The Hartford's NP3 Program Application

This application is to be used in applying for the following NP3 integrated product:

COMMERCIAL GENERAL LIABILITY - POLLUTION LEGAL LIABILITY - EXCESS CASUALTY - CYBER

The applicant is responsible for obtaining and reviewing all available records, including those in the public domain, that are necessary to answer all items contained herein as they relate to the Insured(s). The applicant is responsible for attaching charts and documents in support of all requested information. "You" in this application is the entity seeking insurance coverage under the Navigators NP3 program. The last page of this application provides additional space to fully explain items contained herein and other pages may be added, as needed.

PART I: BROKER INFORMATION		
BROKER NAME:		
MAILING ADDRESS:		
CITY:	**STATE/PROVINCE:**	**ZIP CODE:**
BROKER CONTACT NAME:		
EMAIL:		
TELEPHONE:		

PART II: INSURED INFORMATION		
FIRST NAMED INSURED:		
MAILING ADDRESS (not P.O. Box):		
CITY:	**STATE/PROVINCE:**	**ZIP CODE:**
INDIVIDUAL CONTACT FOR LOSS CONTROL:		
TITLE:		
EMAIL:		
TELEPHONE:		
COMPANY TYPE: ☐ **Corporation** ☐ **Individual** ☐ **Partnership** ☐ **Joint Venture** ☐ **Other**	**DESCRIPTION (if JV/Other):**	
# OF EMPLOYEES – Permanent:	**# OF EMPLOYEES – Temporary:**	
YEAR ESTABLISHED:	**SIC CODE:**	
WEBSITE:		

PART II [Con't]: INSURED INFORMATION		
GROSS REVENUE OF INSURED:	**DOMESTIC:**	**FOREIGN:**
Expiring 12-month policy period		
2nd Prior Year		
3rd Prior Year		
4th Prior Year		

LIST ALL COMPANIES FOR WHICH COVERAGE IS REQUESTED:			
NAME OF INSURED/SUBSIDIARIES	**DESCRIPTION OF OPERATIONS**	**DOMESTIC REVENUE**	**FOREIGN REVENUE**

EXISTING COVERAGE:		
	GENERAL LIABILITY	**POLLUTION LIABILITY**
Limits (Occurrence/Aggregate)		
Retention Amount	Deductible: SIR:	Deductible: SIR:
Coverage Trigger	Occurrence ☐ Claims-Made ☐	Occurrence ☐ Claims-Made ☐
Claims-Made Retroactive Date (if applicable)		
Carrier		
Premium		
Products Pollution	Yes ☐ No ☐	
Has any location, operation or product been excluded, limited in coverage, or self-insured? Yes ☐ No ☐ If "Yes", please provide details:		

REQUESTED COVERAGE:		
	GENERAL LIABILITY	**POLLUTION LIABILITY**
Coverage Effective Dates:		
Limits (Occurrence/Aggregate):		
Retention	Deductible: SIR:	Deductible: SIR:
Coverage Trigger	Occurrence ☐ Claims-Made ☐	Occurrence ☐ Claims-Made ☐
Optional Coverage Requests:		

PART III: PRODUCTS AND BUSINESS OPERATIONS

1. Business activity for the next twelve months:

Description of Revenue:	Revenue Projection ($)
Products designed and manufactured to own specifications	
Products designed and manufactured to customer specifications	
Products designed or manufactured by third party(ies) but sold under the insured's name	
Products mixed or blended to own specifications	
Products mixed or blended to customer specifications	
Products mixed or blended by third party(ies) but sold under the insured's name	
Distribution – no mixing, blending, or repackaging	
Distribution with repackaging/labeling	
Installation and maintenance of your product(s)	
Broker/drop ship (no physical possession)	
Waste treatment, storage, or disposal facilities Describe:	
Off-site operations	
Other operations	
TOTAL PROJECTED REVENUE:	

