



AXIS Insurance

1201 Walnut, Suite 1800
Kansas City, Missouri 64106

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

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

AXIS PRO® TechNet Solutions™ Application

The submission of this application does not obligate you to purchase insurance nor is the **Company** obligated to sell insurance or to offer insurance upon any specific terms requested. This application will attach to and form a part of the policy. All additional written materials submitted in connection with this application are deemed part of this application. Coverage may be cancelled and/or denied at any time for fraud or material misrepresentation by you or by others on your behalf in the preparation or submission of this application.

Wherever used in this application, "you", "your", and "applicant" shall mean the entity(ies) identified in this application for the purposes of purchasing the above-titled insurance and "revenue" means gross income in United States dollars unless stated otherwise, including sales, receipts, fees, commissions, donations, contributions, dues, grants, and any other type of income of nonprofit or for-profit entities.

INSTRUCTIONS

Answer all questions completely, leaving no blanks. If space is insufficient, continue answers on your letterhead. Check "Yes", "No" or "Not Applicable" responses when requested. Provide copies of your standard contracts and agreements, most current audited financial statement or annual report, loss runs for the past five years and a recent brochure or similar material describing your activities, products and services. This form must be completed, dated and signed by an authorized officer of the entity identified in SECTION I.A. below.

I. APPLICANT INFORMATION

1. A. Name of the entity completing this application: _____
Years in Business: _____
Street Address: _____
City, State, Zip Code: _____
Website Home Page: _____
- B. List the following information for all subsidiaries of the entity identified above that are intended to be included as part of this application for insurance:

<u>NAME</u>	<u>YEARS IN BUSINESS</u>	<u>WEBSITE HOME PAGE</u> <small>(If different from SECTION I.A. above.)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESPONSES TO SECTIONS II. THROUGH XI. ARE MADE ON BEHALF OF ALL APPLICANTS.

II. BACKGROUND INFORMATION

1. In the past year has any applicant changed its name, acquired, merged or consolidated with any entity? ☐ Yes ☐ No
If so, provide the following information regarding all such entities:

<u>ENTITY</u>	<u>DATE OF TRANSACTION</u>	<u>ACQUISITION, MERGER OR CONSOLIDATION</u>
_____	_____	_____

III. PRIOR, CURRENT AND REQUESTED COVERAGE

1. A. Provide the following information for Errors and Omissions Liability, Network Security and Privacy Liability, Media Liability or similar insurance you have purchased during the past three years:

<u>INSURED</u>	<u>LIMIT</u>	<u>RETRO DATE</u>	<u>PREMIUM</u>	<u>POLICY TERM</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- B. Provide the following information about your Commercial General Liability Policy:

<u>INSURED</u>	<u>LIMIT</u>	<u>POLICY TERM</u>
_____	_____	_____

- C. Identify the TechNet Solutions™ coverage being requested:

Limits of Coverage (Each Wrongful Act Limit/Aggregate Limit)

- | | | |
|--|--|--|
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$4,000,000/\$4,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 | <input type="checkbox"/> \$10,000,000/\$10,000,000 |
| <input type="checkbox"/> Other – Describe: _____ | | |

Retention (Each Wrongful Act Retention)

- | | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> Other – Describe _____ |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|---|

Additional coverage requests – Describe: _____

IV. FINANCIAL RESULTS AND PROJECTIONS

<u>REVENUE</u>	<u>Prior 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Next 12 Months</u>
Domestic Gross:	\$ _____	\$ _____	\$ _____
Foreign Gross:	\$ _____	\$ _____	\$ _____

V. ACTIVITIES, PRODUCTS AND SERVICES

1. Describe the activities, products and services of the entities identified in SECTION I.

THE PERCENTAGES GIVEN IN RESPONSE TO A., B., AND C. COMBINED SHOULD EQUAL 100%.

