



CYBER INSURANCE APPLICATION

NOTICE: THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF A POLICY IS ISSUED, SOME COVERAGE MAY BE ON A CLAIMS-MADE AND REPORTED BASIS. ANY INSURANCE POLICY THAT IS ISSUED IN CONNECTION WITH THIS APPLICATION SHALL BE ISSUED BY AN INSURANCE COMPANY AFFILIATE OF AMERICAN INTERNATIONAL GROUP, INC.

“**Applicant**” refers individually and collectively to each person or entity proposed for this insurance. The completed information provided in this Cyber Insurance Application (the “**Application**”) will be used to underwrite to the **Insurance Sought**. “**Insurance Sought**” refers to the coverage part(s) applied for by the **Applicant**. “**Insurer**” shall mean the insurance company affiliate of American International Group, Inc. that issues the policy to the **Applicant** based on this **Application**.

Notwithstanding any information provided in this **Application** or any written statement, materials or documents provided in connection herewith and incorporated by reference into this **Application**, any coverage as afforded to the **Applicant**, if given, shall be solely as set forth in the terms, conditions and exclusions of the proposed policy of insurance provided to the **Applicant**, and by no other material.

Full Name of Applicant :	_____
Mailing Address:	_____

Applicant’s Ownership Structure:

Publicly Traded or Privately Held Company	<input type="checkbox"/>
Subsidiary of Publicly Traded or Privately Held Company	<input type="checkbox"/> If checked, complete the below <ul style="list-style-type: none"> - Name of Applicant’s parent organization: _____ - Applicant’s parent organization’s estimated annual revenue: _____ - Is there network connectivity with the parent company or any affiliated companies of the parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Government, non-profit, association, etc.)	<input type="checkbox"/> If checked, complete the below <ul style="list-style-type: none"> - Provide details: _____

Applicant’s Contact/Risk Manager*:

Name:	_____
Title:	_____

E-mail:	_____
<p><i>*The contact person listed here will be provisioned to AIG's CyberEdge Communication Platform. The AIG CyberEdge Communication Platform is hosted by Cygnvs, a third-party provider. More information on this will be made available with the insurance quote or indication offer.</i></p>	

<p>IMPORTANT: This Application should only be completed if the Applicant's annual revenues are \$50,000,000 or less. If the Applicant generates more than \$50,000,000 in revenue a different application is required.</p> <p>Further, if the Applicant's response to any of the following criteria is "Yes", additional information may be required for further consideration.</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant's PII, PCI, and PHI combined record count is more than 1,000,000 records
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has operations in any of the following areas: Adult Entertainment, Airlines, Aviation, Cannabis, Credit Bureau, Cryptocurrency, "Data Business Risks" (such as advertising technology, data brokers, data marketing companies, that are engaged in aggregating, marketing, offering, or selling data to others) , Financial Institutions, Hospitals and healthcare facilities, Law Firms, Managed Service Provider (MSP), Managed Security Service Provider (MSSP), Music, Movie, or TV production, Payment Processor, Public Entities (including municipalities), Schools (including K-12 and universities), or Social Networking.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has more than 300 employees.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has experienced a claim or incident in the last five years that exceeded or could have potentially exceeded \$50,000 in loss.
<p>The questions below are important to the underwriting of coverage for the Applicant. This section of the application must be completed by, or with the assistance of, the person(s) responsible for the security of the Applicant's information systems (including, without limitation, the person identified in response to Question 6 below). If information security is outsourced to a third party (e.g., a managed security provider), it is understood that the Applicant has verified its responses with such third party prior to submitting this Application.</p> <p>The Insurer may, but is under no obligation to, (1) use externally observable data about the Applicant's computer network, and (2) contact the Applicant's Chief Information Security Officer (or other person designated by the Applicant in Question 6 of this Application) in connection with a condition or circumstance that the Insurer reasonably believes may result in a future event for which coverage may be afforded under the policy being applied for. The Insurer may continue to observe and report, as described above, during the term of any policy containing coverage issued to the Applicant.</p>	

		<input type="checkbox"/> 100,000 to 500,000 records <input type="checkbox"/> 500,000 to 1,000,000 records <input type="checkbox"/> More than 1,000,000 records (if this box is selected, write in estimated amount)
	PCI (Payment Card Information)	<input type="checkbox"/> None / Not applicable Enter the approximate number of unique PCI transactions that are completed per year by the Applicant Are all transactions processed via validated PCI Point-to-Point Encryption (P2PE) Solution * * ? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Biometric Identifiers (If any biometric identifiers are collected, processed, or stored, a supplemental questionnaire is required.)	<input type="checkbox"/> None / Not applicable # of Records –
6.	Enter the following information for the Applicant's Chief Information Security Officer (CISO), or equivalent employee that is responsible for maintaining the Applicant's cybersecurity posture.	
	Name	
	Email	
	Title	
7.	Enter the Applicant's primary web domain	
8.	If the Applicant has other web domains, provide details (up to four additional web domains)	<input type="checkbox"/> None / Not applicable Additional web domains:
9.	Enter the IP addresses of the Applicant , including any leased by an ISP	
10.	Does the Applicant send email from other domains?	<input type="checkbox"/> Yes <input type="checkbox"/> No