2. List your 3 main products or product categories along with percent of projected revenue:

Product/Product Categories:	Percent (%) of Revenue

3. Identify your products that are used as component(s) in the following:

Industry	Yes/No	Product Description	% of Revenue
Aerospace	Yes ☐ No ☐		
Agricultural	Yes ☐ No ☐		
Automobile/Transit	Yes ☐ No ☐		
Watercraft/Offshore	Yes ☐ No ☐		
Food/Nutrition/Supplements	Yes ☐ No ☐		
Cosmetics/Personal Care	Yes ☐ No ☐		
Pharmaceuticals	Yes ☐ No ☐		
Medical Equipment	Yes ☐ No ☐		
Chemicals/Water Treatment	Yes ☐ No ☐		
Pollution/Waste Treatment	Yes ☐ No ☐		

4. Have you, or do you, manufacture, sell, handle, distribute, import, store, dispose, or use the following materials or products that contain the following:

Material/Product	Yes/No	Description of Use	Last Date of Use
Per and/or Polyfluoroalkyl Substances ("PFAS")	Yes ☐ No ☐		
Nanoparticles or Microplastics	Yes ☐ No ☐		
Phthalates or food contact materials ("FCM")	Yes ☐ No ☐		

PART III [Cont.]: PRODUCTS AND BUSINESS OPERATIONS

4. [cont.] Have you, or do you, manufacture, sell, handle, distribute, import, store, dispose, or use the following materials or products that contain the following:

Material/Product	Yes/No	Description of Use	Last Date of Use
Ammonium Nitrate, Glyphosate, Dicamba, or Chlorpyrifos	Yes ☐ No ☐		
Talc	Yes ☐ No ☐		
Diacetyl, or 2,3-Pentanedione	Yes ☐ No ☐		
Formaldehyde	Yes ☐ No ☐		
Silica	Yes ☐ No ☐		
1,4-Dioxane	Yes ☐ No ☐		
Firearms or ammunition	Yes ☐ No ☐		
Cannabis, cannabinoids ("CBD"), delta-9-tetrahydrocannabinol ("THC")	Yes ☐ No ☐		
Tobacco, tobacco products, or vaping products	Yes ☐ No ☐		
Implantable Medical devises	Yes ☐ No ☐		

5. Provide the percent of your product directed to the following markets:

Industrial %	Intermediate Industrial %	Contractor %	Retail %

6. Is there a written testing or quality control procedure for the following?

QA/QC	Yes/No	Description
Raw materials	Yes ☐ No ☐	
Component Parts	Yes ☐ No ☐	
Work in Progress	Yes ☐ No ☐	
Finished Product	Yes ☐ No ☐	

7. How long do you retain records for the following? [Do not leave blank. Use N/A if applicable]

Recorded Information	Length of Time (specify months or years)
Batch samples:	
Quality Control:	
Shipments:	
Complaints:	

8. Are designs reviewed, tested, and verified by others? Yes ☐ No ☐

If "Yes", please identify the entity:

9. Are your products subject to approval by organizations such as UL, ASME, or the FDA? Yes ☐ No ☐

If "Yes", please identify the organization:

10. Are all labels, instructions, operating manuals, advertisements, and warranties periodically reviewed by legal counsel or others? Yes ☐ No ☐

If "Yes", please provide title of advisor:

PART III [Cont.]: PRODUCTS AND BUSINESS OPERATIONS

11. Have your product(s) been discontinued, recalled, retrofitted, or significantly modified? Yes ☐ No ☐

If "Yes", please identify and describe the product(s):

12. Do you use indemnity or hold harmless agreements in connection with your business? Yes ☐ No ☐

If "Yes", please identify the agreement(s):

13. Do you have a formal certificate of insurance program for your suppliers? Yes ☐ No ☐

If "Yes", please identify the certificate or program:

14. Is your company subject to Nanoscale material reporting requirements under US Environmental TSCA regulations 40 CFR 704 [effective August 14, 2017] (https://www.epa.gov/reviewing-new-chemicals-under-toxic-substances-control-act-tsca/control-nanoscale-materials-under)? Yes ☐ No ☐

If "Yes", please provide details:

15. Do you require additional insured status from your suppliers? Yes ☐ No ☐

16. Do you import products or component parts? Yes ☐ No ☐

If "Yes", please identify the product(s)/component(s) and their origin(s):

17. Do you export products? Yes ☐ No ☐ If "Yes", please complete the chart below:

Product	Country	Annual Revenue

18. Do subcontractors install, service or repair (some or all) of your products? Yes ☐ No ☐

If "Yes", provide annual subcontracting costs and note limit amounts required in certificates of insurance:

