



OLD REPUBLIC INSURANCE COMPANY

NEW BUSINESS APPLICATION FOR INVEST PRO MANAGEMENT AND PROFESSIONAL LIABILITY POLICY

This completed document should be submitted to:

Old Republic Professional Liability, Inc.

191 North Wacker Drive, Suite 1000

Chicago, IL 60606-1905

www.orprofessional.com

T: 312.750.8800

GENERAL DISCLAIMER NOTICE

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH THE INSURER, OLD REPUBLIC INSURANCE COMPANY.

WITH RESPECT TO THE LIABILITY COVERAGE SECTIONS, THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENSE COSTS INCLUDED WITHIN THE LIMIT OF LIABILITY. THIS MEANS THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS. DEFENSE COSTS SHALL ALSO APPLY AGAINST THE RETENTION. IN NO EVENT SHALL THE INSURER BE LIABLE FOR DEFENSE COSTS OR JUDGMENT AMOUNTS IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY.

MONTANA DISCLAIMER NOTICE

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

PLEASE NOTE THAT THE SUBMISSION OF A COMPLETED, SIGNED APPLICATION DOES NOT RESULT IN AN OBLIGATION TO PURCHASE INSURANCE OR AN OBLIGATION BY THE INSURER TO BIND INSURANCE.

READ THE ENTIRE APPLICATION BEFORE SIGNING.

ABOUT THIS APPLICATION

- The term "Applicant" shall mean the Named Insured and any other Entity and Fund(s) applying for coverage. All responses shall be deemed made on behalf of all Proposed Insureds.
- This Application, including all information and materials submitted with this Application, shall be held in confidence.
- If the Policy applied for is issued, this Application, which shall include all Supplemental Questionnaires, materials, and information submitted in connection with this Application, will be deemed attached to and will form a part of such Policy. Supplemental Questionnaires will be provided based on the class of business and service offerings of the Applicant.

Applicant Name: _____

Business Address: _____

Primary Website: _____

SIC or NAICS Code: _____

State of Incorporation: _____

Date Established: _____



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Description of Applicant's Operations:

Is the Applicant a Subsidiary of a Foreign Parent: _____

Name of Contact: _____

Title of Contact: _____

Contact Person Email Address: _____

COVERAGE REQUESTED

1. **Policy Period:** From: _____ To: _____
2. Complete the chart below for each Coverage Section requested. Coverage Sections will share a Limit of Liability.

	Coverage Section	Limit	Retention	Current Coverage Purchased	Current Insurer
☐	Investment Advisor Professional Liability			YES ☐ NO ☐	
☐	Fund Liability (Supplemental Questionnaire must be completed if Fund Liability Coverage Section is checked.)			YES ☐ NO ☐	
☐	Investment Advisor Management Liability			YES ☐ NO ☐	
☐	Employment Practices and Third Party Liability			YES ☐ NO ☐	
☐	Fiduciary Liability			YES ☐ NO ☐	

3. OWNERSHIP

- A. ☐ Publicly Traded ☐ Partnership ☐ Joint Venture
☐ Private Corporation ☐ Limited Liability Company ☐ Other (please describe) _____

B. What percentage of the Applicant is owned by directors and employees? _____%

C. Have there been any changes in ownership of the Applicant over the past 12 months, or any anticipated changes in ownership over the next 12 months? If Yes, please attach more details. YES ☐ NO ☐



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D. List any individual or entity that directly or beneficially owns 5% or more of the Applicant.

Name	Ownership Percentage	Director or Employee of Applicant
	%	☐ Yes ☐ No
	%	☐ Yes ☐ No
	%	☐ Yes ☐ No
	%	☐ Yes ☐ No

4. **Types of Organizations or Funds** — please check all that apply (* = Supplemental Questionnaire will need to be completed if checked)

☐ Investment Advisor ☐ Hedge Fund* ☐ Real Estate Fund* ☐ Private Equity Fund*

☐ Venture Capital Fund* ☐ Family Office* ☐ Mutual Fund* ☐ Broker-Dealer

☐ Other, please describe: _____

5. REGULATORY

A. Is the Applicant SEC registered? YES ☐ NO ☐

B. Is the Applicant exempt from SEC registration? YES ☐ NO ☐

C. Has the Applicant:

1. Been contacted by the SEC for an upcoming exam? YES ☐ NO ☐

2. In the past five years, had an inspection, regulatory examination, or presence examination conducted by any regulatory authority? *If yes, please identify the regulatory authority that conducted the examination and discuss any material findings (if any)* _____ YES ☐ NO ☐

3. In the past five years, been fined by any regulatory authority for any reason? YES ☐ NO ☐

4. Used a third-party vendor to conduct mock compliance exams? YES ☐ NO ☐
If "Yes," please provide vendor name and date of last exam _____

D. Does the Applicant have an internal compliance department or designated employees responsible for business practice protocol and regulatory compliance? YES ☐ NO ☐

[This area is intentionally left blank – please continue below.]



