(insert name of insurance company)
Name of Insurance Company to which Application is made

APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY – 500 OR MORE EMPLOYEES

NOTICE: IF ISSUED, THIS POLICY PROVIDES CLAIMS MADE AND REPORTED COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR, IF APPLICABLE, THE EXTENDED REPORTING PERIOD. CLAIMS MUST BE TIMELY REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS OF THE POLICY. PAYMENT OF LOSS (INCLUDING DEFENSE COSTS) REDUCES AND MAY COMPLETELY EXHAUST THE AVAILABLE LIMIT OF LIABILITY. A RETENTION APPLIES TO LOSS (INCLUDING DEFENSE COSTS). THE POLICY DOES NOT PROVIDE FOR ANY DUTY OR OBLIGATION ON THE PART OF THE INSURER TO DEFEND ANY INSURED. PLEASE READ THIS APPLICATION AND THE POLICY CAREFULLY AND DISCUSS THEM WITH YOUR AGENT OR BROKER.

MONTANA APPLICANTS ONLY: DEFENSE WITHIN LIMITS: THE AMOUNT OF MONEY AVAILABLE UNDER THE POLICY TO PAY SETTLEMENTS OR JUDGEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU.

A. Answer all questions. Questions left blank may be construed negatively. Insert "N/A" if a question does not apply.
B. Terms appearing in bold face in this Application are defined in the Policy and have the same meaning in this Application as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker.
C. If the space to answer any question fully is insufficient, please physically attach a separate sheet.
D. It is a requirement that this Application be signed and dated by the natural persons noted in the signature lines.
E. This application contains various warnings regarding fraud and dishonesty. Please consider them carefully.

1. GENERAL INFORMATION

- Applicant Company name, primary address and website: _____
_____("Applicant Company" together with all **Subsidiaries** listed below herein, the "Applicants")
- State and Year of Incorporation/Registration: _____ / _____
- Description of All Applicants' Operations: _____
- SIC/NAIC Code: _____ Type of Company: ☐ Private ☐ Public Stock Symbol _____
Type of Organization: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other_____

Please also name all **Subsidiaries** for which you are seeking coverage along with the Applicant Company. Include the nature and location of business, date acquired or formed by Applicant Company, number of **Employees** and percentage of Applicant Company ownership. (Use separate sheet if necessary.) _____
_____
_____
_____

2. COVERAGE SPECIFICATIONS

Coverage Requested	Limits Requested	Currently Purchased	Date First Purchased	Current Limits	Current Retention	Current Carrier and Premium
Employment Practices Liability	$	□Yes □No		$	$	
Other Coverage		**Currently Purchased**	**Date First Purchased**	**Current Limits**	**Current Retention**	**Current Carrier and Premium**
☐ Directors & Officers Liability		□Yes □No		$	$	

3. REFUSAL OF INSURANCE (DO NOT REPLY TO THIS QUESTION IF YOU ARE A MISSOURI APPLICANT.)

Have any of the Applicants' current or previous Employment Practices Liability insurers refused to offer renewal terms?

☐ Yes ☐ No If "Yes," please provide details: _____

_____

4. APPLICANT INFORMATION

a. Do the Applicants have any foreign operations? ☐ Yes ☐ No
(If coverage for foreign operations is desired, please complete Supplement II, Foreign Exposure Questionnaire.)

b. Please provide the total number of **Employees** at all Applicants: _____ = TOTAL
Of them, how many are currently:
_____Full-Time _____Part-Time _____Independent Contractors _____Volunteers
_____Unionized Workers _____Temporary/Seasonal _____Outside the United States