19. Do you perform any operations away from the premises you own or occupy? Yes ☐ No ☐

If "Yes", please provide description(s) of the operations:

20. Do you perform any project installations or have off-site operations in New York State? Yes ☐ No ☐

If "Yes", please provide description(s) of the work:

21. Are you certified by ISO or any other industrial organization? Yes ☐ No ☐

If "Yes", state which certification:

22. Do you belong to any trade or professional associations? Yes ☐ No ☐

If "Yes", state which association(s):

23. Do you use cranes on- or off- site for any reason? Yes ☐ No ☐

If "Yes", please provide ownership of crane [owned/leased/third party] and describe the common uses:

24. Are welding or heat generating operations performed at facility sites? Yes ☐ No ☐

If "Yes", is there a Hot Work procedure? Include description(s) of the operations here:

PART IV: PREMISES INFORMATION

Proposed Insured Properties

1. Indicate the number of each type of facility, with separate counts for 'Owned' and/or 'Leased':

	Offices	Manufacturing	Warehouse/Storage	Multi - Use (Include Description)	Other (Include Description)
Owned					
Leased					

2. Identify any location, building, warehouse, or manufacturing facility that may be subject to sale, refinancing, capital improvement, renovation, or expansion.

Location	Activity

3. Proposed Insured Properties – <u>owned or operated</u> by any Named Insured:

For each location listed, attach (1) and (2):
(1) Environmental surveys or audits, including Phase 1 and Phase 2 Environmental Site Assessments prepared within the past three years.
(2) The most recent Property Loss Control inspection and Spill Prevention Countermeasure Control (SPCC) Plan.
*List current permits for publicly owned treatment works ("POTW"), national pollution discharge elimination systems ("NPDES"), air permits, stormwater permits, etc.:

Location Address (Include City & State)	Description of Operations	Retro Date	*Permits

4. Proposed Insured Properties NOT owned or operated by any Named Insured:

[Examples include non-owned landfills, injection wells, recycling or treatment facilities, incinerators, and non-owned warehouses.]
**Identify dates of most recent Phase I Environmental Site Assessment or Property Loss Control Inspection report

Location Address (Include City & State)	Description of Operations	Retro Date	**Assessment/Inspection Date

5. Do operations at any Proposed Insured Property involve storing, treating, applying, disposing, or transporting hazardous material? Yes ☐ No ☐

If "Yes", list or provide a safety data sheet ("SDS") for each hazardous material.

PART IV [Cont.]: PREMISES INFORMATION

6. Underground Storage Tanks ("UST") at Proposed Insured Properties:

Are there, or were there ever, USTs at the property(ies) listed in #3 above? Yes ☐ No ☐

If "Yes" attach a tank schedule listing all USTs and including the following information:

- For each UST, identify the proposed insured property at which it is located.
- Include the tank material, age, size/capacity, and typical contents.
- Identify date, number, and issuer of permit, if required.
- Include date and results of most recent tank inspection.
- Provide dates of all leaks or spills associated with each UST; include material and volume released.
- Indicate whether the UST is in use, idle, or closed.
- Indicate whether an idle UST will be put into active use or closed during the upcoming year.
- For all closed USTs, attach evidence that the tank was closed in accordance with applicable regulations (NFA letter, closure letters, etc.).

7. Above Ground Storage Tanks ("AST") at Proposed Insured Properties:

Are there ASTs at the property(ies) listed in #3 above? Yes ☐ No ☐

If "Yes" provide a separate document identifying all ASTs, including the following information:

- For each AST, identify the proposed insured property at which it is located.
- Include the tank material, age, size/capacity, and typical contents.
- Include capacity of secondary containment.
- Provide dates of all spills associated with each AST, include material and volume released.

8. Below, describe the policies and procedures for raw material loading/unloading at Proposed Insured Properties:

Sign-in procedures:

Location of driver room facilities:

Securing of trailers:

Chocking:

Loading dock controls:

9. Describe security at each Proposed Insured Property (e.g., surveillance cameras, fencing, security guards, alarms) ("N/A" if none):

10. Do you have tenants at any of Proposed Insured Properties? Yes ☐ No ☐

If "Yes", please identify name of tenants per location(s):

11. Do you conduct public tours at any of the Proposed Insured Properties? Yes ☐ No ☐

If "Yes", please provide the location(s), frequency, size of groups, and any other pertinent information:

12. For each Proposed Insured Property, identify the location of fire suppression system, describe the type (specify Type 13R - minimum requirement, or Type 13), maintenance, and age of the system.

