



Name of Insurance Company to which Application is made:

### THE HARTFORD DATA PRIVACY ~ NETWORK SECURITY LIABILITY INSURANCE POLICY APPLICATION

#### THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY

If a policy is issued, this application will attach to and become part of the policy. Therefore, it is important that all questions are answered accurately.

**NOTICE: THE LIABILITY COVERAGE PARTS SCHEDULED IN ITEM 4 PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. NOTICE OF A CLAIM MUST BE GIVEN TO THE INSURER AS SOON AS PRACTICABLE, BUT IN NO EVENT LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION. PAYMENT OF DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

Whenever used in this Application, the terms "Applicant" shall mean the party proposed as the Named Entity and any subsidiaries and their respective directors, officers, trustees, and governors.

<b>A. GENERAL INFORMATION</b>		
Name of Applicant: <u>Rosen Armstrong Holdings LLC dba FranNet LLC</u>		
Address: <u>10302 Brookridge Village Blvd Ste 201</u> <u>Louisville, KY 40291</u>		State of Incorporation: _____
Year Established: _____	SIC code: _____	Number of Employees: _____
Provide a description of your services/operations: <u>Consult &amp; advise potential franchise owners/investors</u>		
Website(s): <u>www.FranNet.com</u>		
Do you have a Parent Entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following: Parent Entity Name: _____ Address: _____		
Has your company been involved in any actual or attempted merger, acquisition or divestment: Past 24 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Next 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain: _____		
Total Fiscal Year Revenues: Projected FYE: _____ Current FYE: _____ Prior FYE: _____ Total Assets under management (if providing Financial Services): _____ Annual number of payment card transactions: _____ Annual revenues derived from payment card transactions: _____ Approximate % of revenues generated outside the U.S., its territories and Canada: <u>0%</u> Approx % of your business that is transacted over the internet or transacted over electronic networks: <u>0%</u>		

\*Please note, revenue figures are mandatory for quote consideration

<b>B. PRIOR LOSSES AND INCIDENTS</b>		
<b>Please provide specific information (by attachment) for any "yes" response to the questions below: the cause, date of occurrence, damage to client, and remedial actions to prevent future occurrences.</b>		
(1)	Is the Applicant or anyone for whom coverage is proposed aware of any facts, acts, circumstances, or situations that may give rise to a Claim or Regulatory Proceeding against the Applicant under the insurance policy for which the Applicant is applying?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2)	In the past 3 years, has the Applicant experienced any breaches of their network security which resulted in the loss, theft or damage to third party Nonpublic Personal Information or Company Confidential Information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(3)	In the past 3 years, has the Applicant experienced any breaches of their network security which resulted in the damage to, unauthorized access to or intrusion of the Applicant's or a Third Party's computer system(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(4)	In the past 3 years, have you been given notice of your potential infringement of another party's intellectual property (IP) rights, including, but not limited to, patent, copyright, trademark, or domain name infringement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(5)	During the past 3 years, have any other claims been made against the Applicant for the proposed coverage or other similar insurance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**C. DATA PRIVACY**

- 1) Does the Applicant have a written company-wide privacy policy?  Yes  No  
 If yes, has such privacy policy:
- a) been reviewed by an attorney?  Yes  No
  - b) acknowledged by employees?  Yes  No
- Please provide a copy of the privacy policy.

- 2) Is an individual of the Applicant formally responsible for all:
- a) Privacy related matters?  Yes  No
  - b) Network and physical security matters?  Yes  No
  - c) What percentage of the time does this individual spend on data privacy and network security issues? 0%

- 3) Does the Applicant collect, store or process or is otherwise responsible for any of the following Nonpublic Personal Information (NPI) or Company Confidential Information (CCI) of third parties?

<input checked="" type="checkbox"/>	Social Security Numbers	<input checked="" type="checkbox"/>	Financial Account Information	<input checked="" type="checkbox"/>	Credit/Debit Card Numbers
<input checked="" type="checkbox"/>	Email Addresses	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	IP Addresses
<input checked="" type="checkbox"/>	Zip codes solely for marketing purposes	<input checked="" type="checkbox"/>	Driver's License Information		
<input checked="" type="checkbox"/>	Company Confidential Information (including, but not limited to; financial statements, customer lists, research and development, intellectual property or other information subject to a non-disclosure agreement)				

- 4) Is any of the information in Question 3) above stored non-electronically?  Yes  No  
 a) If so, what percentage of the information is non-electronic? 0%  
 Describe how the Applicant secures the information from Question 3) that is stored non-electronically?  
 \_\_\_\_\_  
 c) Does the Applicant have a document destruction policy for the non-electronic records?  Yes  No

5) Please provide the total number of individuals' records, including those of employees and third party's, that contain any of the information from question 3) above that the applicant is responsible for keeping secure

- 1 – 5,000                       5,001 – 10,000                       10,001 – 25,000  
 25,001 – 50,000                       50,001+:

Please provide approximate number: \_\_\_\_\_

6) Does the Applicant currently comply with the following standards/regulations?

