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	Atlantic Specialty Insurance Company (Stock company owned by the OneBeacon Insurance Group) (hereinafter referred to as the "Underwriter")	
Application New Business	MEDIA LIABILITY APPLICATION	

NOTICE APPLICABLE TO APPLICANTS FOR THE ADVERTISER ADVANTAGE POLICY:

DEFENSE COSTS ARE PART OF AND NOT IN ADDITION TO THE LIMITS OF LIABILITY OF THE POLICY FOR WHICH THIS APPLICATION APPLIES. **DEFENSE COSTS** WILL ERODE AND MAY EXHAUST THE LIMIT OF LIABILITY. **DEFENSE COSTS** AND **LOSS** SHALL BE APPLIED AGAINST THE RETENTION. THE UNDERWRITER WILL HAVE NO OBLIGATION TO PAY JUDGMENTS, SETTLEMENTS OR **DEFENSE COSTS** ONCE THE APPLICABLE LIMIT OF LIABILITY IS EXHAUSTED BY **DEFENSE COSTS** OR **LOSS**. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING AND CONTACT YOUR PRODUCER WITH ANY QUESTIONS.

NOTICE APPLICABLE TO APPLICANTS FOR THE FOLLOWING – MEDIA ADVANTAGE POLICY, NEWSPAPER ADVANTAGE POLICY OR ADVERTISING AGENCY LIABILITY POLICY:

DEFENSE COSTS ARE IN ADDITION TO THE LIMITS OF LIABILITY OF THE POLICY FOR WHICH THIS APPLICATION APPLIES AND THE LIMITS OF LIABILITY ARE NOT REDUCED OR EXHAUSTED BY PAYMENT OF **DEFENSE COSTS**, UNLESS THE POLICY IS MODIFIED BY ENDORSEMENT. **DEFENSE COSTS** AND **LOSS** SHALL BE APPLIED AGAINST THE RETENTION. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING AND CONTACT YOUR PRODUCER WITH ANY QUESTIONS.

Instructions:

Whenever used in this Application, the term "Applicant" shall mean the organization identified in response to Question 1 of Section A. Account Information

- Complete only the questions that apply to the Applicant's operations:

• Advertiser	• Commercial Printer	• Newspaper Publisher
• Advertising Agency	• Magazine Publisher	• Broadcaster (Radio and TV)
• Author	• Multimedia Company	• Online Content Provider
• Book Publisher		
- If Network Security & Privacy coverage is being requested, Applicant must complete the Network Security & Privacy Supplement.

A. ACCOUNT INFORMATION	
1. Applicant Name	
Doing Business As	
Federal Employee I.D. # (FEIN)	
Principle State of Operations	
2. Year Established	
3. Mailing Address	Street: City: State: Zip: County: Website Address:
Physical Address	Street:
<input type="checkbox"/> Check here if same as Mailing Address	City: State: Zip:
	County:

4. Risk Manager or Contact Person	Name/Title: Email Address: Telephone Number:
5. Applicant's Legal Structure	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____
6. Please describe the nature of the Applicant's business:	
7. List all states where the Applicant is operating and providing services:	
8. Please identify memberships in any professional organizations:	
9. Within the past eighteen (18) months or within the next twelve (12) months, has the Applicant or does the Applicant expect to:	
a. Merge, acquire or consolidate with another entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Sell or divest another entity or facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Discontinue any operations or services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. List below all subsidiaries, including a description of operations, relationship to the Applicant, date acquired and ownership:	
11. Does the Applicant own, operate or manage any business or facilities other than the operations described in this Application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide details, including name of entity and the Applicant's ownership interest/management role:	
12. Is the Applicant owned or operated by a state, city, town or county or by an agency, authority or other governmental or quasi-governmental entity established by state or local law? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," by whom?	

B. CURRENT AND REQUESTED COVERAGE -

Please note that requested coverage is not automatically provided.
The policy, if issued, will determine actual coverage.