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6. SUBSIDIARIES

If the Applicant has subsidiaries for which coverage is requested, please complete the following or provide a separate attachment: (Do not include any Funds for this question):

<i>Subsidiary</i>	<i>Address</i>	<i>Nature of Operations</i>	<i>% Owned</i>	<i>Date Acquired or Created</i>

7. HISTORY

In the next 12 months (or during the past 24 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) the following:

- Any change in ownership including any actual proposed acquisition, merger, offer, or divestiture? YES ☐ NO ☐
- Any registration for a public offering or a private placement of securities? YES ☐ NO ☐
- Any creation of a new business, subsidiary, or division? YES ☐ NO ☐
- Any branch, location, office, facility, or subsidiary closings, consolidations, or layoffs? YES ☐ NO ☐
- Has the president, chief executive officer, chief financial officer, any executive vice president, or any equivalent position of any Applicant left such office within the last 24 months for any reason other than death or retirement at normal retirement age? YES ☐ NO ☐

If "Yes" to any of the above questions 1-5, please provide further details on a separate attachment.

8. ASSETS UNDER MANAGEMENT BY APPLICANT

Type of Assets:		Current Year as of _____	Prior Year as of _____
A	Total Assets under Management:	\$	\$
	1. Discretionary	\$	\$
	2. Non-Discretionary	\$	\$
B.	Separately Managed Accounts:	\$	\$
C.	Commingled Accounts	\$	\$
	1. Mutual Funds	\$	\$
	2. Hedge Funds	\$	\$
	3. Private Equity/Venture Capital Funds (Committed Capital)	\$	\$
	4. Real Estate Funds (Committed Capital)	\$	\$
	5. Other (describe):	\$	\$
D.	Other (describe):	\$	\$



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9. REVENUE

	Current Year as of ____	Prior Year as of ____
Total Revenue	\$	\$
1. Investment Advisory Fees	\$	\$
2. Family Office/Financial Planning Fees:	\$	\$
3. Other: (describe) _____	\$	\$

10. INVESTORS

A.	Investor Class	Percentage of AUM:
	1. High Net Worth Individuals	%
	2. Fund of Funds	%
	3. Corporations and Institutions	%
	4. Endowments/Foundations/Charitable Organizations	%
	5. Taft Hartley Plans/Public Pension Funds	%
	6. Sovereign Wealth	%
	7. Insider Capital	%
	8. Other (describe)	%
B.	Total Number of Investors:	
C.	Total Number of Foreign Investors:	
D.	Minimum Investment Amount: \$	

11. INVESTMENT ADVISOR INFORMATION – TO BE COMPLETED BY ALL INVESTMENT ADVISOR APPLICANTS

- A. Total asset value of all managed accounts:
Current Year _____ Previous Year _____
- B. Asset Value of largest account: _____
- C. Minimum size of accounts currently accepted as new accounts: \$ _____
- D. Asset Value of Lost Accounts in the last twelve months? _____ Number of Accounts _____
- E. Reason for Lost Accounts? _____



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F. Please indicate all services provided by the Applicant: (please pick all that apply):

☐ Investment Advice ☐ Investment Consulting ☐ Pension Consultant

☐ Financial Planning ☐ Broker-Dealer Services ☐ Tax Planning

☐ Sub-Advisory ☐ Investment Banking ☐ Other, please describe: _____

G. Does the Applicant act as a custodian? YES ☐ NO ☐

H. May clients choose their own brokers for execution? YES ☐ NO ☐

I. Does the Applicant have measures instituted to assure that clients' plans are in compliance with ERISA? YES ☐ NO ☐

J. Name of the Chief Compliance Officer ("CCO") and date of service in this role? _____

K. Is the CCO dedicated full-time to the compliance and regulatory role? YES ☐ NO ☐

L. Is the CCO an employee of the Applicant? YES ☐ NO ☐

M. State the percentage of investments in the following areas:

Commodity Futures _____%	Options _____%	RMBS _____%
Private Placements _____%	Annuities _____%	CMBS _____%
Private or non-traded REITS or BDCs _____%	International Investments _____%	Other ABS _____%
Direct Real Estate _____%	CDOs/CLOs _____%	Oil and Gas Investment Funds _____%