Based on your TOTAL in 4.b, please answer 4.c – 4.e accordingly:

c. Please provide a breakdown of the total number of **Employees** or **Insured Persons** in the following geographical locations. Please include Independent Contractors: _____CA _____D.C. _____IL _____MA _____NJ _____NY

d. Please provide a breakdown of **Employees** with the following salaries:
$ 50,000 or less per year _____% $ 50,001 - $100,000 per year _____%
$100,001 - $250,000 per year _____% Over $250,000 per year _____%

e. What percentage of the Applicants' **Employees** are over 40 (forty) years of age: _____%

e) Has an Applicant (or any vendor or other party on its behalf):

i. used, collected, captured, retained, distributed or sold, biometric information within the past 24 months, or does an Applicant anticipate anyone doing so in the next 24 months? ☐Yes ☐No ☐ Unsure

ii. manufactured or sold any product or system capable of collection, capture, retention, distribution or sale of biometric information within the last 24 months or does an Applicant anticipate anyone doing so in the next 24 months?
☐Yes ☐No ☐ Unsure

(If "Yes" or "Unsure" to any question above please complete and attach the Biometric Privacy Information Questionnaire.)

g. Please also list the following:

	Within Last 12 months:	*Within Last 24 months*:
• *Involuntary Terminations*:	_____	_____
• *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):
_____
_____
_____

5. PAST ACTIVITIES

State below whether any Applicant has been involved in any of the following and provide details for any "Yes" response:

a. Qui tam action? ☐ Yes ☐ No

b. Civil or criminal action or administrative proceeding charging a violation of a federal, state, local, or foreign employment law or regulation? ☐ Yes ☐ No

c. Any other criminal actions? ☐ Yes ☐ No

d. Representative actions, class actions or derivative suits in connection with employment issues? ☐ Yes ☐ No

e. Investigation by the Equal Employment Opportunity Commission (EEOC) or similar state, local or foreign agency? ☐ Yes ☐ No

f. Is any Applicant presently subject to any judicial or administrative order, decree, judgment or conciliation agreement that is employment-related? ☐ Yes ☐ No

6. LOSS HISTORY; PRIOR KNOWLEDGE

Regardless of whether or not such **Claim(s)** may have been covered by any insurance policy, please provide a list, by attachment to this Application, of all employment-related complaints, grievances, arbitrations, charges, litigation, investigations and administrative proceedings (including Equal Employment Opportunity Commission (EEOC)) or other federal, state and local agency proceedings, such as proceedings involving the National Labor Relations Board (NLRB), U.S. Department of Labor (DOL), U.S. Department of Justice (DOJ), or the Office of Federal Contract Compliance Programs (OFCCP) commenced against any Applicant, or person for whom this insurance is intended during the past five (5) years. The list should include: (a) date of **Claim(s)** (if applicable), (b) a description of the allegation(s), (c) the court or agency involved, (d) description of any decision, determination or judgment rendered, (e) total **Claim(s) Expenses** incurred to date, (f) any judgment or settlement amount, (g) whether the **Claim(s)** remains pending or closed, (h) if pending, provide demand amount, and (i) what corrective action has been taken to mitigate or prevent such **Claim(s)** from occurring or recurring.

If "Yes" to any of the below, please complete *Supplement III, Supplemental Claim Form*.

a. Is any person or entity for whom this insurance is intended aware of actual or alleged **Wrongful Acts** or other acts, errors, omissions, facts, situations or circumstances that may result in a **Claim(s)** being made against any entity or person for whom the insurance is intended? ☐ Yes ☐ No

b. Has any person or entity for whom this insurance is intended, given written notice under the provisions of any prior or current Employment Practices Liability policy or similar insurance policy, of any **Claim**, or of any specific facts or circumstances that might give rise to a **Claim** being made against any such person or entity? ☐ Yes ☐ No

c. Have any **Loss** payments been made on behalf of any Applicant, or person for whom this insurance is intended, under any liability policy or similar insurance? ☐ Yes ☐ No

PLEASE NOTE:

WITH RESPECT TO 5 AND 6, ABOVE, IF ANY ACTION, PROCEEDING, SUIT, INVESTIGATION, CLAIM, ORDER, DECREE, JUDGMENT, AGREEMENT, AWARENESS, OR NOTICE EXISTS, THEN IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM(S) BASED UPON, ARISING FROM, OR IN ANY WAY RELATED THERETO, WILL BE EXCLUDED FROM THE PROPOSED INSURANCE.