- A. Indicate the approximate percentages of revenue derived from the following Internet activities and services:

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

- B. Indicate the approximate percentages of revenue derived from the following technology activities, products and services:

_____ %	Network security, audit, disaster recovery and related consulting services
_____ %	Electronic data processing services
_____ %	Custom software development services
_____ %	ERP, CRM, supply chain or similar software and related services
_____ %	Computer-Aided Manufacturing (CAM), Computer-Aided Engineering (CAE), Computer-Aided Design/Drafting (CAD) or real-time monitoring systems or software
_____ %	Pre-packaged software development
_____ %	Sale, lease or licensing of software of others
_____ %	Sale, lease or licensing of your telecommunications or technology products
_____ %	Sale, lease or licensing of telecommunications or technology products of others (value-added resale)
_____ %	Manufacturing, assembly, design, or development of technology or telecommunication products
_____ %	IT systems analysis/design/integration/data migration and related consulting services
_____ %	Software maintenance and support services
_____ %	Local/long distance/fiber/satellite/cellular telecommunications services
_____ %	Hosting, co-location or managed network services
_____ %	Support services and training for software and technology or telecommunications products
_____ %	Other technology services or technology products – Describe: _____

- C. Indicate the approximate percentages of revenue derived from Professional Services, which are those services which you perform for others and are not indicated in SECTION V. A. or B. above:

_____ %	Professional Services - Describe: _____
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2. Indicate the percentages in each of the following areas in which the activities, products and services of the entities identified in SECTION I. have major or primary applications (the percentages given in response to this question combined should equal 100%):

_____ %	Agricultural/Environmental	_____ %	Systems Security/Firewalls/Encryption
_____ %	Automotive	_____ %	Utilities/Oil & Gas Power/Nuclear Energy
_____ %	Aviation/Aircraft	_____ %	Publishing
_____ %	Data Processing/Payment Processing	_____ %	Scientific/Mathematical
_____ %	Entertainment/Gambling	_____ %	Internet/Intranet/Extranet
_____ %	Education	_____ %	Telecommunications
_____ %	Financial/Banking/Insurance	_____ %	Retail (Traditional or Internet)
_____ %	Government (Federal or Foreign)	_____ %	Healthcare/Medical
_____ %	Government (State or Municipal)	_____ %	Manufacturing/Industrial
_____ %	Other – Describe: _____		

3. Describe any activities, products and services that have been discontinued or recalled within the past year, the procedure used for the recall and any support or other remedy for such discontinued activities, products and services: _____
4. Describe your procedures for handling customer complaints or requests for corrections including the escalation process. Include those complaints and requests resulting from quality, performance, flaws or other anomalies in your activities, products and services: _____
5. Do you have a written business continuity/disaster recovery plan in place? ☐ Yes ☐ No
If Yes, when was it last reviewed and last tested? _____
6. Do you have a formal system development methodology? ☐ Yes ☐ No ☐ Not Applicable
If Yes, do you obtain your client's written acceptance of systems or software prior to production or implementation? ☐ Yes ☐ No
7. Do your products or services comply with any widely accepted industry standards such as ISO/ANSI/UL or others?
☐ Yes ☐ No ☐ Not Applicable
8. Do you have procedures to safeguard against copyright infringement arising out of systems and/or software designed, developed or modified by you? ☐ Yes ☐ No ☐ Not Applicable
9. Within the past year have you or your independent contractors experienced any project delays or past due contract issues?
☐ Yes ☐ No ☐ Not Applicable If Yes, describe: _____
10. What percentage of your revenue is attributed to services provided by subcontractors and independent contractors? _____%
11. Describe your requirements for subcontractors, independent contractors and third party vendors to provide evidence of errors and omissions liability coverage: _____

VI. CONTENT

1. List all website addresses and domain names used by you or under your control: _____
What steps are taken to ensure the website addresses and domain name(s) do not infringe on the intellectual property rights of others? _____
2. Identify the types of content you disseminate on-line. (Check all that apply.)
- | | |
|---|--|
| <input type="checkbox"/> Software | <input type="checkbox"/> Law/Legal |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Commentary/Editorial |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Information about your products or services |
| <input type="checkbox"/> News/Sports | <input type="checkbox"/> Children's Interest |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Cultural (Art/Music) | <input type="checkbox"/> Advertising For Others |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Other – Describe: _____ |
3. Indicate the percentage of content on your website(s) or in other material which is printed, broadcast, published or distributed by you or on your behalf that is:
- A. Your original content _____%
- B. Original content created by others (third parties) for you _____%
- C. Previously published, released or archived content republished by you and/or retrievable by you _____%
4. Do you have a formal process for obtaining the necessary rights, licenses, releases and consents applicable to the content designated in Question 3. above? ☐ Yes ☐ No
5. Do parties providing content to you provide written indemnification for claims arising out of the use of the content provided?
☐ Yes ☐ No