Location	Type	Maintenance Schedule	Age

PART IV [Cont.]: PREMISES INFORMATION
13. Now, or historically, does the fire suppression system at any Proposed Insured Property utilize or contain Per- or Poly- fluoroalkyl substances (PFAS), such as AFFF? Yes ☐ No ☐
If "Yes", identify the location(s):
14. Now, or historically, does any Proposed Insured Property rely on septic systems? Yes ☐ No ☐
If "Yes", identify the location(s):
15. Transportation Pollution Coverage: Complete charts below. Enter count of daily shipments that include Class 1 or Class 2 materials Class 1: Solid hazardous material (e.g., asbestos, lead, contaminated soil) and all other liquids and gases not listed in Class 2 Class 2: All petroleum products, toxic or flammable chemicals, gases or other liquids, radioactive material, explosives

Average Number of Owned/ Operated Daily Shipments	Class 1	Class 2
Trucks		
Rail		
Ship or Vessel		
Aircraft		
Is any average trip over 100 miles? Yes ☐ No ☐		

Average Number of Daily Shipments by Common Carrier	Class 1	Class 2
Trucks		
Rail		
Ship or Vessel		
Aircraft		
Is any average trip over 100 miles? Yes ☐ No ☐		

PART V: EXCESS LIABILITY COVERAGE - EXPOSURE INFORMATION

1. What Excess Limit is requested for the NP3 program? $

2. Present Insurance Coverage: [Fill in the chart below]

	Auto Liability	Employers Liability	Excess	Foreign Liability
Carrier				
Limits				
Deductible/SIR				
Effective Date				
Premium		N/A		
Coverage Trigger (if applicable)	N/A	N/A	☐ Occurrence ☐ Claims-Made	☐ Occurrence ☐ Claims-Made

3. Auto Information: [Fill in the chart below]

Vehicle Type	Unit Count	Number driven less than 50-mile radius	Number driven greater than 50-mile radius
Private Passenger (PPT)			
Light / Medium Trucks			
Heavy / Extra Heavy Truck			
Tractor Trailer			
Vans / Buses			

PART V [Cont.]: EXCESS LIABILITY COVERAGE - EXPOSURE INFORMATION
4. Do you have an auto safety & training program and check MVRS annually? Yes ☐ No ☐
If "Yes", please attach a copy of the table of contents of the safety & training program.
5. Do you have a vehicle maintenance program in place? Yes ☐ No ☐
6. Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew? Yes ☐ No ☐ (Note: Missouri residents need not reply)
If "Yes", please provide details:

PART VI: COVERAGE 3 – CYBER & DATA COMPROMISE LIABILITY INFORMATION (if applicable)
1. Has your organization sustained a breach of personal information in the last 12 months? Yes ☐ No ☐
If "Yes", please explain:
2. If limits requested are greater than $250K, the questions below must be answered. Responses may be performed through email correspondence with broker.
A. Do you conduct background checks on prospective employees? Yes ☐ No ☐
B. Is there a written policy and procedure in place for document retention/destruction? Yes ☐ No ☐
C. Do you maintain regularly updated computer security measures, e.g., firewall configured to maximum security, secured wireless connectivity, virus protection configured to update automatically? Yes ☐ No ☐
D. Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access? In the case of electronic records, this includes using networks that cannot be accessed externally. Yes ☐ No ☐
E. Is access to personal information and/or third-party confidential information restricted by job position? Yes ☐ No ☐
F. Is there a Chief Information and/or Chief Security Officer (or equivalent)? Yes ☐ No ☐
G. Do you have a comprehensive written Information Security and Privacy Policy addressing such items as use of email (including size limitations), etc.? Yes ☐ No ☐
H. Do you provide regular security training/information to all people who have access to personally identifying information, whether in paper or electronic format? Yes ☐ No ☐
I. Are all users issued unique IDs and passwords when connecting to or accessing the internal network and do passwords require frequent changes, minimum length and mixed case, letters, numbers, and special characters? Yes ☐ No ☐
J. Is computer data frequently backed-up and stored off-site? Yes ☐ No ☐
K. Do you use encryption techniques for secure communications and the transfer of confidential information? Yes ☐ No ☐
PART VII: CLAIMS INFORMATION
1. Attach currently valued Loss Runs that show 5 years of loss information for all lines of coverage requested.
2. Has your company or operations (since inception) ever had a claim or loss over $50,000? Yes ☐ No ☐ (Loss amount in question includes deductible amounts, i.e., ground up losses. Include all lines of coverage, such as general liability, pollution liability, products liability, excess casualty, auto, foreign, workers comp, and property.)
If "Yes", please attach Loss Runs. If loss runs are not available, provide the following claim details on a separate chart: - Claim Description - Date of Loss - Status - Claimant Name - Gross Paid (including deductible/SIR) - Gross Reserved (including deductible/SIR)

