

COMMUNITY BANK APPLICATION



Name of Insurance Company to which application is made

NOTICE: LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

1. GENERAL INFORMATION

- a) Name of Applicant Company: _____
(Together with any subsidiaries for whom this policy is intended, hereinafter, "Applicant(s).")
- b) Address: _____
- c) Year of Incorporation: _____
- d) Website: _____

2. COVERAGE REQUESTED

Proposed Effective Date: _____

Please check the boxes below with an "X" to indicate which coverage is being requested. If you are not requesting a type of coverage, please leave the entire row blank. If a coverage requested is not currently purchased, a dollar amount of "\$0" will be assigned to current limits.

Coverage Requested	Limits Requested	Currently Purchased	Date Coverage First Purchased	Current Limits	Current Retention	Current Carrier and Premium
☐ Directors, Officers & Entity Liability	\$	☐ Yes ☐ No		\$	\$	
☐ Bankers Professional Liability	\$	☐ Yes ☐ No		\$	\$	
☐ Lenders Liability	\$	☐ Yes ☐ No		\$	\$	
☐ Trust Dept. Professional Liability	\$	☐ Yes ☐ No		\$	\$	
☐ Employment Practices Liability	\$	☐ Yes ☐ No		\$	\$	
☐ Fiduciary Liability	\$	☐ Yes ☐ No		\$	\$	
☐ Kidnap & Ransom/Extortion	\$	☐ Yes ☐ No		\$	\$	

3. PRIOR KNOWLEDGE

- a) Answer the following question if any coverage currently purchased has a "date coverage first purchased" that falls within 36 months of the date that this application is executed:

With respect to each coverage currently purchased, did any Applicant or any natural person for whom insurance is intended have any knowledge or information, as of the "date coverage first purchased," of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise or could have given rise to a claim? ☐Yes ☐No

If "YES," provide full details (attach a separate sheet if necessary).

IT IS AGREED THAT IF ANY SUCH KNOWLEDGE OR INFORMATION EXISTED, 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 WAS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE REQUESTED.

- b) The following question must be answered if the Applicants are requesting higher limits than current limits, including requesting coverage which is not currently purchased.

Does an Applicant or any natural person for whom insurance is intended have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a claim? ☐Yes ☐No

If "YES," provide full details (attach a separate sheet if necessary).

IT IS AGREED THAT IF ANY 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 REQUESTED. HOWEVER, THIS EXCLUSION SHALL APPLY UNDER A SPECIFIC COVERAGE PART ONLY TO THE EXTENT THAT THE "LIMITS REQUESTED" ARE HIGHER THAN THE "CURRENT LIMITS" PURCHASED FOR THAT COVERAGE PART.

4. APPLICANT INFORMATION

- a) If the Applicant listed in 1(a) above has any subsidiaries, complete the following (attach a separate sheet if necessary):

NAME	NATURE OF BUSINESS	DATE CREATED OR ACQUIRED	PERCENTAGE OWNED BY APPLICANT LISTED IN 1(a)	STATE/COUNTRY OF INCORPORATION

- b) Total number of current:

- i. US based employees _____
- ii. US locations _____ (Including branches, loan production offices, mobile branches)
- iii. non US based employees _____ (If any, please provide full details.)
- iv. non US locations _____ (If any, please provide full details.)

If any response to questions c) – f) below is “YES”, please provide full details (attach separate sheet if necessary).

- c) Is an Applicant a subsidiary of a non-U.S. Corporation? ☐Yes ☐No

- d) Has an Applicant experienced, within the past 24 months, any of the following events:

- i. Merger, acquisition, sale of any assets or other similar transaction? ☐Yes ☐No
- ii. Any financial restructuring, reorganization or filing for bankruptcy? ☐Yes ☐No
- iii. Any downsizing, layoffs, reduction in force, plant or office closings? ☐Yes ☐No

- e) Does an Applicant anticipate any of the preceding events within the next 12 months? ☐Yes ☐No

- f) Have any Cease and Desist Orders, Consent Orders, Memorandums of Understanding, Letters of Agreement, Supervisory Agreements, Specific Action Directives, or other restrictive controls been issued or adopted, or are there any now pending, involving any Applicant? ☐Yes ☐No

- g) Indicate dates of, and by whom, the last 3 regulatory examinations of the Applicants were conducted (excluding strictly compliance and EDP Exams):

Date:			
By:			

- h) Have all criticisms or comments noted in the Applicant's last regulatory examination and audit (conducted by either an internal or external auditor) been reviewed and appropriate steps taken by the Board of Directors? ☐Yes ☐No
If “NO,” please provide full details (attach separate sheet if necessary).

- i) Please provide the following information:

- i. Most recent audited financial statement;
- ii. Most recent C.P.A. management letter an response;
- iii. Most recent Call Report; and
- iv. Any documents filed with the Securities & Exchange Commission.