		If yes, provide details:	
11.	Does the Applicant utilize Microsoft Active Directory Domain Services (“ADDS”), whether “on prem” or hosted? This does NOT include Azure Active Directory (“Azure AD”).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Does the Applicant utilize Microsoft Exchange, including in a “hybrid deployment”?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Does the Applicant utilize any unsupported software (software the vendor is no longer providing security fixes for)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Has the Applicant changed all default passwords and any known-to-be-compromised passwords?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15.	Does the Applicant (and any of its third-party vendors when accessing the Applicant’s system) utilize and by policy enforce multi-factor authentication (“MFA”) for all: a) remote access to systems? b) administrative access to systems?	a) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Does the Applicant encrypt data on end-user devices to safeguard data against lost devices? Example implementations include Windows BitLocker, Apple FileVault, and Linux dm-crypt.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Has the Applicant conducted an inventory of all IT assets within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Briefly describe how IT is managed at the Applicant . Include whether the Applicant has IT employees or uses outsourced vendor(s) (including Managed Service Providers (MSP)). If outsourced vendor(s) are used, provide company name(s):		
19.	Does the Applicant utilize an Endpoint Detection & Response Tool? If yes, please indicate the company, software, and specific SKUs (e.g. CrowdStrike Falcon Complete)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.	Does the Applicant have an employee designated as a Data Protection Officer (DPO) or Chief Privacy Officer (CPO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21.	Does the Applicant provide security awareness training, including phishing awareness training, to employees at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22.	Does the Applicant “tag” or otherwise mark e-mails from outside of the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23.	Applicant to provide the name of the third-party provider(s) they use for each of the following categories. If the Applicant does not use a third-party provider and utilizes solely internal capabilities/services or the category is not applicable to the Applicant’s business operations, check N/A box for such category. If there are other third-party providers that are impactful to the Applicant’s business that are not listed, use the Write-In Other(s) section.		
	Category	Third-Party Provider(s)	Third-Party Provider(s)
	Hosting Services	<input type="checkbox"/> N/A (solely utilizes internal capabilities/services) <input type="checkbox"/> Akamai <input type="checkbox"/> Amazon AWS <input type="checkbox"/> AT&T <input type="checkbox"/> CenturyLink <input type="checkbox"/> CloudFlare	E-Mail & Related Services <input type="checkbox"/> N/A (solely utilizes internal capabilities/services) <input type="checkbox"/> Amazon AWS SES <input type="checkbox"/> AppRiver, LLC <input type="checkbox"/> Barracuda Networks <input type="checkbox"/> GoDaddy

	<input type="checkbox"/> DigitalOcean <input type="checkbox"/> F5 Networks <input type="checkbox"/> GoDaddy <input type="checkbox"/> Google <input type="checkbox"/> IBM <input type="checkbox"/> Microsoft <input type="checkbox"/> OVH SAS <input type="checkbox"/> Rackspace <input type="checkbox"/> Tucows <input type="checkbox"/> United Internet <input type="checkbox"/> UnitedLayer <input type="checkbox"/> Verizon Write-In Other(s)		<input type="checkbox"/> Google <input type="checkbox"/> MailChannels <input type="checkbox"/> McAfee, Inc <input type="checkbox"/> Microsoft <input type="checkbox"/> Mimecast <input type="checkbox"/> Proofpoint <input type="checkbox"/> Rackspace <input type="checkbox"/> Salesforce.com <input type="checkbox"/> SendGrid, Inc <input type="checkbox"/> Symantec <input type="checkbox"/> United Internet <input type="checkbox"/> Zendesk Write-In Other(s)
Relationship/Customer Relationship Management Software	<input type="checkbox"/> N/A (solely utilizes internal capabilities/services) <input type="checkbox"/> Aptean <input type="checkbox"/> Astute <input type="checkbox"/> Campus Management <input type="checkbox"/> Deltek <input type="checkbox"/> eGain <input type="checkbox"/> Gainsight <input type="checkbox"/> Google <input type="checkbox"/> Infor <input type="checkbox"/> Medallia Inc <input type="checkbox"/> Microsoft <input type="checkbox"/> Oracle <input type="checkbox"/> Pegasystems <input type="checkbox"/> Sage Group <input type="checkbox"/> Salesforce.com <input type="checkbox"/> SAP <input type="checkbox"/> SugarCRM <input type="checkbox"/> Veeva Systems <input type="checkbox"/> Zoho Corporation Write-In Other(s)	HR Management	<input type="checkbox"/> N/A (solely utilizes internal capabilities/services) <input type="checkbox"/> ADP <input type="checkbox"/> Avature Recruiting <input type="checkbox"/> Ceridian <input type="checkbox"/> Cornerstone <input type="checkbox"/> Halogen Software <input type="checkbox"/> iCIMS <input type="checkbox"/> Infor <input type="checkbox"/> IBM <input type="checkbox"/> Jobvite <input type="checkbox"/> Kronos <input type="checkbox"/> NICE Systems <input type="checkbox"/> Oracle <input type="checkbox"/> PeopleAdmin <input type="checkbox"/> PeopleFluent <input type="checkbox"/> SAP <input type="checkbox"/> WorkDay <input type="checkbox"/> Xactly Corporation Write-In Other(s)
E-Commerce & Payment Services	<input type="checkbox"/> N/A (solely utilizes internal capabilities/services) <input type="checkbox"/> Adyen B.V <input type="checkbox"/> Amazon AWS <input type="checkbox"/> Apple <input type="checkbox"/> BlueSnap <input type="checkbox"/> CCBill <input type="checkbox"/> EverCommerce <input type="checkbox"/> Ingenico	Security Service Providers	<input type="checkbox"/> N/A (solely utilizes internal capabilities/services) <input type="checkbox"/> Accenture <input type="checkbox"/> Akamai <input type="checkbox"/> Carbon Black <input type="checkbox"/> Cisco <input type="checkbox"/> CloudFlare <input type="checkbox"/> Comodo Group <input type="checkbox"/> CrowdStrike <input type="checkbox"/> Dell