N. Does the Applicant currently have, or plan to have within the next 12 months, any direct or indirect exposure to digital assets, cryptocurrency, blockchain, tokenized assets, stablecoins, staking, mining, DeFi, or crypto-related companies? *If Yes, attach details.* YES ☐ NO ☐

O. Does the Applicant currently use, or plan to use within the next 12 months, artificial intelligence, machine learning, automated decisioning, or generative AI tools? YES ☐ NO ☐

If Yes, please provide responses regarding whether the following apply to such use:

- For general productivity purposes only: YES ☐ NO ☐
- To perform internal research, analysis, due diligence, or summarization: YES ☐ NO ☐
- To read or respond to client, investor, customer, borrower, claimant, or employee communications: YES ☐ NO ☐
- To make or assist with investment, trading, valuation, lending, underwriting, claims, compliance, fraud, accounts payable, or human resources decisions: YES ☐ NO ☐
- Will AI outputs be permitted to be used without human review: YES ☐ NO ☐
- To read, review, or analyze confidential, MNPI, client, investor, employee, or regulated data: YES ☐ NO ☐
- Written policies, procedures, and/or acceptable-use guidelines govern such use: YES ☐ NO ☐

[This area is intentionally left blank – please continue below.]



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12. EMPLOYMENT PRACTICES INFORMATION – ONLY COMPLETE IF EMPLOYMENT PRACTICES COVERAGE IS DESIRED

A. Complete the chart below for the Applicant's total number of employees:

Total Number of Employees Companywide:

Total Employees located in foreign countries (full-time, part-time, union, non-union, seasonal, etc.):

Please complete the below with respect to Employment Category and State Location of Employees:

STATE LOCATION OF EMPLOYEES	EMPLOYMENT CATEGORY			TOTAL
	U.S. Full Time Employees	U.S. Part Time Employees, including Seasonal, Temporary, and Volunteers	U.S. Employees - Full Time, Part Time, Seasonal, etc.	
CA				
NJ				
AK, AL, CO, CT, FL, GA, HI, IA, IL, KS, LA, MA, MI, MN, MO, NE, NV, NY, OR, PA, TX, WA, WY, and DC				
All Other States				
TOTAL				

B. Please indicate the number of employees in each total compensation range:

Total Compensation	Number
Less than \$50,000	
\$50,000 - \$100,000	
Over \$100,000 - \$250,000	
Over \$250,000	

C. Company Policies and Procedures:

1. Does the Company have written procedures in place for:

- a) Equal Opportunity Employment:
- b) Anti-Discrimination:
- c) Anti-Sexual Harassment:
- d) Employment at Will:

YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐



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- | | |
|--|--|
| e) Progressive Discipline: | YES ☐ NO ☐ |
| f) Handling complaints of sexual harassment or discrimination: | YES ☐ NO ☐ |
| g) Americans with Disabilities Act (ADA) accommodations: | YES ☐ NO ☐ |
| h) Social media in the workplace: | YES ☐ NO ☐ |
| i) Employee conduct when dealing with third parties: | YES ☐ NO ☐ |
| j) Background checks in the hiring process: | YES ☐ NO ☐ |

If the answer was "No" to any of the above in (1) (a-j) please attach a full explanation of the process and policies in place.

D. State the employee turnover percentage in the last 12 months: _____ Year Prior: _____

E. Does the Applicant:

- | | |
|--|--|
| 1. Have a full-time HR manager or department? | YES ☐ NO ☐ |
| <i>If no, who manages the HR Function?</i> _____ | |
| 2. Distribute to and record the receipt by all employees of an employee handbook? | YES ☐ NO ☐ |
| 3. Require employees to sign an arbitration agreement for workplace-related claims? | YES ☐ NO ☐ |
| 4. In the next 12 months, expect to experience any layoffs, terminations, or workplace reductions? | YES ☐ NO ☐ |
| 5. Provide and document training regarding discrimination and workplace harassment for: | |
| a) All employees? | YES ☐ NO ☐ |
| <i>If Yes, how often?</i> _____ | |
| b) Officers and managers? | YES ☐ NO ☐ |
| <i>If Yes, how often?</i> _____ | |
| 6. In the past twelve months, experienced any involuntary terminations of | |
| a) Senior Management or Board of Directors? | YES ☐ NO ☐ |
| <i>If Yes, were claim release waivers signed?</i> | YES ☐ NO ☐ |
| b) Employees? | YES ☐ NO ☐ |
| <i>If Yes, were claim release waivers signed?</i> | YES ☐ NO ☐ |
| 7. Review all terminations with HR or legal counsel? | YES ☐ NO ☐ |

If "No" to any question in 1-7 above, attach details.