5. DIRECTORS, OFFICERS & ENTITY LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

- a) What percentage of the Applicant's stock (or other ownership interests) is owned by individuals who are also directors and officers? _____
If less than 100% please provide full details (attach separate sheet if necessary).

- b) Is any of the stock (or other ownership interests) in the Applicant owned by any of the following (check all that apply)?

If "YES" to any of the below, please provide full details (attach separate sheet if necessary).

- | | |
|---------------------------|--|
| i. Corporations | ☐ Yes ☐ No |
| ii. Venture capital funds | ☐ Yes ☐ No |
| iii. Private equity funds | ☐ Yes ☐ No |
| iv. Trusts | ☐ Yes ☐ No |
| v. Partnerships | ☐ Yes ☐ No |
| vi. Other | ☐ Yes ☐ No |

If the response is "YES" to any question below, please provide full details (attach separate sheet if necessary).

- c) Has the Applicant changed outside auditors in the last 24 months? ☐Yes ☐No
- d) Has any auditor issued a "going concern" opinion or identified any material weaknesses in the Applicant's financial statements during the past 24 months? ☐Yes ☐No
- e) Is any Applicant's stock (or other ownership interest in an Applicant) owned by members of an extended family? ☐Yes ☐No
- f) Within the past 24 months, has an Applicant completed any public or private offering of securities (including, but not limited to, IPO or Secondary Exchanges)? ☐Yes ☐No
- g) Is an Applicant currently anticipating any public or private offering of securities (including but not limited to IPO or Secondary Exchanges)? ☐Yes ☐No
- h) Is an Applicant currently in breach or violation of any debt covenant or loan agreement or any other material contractual obligation? ☐Yes ☐No
- i) Are there any loans or other extensions of credit to an Applicant's Directors, Officers, other insiders or their affiliates that are 90 days past due or have any been classified by any regulatory agency? ☐Yes ☐No
- j) Within the past 12 months, has an Applicant been in breach or violation of any debt covenant or loan agreement or any other material contractual obligation? ☐Yes ☐No
- k) Has an Applicant, or any natural person for whom this insurance is intended, been involved in:
- | | |
|--|--|
| i. Any antitrust, copyright or patent litigation? | ☐ Yes ☐ No |
| ii. Any civil or criminal action or administrative proceeding alleging a violation of any federal or state security law or regulation? | ☐ Yes ☐ No |
| iii. Any representative actions, class actions or derivative suits? | ☐ Yes ☐ No |
| iv. Any other litigation? | ☐ Yes ☐ No |
- l) Please provide the following Applicant information (attach separate sheets as necessary):
- | |
|--|
| i. List of board members and their respective outside affiliations, if any; and |
| ii. Description of professional experience and history for each director and officer, or check below if such information is provided on the Applicant's website: |

☐ Current information regarding l) i and ii is available on Applicant's Website.

6. BANKERS PROFESSIONAL LIABILITY COVERAGE PART: BANKING SERVICES LIABILITY & LENDING SERVICES LIABILITY (Complete Only if Requesting this Coverage)

a) Is any Applicant currently offering any of the following services, or planning to in the next 24 months:

Services	Does an Applicant offer this Service?	Number of Years the Applicants have continuously provided this Service.	Does an Applicant offer this service through a third party?	Gross Revenue for Service including amounts generated through a third party.
Traditional Banking Services (eg. depository, checking, savings, loan servicing)	☐ Yes ☐ No ☐ Plans To		☐ Yes ☐ No ☐ Plans To	
Traditional Lending Services (eg. credit extensions, transfers, terminations)	☐ Yes ☐ No ☐ Plans To		☐ Yes ☐ No ☐ Plans To	
Data Processing Services (eg. check processing, data storage, installment loan accounting, personal/corporate trust accounting)	☐ Yes ☐ No ☐ Plans To		☐ Yes ☐ No ☐ Plans To	
Wire Transfer Services (eg. electronic payment services for transferring funds by wire i.e SWIFT, Federal Reserve Wire Network, Clearing House Interbank Payment Systems)	☐ Yes ☐ No ☐ Plans To		☐ Yes ☐ No ☐ Plans To	
Insurance agent/broker Services	☐ Yes ☐ No ☐ Plans To		☐ Yes ☐ No ☐ Plans To	
Discount Brokerage or Security Broker/Dealer Services	☐ Yes ☐ No ☐ Plans To		☐ Yes ☐ No ☐ Plans To	
Real Estate Services (eg. appraisal, property management, risk management, construction, development)	☐ Yes ☐ No ☐ Plans To		☐ Yes ☐ No ☐ Plans To	
Investment Adviser or Financial Planning Services	☐ Yes ☐ No ☐ Plans To		☐ Yes ☐ No ☐ Plans To	
Other Services* (Describe Below)	☐ Yes ☐ No ☐ Plans To		☐ Yes ☐ No ☐ Plans To	