PART VII [Cont.]: CLAIMS INFORMATION

3. In the last five years, have you had any releases or spills of hazardous or non-hazardous substances, wastes, or other pollutants as defined by applicable environmental statutes or regulations? Yes ☐ No ☐

If "Yes", provide the details below:

Date of Spill	Material(s)	Volume	Location	Regulatory Agency, (if applicable)

4. In the last five years, have you been involved with any lawsuit or been found in violation of any law, regulation, or permit? Include any matters relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes, standards, or regulations Yes ☐ No ☐

If "Yes", provide the details below:

Date of suit or violation	Caption or violation number	Material at issue	Plaintiff or Agency that issued violation	Status of suit or violation

5. For all claims that do not appear on Loss Runs, please list all bodily injury, property damage, or environmental cleanup claims made against you and related to a release(s) to the environment of hazardous substances, waste, or other pollutants at a Proposed Insured Property. Include claims made during the past five years.
None to report ☐

Date of claim	Type of claim (BI/PD/ED)	Material at issue	Claimant	Status of claim

6. For all claims that do not appear on Loss Runs, please list all bodily injury, property damage, or environmental damage claims made against you and related to the ingestion, inhalation or release of substances related to any of your products. Include claims made during the past five years. None to report ☐

Date of claim	Type of claim (BI/PD/ED)	Material at issue	Claimant	Status of claim

For Questions 7 below, "you" means:

- The manager or supervisor who is responsible for risk management, environmental affairs, risk control, or compliance on behalf of the entity seeking insurance coverage.
- The appropriate manager for each Proposed Insured Property that is included in this application.
- Any officer, director, or partner of the entity seeking insurance coverage.

7. At the time of signing of this application, are you aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for bodily injury, property damage, and/or environmental damage? Yes ☐ No ☐

PART VIII: ADDITIONAL INFORMATION

Please use the space below to provide additional information for any of the requested items in this application.

FRAUD WARNINGS

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED, OMITTED, OR MISSTATED.

KNOWINGLY PRESENTING FALSE OR MISLEADING INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE A CRIME AND VIOLATION OF LAW SUBJECTING THE APPLICANT TO CRIMINAL AND CIVIL PENALTIES.

Notice to all applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

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

NOTICE TO CALIFORNIA 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.

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 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.

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 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."

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 MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be violating state law.

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 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 OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO 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 OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO 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."

NOTICE TO 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 AND A DENIAL OF INSURANCE BENEFITS."

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

NOTICE TO ALL OTHER 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."

WARRANTY STATEMENT

The undersigned authorized officer(s) of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed, omitted, or misstated.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. Applicant's acceptance of Insurer's quotation and Insurer's written agreement to be bound are required to bind coverage and to issue a policy. It is agreed that this form shall be the basis of the contract should a policy be issued and will be attached to the policy and made a part thereof.

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.

The applicant understands and recognizes that this Policy is issued based upon the Insurer's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process. The applicant further recognizes that any breach of the foregoing warranties could have a material adverse effect on the Insurer. The applicant further declares, warrants, and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

_____ _____

SIGNATURE OF OFFICER OR OWNER DATE

_____

PRINT NAME OR TITLE