13. Please indicate below, limits and retentions requested:

Coverage Requested	Limit of Liability Requested	Retention Requested
Media Liability	\$ _____	\$ _____

14. Please provide current insurance information:

Insurance Carrier	Limit of Liability	Retention	Policy Period MM/DD/YY- MM/DD/YY	Retroactive Date	Premium

15. Is the Applicant seeking Subpoena Defense Coverage?

☐ Yes ☐ No

If "Yes," please identify how many subpoenas have been served in the past three years involving media operations:

16. Was counsel retained to answer, object or otherwise respond to the subpoena?

☐ Yes ☐ No

C. FINANCIAL AND EXPOSURE DETAILS

17. Identify international media/advertising activities, by country outside the United States and Canada:

18. Identify physical locations outside the United States and Canada and what percentage of "media" activities are managed in these locations:

19. Does the Applicant develop, design or place advertising?

☐ Yes ☐ No

20. Please complete the applicable section if seeking coverage for the activities shown below. Please round to nearest whole number:

Advertiser - Please assign a percentage:							
Methods of Advertising							
Television	%	Radio	%	Outdoor	%	Sweepstakes	%
Theatre	%	Magazine	%	Coupons	%	Infomercial	%
Newspaper	%	Internet	%	Telephone Solicitation	%		
Other (describe): _____			%				
Describe product(s) and/or services:							
Advertising Agency - Please assign a percentage:							
Advertising Services Provided							
Public Relations	%	Product Display	%	Literary Agent	%	Photography	%
Package Design	%	Product Testing	%	Trademark Design	%	Market Research	%
Product Design	%	Printing	%	Music Composition	%	Branding	%
Advertising Placement	%	Video and Film Production	%	Contest/ Sweepstake Design	%	Merchandising	%
						Website Design	%
Other (describe): _____			%				
Advertising Medium							
Internet	%	Brochures	%	Coupons	%	Direct Mail	%
Telemarketing	%	Promotions	%	Infomercial	%	Merchandise/ Collateral Materials	%
Sweepstakes	%	Outdoor	%	Radio	%		
Catalog/ Mail Order	%	Television/ Magazine	%	Newspaper	%		
Other (describe): _____			%				
Advertising Products							
Tobacco	%	Alcohol	%	Firearms	%	Pharmaceuticals	%
Book Publisher - Identify the type of books to be insured - please assign a percentage:							
Autobiography	%	Current Biography	%	How-to General	%	Medical	%
Celebrity	%	Education Textbook	%	How-to Technical	%	Reference	%
Childrens	%	Fiction	%	Hobbies	%	Travel	%
Law & Justice	%	Health & Fitness	%	Investigative	%	Political/Social Commentary	%
Economics & Finance	%	Personal Betterment	%	Historical Biography	%		
Other (describe): _____			%				
Foreign Language							
Spanish	%	Asian	%	French	%	German	%
Italian	%	Other (describe): _____			%		

Commercial Printers

Professional services provided - please assign a percentage:

Advertising	%	Direct Mail	%	Graphic Design	%	Telemarketing	%
Website Design	%	Other (describe): _____			%		

Magazine Publisher

Content contributed by the following - please assign a percentage:

Freelance Writer	%	Stringers	%	Volunteers	%	News/Feature Services	%
Staff Employees	%						

Newspaper Publisher

Content contributed by the following - please assign a percentage:

Freelance Writer	%	Stringers	%	Volunteers	%	News/Feature Services	%
Staff Employees	%						

Broadcaster (Radio and TV):

Identify programming - please assign a percentage:

Original Programming (Excluding News)	%	Live Programming	%	Network Programming	%	Purchase/Leased Programming	%
Prerecorded Programming	%	Original Local News	%	Provided by a Syndicate or Feature Service	%	News Content Provided By Wire Service	%

Online Content Provider Only:

Receipts generated from the following services - please assign a percentage:

Application Service Provider	%	Commercial Online Service	%	Domain Name Registration	%	Search Engine Design	%
Content Provider	%	Database Services	%	Games	%	Web Page Design	%
Virtual Community Hosting	%	Web Page Hosting	%	Other (describe): _____			%

21. Annual Gross Revenues

	United States	Canada	International
Gross annual revenues from all business activities	\$	\$	\$
If 'non-profit' company please provide budget from media activities	\$	\$	\$
Advertiser			
Annual Gross Advertising Budget (Expenditures)	\$	\$	\$
Advertising Agency			
Capitalized Billings (gross income + pass thru costs)	\$	\$	\$
Revenue or Income (gross income - pass thru costs)	\$	\$	\$
Commercial Printers			
Annual Gross Revenue	\$	\$	\$
Average Print Job	\$	\$	\$
Magazine Publisher			
Annual Gross Revenue	\$	\$	\$

