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| tm_hcc_symbol_h_2_bw_2inch | **D&O Group**8 Forest Park Drive, Farmington, Connecticut 06032main 860 674 1900 facsimile 860 676 1737 |
| **U.S. Specialty Insurance Company****Houston Casualty Company****HCC Specialty Insurance Company** |  |

**NETPAS**

**APPLICATION FOR CYBER INSURANCE**

**NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES, SUBJECT TO ALL OF ITS TERMS, CONDITIONS AND LIMITATIONS, TO LIABILITY INSURING AGREEMENTS AND INSURING AGREEMENTS THAT ONLY APPLY TO CYBER EVENTS FIRST OCCURRING DURING THE POLICY PERIOD.  THE LIABILITY INSURING AGREEMENTS ARE CLAIMS MADE;  THEY ONLY APPLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD (OR DISCOVERY PERIOD, IF PURCHASED).  OTHER INSURING AGREEMENTS ONLY APPLY TO CYBER EVENTS FIRST OCCURING DURNG THE POLICY PERIOD.  THE LIMIT OF LIABILTY WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE COSTS.  DEFENSE COSTS WILL ALSO BE APPLIED AGAINST THE RETENTION.  THE INSURER HAS NO DUTY TO DEFEND ANY INSURED.**

1. **COVERAGE REQUESTED**

[ ]  Network Security Liability (Insuring Agreement A)

[ ]  Privacy Event Liability (Insuring Agreement B)

[ ]  Data Breach Expenses (Insuring Agreement C)

[ ]  Network Extortion Expenses (Insuring Agreement D)

1. **GENERAL INFORMATION**
2. Applicant Name:

 Principal Address:

 Street:

 City:       State:       Zip Code:

 Officer of the Applicant designated to receive all notices from the Insurer:

 Name:       Title:

 Phone Number:       Email Address:

1. State of Incorporation (if different from state identified in a. above):
2. Year Organization Established:       Current Number of Employees:
3. Website Address:       Current Number of Locations

e) Are you a public company, or a public reporting company under the Securities Exchange Act of 1934?

 [ ]  Yes [ ]  No

f) Does any shareholder own, directly or beneficially, 5% or more of the outstanding shares of common stock, or does any other security holder have the right to acquire, directly or beneficially, 5% or more of the outstanding shares of common stock?

[ ]  Yes [ ]  No

If yes, provide detail

g) Has your company been involved in any of the following actions:

1. Any actual or attempted merger, acquisition or divestment:

Past 24 months? [ ]  Yes [ ]  No

Next 12 months? [ ]  Yes [ ]  No

1. **ASSET MANAGEMENT**

a) Does the Applicant have a Chief Privacy Officer? [ ]  Yes [ ]  No

 Does the Applicant have a Chief Information Security Officer or equivalent? [ ]  Yes [ ]  No

b) Does the Applicant have a written information security policy? [ ]  Yes [ ]  No
If yes, how often is it reviewed and updated?

c) Does the Applicant regularly assess its privacy and security policies for compliance
with applicable standards and regulations [ ]  Yes [ ]  No

d) Does the Applicant collect, process, control, use, share or maintain any sensitive
or confidential information? [ ]  Yes [ ]  No

If yes, please check all that apply and provide approximate number of records:

[ ]  Social Security Numbers       [ ]  Healthcare Records

[ ]  Payment Card Information       [ ]  Medical Identification Numbers

[ ]  Drivers’ License numbers       [ ]  Credit Rating Information

[ ]  Financial Account Numbers       [ ]  User Names and Passwords

[ ]  Other Government ID Numbers       [ ]  Third Party Confidential Data

[ ]  Biometric Data       [ ]  Other

e) Has the Applicant:

* identified and inventoried systems and physical devices (including [ ]  Yes [ ]  No
laptops and mobile devices) within the Applicant’s information system?
* conducted a risk assessment of all sensitive or confidential information? [ ]  Yes [ ]  No
* does the risk assessment include a data and asset classification system [ ]  Yes [ ]  No
to identify assets that require heightened controls?
* If Yes, does this system include mandated controls for increased protection [ ]  Yes [ ]  No
for each classification level (encryption, access controls, etc.)?
* has the Applicant applied appropriate risk controls to each class of [ ]  Yes [ ]  No
identified assets?