7. EMPLOYMENT POLICIES AND PROCEDURES

a. Do the Applicants have a Human Resources or Personnel Department? ☐ Yes ☐ No
If "No," please provide details on the handling of this function on a separate page.

b. How many **Employees** are in this department? _____ Is it centralized? ☐ Yes ☐ No

c. Do the Applicants require that all employment terminations be reviewed prior to discharge by (check all that apply):

Human Resources Department?	☐ Yes	☐ No
Legal Department?	☐ Yes	☐ No
Outside Employment Counsel?	☐ Yes	☐ No

d. What outside legal counsel do the Applicants use for employment and/or labor advice and/or representation?
_____

e. Do the Applicants use an employment application for all applicants for employment? ☐ Yes ☐ No
If "No," which Applicants are not required to complete an application and how is the screening/hiring process conducted? _____

f. Are all of the Applicants' **Employees** subject to a mandatory arbitration agreement? ☐ Yes ☐ No
If "Yes," does it contain a class action waiver? ☐ Yes ☐ No
If "Yes," please provide a copy of the arbitration policy.

g. Do the Applicants test for any of the following:

Drug/alcohol screening ☐ Yes ☐ No
Physical examinations ☐ Yes ☐ No
Psychological examinations ☐ Yes ☐ No
Skills Testing ☐ Yes ☐ No
Polygraph Testing ☐ Yes ☐ No

If "Yes" to any of the above, please attach a copy of any written policies and procedures.
Who conducts the testing? _____

Are the above tests and examinations conducted post-offer of employment? ☐ Yes ☐ No

h. Do the Applicants have an Employee handbook distributed to all Employees? ☐ Yes ☐ No
Do all **Employees** provide a written or electronic acknowledgement that they have received the handbook? ☐ Yes ☐ No
Has an employment attorney reviewed the Employee handbook? ☐ Yes ☐ No
When was the Employee handbook last reviewed by an employment attorney? _____

i. Has any Applicant ever been subject of an OFCCP audit or investigation, that resulted in a finding of a violation? ☐ Yes ☐ No
If "Yes," please attach a copy of the audit or investigation report, the Applicant's response documentation to the report, and any disclosing actions the Applicant has taken to remedy the violation.

j. Do the Applicants conduct standardized exit interviews when an **Employee** resigns or is terminated (voluntary and involuntary)? ☐ Yes ☐ No

k. Are exit interviews documented? ☐ Yes ☐ No

l. Do the Applicants conduct training on sexual harassment, harassment and discrimination prevention? ☐ Yes ☐ No
Who is required to attend?_____
Who conducts the training?_____
How often is training conducted? _____
Is the training documented? ☐ Yes ☐ No

m. Do the Applicants have formal written policies or procedures regarding:
1) the handling of **Employee** complaints of discrimination or harassment ☐ Yes ☐ No
2) the investigation of **Employee** complaints of discrimination or harassment ☐ Yes ☐ No
3) Workplace Policy for pandemic, health emergencies or other communicable diseases ☐ Yes ☐ No
4) **Employee** discipline and/or progressive discipline ☐ Yes ☐ No
5) The Family and Medical Leave Act ☐ Yes ☐ No
6) Medical and Religious accommodation or reasonable accommodation under the Americans with Disabilities Act ☐ Yes ☐ No
7) Military Leave / USERRA ☐ Yes ☐ No
8) Sexual Harassment and all other forms of harassment ☐ Yes ☐ No
9) Discrimination (all forms) ☐ Yes ☐ No
10) **Employee** hotline to report discrimination, harassment or other workplace issues ☐ Yes ☐ No
11) At-Will Employment ☐ Yes ☐ No
12) Equal Employment Opportunity ☐ Yes ☐ No
13) Pay practice audits to ensure equity among protected worker classes ☐ Yes ☐ No