[This area is intentionally left blank – please continue below.]



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13. FIDUCIARY INFORMATION – COMPLETE ONLY IF COVERAGE IS DESIRED

Complete the chart below for each employee welfare benefit or pension plan for which coverage is requested.

	Plan 1	Plan 2	Plan 3
Plan Name			
Plan Type*			
Total Assets			
Plan Status**			
Number of Participants			
Manager/Administrator			
Annual Contributions			

*Defined Benefit, Defined Contribution, Pension, ESOP, Health & Welfare, etc., ** Active, Terminated, Frozen, etc.

*** Please Note, if any plan is an ESOP or if any DC plan holds employer securities, then the Employer Securities Supplemental Questionnaire should be completed.

- A. Does the Applicant offer proprietary products as investment options in any of the above plans? YES ☐ NO ☐
If yes, please describe the Applicant's due diligence regarding the offering of proprietary investment options?

- B. Are any plan assets managed by the Applicant or any affiliates of the Applicant? YES ☐ NO ☐
- C. How often is the investment manager's performance reviewed?
Monthly ☐ Quarterly ☐ Semiannually ☐ Other ☐ (If Other, please attach full details)
- D. How often are the investment manager's guidelines for investments reviewed by the plan fiduciaries?
Semiannually ☐ Annually ☐ Biannually ☐ Other ☐ (If Other, please attach full details)
- E. Is a third-party engaged to help conduct any of the above reviews? YES ☐ NO ☐
If Yes, please state which third-party: _____
- F. State the date that the last request for proposal (RFP) was conducted to review/compare fees on investments or mutual funds: _____
- G. Does the organization derive any compensation, remuneration, or revenue from any investments or services provided to any plan? *If so, please describe* _____
- H. Are there any outstanding delinquent contributions owed to any plans? YES ☐ NO ☐
- I. Has any plan experienced an event reportable to the Pension Guaranty Corporation? YES ☐ NO ☐
- J. Has any plan been investigated by the Department of Labor, Internal Revenue Service, or any other regulatory authority in the past two years? YES ☐ NO ☐
- K. Does each plan comply with the plan documents and ERISA? YES ☐ NO ☐
- L. Has an actuary certified, within the past year, that each plan is adequately funded? YES ☐ NO ☐
If No, to any question in H-L above, attach details.

14. COST OF CORRECTION INFORMATION – COMPLETE ONLY IF COVERAGE IS DESIRED

- A. What is the average annual turnover rate of total AUM? _____



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- B. Does the Applicant have a computer compliance program/system used to monitor transactions for investment and regulatory compliance, including whether it is pre-trade, post-trade, or both? YES ☐ NO ☐
If Yes, attach details
- C. Does the Applicant maintain an account in order to offset losses caused by trade errors? YES ☐ NO ☐
If Yes, attach details.
- D. How often are trade orders given verbally and how is the process documented? YES ☐ NO ☐
- E. Do written agreements with Funds or clients limit the advisor's liability for trade error loss? YES ☐ NO ☐
- F. Are there formal, written trade error resolution procedures? YES ☐ NO ☐
- G. In the past 3 years, how many trade errors:
- a. Were detected? _____
 - b. Exceeded \$50K? _____
 - c. Required remedies? _____
- H. What procedures have been implemented to ensure that the above trade errors do not reoccur?

15. LOSS/CLAIMS INFORMATION

Please attach full details for each question below to which the Applicant answered "YES".

- A. In the last five years, has any claim, suit, proceeding, or investigation been made against the Applicant, any predecessor in business, or past or present subsidiary, affiliate, owner, partner, member, director, officer, trustee, or employee of the Applicant arising out of or related to any activity described in this Application or for which coverage would be available under the insurance for which the Applicant is applying? YES ☐ NO ☐
- B. In the last five years, has the Applicant, any predecessor in business, or any past or present subsidiary, affiliate, owner, partner, member, director, officer, trustee, or employee of the Applicant been investigated or cited by any governmental authority or body for any actual or alleged violations of law arising out of the Applicant's business activities or in connection with any of the Applicant's employees or employee welfare benefit or pension plans? YES ☐ NO ☐
- C. In the past five years, has any person or entity proposed for insurance given notice of any claim or circumstance that may give rise to a claim under any directors and officers liability, professional liability, employment practices liability, fiduciary liability, or management liability policy? YES ☐ NO ☐

16. PRIOR KNOWLEDGE

Does any person or entity for whom this insurance is intended have any knowledge or information of any actual or alleged act, error, omission, fact, or circumstance which may reasonably be expected to give rise to a claim that would fall within the scope of coverage afforded by the Proposed Policy?