**4. ACCESS CONTROL**

a) Does the Applicant encrypt all sensitive and confidential information stored on [ ]  Yes [ ]  No
databases, servers and data files?

b) Does the Applicant segregate the servers that store this information and strictly [ ]  Yes [ ]  No
limit access on a need to know basis?

c) Does the Applicant establish, monitor and manage baselines for network operations [ ]  Yes [ ]  No
and expected data flows for users and systems?

d) Does the Applicant review network activity against previously established baseline [ ]  Yes [ ]  No
activity for unusual or abnormal activity?

e) Does the Applicant:

* have an attorney-reviewed privacy policy that governs the collection, use, sharing [ ]  Yes [ ]  No
and retention of personal information?
* have and enforce a data retention policy? [ ]  Yes [ ]  No
* have a policy of least privilege defining who may be granted access to information? [ ]  Yes [ ]  No
* have a process for reviewing user access privileges on a regular basis, including [ ]  Yes [ ]  No
when a user changes positions internally?

f) Does the Applicant have a written Incident Response Plan? [ ]  Yes [ ]  No

g) Are internal and external audits of the Applicant’s security, internal control [ ]  Yes [ ]  No
procedures and network operations performed at least annually?

h) Are alternative facilities available in the event of a failure/shut down of the [ ]  Yes [ ]  No
Applicant’s network

i) Does the Applicant have written policies and procedures for routine backups and [ ]  Yes [ ]  No
maintain proof of backups?

j) Is key data and software code stored:

* at a secured offsite storage facility? [ ]  Yes [ ]  No
* on a redundant storage device? [ ]  Yes [ ]  No

**5. VENDOR MANAGEMENT**

a) Approximate percentage of IT Operations that is outsourced or performed by 3rd parties

Please indicate the operation outsourced and the third party vendor:

Network Security

Data Storage/Backup/Recovery

Systems Development/Maintenance

Payment Card Processing

Payment Applications

Point of Sale Devices

Payroll Services

Website Hosting

Other

b) Does the Applicant require written contracts with vendors that have access to the [ ]  Yes [ ]  No
Applicant’s computer system or sensitive information?

 If yes do the contracts:

* specify privacy and security requirements and responsibilities [ ]  Yes [ ]  No
* require the vendor to defend and indemnify the Applicant for liability arising from [ ]  Yes [ ]  No

any compromise of the information due to the negligence of the vendor?

**6. SECURITY/CONTROLS**

a) Does the Applicant deploy the following commercial grade protection tools (check all the apply):

[ ]  Perimeter Firewalls

[ ]  Firewalls in front of sensitive internal resources

[ ]  Anti-virus/malware software

[ ]  Intrusion Protection/Detection Systems

[ ]  Vulnerability Scanning & Penetration Testing

[ ]  Physical access controls

b) Are security alerts collected and monitored centrally? [ ]  Yes [ ]  No

* is this system continuously monitored? [ ]  Yes [ ]  No

c) Does the Applicant have a written security patch management process? [ ]  Yes [ ]  No

If yes, how are security patch notifications handled?

* automatic notice implemented in 30 days or less [ ]
* automatic notice implemented in more than 30 days [ ]
* no automatic notice [ ]

d) Does the Applicant use software or hardware that is no longer supported or has been [ ]  Yes [ ]  No
identified as end of life support by the vendor?

If yes, please identify and outline any plans for remediation.

e) Does the Applicant have a Systems Development Lifecycle in place which specifies [ ]  Yes [ ]  No
building/acquiring, testing, implementing and maintaining its systems with information
security built into the process?

f) Are all sessions where sensitive or confidential information is entered encrypted using [ ]  Yes [ ]  No
secure communication methods (e.g. TLS)?

g) Is a vulnerability scan or penetration test performed on all internet facing applications and [ ]  Yes [ ]  No
systems before they go into production?

h) Is access to paper records and systems such as servers, workstations, storage media [ ]  Yes [ ]  No
containing confidential or sensitive information physically protected?

i) Does the Applicant have written security policies and procedures for mobile devices, [ ]  Yes [ ]  No
including personal devices, if they are connected to the Applicant’s network?

j) Does the Applicant require minimum security standards (ex. anti-virus, firewall) for all [ ]  Yes [ ]  No
devices used to access its network remotely?

k) Does the Applicant have wireless networks deployed? [ ]  Yes [ ]  No

 If yes:

* Are all wireless access points to the network encrypted with WPA/WPA2 or more [ ]  Yes [ ]  No
recent standard?
* Is a firewall between all wireless access points and networks with sensitive [ ]  Yes [ ]  No
information deployed?

l) Does the Applicant require approvals to create, modify or disable information system [ ]  Yes [ ]  No
accounts (including privileged and vendor accounts?