If "Yes" to any of the above, please provide copies of all such policies or details regarding such procedures.

n. Does the Applicant have a formal job posting policy? ☐ Yes ☐ No
Are all jobs posted internally? ☐ Yes ☐ No
If "No," please explain _____

8. CORPORATE HISTORY

a. Has the Applicant Company in the past 36 months completed, agreed to, or contemplated the occurrence within the next 18 months, of any of the following:
1) Merger, acquisition or consolidation with another entity? ☐ Yes ☐ No
If "Yes," please provide details. _____
2) Sale, distribution or divestiture of any assets resulting in a reduction of the total number of **Employees** of the Applicants? ☐ Yes ☐ No

b. Has the Applicant Company been involved in any bankruptcy proceeding, or is it contemplating the filing of a petition for protection under the bankruptcy code? ☐ Yes ☐ No

If "Yes," please provide details. _____
_____

c. Has the Applicant Company's business name changed? If "Yes," list all former names: ☐ Yes ☐ No
_____

9. CLAIMS HANDLING PROCEDURES

a. Who in the Applicant Company's organization will be responsible for the reporting of **Claims** to the Insurer under any Policy that may be issued pursuant to this Application?
Name: _____ Title: _____
Address: _____
Telephone Number: _____Email Address: _____

b. If different from 9.a., who in the Applicant Company's organization will be responsible for handling **Claims** in conjunction with the insurer under any Policy that may be issued pursuant to this Application?
Name: _____ Title: _____
Address: _____
Telephone Number: _____Email Address: _____

10. REDUCTION IN WORKFORCE

In the past 36 months has an Applicant completed or agreed to, or is an Applicant contemplating within the next 18 months, any plant, facility, branch or office closing, consolidation or layoff that has affected, or will affect, over 5% of the workforce or 600 employees, whichever is less? ☐ Yes ☐ No *If "Yes", complete the below chart/questions. If "No," please skip to 11.*

Please provide the following workforce details: (Please provide a separate sheet if necessary)

Date of reduction in workforce	Reason for reduction in workforce	Number of **Employees** affected by the reduction

a. Did or will the reduction in workforce comply with the Worker Adjustment and Retraining Notification Act (WARN)? ☐ Yes ☐ No

b. Who will make, or who made, the decision to reduce the workforce?_____

c. Does the Applicant have a reduction in workforce committee? ☐ Yes ☐ No
If "Yes," please provide details:_____

d. Were/are impact studies conducted? ☐ Yes ☐ No
If "Yes," what were the findings? _____

e. (i.) Please provide a breakdown of the number and category of **Employees** to be affected by the reduction:

Category of **Employee** by characteristic (include protected and unprotected classes)	Total Number of **Employees**	Category of **Employee** by characteristic (include protected and unprotected classes)	Total Number of **Employees**

(ii.) What are the criteria to determine the workforce reduction?
☐ departmental/specific positions ☐ seniority ☐ performance ☐ arbitrary ☐ combination of all
Please provide details:_____

f. (i.) Was/is severance available to all **Employees**? ☐ Yes ☐ No
If "No," please provide details: _____
(ii.) Is the severance package uniform? ☐ Yes ☐ No
Please attach severance package details:_____

g. (i.) Were/are the **Employees** required to sign a release for the severance package? ☐ Yes ☐ No
If "Yes," does it comply with the Age Discrimination in Employment Act (ADEA) and Older Workers Benefit Protection Act ("OWBPA")? ☐ Yes ☐ No
(ii.) Did any **Employee** refuse to sign the release? ☐ Yes ☐ No

Please provide a copy of any waiver(s) and/or releases(s).