YES ☐ NO ☐

If "Yes," please attach complete details.

Please note that no coverage will be afforded under the Proposed Policy for any Claim arising out of any actual or alleged act, error, omission, fact, or circumstance disclosed or required to be disclosed in response to the LOSS/CLAIMS INFORMATION and PRIOR KNOWLEDGE sections of this Application.

Copies of the following materials regarding the Applicant are deemed attached to and made part of this Application by reference:

- A. Most recent annual financial statement (if available)
- B. Senior Management Biographical Information
- C. Employee Handbook (For Employment Practices Liability Coverage)
- D. Copy of Form 5500 for each Plan (For Fiduciary Liability Coverage)
- E. Audited Financial Statements with investment portfolios for each plan (For Fiduciary Liability Coverage)
- F. Plan descriptions and financial statements for any non-qualified plans (For Fiduciary Liability Coverage)
- G. 408(b) fee disclosures from the Applicant's service provider and the 404 fee disclosures the Applicant provides to plan participants (For Fiduciary Liability Coverage)
- H. Trade Error Log for past 12-24 months (For Cost of Correction Coverage)

DECLARATIONS AND MATERIAL CHANGES

Signing this Application does not bind the undersigned or the Insurer to complete the insurance, however, if a Policy is issued, this Application will be the basis of such Policy and a copy of this Application will be attached to and made part of such Policy. The Insurer is authorized to make any investigation and inquiry regarding this Application as it deems necessary.

The undersigned, on behalf of all Proposed Insureds, declares that the statements in this Application and the information submitted herewith are true, complete, and accurate. If there are material changes to any statements in this Application or the information submitted herewith prior to the inception of the Policy, the undersigned will immediately notify the Insurer of such changes, and at that time the Insurer shall then have the right to change or withdraw any outstanding terms or proposal.

This Application must be currently dated and signed by one of the following individuals: (1) the Chief Executive Officer, (2) the President, (3) the Chief Financial Officer, (4) General Counsel, or (5) any functional equivalent of the foregoing.

Maryland only: If there are material changes to the risk during the 45-day underwriting period beginning on the effective date of coverage, the Insurer will have the right to either cancel coverage or recalculate the premium, pursuant to Section 12-106 of the Maryland Insurance regulations.

FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE:

All States except: AL; AR; CO; DC; FL; HI; KS; KY; LA; ME; MD; NJ; OH; OK; OR; PA; WA: 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 CIVIL FINES AND CRIMINAL PENALTIES.

Alabama – Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subjected to restitution fines or confinement in prison, or any combination thereof.

Arkansas – 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.

Colorado – 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.

District of Columbia – 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 - 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 – 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.

Kansas – 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, commits a fraudulent insurance act.

Kentucky – 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.

Louisiana – 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.

Maryland – 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 – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

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

Pennsylvania – 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.

Maine; Tennessee; Washington – 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.

With respect to all coverages to be made part of this policy, the Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby are true, accurate, and complete, and that no material facts have been suppressed or misstated. The undersigned agrees that this Application and such attachments and all other documents should be the basis of the insurance Policy should a Policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such Policy; and that the Insurer will have relied upon all such materials in issuing any such Policy. It is agreed further that any and all information requested in this information is for underwriting purposes only and does not constitute notice to the Insurer under any policy of a claim, potential claim, or any other matter.

This Application must be signed by the chief executive officer, president, executive director, chief financial officer, or a person with responsibility for the management of insurance matters (or any equivalent position to any of the foregoing) of the Applicant acting as the authorized representatives of the Proposed Insureds.

APPLICANT:

Date:		Signed:	
		Print Name	
		And Title:	

IOWA Applicants Only

The insurance for which this is an application was solicited by:

Print name: _____

Iowa license number: _____

Agency: _____

NEW HAMPSHIRE ONLY; FOR PRODUCER USE ONLY

Agency Name and Address:

Agents New Hampshire
License I.D.#:

Agent's Signature:

(stamped signature is not acceptable)

FLORIDA ONLY
FOR PRODUCER USE ONLY

Agency Name and Address: _____

Agents Florida License I.D.#: _____

Name of Agent: _____

Agent's Signature: _____

Agent's Name (printed): _____