* does the Applicant limit access to systems by a business need to know [ ]  Yes [ ]  No
and role (including vendors)?
* are approved and elevated privileges regularly reviewed to assess necessity? [ ]  Yes [ ]  No

m) Does the Applicant perform background checks on all employees and contractors with [ ]  Yes [ ]  No
 access to systems that contain personal or confidential information?

n) Does the Applicant have a process to delete system access after employee termination?

Yes – within 48 hours [ ]

Yes – after 48 hours [ ]

No [ ]

o) How often does the Applicant perform security awareness training?

Annually [ ]

Bi-Annually [ ]

Quarterly [ ]

Monthly [ ]

Never [ ]

**7. ACTUAL OR POTENTIAL LIABILITY CLAIMS**

a) During the last five years, have any claims been made against any party proposed [ ]  Yes [ ]  No
for coverage?

b) Within the last five years, has any party proposed for coverage given notice of any [ ]  Yes [ ]  No
fact or circumstance which could give rise to a claim?

c) Is any party proposed for coverage, aware of any fact or circumstance which could [ ]  Yes [ ]  No
give rise to a claim?

d) Has any Insurer cancelled or refused to renew any Cyber Risk Insurance, [ ]  Yes [ ]  No
Data Privacy or Network Security Insurance or Miscellaneous Professional Liability,
or similar insurance within the past 3 years?

 **\* MISSOURI APPLICANTS NEED NOT REPLY.**

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH ERROR, MISSTATEMENT, MISLEADING STATEMENT, ACT, OMISSION, NEGLECT, BREACH OF DUTY OR OTHER MATTER OF WHICH THERE IS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE UNDER THE INSURANCE BEING APPLIED FOR.

**8. PREVIOUS INSURANCE:**

 Please provide the following details regarding the Company’s current Insurance programs:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRODUCT** | **INSURER** | **LIMIT** | **SIR** | **PERIODmm/dd/yyyy – mm/dd/yyyy** | **PREMIUM** |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |

**9. ADDITIONAL APPLICATION MATERIALS**

 At the discretion of the Insurer, and as is relevant to the requested coverage(s), the following materials may be required.

* Any specific claim information per section 7
* The most recent fiscal year-end and interim financial statements
* The latest edition of the Applicant’s Internet and Network Security Policy
* The latest edition of the Applicant’s Privacy Policy
* A copy professional services agreement for subcontracting IT services

**10. NOTICE TO APPLICANT**

 The Undersigned declares that the person(s) and entity(ies) proposed for this insurance understand that:

* With respect to Liability Coverages only, the **Policy** shall apply only to **Claims** made during the **Policy Period** or **Discovery Period** (if applicable);
* The Limit of Liability contained in the **Policy** shall be reduced, and may be completely exhausted, by **Defense Costs**, and, in such event, the **Insurer** shall not be liable for **Defense Costs** or for the amount of any judgment or settlement to the extent that such cost exceeds the Limit of Liability in the **Policy**; and
* **Defense Costs** that are incurred shall be applied against the retention amount.

FOR PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS CONTAINED HEREIN, AND IN ANY ATTACHMENTS HERETO, ARE TRUE AND COMPLETE. THE INSURER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER AND IS CONSIDERED TO BE PHYSICALLY ATTACHED TO AND PART OF THIS APPLICATION. THE APPLICATION, INCLUDING ALL ATTACHMENTS THERETO, WILL BE CONSIDERED TO BE PHYSICALLY ATTACHED TO ANY POLICY ISSUED ON THE BASIS OF THIS APPLICATION AND WILL BECOME PART OF ANY SUCH POLICY. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ALL ATTACHMENTS THERETO, IN ISSUING ANY SUCH POLICY.

IF ANY INFORMATION IN THIS APPLICATION, INCLUDING ANY ATTACHMENT THERETO, CHANGES MATERIALLY BEFORE THE EFFECTIVE DATE OF THE POLICY FOR WHICH APPLICATION IS MADE, THE APPLICANT MUST NOTIFY THE INSURER, AND THE INSURER MAY MODIFY OR WITHDRAW ANY QUOTATION.

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

**NOTICE TO ALASKA APPLICANTS:** ANY 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.

**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 ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND & 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 & TEXAS 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 DELAWARE APPLICANTS:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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

**NOTICE TO INDIANA APPLICANTS:** A 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 KANSAS APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL 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 MAINE APPLICANTS**: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO 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 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 MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD AS PROVIDED IN RSA 638:20.

**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, 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 MAY BE GUILTY OF INSURANCE FRAUD.

**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 & 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 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.

|  |
| --- |
| Signature: |
| Title:       | Date:       |

(Must be signed by the Applicant’s CIO, President, CEO or General Counsel)