ No

(b) Have a procedure in place to verify the existence and ownership of new vendors prior to adding them to the authorized master vendor list? ☐ Yes ☐ No

(c) Allow the same individual who verifies the existence of vendors to also have the authority to edit the authorized master vendor list? ☐ Yes ☐ No

(d) Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment? ☐ Yes ☐ No

15. Are the duties of computer programmers and operators separated? ☐ Yes ☐ No

16. Has separation been established between authority to initiate and approve a wire transfer? ☐ Yes ☐ No

17. If a telephone call can activate a transfer of funds, does your financial institution call an employee other than the one who requested the transfer before acting on the transfer request? ☐ Yes ☐ No

If "Yes", what is the callback threshold? _____

18. Are transfer verifications sent to an employee or a department other than the one who initiated the transfer? ☐ Yes ☐ No

19. Are wire transfers reconciled the same day the transfer verifications are received by an individual who did not approve or transmit such wire transfer? ☐ Yes ☐ No

20. Are the following physical controls in place: ☐ Yes ☐ No

(a) Alarm System ☐ Yes ☐ No

(b) Video Cameras ☐ Yes ☐ No

(c) Security Guards ☐ Yes ☐ No

(d) Controlled Premises Access ☐ Yes ☐ No

21. Maximum exposure inside the premises:

Location: _____ Cash: \$ _____ Checks/Securities: \$ _____

22. Outside the Premises Coverage Exposure:
Do you use an Armored Motor Vehicle Company to transport Money or Securities? ☐ Yes ☐ No

If "No", please complete below:

Maximum exposure outside the premises:

Location: _____ Cash: \$ _____

Checks/Securities: \$ _____ # of Messengers: _____

23. List all employee theft, forgery, computer fraud or other crime losses discovered by the Applicant in the last 5 years, itemizing each loss separately. Include date of loss, description, total amount of loss, and corrective measures. Attach additional pages if needed. ☐ Check if none



OPTIONAL CLIENT PROPERTY INFORMATION:

24. Please describe the services the Applicant provides for clients:

25. Do any of the Applicant's clients require the Applicant to carry crime insurance or to be bonded? ☐ Yes ☐ No
If "Yes", please explain and specify amount.

KIDNAP/RANSOM & EXTORTION COVERAGE INFORMATION

1. Please complete the following information regarding the foreign travel of the Applicant's employees:

<u>Countries Visited</u>	<u>Number of annual trips</u>	<u>Average stay</u>	<u>Number of employees</u>

2. Describe the Applicant's security precautions taken for foreign travel:

PRIOR KNOWLEDGE INFORMATION

1. The Applicant must complete the prior knowledge statement below:

No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of any of the proposed coverages for which the Applicant does not currently maintain insurance, or within any of the larger limits of liability sought by the Applicant, except: None ☐ or:

IMPORTANT: It is understood and agreed that we shall not be liable to make payments for loss in connection with any claim made against any Applicant directly or indirectly arising out of, based upon or attributable to, or in any way involving any lawsuit, administrative proceeding, written demand, fact, circumstance, or situation set forth or that should have been set forth in the Applicants response to question 1 above.



DECLARATIONS AND NOTICE

The undersigned, acting on behalf of all Applicants, declare that the statements set forth in this "Application" are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this "Application".

The undersigned agree that the information provided in this "Application" and any material submitted herewith are the representations of all Applicants and that they are material and are the basis for issuance of the insurance "Policy" provided by us. The undersigned further agree that the "Application" and any material submitted herewith shall be considered attached to and a part of the "Policy". Any material submitted with the "Application" shall be maintained on file (either electronically or paper) with us and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicants Organization between the date of this "Application" and the "Policy" inception date, which would render the "Application"
- Any "Policy" issued will be in reliance upon the truthfulness of the information provided in this "Application"; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the "Policy" inception date that such information contained in the "Application(s)" were untrue, inaccurate or incomplete, then Coverage may be denied or canceled with respect to that person or persons if such information was material to issuance of the "Policy". However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the "Policy" inception date that such information contained in the "Application(s)" were untrue, inaccurate or incomplete, then Coverage may be denied or canceled with respect to that person or persons and the Applicant Organization if such information was material to issuance of the "Policy";
- Statements in the "Application", facts pertaining to or knowledge possessed by the individual signing the "Application" shall be imputed to the Applicant; and
- The signing of this "Application" does not bind the undersigned to purchase the insurance.

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 PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER 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 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 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 KENTUCKY 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.

NOTICE TO MICHIGAN AND MINNESOTA 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, IS GUILTY OF A FELONY AND 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 NEW JERSEY APPLICANTS: ANY PERSON WHO KNOWINGLY INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY OR FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OKLAHOMA AND IDAHO APPLICANTS: 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 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 MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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 YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

NOTICE TO ARKANSAS, LOUISIANA & 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR 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 MISSOURI & ARIZONA APPLICANTS: CLAIM EXPENSES ARE INSIDE THE POLICY LIMITS. ALL CLAIM EXPENSES SHALL FIRST BE SUBTRACTED FROM THE LIMIT OF LIABILITY, WITH THE REMAINDER, IF ANY, BEING THE AMOUNT AVAILABLE TO PAY FOR DAMAGES.

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

Dated

Chief Executive Officer (Signature)

Dated

Chief Financial Officer (Signature)



Please attach a copy of the following for every Applicant seeking coverage:

- ☐ Most recent CPA prepared financial statements
- ☐ Most recent CPA Letter to Management and management's response (if this Letter is not issued, so indicate)
- ☐ Directors and Officers Liability: include all applicable offering memoranda
- ☐ Fiduciary Liability: if Applicant has an ESOP, include most recent stock valuation report
- ☐ Employment Practices Liability: Applicants with 500 or more employees:
- ☐ Employee handbook
 - ☐ Employment application form
 - ☐ Most recent EEO-1
 - ☐ Third party policies and statements, if requesting such coverage

Produce By: Agent: _____ Agency: _____
Agency Taxpayer ID: or Social Security No.: _____ Agent License No.: _____
Address: _____ (Street, City, State, Zip)

A POLICY CANNOT BE ISSUED UNLESS THE "APPLICATION" IS PROPERLY SIGNED AND DATED.

Please submit this "Application" including appropriate documentation to:

The Hanover Insurance Company
333 W. Pierce Road, Suite 300, Itasca, IL 60143