6. Do you have a formal written procedure for identifying, editing or removing controversial, offensive, and potentially defamatory or infringing content from material distributed, broadcast, posted on websites, or published by you or by someone on your behalf?
☐ Yes ☐ No
7. Do you have procedures for licensing the uploading/downloading of content, including music and software?
☐ Yes ☐ No ☐ Not Applicable
8. Do you allow user-generated content including but not limited to content in chat rooms, bulletin boards or blogs to be posted on your websites or websites under your control? ☐ Yes ☐ No
 If Yes, provide a copy of all user agreements that you require and your user privacy policy.
 If Yes, do you exercise editorial control over content posted on these areas of your website(s)? ☐ Yes ☐ No

VII. DATA, INFORMATION GATHERING, USE AND CONTROL

1. What kind of third party data do you store or process on your computer system or is stored or processed on a third party computer system on your behalf including information gathered from your website(s)? (Check all that apply.)
☐ Medical Data ☐ Customer Information ☐ Credit Card Information ☐ Employee Information
☐ Trade Secrets ☐ Financial Data ☐ Intellectual Property Assets
2. Do you gather any of the information identified in Question VII.1. above from your website(s)? ☐ Yes ☐ No
 If Yes: A. Do you sell or provide this information to others? ☐ Yes ☐ No
 B. Do you employ a privacy disclosure statement on your website(s)? ☐ Yes ☐ No
 C. Does your website(s) content or software include any electronic information gathering spyware/adware or similar product for the collection of user information? ☐ Yes ☐ No
3. Do you transact business utilizing debit, credit, pre-paid, ATM, POS or similar transaction methods? ☐ Yes ☐ No
 If Yes, are you compliant with the applicable Payment Card Industry Standards? ☐ Yes ☐ No
4. In the past three years were you required to notify a customer, client or employee that their confidential or personal information was subject to a breach of privacy? ☐ Yes ☐ No
 If Yes, describe: _____

VIII. SECURITY

1. Do you have a person, group or outside information security firm responsible for your information security? ☐ Yes ☐ No
 If Yes: A. Do you have procedures for notifying customers, clients and employees of a breach in security that may affect their information? ☐ Yes ☐ No
 B. Are your networks monitored in real time to detect possible intrusions or abnormalities in your computer system or network? ☐ Yes ☐ No
2. In the past three years, have you experienced any computer network/system or data security breaches? ☐ Yes ☐ No
 If Yes, explain and identify the steps taken to prevent similar future security breaches: _____
3. Do you have a written information security policy? ☐ Yes ☐ No
4. Do you annually document that all employees have read and understand your security policy? ☐ Yes ☐ No
5. Describe your policies and procedures for identifying computer network/system vulnerabilities including the nature and frequency of audits, whether audits are performed by internal or third party resources and the systems or data involved: _____
6. Are there any corrective actions pending based on unfavorable results of audits? ☐ Yes ☐ No
 If Yes, describe in detail: _____
7. Is the responsibility for care, use and control of sensitive or confidential information addressed in your contracts with your subcontractors, independent contractors and vendors who may have access to such information?
☐ Yes ☐ No ☐ Not Applicable
 If Yes, do your contracts:
 A. Provide you with indemnification for misconduct by subcontractors, independent contractors and vendors? ☐ Yes ☐ No
 B. Describe your subcontractor's, independent contractor's and vendor's responsibility for safeguarding both personal and corporate confidential information? ☐ Yes ☐ No
8. Do you require subcontractors, independent contractors and third party vendors who have access to sensitive or confidential information to provide evidence of network security and privacy liability coverage? ☐ Yes ☐ No ☐ Not Applicable

9. Do you transmit credit card, customer, employee, medical, monetary or financial information through wireless routers?
☐ Yes ☐ No

IX. CONTRACTS

1. Do you use written contracts or agreements related to the activities, products and services you provide? ☐ Yes ☐ No
If Yes, what percentage of the time are they used? _____%