Standard/Regulation	Yes	No	N/A	
Payment Card Industry – Data Security Standard (PCI-DSS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A: if Applicant does not accept credit or debit cards for payment)
Level of PCI Compliance: _____				
HIPAA/ HITECH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A: if Applicant is not defined as a "covered entity" or "business associate" under HIPAA
Graham-Leach-Bliley (GLB)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A: if Applicant is not a financial services entity as defined under GLB
California CIVIL CODE SECTION 1790-1790.4 (Cal. SB 1386)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	California Song-Beverly Credit Card Act
MA Law 201 CMR 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts' Data Protection Law
FACTA, FCRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair and Accurate Credit Transactions Act
DMCA Safe Harbor Provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digital Millennium Copyright Act of 1998
State privacy protection laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7) Approximate % of operations that are outsourced: 0%

Please indicate the operation(s) outsourced and the name of the third party contractor:

Operation	Yes	No	Contractor Name
Network Security Service Provider	<input type="checkbox"/>	<input type="checkbox"/>	
Data Storage/Back-up/Recovery	<input type="checkbox"/>	<input type="checkbox"/>	
Credit Card Transaction Processing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Data
Website Hosting	<input type="checkbox"/>	<input type="checkbox"/>	
Application Service Provider (ASP)	<input type="checkbox"/>	<input type="checkbox"/>	
Finance and/or HR Functions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	People Strategy Consulting, LLC

Please provide any service contracts with the above third party contractors.

**D. NETWORK SECURITY**

- 1) Does the Applicant physically protect access to dedicated computer rooms and/or servers?  Yes  No
- 2) Within the last three years, have you ever had an improper network security breach by an internal employee?  
 Never  1-3 times  more than 3  more than 10

Describe the incident and any actions taken to prevent future occurrences: \_\_\_\_\_

- 3) Does the Applicant utilize remote shutdown of employee laptops?  Yes  No
- 4) Does the Applicant permit the use of thumb drives or external memory drives by employees?  Yes  No  
 If yes, does the Applicant use detection technology to monitor or detect the use of thumb drives/external memory drives access?  Yes  No
- 5) Does the Applicant conduct criminal background checks on all new employees who have access to Nonpublic Personal Information (NPI) or Company Confidential Information (CCI)?  Yes  No

- 6) Does the Applicant restrict employee and contractor's access to Nonpublic Personal Information on a need-to-know basis?  Yes  No
- 7) Are there formal processes to revoke network privileges immediately following an employee's or contractor's termination or resignation?  Yes  No
- 8) Does the Applicant conduct annual training with employees that addresses data privacy and IT security controls and responsibilities?  Yes  No
- 9) Is there an e-mail detection system in place to monitor for unauthorized access to an email server or download of personal information or large file download?  Yes  No
- 10) Does the Applicant conduct a network security process and practices audit for third party vendors?  Yes  No
- 11) Does the Applicant have written contracts in place, with all third party contractors who have access to the Applicant's Computer System?  Yes  No
- If yes, do the contracts specifically address information security, privacy and the protection of Nonpublic Personal Information and Company Confidential Information with standards at least to the level of the applicants (including the use of encryption?)  Yes  No
- 12) Does the Applicant contractually require all third party contractors and consultants that may host or access data to:
- a) certify that they meet equivalent security and privacy standards as the insured?  Yes  No
- b) validate that they have not had any previous privacy or security breach?  Yes  No
- 13) Does the Applicant conduct penetration testing of their computer network(s)?  Yes  No
- 14) Does the Applicant enforce a software update process as new releases or improvements become available:  Yes  No
- If yes, are critical patches installed within 15 days of release?  Yes  No
- 15) Does the Applicant maintain procedures regarding the destruction of data residing on systems or devices prior to their disposal, recycling, resale or refurbishing?  Yes  No
- 16) Please indicate the security readiness of the Applicant's organization below.

<b>Security Controls:</b>		
Compliant with ISO 27001 IT Security Standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anti-virus software	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Network monitoring and prevention technologies, including wireless devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Firewall in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilize and regularly review results of automated database monitoring tools which continually monitor, record, analyze, alerts including automatic shutdown when data access irregularity detected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Redundant network available for back up, and date last tested for continuity. Date of last test:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Data Loss Prevention Technology (DLP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct periodic intrusion detection, penetration or vulnerability testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- 17) Does the Applicant have a documented network security breach incident response plan?  Yes  No
- 18) Does the Applicant encrypt Nonpublic Personal Information (NPI) or Company Confidential Information (CCI) in the following environments?