*Other Service(s) Description:

As described in the box in a) above:

- b) For all services offered, including any services offered through a third party vendor, are such services rendered under a written contract and are there written policies and procedures that govern their performance and administration? ☐ Yes ☐ No
If "NO," please provide full details (attach separate sheet if necessary).
- c) For all services offered through a third party vendor, does such third party vendor agree under contract to indemnify, hold harmless, or limit the liability of, the Applicant with respect to claims based upon or arising out of such services? ☐ Yes ☐ No
If "NO," please provide full details (attach separate sheet if necessary).

- d) How often are loan reviews conducted: ☐Monthly ☐Quarterly ☐Annually ☐Other _____
- e) Is the loan review performed by: ☐ Employees ☐ External Firm _____
- f) Are more than 25% of loans provided outside of territory? ☐Yes ☐No
If "YES," provide details on geographic spread of loans by state (attach separate sheet if necessary).

7. BANKERS PROFESSIONAL LIABILITY COVERAGE PART: TRUST DEPARTMENT SERVICES LIABILITY ENDORSEMENT (Complete Only if Requesting this Coverage)

- a) Number of years an Applicant has continuously offered trust department services? _____
- b) Please provide a percentage break-down of trust assets under management by type: _____

- c) Does the Applicant control 5% or more of the stock of any corporation via its trust functions? ☐Yes ☐No
If "YES," please provide full details (attach separate sheet if necessary).
- d) Is the Applicant involved in the management or actual operation of any business? ☐Yes ☐No
If "YES," please provide full details (attach separate sheet if necessary).
- e) With respect to Trust Department accounts, please provide the following:

Account Type	Number of Accounts	Discretionary or Non-Discretionary	Market Value of Assets
Individual Trust			
ERISA			
ESOP			
Other (describe below)			
TOTALS		N/A	

Description of other trust department accounts: _____

8. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

- a) Please list the following information based on the Applicants' current facts as of today and those facts of one year ago:

	<u>Currently</u>	<u>1 Year Ago</u>
i. Non-Union Full Time US Employees	_____	_____
ii. Non-Union Part Time US Employees	_____	_____
iii. Independent Contractors	_____	_____
iv. Union Employees	_____	_____
v. Foreign Based Employees	_____	_____

TOTAL EMPLOYEES and CONTRACTORS

(line v should be the sum of lines i-iv.)

- vi. Of the total number of employees/contractors listed above, please indicate how many are located in:

	<u>Currently</u>	<u>1 Year Ago</u>
California	_____	_____
New Jersey	_____	_____
Unpaid Interns	_____	_____

- b) Please list the percentage of employees within the following compensation bands (including any bonus and commissions):

\$50,000 or less	\$50,000+ to \$100,000	\$100,000+ to \$250,000	More than \$250,000
_____	_____	_____	_____

c) Please also list: the following:

Within Last 12 months: Within Last 24 months:

i. Involuntary Terminations: _____

ii. Layoffs: _____

• Was severance available to all affected?

☐ N/A ☐ Yes ☐ No

• Did all severance recipients sign a release?

☐ N/A ☐ Yes ☐ No

If "NO" to either question, please provide full details (attach a separate sheet if necessary).

d) Do the Applicants have written procedures in place regarding:

i. Sexual Harassment

☐ Yes ☐ No

ii. Discrimination

☐ Yes ☐ No

iii. Equal Employment Opportunity

☐ Yes ☐ No

iv. Americans with Disabilities Act

☐ Yes ☐ No

vi. Employment-At-Will

☐ Yes ☐ No

vii. Termination

☐ Yes ☐ No

viii. Social Media and Computer/Network Usage

☐ Yes ☐ No

e) Is an employee handbook distributed to all employees?

☐ Yes ☐ No

f) Do the Applicants have a stand-alone Human Resources Department?

☐ Yes ☐ No

g) Do the Applicants review all terminations with Legal Counsel?

☐ Yes ☐ No

h) Do the Applicants employ any outside employment risk management services?

☐ Yes ☐ No

i) Do the Applicants require new employees to agree to arbitrate employment disputes?

☐ Yes ☐ No

j) Do the Applicants require new employees to sign class action waivers?

☐ Yes ☐ No

k) Has an Applicant experienced any complaints, charges or hearings involving:

i. Any Civil complaint as respects Employment Practices Liability, including any Class or Multi- Claimant Action?

☐ Yes ☐ No

ii. Any Federal, State or Local Government agency as respects Employment Practices Liability?