	<input type="checkbox"/> Fidelity National Information Services <input type="checkbox"/> Klarna AB <input type="checkbox"/> NCR Corporation <input type="checkbox"/> PayPal <input type="checkbox"/> Recurly <input type="checkbox"/> Square <input type="checkbox"/> Stripe <input type="checkbox"/> Vanco Payment Solutions <input type="checkbox"/> VeriFone Systems Write-In Other(s)	<input type="checkbox"/> DigiCert <input type="checkbox"/> GMO GlobalSign <input type="checkbox"/> GoDaddy <input type="checkbox"/> IBM <input type="checkbox"/> Let's Encrypt <input type="checkbox"/> McAfee <input type="checkbox"/> Microsoft <input type="checkbox"/> Okta <input type="checkbox"/> Palo Alto <input type="checkbox"/> Sentinel One <input type="checkbox"/> Starfield Technologies <input type="checkbox"/> Symantec <input type="checkbox"/> Tenable Network <input type="checkbox"/> TrustWave Write-In Other(s)
Industrial Control Providers	<input type="checkbox"/> N/A (solely utilizes internal capabilities/services) <input type="checkbox"/> ABB <input type="checkbox"/> Bosch <input type="checkbox"/> Emerson <input type="checkbox"/> GE <input type="checkbox"/> Honeywell <input type="checkbox"/> Metso <input type="checkbox"/> Mitsubishi Electric <input type="checkbox"/> Rockwell Automation <input type="checkbox"/> Rolls Royce <input type="checkbox"/> Schneider <input type="checkbox"/> Siemens <input type="checkbox"/> Toshiba <input type="checkbox"/> Yokogawa Write-In Other(s)	

**https://listings.pcisecuritystandards.org/assessors_and_solutions/point_to_point_encryption_solutions

Warranty Question

Answering the warranty question is required unless the **Applicant** already maintains insurance of the type(s) sought with the **Insurer**:

During the past 5 years, has any of the following occurred:

- (a) the **Applicant** has experienced any occurrences, claims or losses related to a failure of security of the **Applicant's** computer systems; or
- (b) anyone has filed suit or made a claim against the **Applicant** with regard to invasion or interference with rights of privacy, wrongful disclosure of confidential information; or

(c) the Applicant has knowledge of a situation or circumstance which might otherwise result in a claim against the Applicant with regard to issues related to the Insurance Sought ?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/> (Insurance Sought is renewal of the coverage with the Insurer)
If response to question above is "Yes," please provide details:	

Regardless of the answer provided to the question above, it is agreed that if any of the events described in subparts (a) – (c) of the question above have occurred, then any insurance policy issued in response to the submission of this **Application** shall not provide coverage for any loss arising out of, based upon or attributable to such events.

ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE **INSURER** IN CONJUNCTION WITH THIS **APPLICATION**, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS **APPLICATION** AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY **APPLICANT** WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS **APPLICATION** AND MADE A PART HEREOF.

LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS **APPLICATION**, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS **APPLICATION**, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE.

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS **APPLICATION** OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS **APPLICATION** AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE **INSURER** OF SUCH CHANGES, AND THE **INSURER** MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS **APPLICATION** DOES NOT BIND THE **APPLICANT** OR THE **INSURER** TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS **APPLICATION** AND ANY INFORMATION INCORPORATED BY

REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD **INSURER** ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS **APPLICATION** OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS **APPLICATION**, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO 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 act, which is a crime and MAY subject such person to criminal and civil penalties.

STATE FRAUD WARNINGS

NOTICE TO 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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, 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.

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 KANSAS APPLICANTS: 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 THAT 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.

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 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 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 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

The undersigned authorized officer of the **Applicant** hereby acknowledges that he/she is aware that the Limit of Liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the **Insurer** shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this policy.

The undersigned authorized officer of the **Applicant** hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed

(Duly authorized representative, by and on behalf of the **Applicant**)

Date

Title

Organization:

(Must be signed by an authorized officer)

(Organization's seal)

Attest

(Duly authorized representative, by and on behalf of the **Applicant**)

Producer

License Number

Address