The Applicant's computer system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A, if Applicant does not maintain their own Computer System (i.e. service provider utilized for all network functions)
When sending emails containing Nonpublic Personal Information over public networks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A, if Applicant does not send emails containing NPI

On laptops	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A, if Applicant does not store NPI on laptops
On mobile storage media, including thumb drives, memory sticks, storage tapes, "smartphones" and other mobile devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A, if Applicant does not store NPI on mobile devices
When collected by the Applicant and hosted by a third party (including back-ups)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A, if Applicant does not store NPI on mobile devices

19) Does the Applicant require third party subcontractors who have access to the Applicant's Computer System to carry:

- a) Errors & Omissions insurance  Yes  No
- b) Network Security and Data Privacy insurance coverage?  Yes  No

### E. MEDIA AND INTERNET CONTENT

1) Describe the function of the Applicant's websites (check all that apply):

- Basic Informational: information and content about the Applicant's products and services
- Content aggregation: content from third party sources but approved and filtered by the Applicant
- Interactive Web 2.0: visitors and/or employees can interact with the website by posting content.
- E-Commerce: for the buying /selling of goods and services
- Transactional: financial transactions other than "e-commerce"

2) Is the Applicant pursuing any social networking initiatives, including maintaining a presence on a social networking site?  Yes  No

If so, please provide a description. \_\_\_\_\_

3) Does the Applicant's website(s) allow for third parties or employees to post their own comments and content via a chatroom or bulletin board included in your site?  Yes  No

If yes, please check all that apply:

All content is reviewed by authorized person prior to publication  Yes  No

Blog or site content monitoring technology is used to detect abuses of site "terms & conditions"  Yes  No

4) Does the Applicant allow customers to rate/rank/give an opinion on competitor's product/service?  Yes  No

5) Does the Applicant's website include operating or maintaining a blog?  Yes  No

If so, is the blog content reviewed prior to posting?  Yes  No

6) Does the Applicant have a formal "take-down" policy to remove any infringing, libelous or otherwise controversial materials from their website?  Yes  No

7) Does the Applicant utilize in-house or outside counsel to review all website content prior to posting?  Yes  No

8) Is there a review process to screen the Applicant's online content/ marketing/ mass email for the following? Please check all that apply:

<input checked="" type="checkbox"/> Libel	<input checked="" type="checkbox"/> Trademark and Copyright Infringement	<input checked="" type="checkbox"/> Privacy Violations
<input checked="" type="checkbox"/> Defamation	<input checked="" type="checkbox"/> Domain name infringement	<input checked="" type="checkbox"/> Opt-in/Opt-out status

12) Does the Applicant regularly screen your web site and web site posting for potential copyright or trademark infringements?  Yes  No

If yes, how: \_\_\_\_\_

13) Does the Applicant use software to help manage your Intellectual Property applications?  Yes  No

14) Select the Intellectual Property (IP) protections the Applicant employs in business operations:

<b>IP Controls</b>		
IP protection within Employee Agreements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IP protection within Non-Disclosure Agreements (NDA) with all third parties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trade secret agreements with third parties where applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prior Act Searches by a legal professional (internal or external)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acquisition of all necessary IP rights via licenses, releases, or consents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Take down policy on web site for notifications of IP related complaints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acquire written permission of sites you link to or frame	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. PREVIOUS INSURANCE						
PRODUCT	INSURER	LIMIT	SIR	POLICY PERIOD	PREMIUM	RETRO DATE

**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 B.
- Explanations to all questions that require additional clarification
- The most recent fiscal year-end 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 of service agreements used with third parties providing services or platforms to/for the applicant

**It is understood and agreed that with if any reprimand, disciplinary or criminal actions; litigation, claim, arbitration, civil, criminal, administrative or regulatory action or proceeding; or knowledge or information, exists, any claim or action for, based upon, arising from or in any way related thereto is excluded from this proposed coverage. THE INFORMATION PROVIDED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY OF A CLAIM OR POTENTIAL CLAIM UNDER ANY POLICY. IF YOU INTEND TO NOTICE A CLAIM OR POTENTIAL CLAIM FOR POSSIBLE COVERAGE, PLEASE COMPLY WITH THE NOTICE OF CLAIM CONDITIONS/PROVISIONS FOUND IN YOUR POLICY**

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

- With respect to Liability Coverages only, the **Policy** shall apply only to **Claims** made during the **Policy Period** or **Extended Reporting 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.

**California Notice:** The Hartford may charge a fee if this bond or policy is cancelled before the end of its term. The fee can range between 5% to 100% of the pro rata unearned premium. Please refer to the terms and conditions stated in the policy or bond. This notice does not apply to cancellations initiated by The Hartford.

**FRAUD WARNING STATEMENTS**

**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.**

**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.**

**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.**

**DISTRICT OF COLUMBIA APPLICANTS:** 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."

**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.

**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.

**KANSAS APPLICANTS:** A " FRAUDULENT INSURANCE ACT " MEANS AN ACT COMMITTED BY 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 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.

**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.

**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.

**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.

**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.

**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.

**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.

**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.

**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.

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

**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.

**PUERTO RICO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY 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 (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

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."

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.

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.

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.

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."

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.

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."

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER ,CHIEF INFORMATION OFFICER OR EQUIVALENT POSITION OF THE COMPANY.

SIGNATURE \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE \_\_\_\_\_

Name of Broker \_\_\_\_\_  
(Required: FLORIDA, IOWA, NEW HAMPSHIRE only)

Broker License #. \_\_\_\_\_  
(Required: FLORIDA only)

Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_

Name Of Agency: \_\_\_\_\_  
Broker Signature \_\_\_\_\_  
(Required: NEW HAMPSHIRE only)