☐ Yes ☐ No

If "YES" to (i) or (ii), please provide full details (attach separate sheet if necessary).

l) Do the Applicants conduct formal training on employment practices policies and procedures with all managers?

☐ Yes ☐ No

9. FIDUCIARY LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

a) For each plan to be covered, please list the following:

PLAN NAME	PLAN TYPE*	# OF PARTICIPANTS	PLAN ASSETS (CURRENT YEAR)	PLAN STATUS**
			\$	
			\$	
			\$	

* Plan Type: Defined Benefit (DB), Defined Contribution (DC), Welfare (W), Employee Stock Ownership (ESOP) or Other (O).

** Plan Status: Active (A), Merged (M), Terminated (T) or Frozen (F).

If the response is "YES" to any question below, please provide full details (attach separate sheet if necessary).

b) Has an Applicant, any plan, or plan fiduciary:

i. been accused or found guilty of a breach of fiduciary duty or violation of ERISA?

☐ Yes ☐ No

ii. been investigated by the DOL, IRS or any other regulatory agency in the past 2 years?

☐ Yes ☐ No

iii. had any other litigation against any Plan or Plan Fiduciary?

☐ Yes ☐ No

c) Does any plan hold or provide the option to invest in the securities of an Applicant?

☐ Yes ☐ No

- d) Within the past 24 months have there been any reduction in benefits? ☐Yes ☐No
- e) Does an Applicant anticipate any reduction in benefits in the coming 12 months? ☐Yes ☐No
- f) Please provide the most recently filed Form 5500 and related schedules for all ERISA plans except health and welfare plans;

10. KIDNAP AND RANSOM/EXTORTION COVERAGE PART (Complete Only if Requesting this Coverage)

If "YES" to any of the questions below, please provide full details (attach separate sheet if necessary).

- a) With respect to the Applicant, or any natural person for whom this insurance is intended:
- i. Has there ever been a prior kidnapping, extortion or detention incident or threat? ☐Yes ☐No
 - ii. Are there any current threats or incidents regarding kidnapping, extortion or detention? ☐Yes ☐No
- b) Please complete the following regarding the Applicants for each foreign (non-U.S.) location:
(If none, leave this space blank.)

Country, city, and description of operations	# of Employees

- c) Please complete the following regarding travel to foreign countries:
(If none, leave this space blank.)

Country and city(ies)	Number of Trips Per Year	Average length of stay	# of Employees

- d) If an Applicant travels regularly to foreign locations, please provide full details on security precautions (attach separate sheet if necessary).

11. LOSS HISTORY

If "YES" to any of the questions below, please provide full details (attach separate sheet if necessary).

With respect to the Applicants and any natural person for whom this insurance is intended:

- a) Have there been any actual or potential lawsuits or claims that may fall within the scope of the coverage requested? ☐Yes ☐No
- b) Has any Insurer cancelled or refused to renew any Directors and Officers, Employment Practices, Fiduciary, Kidnap Ransom or similar insurance within the past 36 months? ☐Yes ☐No
- * MISSOURI APPLICANTS NEED NOT REPLY.**

Applicable to Liability Coverage Parts Only:

- c) Are there any pending claims or demands against an Applicant or any natural person for whom this insurance is intended that may fall within the scope of coverage of any other previously or currently purchased insurance policy? ☐Yes ☐No
- d) Has an Applicant or any natural person for whom this insurance is intended given notice under the provisions of any other previously or currently purchased insurance policy of any facts or circumstances which may give rise to a claim against any of them? ☐Yes ☐No

REGARDING THESE QUESTIONS C & D, IT IS AGREED THAT IF ANY SUCH CLAIMS, DEMANDS OR NOTICES EXIST, ANY CLAIM BASED UPON, ARISING FROM OR IN ANY WAY RELATED TO SUCH MATTERS SHALL BE EXCLUDED FROM THE INSURANCE BEING APPLIED FOR. 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.

FRAUD WARNINGS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION 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.

ATTENTION 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.

ATTENTION 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.¹

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. 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 ELECTRONIC, 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.

ATTENTION KENTUCKY, OHIO AND 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.

ATTENTION LOUISIANA, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

ATTENTION 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.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION 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.

ATTENTION 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.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE¹. 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, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE². THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE 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 DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY³. 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.

1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2- In Maine this sentence ends at the word "quotations."

3- The application shall actually attach in the following states: North Carolina

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, PRESIDENT OR BOARD CHAIRMAN.

ATTENTION 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.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Additionally required of applicants in Florida, Iowa & New Hampshire

Name of Agent _____ Agent License #: _____
(Required: Florida, Iowa & New Hampshire only) (Required: Florida only)

Print Name: _____ Name of Agency: _____

Address: _____

Date: _____ Agent Signature: _____
(Required: Florida & New Hampshire only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

<Enter the address and phone number of the local The Hartford office.>