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

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

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

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

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

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

If Yes, explain when and how often: _____

6. Briefly describe your three largest customer contracts:

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

X. COMPLAINTS, CLAIMS OR SUITS

1. Are you aware of any potential or actual disputes over the website addresses and domain names requested in SECTION VI.?
☐ Yes ☐ No If Yes, describe in detail: _____

2. Have you received notification that any of your content, material, activities, products or services infringe on the intellectual property rights of another party? ☐ Yes ☐ No If Yes, describe in detail: _____

3. Have any claims, suits or proceedings been made during the past five years against you or any of your predecessors in business, subsidiaries or affiliates or against any of your past or present partners, owners, officers, or employees arising out of your activities, products or services? ☐ Yes ☐ No

If Yes, describe in detail: _____

4. Is any leader of your legal, finance, or risk management organizations or their functional equivalent, or any partner, director or executive officer aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against you or any of the persons or entities for which this submission is provided?

☐ Yes ☐ No If Yes, explain: _____

5. Have any of you or any of your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, directors, officers, or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities, products or services? ☐ Yes ☐ No If Yes, explain: _____

XI. REPRESENTATIONS

By signing this application the undersigned officer, director, or partner of the entity identified in SECTION I.A. of this application warrants that:

1. The statements and answers given in this application and any addendums to it are accurate and complete;
2. That no material facts have been misstated in this application or concealed;
3. The statements and answers furnished to the **Company** are representations made to the **Company** on behalf of the applicant and all persons proposed for coverage;
4. These representations are a material inducement to the **Company** to provide a proposal for insurance;
5. Any policy the **Company** issues will be issued in reliance upon those representations;
6. You will report to the **Company** immediately in writing any material change in your activities, products and services;
7. You will report to the **Company** immediately in writing any material changes to the answers provided in this application which occur or are discovered between the date of this application and the effective date of the policy for which coverage is sought by submission this application; and
8. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.

WARNING

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

NAME (type or print)

NAME (signature of Authorized Representative)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER:		WHOLESALE PRODUCER:	
Producer Name:	_____	Producer Name:	_____
City, State:	_____	City, State:	_____
Telephone No.:	_____	Telephone No.:	_____

BROKER/AGENT SIGNATURE (NEW HAMPSHIRE): _____

FRAUD WARNING STATEMENTS

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 ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENT FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS:

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF, AN INSURANCE POLICY OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL PENALTIES.

NOTICE TO KENTUCKY APPLICANTS:

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

NOTICE TO MAINE APPLICANTS:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS:

ANY PERSON WHO KNOWINGLY 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 NEW JERSEY APPLICANTS:

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS:

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

NOTICE TO OKLAHOMA APPLICANTS:

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

IN ORDER FOR US TO DENY A CLAIM ON THE BASIS OF MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART, WE MUST SHOW THAT:

- A. THE MISINFORMATION IS MATERIAL TO THE CONTENT OF THE POLICY;
- B. WE RELIED UPON THE MISINFORMATION; AND
- C. THE INFORMATION WAS EITHER:
 - 1. MATERIAL TO THE RISK ASSUMED BY US; OR
 - 2. PROVIDED FRAUDULENTLY.

FOR REMEDIES OTHER THAN THE DENIAL OF A CLAIM, MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART MUST EITHER BE FRAUDULENT OR MATERIAL TO OUR INTERESTS.

WITH REGARD TO FIRE INSURANCE, IN ORDER TO TRIGGER THE RIGHT TO REMEDY, MATERIAL MISREPRESENTATIONS MUST BE WILLFUL OR INTENTIONAL.

MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART ARE NOT FRAUDULENT UNLESS THEY ARE MADE WITH THE INTENT TO KNOWINGLY DEFRAUD.

NOTICE TO PENNSYLVANIA APPLICANTS:

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

NOTICE TO PUERTO RICO APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION OF DEFRAUDING PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND DOLLARS (\$5,000) AND NOT MORE THAN TEN THOUSAND DOLLARS (\$10,000), OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE PRESENT, THE PENALTY THUS ESTABLISHED MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS, IF EXTENUATING CIRCUMSTANCES ARE PRESENT, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

NOTICE TO 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.