h. (i.) Are outplacement services provided? ☐ Yes ☐ No
If "Yes," are they provided to all **Employees**? ☐ Yes ☐ No

i. (i.) Are exit interviews conducted? ☐ Yes ☐ No
(ii.) Are they standardized? ☐ Yes ☐ No
(iii.) Are they documented in writing? ☐ Yes ☐ No
(iiii.) Do they require the **Employee's** signature? ☐ Yes ☐ No

j. (i.) Were any **Claims** filed, or are any expected to be filed, as a result of this reduction in workforce? ☐ Yes ☐ No
(ii.) Have any of the **Employees** affected by the reduction in workforce previously filed complaints or **Claims** of discrimination, harassment, disability or workers compensation? ☐ Yes ☐ No
If "Yes," please provide details on a separate sheet including the date(s) of the most recent complaint(s) or **Claim(s)** by each such **Employee**.

k. Did the Applicant consult with outside counsel familiar with employment and labor law regarding the reduction in workforce process? ☐ Yes ☐ No
If "Yes," which law firm was consulted? _____

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*ADDITIONAL INFORMATION: This application will only be processed if the following applicable information is included. Failure to include the applicable information for any **Company** to be covered by this insurance will delay the issuance of a quote until the information is received or will result in a quote excluding the **Company(ies)** for which the information has not been received. Indicate attachments by an (X):*

a. ☐ most recent audited financials for private companies
b. ☐ latest **Employee** handbook and copies of any written employment at will, open door, discrimination, harassment/sexual harassment, ADA /reasonable accommodation, Family and Medical Leave, severance, progressive discipline, and grievance policies and procedures including termination and/or exit interview forms
c. ☐ copies of all employment application forms currently utilized as well as specimen offer letters
d. ☐ copies of **Employee** reduction in workforce, termination and out-placement procedures
e. ☐ organizational chart that depicts where the Human Resource function exists
f. ☐ details on any performance appraisal or interview training
g. ☐ EEO-1 reports for the past three (3) years

In addition, any and all information filed with the Securities and Exchange Commission or public records may be obtained by the Insurer via the Internet, utilized in the underwriting process, and form a part of the Application. Additional information may be required as part of the Application process.

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.

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

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 CALIFORNIA APPLICANTS:
FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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.

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. IN THE STATE OF KANSAS, COVERAGE FOR LOSS RESULTING FROM ILLEGAL ACTIVITY IS SUBJECT TO KANSAS LAW (AND SUBJECT TO FEDERAL LAW, WHERE APPLICABLE). COVERAGE MAY THEREFORE BE LIMITED TO DEFENSE COSTS RELATED THERETO.

ATTENTION KENTUCKY 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 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 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 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.

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.

ATTENTION 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.

ATTENTION TEXAS 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION 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.

THE UNDERSIGNED DECLARES ON BEHALF OF THE APPLICANTS THAT HE/SHE IS AUTHORIZED BY THE APPLICANT COMPANY TO SIGN THE APPLICATION, AND THAT STATEMENTS SET FORTH IN THIS APPLICATION AND IN ALL ATTACHMENTS HERETO, ARE TRUE.[1] THE UNDERSIGNED 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 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.[2] 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 APPLICANTS OR THE INSURER TO COMPLETE THE INSURANCE CONTRACT, 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.[3]
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

The undersigned authorized officer of the Applicant Company hereby acknowledges that:

1. This policy applies only to **Claims** first made, or deemed made, during the **Policy Period** or extending reporting period, if purchased, and
2. The Limit of Liability available to pay damages or settlements will be reduced, and may be completely exhausted, by the payment of **Claim Expenses**, and in such event, the Insurer shall not be responsible for the continued **Claim Expenses** or for the amount of any judgment or settlement to the extent that any of the foregoing exceed any applicable Limit of Liability.

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.

NOTE: BOTH SIGNATURE LINES MUST BE COMPLETED.

Date	Applicant Company's Authorized Signature of President, Chief Executive Officer, Chief Financial Officer, General Counsel or Risk Manager	Title
	Please Print Name	

Date	Applicant Company's Authorized Signature of the **Executive Officer** in Charge of Human Resources	Title
	Please Print Name	

Name of Broker:
Name of Agency:
Address:

Signed: