New Business Application for The Hartford Life Sciences Elite℠

Notice: claims made and defense within limits

The liability coverage parts under the policy provide coverage on a "claims made" and "defense within limits" basis. Except as may be otherwise specified in the policy or endorsements: your coverage will apply only to a covered cause of loss that takes place between the retroactive date and the end of the policy period. In addition, coverage will apply only to claims first made against the insured to us after the inception date and before the end of the policy period or any applicable extended reporting period.

The limits of insurance under the policy will be reduced and may be exhausted by payment of any combination of damages, defense costs and supplementary payments. When we have paid our limits of insurance, our right and duty to defend any insured against a claim or suit ends. Coverage is subject to the insured's payment of any applicable retention.

Please attach:

- A list of any additional named insureds with a description of operations for each;
- A list of retroactive dates to be applied to coverages, limits, or entities;
- If you're a private company, a copy of your most recent audited financial statements; and
- An active clinical trial schedule for the requested policy term. Include product name/protocol and attach a sample copy of informed consent for an an active trial.

A. General Information

Name of Insured (as it should appear on the policy):

Mailing Address:

Website URL:

Parent Company (if any):

Prior Company Names (if any):

Have there been asset or entity acquisitions in the last three years? If yes, please describe:

Projected annual unique users in the next year:

Do you have any revenue generated from sanctioned countries or entities? Yes No

If yes, please describe and complete the exposure detail in the worksheet section below.

B. Exposuare Basis (Please provide projected gross and net sales if applicable.)		C. Exposure Basis (Please provide active clinical trial participant counts for upcoming policy period if applicable.)	
United States		United States	
Canada		Canada	
United Kingdom & Ireland		United Kingdom & Ireland	
Europe (EU)		Europe (EU)	
Australia		Australia	

Southeast Asia		Southeast Asia	
Sanction Countries		Sanction Countries	
Rest of the world		Rest of the world	
Intercompany		Number of enrollees noted above receiving placebo	
Pass-through and royalty payments		Total number of participants enrolled in your trials the last three years	

D. Exposure Basis (Please provide the medical professionals if applicable.)

Health Professionals	Specialty	Hours of Direct Patient Care	# of Applicant Employees	# of Independent Contractors
Physicians				
RNs				
LPNs				
Pharmacists				
Medical Technicians				
EMTs				
Other (please describe)				
Details				

E. Liability Coverage Requested

	Overall Policy Aggregate Limit ($1M - $15M) Hours of Direct	Overall Policy Retention Aggregate (None or 1x - 5x)
Amounts requested to be over all the coverages selected below		
Coverage	**Limits Requested**	**Retention (Ded/Sir) Requested**
Products & Completed Operations ($1M - $15M)*		
Professional Services Liability for bodily injury and property damage ($1M - $15M)*		
Sublimited coverages for Products & Completed Operations and Professional Services Liability: • Product Withdrawal Expense ($50K - $1M available) • Product Shortage Liability ($50K - $1M available) • Medical Monitoring Liability ($50K - $1M available) • Property in your care, custody or control ($1M - $15M available) Do you want any of the above coverages basketed? Yes No If yes, what's the amount of the basket requested? (A $250K basket is automatically provided.)		

Human Clinical Trials Liability for bodily injury and property damage ($1M - $15M)		
Sublimited Coverages for Human Clinical Trials Liability: • Clinical Trial Sexual Abuse & Molestation Liability ($100K - $1M available) • Denial of Access, including Right to Try • ($50K - $1M available) • No-Fault Clinical Trial coverage ($50K - $1M available) • Human Clinical Trial Medical Monitoring Liability ($50K to $1M available) Do you want any of the above coverages basketed? ☐ Yes ☐ No If yes, what's the amount of the basket requested? (A $250K basket is automatically provided.) • Research Health Coverage/Medical Expense ($10K to $250K available)		
Errors & Omissions Liability (financial damages only) ($1M - $15M available)		
Sublimited coverages for Errors & Omissions Liability: • Product Withdrawal Liability – financial damages only ($1M - $15M available) • Performance Delay ($1M - $15M available)		
Cyber Coverages ($1M - $5M available) • Cyber Liability Coverages » Privacy Liability (including Privacy Regulation Proceedings & Fines and PCI Fines & Assessments) » Cyber Security Liability • Privacy Breach Response and Crisis Management Coverages » Privacy Breach Response » Crisis Management For a quote including the above coverages, please complete the cyber supplemental application.	Cyber Aggregate limit: $1M - $5M available Liability coverage limits: Must match overall Cyber Aggregate limit Privacy Breach limit: Must be equal to or less than the Cyber Aggregate Limit	
Pollution Liability Coverages	Only $1M limits available for each	
• Contractors Pollution Liability	Requested: ☐ Yes ☐ No	
• Transportation Pollution Liability	Requested: ☐ Yes ☐ No	Only $5,000 retention available
• Waste Disposal Facilities/Third-Party Storage Facilities	Requested: ☐ Yes ☐ No	
• Pollution Liability for Your Site	Requested: ☐ Yes ☐ No	
Details:		

*Products and Completed Operations and Professional Services

F. Open Exposure Items		
1. Do you have any products in your portfolio that are currently the subject of litigation?	Yes	No
2. Has your insurance ever been canceled or non-renewed by an insurance carrier? If yes, describe:	Yes	No
3. Do you have open risk engineering recommendations with any carrier related to the lines of coverage for which you're applying?	Yes	No
4. Do you have any open safety surveillance team or member recommendations requiring remedial actions that have yet to be implemented?	Yes	No
5. Have you at any time in the last 12 months: a. contemplated, or are you currently contemplating or in the process of implementing, any actual or potential reorganization or liquidation, or any arrangement with creditors under federal or state law; or b. been delinquent on debts, loans, guarantees or financial obligations for more than 30 days, where the total amount of such delinquency in the last 12 months is in excess of $25,000?	Yes	No
6. In the last 12 months, regarding your product, or any product incorporating your product or on which your work was performed, have there been any: a. Regulatory warning letters; c. Black box label modifications/additions; or b. Class 1 Product recalls; d. Suspensions of a clinical trial for safety reasons If yes, explain in detail:	Yes	No
7. Do you have any reason to expect that any of the events listed in a–d above will occur during the upcoming policy term? If yes, explain in detail:	Yes	No
8. Are you aware of:		
a. Any fact, circumstance or situation which one might reasonably expect to give rise to a claim that would fall within the scope of the insurance being requested?	Yes	No
b. Any claim or demand for damages not yet reported to any prior or current insurance carrier?	Yes	No
c. Any claim that has become part of multi-district litigation, multi-claimant litigation, or part of a class action?	Yes	No
d. Any multi-district litigation, multi-claimant litigation or class action involving any product on the market that contains the same ingredient as is contained in your product, or is in the same device family as your product, or in which your product was incorporated or on which you performed a service? If yes, explain in detail:	Yes	No
9. Have you received any warning letters from, or have you been cited for any GMP, GLP, GCP, QS, or Advertising & Promotion violations by the FDA, FTC, or any equivalent governmental authority in the last year? If yes, provide details and describe any outstanding compliance issues:	Yes	No
10. Other than the FDA or FTC, have you been investigated or cited by a regulatory or governing body for violation of or non-compliance with any local, state, provincial, regional or federal law in the last five years? If yes, explain:	Yes	No

10. Other than the FDA or FTC, have you been investigated or cited by a regulatory or governing body for violation of or non-compliance with any local, state, provincial, regional or federal law in the last five years? If yes, explain:	Yes	No
11. Have any of your directors, officers, partners or members been investigated for alleged criminal violations relating to your business in the last five years? If yes, explain:	Yes	No
12. Has your product, any product containing your product, or any product on which your work was performed been banned, seized, or discontinued for safety reasons by the FDA or any equivalent regulatory agency or government entity? If yes, provide details:	Yes	No
13. Are any of your products, clinical trials, or services specifically excluded on your existing policy? If yes, provide details:	Yes	No
14. Are you aware of any serious regulatory non-compliance or fraud by clinical investigators and/or their staff in the past three years involving your trials? If yes, provide details:	Yes	No
15. Do you have any past, present, or planned exposure to products that don't have formal FDA approval for marketing? If yes, describe:	Yes	No

G. Exposure Details

1. Have you discontinued any products in the last five years? If yes, please complete the attached discontinued products worksheet.	Yes	No
2. Are any of your products components/ingredients manufactured outside of the U.S.? If yes, please complete attached Import worksheet.	Yes	No
3. Are any products you manufacture sold under others' labels? If yes, on a separate sheet please list those products, and under whose label they are sold.	Yes	No
4. Are any products sold as components or ingredients for other products? If yes, on a separate sheet please list those components or ingredients and their likely end products.	Yes	No
5. Are any of your products approved for pediatric use? If yes, please explain.	Yes	No
6. Are any of your products approved for veterinary use (livestock/food chain industry)? If yes, please explain.	Yes	No
7. Have any of your products been approved with conditions for post marketing studies and/or with surrogate endpoint? If yes, please list those products and status of compliance with regulatory requirements.	Yes	No

H. Newly Anticipated Exposures		
1. Birth control or fertility goods or products	Yes	No
2. Bisphosphonates	Yes	No
3. Cold therapy product, meaning any device that operates by pumping liquid through a plastic bag or other receptacle and is applied to the body to reduce temperature	Yes	No
4. Diethylstilbestrol (DES)	Yes	No
5. Ephedra, Ephedrine or pseudoephedrine except where used in prescription products	Yes	No
6. Hormone replacement products approved for menopause treatment, or which is intended to be used for such treatment	Yes	No
7. Isotretinoin	Yes	No
8. Live virus vaccines	Yes	No
9. Mercury product, meaning any good or product containing mercury where such good or product is or is intended to be implanted, ingested, injected, inhaled or absorbed	Yes	No
10. Mesh implants, meaning surgical mesh or other similar product or woven fabric either temporarily or permanently implanted into a human	Yes	No
11. Metal-on-metal implant meaning any knee, hip or other joint implant, replacement or resurfacing system and the component parts of any of the foregoing ("implant") where: (1) a part of the implant designed for motion is made of metal; and (2) the moving part, while either at rest or in motion, contacts another metal part of the implant that's designed for motion, or designed to meet or serve as a socket or contact surface against which the moving part comes to rest	Yes	No
12. Metoclopramide	Yes	No
13. Opioids	Yes	No
14. Pain pumps, meaning any infusion pump or other device where a part of the device or a line or tube connected to the device is inserted or implanted into the body to deliver pain medication directly to a joint, tissue or other specific internal body part or area of the body	Yes	No
15. Phentermine used in combination with flenfluramine (including but not limited to Pondimin) or dexfenfluramine (Redux)	Yes	No
16. Phospho soda, sodium phosphate, or any phospho soda or sodium phosphate based agents	Yes	No
17. Rosiglitazone	Yes	No
18. Selective Serotonin Reuptake Inhibitors (SSRI)	Yes	No
19. Silicone product (implanted), meaning any good or product containing liquid or gel silicone which is intended to be or which is implanted	Yes	No
20. Testosterone replacement products approved for testosterone deficiency treatment, or which is intended to be used for such treatment	Yes	No
21. Thalidomide	Yes	No
22. Vaccines approved for persons under eighteen (18) years of age during the policy period for which you are applying for coverage?	Yes	No
23. Will you be releasing any new products in the coming year? If yes, please complete the attached new products worksheet.	Yes	No

I. Contract Standards

1. Please describe how you monitor your contractual obligations for confidentiality agreements and granting of additional insured status.

2. Under what circumstances does someone other than a senior officer or an attorney in your legal department have the authority to sign contracts?

3. Are all contract changes required to be in writing and require a final sign-off by both parties? legal department have the authority to sign contracts? ☐ Yes ☐ No

4. What's the value of your largest performance based contract, P.O. or agreement?

5. What's the value of your average performance based contract, P.O. or agreement?

6. What's the duration of your average performance based contract, P.O. or agreement?

J. Clinical Trials Information (Please provide responses if you have clinical trials.)

1. Do you require all informed consent documents to be readable at an 8th grade level or below? ☐ Yes ☐ No

If no, please explain your reasons:

2. Please describe any formalized policies for expanded access or compassionate use.

3. How do you ensure compliance with applicable local, state, provincial, regional, and federal laws and IRB or Ethics Committee requirements regarding human clinical trials?

4. Please describe your process for selecting, training and monitoring your clinical investigators. How do you audit your clinical investigators?

5. How do you determine if there may be a conflict of interest with any clinical investigators or employees? If such risk is identified, how do you address and manage the risk?

6. Are there any duties of the principal investigator that you don't allow to be delegated to investigator support staff? If yes, please identify: ☐ Yes ☐ No

K. Nutraceuticals (Please provide responses if you have any nutraceutical revenue.)

K-1. Product/Service Profile (by percentage) ☐ N/A

Source of Revenue	%	Product or Service Description
Contract manufacturing		
Distribution (business to business, now owned or branded products)		
Fitness Equipment, apparel		
Herbals		

Homeopathic Remedies		
Libido Products		
Online Retailer (direct to public)		
Raw Material Supplier (no trademarked ingredients)		
Raw Material Manufacturer (trademarked ingredients)		
Retailer (with physical locations)		

K-2. Do you manufacture (M), retail (R) or distribute (D) any of the following and what are the revenues associated with each?

	Exposure	$
Anabolic steriods		
Androstenedione		
Aristolochia, Aristolochic Acid or any derivatives or extracts		
CBD		
Colloidal Silver		
DMAA		
Ephedra, Ephedrine or any other Ephedra derivative or extract		
Gamma Hydroxy (GHB), Gamma Butyrate (GBL), 1,4 Butanediol (BD)		
Ingestible Aloe		
Jin Bu huan		
Kava		
Kratom		
Laxatives		
Mammal Steroids and their derivatives		
Tianeptine		
Testosterone or products claiming to boost, support or enhance testosterone levels		
Yohimbine, Yohimbe and their derivatives		
Other (please explain):		
Total:		

L. Pollution Liability Information (Required If Pollution Liability Coverage Requested.)

1. Contractor Pollution Liability: Do you perform, or have a third-party perform on your behalf, any off-site installation or maintenance activities, such as at customer sites?	☐ Yes	☐ No
2. Transportation Pollution Liability: Is there any bulk chemical transportation (more than 2,999 gallons per vehicle) by, or on behalf of, any insured? If the answer to above is No, supply number of vehicles under 3,000 gallons per vehicle transporting bulk chemicals:	☐ Yes	☐ No
3. Waste Disposal Facilities/Third-Party Storage Facilities Pollution Liability: Are any sites or operations of any insured Large Quantity Generators of Hazardous Waste (designated as RCRA LQG)? If the answer to above is No, how many non-owned disposal sites do all of the named insureds combined send their waste to?	☐ Yes	☐ No

4. Pollution Liability for Your Site (S&A On/Off-Site BI/PD only): Do you have locations/sites you operate or lease that have either a TRI (Toxics Release Inventory) designation or RCRA LQG (Large Quantity Generator)?	Yes	No

M. Products and Services Profile

Product/Service Profile (by percentage) N/A

Contracted Professional Services:	%	
Biostatistics		
Data entry/database management		
Distribution		
Manufacturing		
Marketing		
Product design (compounding, flavoring, etc)		
Publications/software design		
Quality control		
Repackaging/assembly		
Sales		
Sterilization services		
Submission of regulatory filings		
Other (please explain):		
Total:		

The questions in sections N – R are optional to be considered for more favorable pricing, terms and conditions.

N. Regulatory/Safety Surveillance Information

1. Who are the members of your safety surveillance team, how many years of experience do you require a member of the team to have and to whom does the team report?

2. Does your safety surveillance team have contact with and/or report to your outside board of directors (if applicable)?	Yes	No
3. Who has the authority to suspend a trial, approve a label change, or withdraw a product from the marketplace? Do you have written procedures to address and communicate these actions?	Yes	No

4. Under what circumstances do you use independent parties to analyze your processes or data?

5. What steps, if any, would you take if you became aware of a pervasive off-label use of any of your products?

6. Describe your process for identifying product safety signals/adverse events and the corresponding escalation process where appropriate.

O. Risk Management Information

1. Provide an overview of your audit procedures. To whom does the audit team report? Who receives a copy of the audit report?		
2. Do you have a compliance officer? If yes, to whom does the officer report?	☐ Yes	☐ No
3. Do you have an Enterprise Risk Management program?	☐ Yes	☐ No
4. How do you prequalify and monitor foreign suppliers?		
5. What's your internal procedure for change control?		
6. If you use contract production vendor, do you require sign-off on vendor change orders that can impact product quality or performance?	☐ Yes	☐ No
7. Do you follow trade or industry guidelines with respect to interactions with healthcare professionals?	☐ Yes	☐ No
8. Do you have formalized information privacy policies and procedures that are in compliance with applicable local, state, provincial, regional and federal laws?	☐ Yes	☐ No
9. Do you have a written information security policy?	☐ Yes	☐ No
10. What safeguards do you have in place to protect private information (e.g., intrusion detection software, firewalls, anti-virus software, encryption software, back-up and recovery processes, etc.)?		
11. Do you have a code of conduct and annual training/certification for employees?	☐ Yes	☐ No
Do you have a system for documenting compliance violations and corrective actions?	☐ Yes	☐ No
12. Is there a method for employees to report compliance issues anonymously? What's the escalation process for such reports?	☐ Yes	☐ No
13. How do you communicate that new employees should not bring intellectual or personal property with them from former employers?		

P. Sales & Marketing Information

1. Please describe the extent of your direct-to-consumer advertising. How do you ensure your advertisements to consumers are both balanced and informative?
2. How do you ensure that your internal and external sales and marketing representatives conform to product safety, label indication and adverse event information when communicating with customers?
3. How do you manage and conform to approved methods for communicating off-label information regarding your products?
4. Please describe your procedure when an external sales representative encounters off-label use in the operating room.

Q. Professional Services Information

1. If you perform work on behalf of others, how do you evaluate the risk to you associated with your customer's design/formulation, labeling and marketing of that product?		
2. Do your customer management procedures include all of the following? • Written proposal or requests for information in order to determine customer performance expectations • Written contract of specifications of services you'll provide, signed by the customer • Contract/statement of work which outlines responsibilities of all parties • Written agreement outlining the scope of the project or services • Performance milestones acknowledged and accepted with customer sign-off If no, please provide details:	☐ Yes	☐ No
3. Do you have any planned services that'll be offered during the policy term that are substantially different in scope or end-use than your current services?	☐ Yes	☐ No
4. Do you have formalized client complaint resolution policies and procedures?	☐ Yes	☐ No
5. Describe the type and value of the personal property of others at your facilities.		
6. Are you planning to discontinue any core services during the upcoming policy period?	☐ Yes	☐ No
7. Do you utilize a system that manages customer orders including validation, expiration date, flagging abnormal requests and verifying customer contract/order?	☐ Yes	☐ No
8. What are your product track and trace capabilities?		
9. Do you require additional insured status on your customer products liability policies?	☐ Yes	☐ No

R. Claim Preparedness

1. Please provide the primary contact information for any claims that may occur.		
2. Do you have an existing relationship with an information technology vendor with document scanning, review, and cataloging services where you get preferred rates? If yes, please describe:	☐ Yes	☐ No
3. Do you surveil, assess and catalog negative information regarding your products or competitor products in the same class?	☐ Yes	☐ No
4. Do you perform any sentiment analysis on your company and its products? If yes, is there a protocol in place for elevating certain findings to senior management?	☐ Yes	☐ No
5. Does your company have a written records management and retention policy?	☐ Yes	☐ No
6. Does your company have a data map listing all electronically stored information by category, location along with the designated custodian or steward?	☐ Yes	☐ No

Worksheets (If needed per above.)

1. New Products/Services Summary Worksheet

Name of Product/Description of Service	Estimated Revenues	Expected Date to Begin Sales/Operations

2. Import Exposure Summary Worksheet

Name of Product	Name of Manufacturer and Country	Date of FDA Last Inspection of Facility

3. Discontinued Products/Services Summary Worksheet

Name of Product/Description of Service	Reason for Discontinuation	Discontinued Date of Sales/Operations

Commercial Lines Fraud Warning Statement Requirements for Applications Only

1. A supplemental application should include fraud warning statements unless the main application has the warnings and the supplemental application is attached to the main application (sent out at the same time). If sent out separately, we can simply add the following statement to the supplemental application: "All fraud warning statements appearing on the main application continue to apply."

If no main application is submitted, however, the supplemental application should include all the fraud warning statements.

2. New York and Pennsylvania – New York has two fraud warning statements: (i) non-automobile applications, and (ii) automobile applications (includes applications when the combination of coverages provided will include automobile insurance.) Pennsylvania has three fraud warning statements: (i) non-automobile applications, (ii) automobile applications, and (iii) applications when the combination of coverages provided will include automobile insurance. We will not include on our applications (all lines including auto) the fraud warning language specific to auto policies, but we will include the general fraud warning language for these two states.

3. Alabama requires the fraud warning to be included on at least one of the following: claim release forms, applications, reinstatements for insurance, participation agreements, declaration pages, and claim documents (AL ST 27-12A-20).

Additional Requirements

1. The type size must produce a warning of "conspicuous size" (NY), "comparative prominence" (CA), "conspicuous and noticeable to the average reader" (OH), or "prominently displayed" (FL).

2. Arizona requires the fraud warning on claim forms appear in at least 12-point type. (AZ does not require fraud warning on applications.)

3. Oklahoma requires the fraud warning statement be contained in the policy, the application or an endorsement or rider attached to the policy. All claim forms must contain the warning. Statement must be in 10 point or larger type (OK ST 36-3631.1)(OK REG 365:15-1-10).

4. New Mexico statute 59A-16C-8 states "all claim forms and applications for insurance shall contain a statement permanently affixed to the application or claim form which states substantially as follows:" "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." Although the example of the fraud warning statement in the statute appears in all capital letters, there is no express requirement that the warning appear in all capital letters.

5. New York regulation states: "Location of warning statements and type size. The warning statements … shall be placed immediately above the space provided for the signature of the person executing the application or claim form and shall be printed in type which will produce a warning statement of conspicuous size." (NY REG 11-86.4)

6. California statute states: "An insurer who, in connection with any insurance application, contract, or provision of contract, prints, reproduces, or furnishes a form to any person upon which that person applies for a policy, seeks to amend insurance coverage, or furnishes information relating to underwriting criteria affecting premium or eligibility for coverage, under an existing policy, or gives notice of a claim to the insurer or makes a claim against the insurer by reason of accident, injury, death, or other noticed or claimed loss, shall cause to be printed or displayed in comparative prominence with other content on the form, exclusive of schedules attached to the form, or an endorsement separate from the form, the statement" (see below). (CA ST 1871.2)

Fraud Warning Statements For Applications

Fraud Warning Statements

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.

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 presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

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.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: 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.

Florida applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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.

Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York – Applications for Non-Automobile Policies

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.

New York – Applications for Automobile Policies Only or Applications for Multi-Lines Policies that include Automobile Coverage

New York applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Pennsylvania - Fraud warning statement for applications that do not include auto coverage

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.

Pennsylvania – Fraud warning statement for applications that include auto only coverage

Pennsylvania applicants: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000.

Pennsylvania - Fraud warning statement for applications for automobile or if the combination of coverages provided will include automobile insurance

Pennsylvania applicants: Any person who knowingly and with intent to injure or defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading 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, including imprisonment for up to seven years and payment of a fine of up to $15,000.

Maine, Tennessee, Virginia, 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.

Arbitration Statement

Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

Warranty, Authorized Signature and Continuing Duty To Update

The person signing the application is authorized to make the above representations on behalf of the applicant, and a representation that the information is accurate. Signing this application does not bind coverage. The applicant's acceptance of the company's quotation is required before insurance coverage is bound and a policy issued. The application must be signed and dated by an authorized representative of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge that all of the foregoing statements in this application and the information included in all applications, supplements, attachments, supporting information and replies to underwriter inquiries:

1. are true, accurate and complete; and
2. will be relied upon by The Hartford in determining the acceptability of the application and the premium amount to be charged; and
3. will be considered an integral part of the resultant insurance contract

The undersigned further agrees that the applicant has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Signature of Authorized Representative:		Signature of Broker/Agent:	
Print Name:		Print Name::	
Title:		Title:	
Date		Date:	

Learn more about our Life Sciences capabilities at
TheHartford.com/LS

The Hartford