	United States	Canada	International
Newspaper Publisher - Annual Gross Revenues			
Newspaper Publishing	\$	\$	\$
Commercial Printing Services	\$	\$	\$
In-House Advertising - Annual Advertising Revenues	\$	\$	\$
Personal Appearance and Media Contributor - Annual Gross Revenues			
Public speaking engagements, panel discussions and guest appearances on television or radio programs:	\$	\$	\$
Contributing editor, author, free-lance writer or advisor for third-party publications:	\$	\$	\$
Appearances as an actor, announcer or endorser in product or service advertisements for third parties:	\$	\$	\$

Author - Book, Article, Monograph or Play ("work"):

22. Please complete the following section if seeking coverage for this activity.

a. Title of Work: _____

b. Synopsis of work: _____

c. Type of work:

☐ Fiction

☐ How-to

☐ Poetry

☐ Social/political commentary

☐ Religious

☐ Historical

☐ Technical

☐ Autobiography

☐ Celebrity tell all

☐ Investigative expose

☐ Other (describe): _____

d. Describe the inspiration or genesis for the work:

e. Projected publication date:

f. Number of copies to be distributed: Hardback: _____ Paperback: _____ E-book: _____

g. Advance paid by publisher: _____

h. Name and address of publisher: _____

23. Has the work been listed in a publisher's book catalog or in other promotional materials? ☐ Yes ☐ No

If "Yes," please advise:

24. Will publisher fact-check the work? ☐ Yes ☐ No

25. Will work be self-published? ☐ Yes ☐ No

26. Does the work include living persons or events? ☐ Yes ☐ No

If "Yes," have efforts been made to verify the accuracy of information provided by sources? ☐ Yes ☐ No

27. Has the work been reviewed by counsel? ☐ Yes ☐ No

If "Yes," please provide a copy of counsel's vetting letter.

28. Has the author published any works prior to this? ☐ Yes ☐ No

If "Yes," please provide a list of published works or attach a list to this Application:

Book Publisher:

29. Are any of the books investigative works or unauthorized biographies? ☐ Yes ☐ No

30. For current year please specify number of:

a. Original titles: _____

b. Reprints: _____

c. Books printed/distributed for others: _____

31. Is coverage needed for authors? ☐ Yes ☐ No

Broadcaster (Radio and TV):

32. Please complete the following section if seeking coverage for this activity:

List of Stations	TV or Radio	Format *	Years in Operation	Revenues	Operating Budget	Radio: Avg. 60 Second Ad Rate TV: Avg. Hourly Ad Rate	If Non-Profit Provide Contributions/Grants
	<input type="checkbox"/> TV <input type="checkbox"/> Radio			\$	\$	\$	\$
	<input type="checkbox"/> TV <input type="checkbox"/> Radio			\$	\$	\$	\$
	<input type="checkbox"/> TV <input type="checkbox"/> Radio			\$	\$	\$	\$
	<input type="checkbox"/> TV <input type="checkbox"/> Radio			\$	\$	\$	\$
	<input type="checkbox"/> TV <input type="checkbox"/> Radio			\$	\$	\$	\$
	<input type="checkbox"/> TV <input type="checkbox"/> Radio			\$	\$	\$	\$

* Commercial Broadcaster - CB

Public Broadcaster - PB

School - S

33. Does the Applicant produce or distribute any controversial programming? ☐ Yes ☐ No

34. Does the Applicant employ "shock jocks" or disc jockeys or announcers who engage in what some would refer to as offensive or indecent material, whether as an employee or independent contractor of the broadcast station? ☐ Yes ☐ No

Cable TV System Operators:

35. Please complete the following section if seeking coverage for this activity:

Cable System and Location	Years in Operation	Number of Subscribers	Annual Revenues	Geographic Regions Served
			\$	
			\$	
			\$	

Local Access Channel	Years in Operation	Number of Subscribers	Operating Budget	If Non-Profit Provide Contributions/Grants
			\$	\$

36. Does the Applicant produce any original programming? ☐ Yes ☐ No

If "Yes," please identify programming produced and the total hours of original programming per week:

37. Do any of the cable systems operate access channels? ☐ Yes ☐ No

If "Yes," please describe access procedure and type of programming available on each access channel:

38. Do any of the cable systems lease channels? ☐ Yes ☐ No

If "Yes," is user required to execute a hold harmless agreement and indemnify the cable operator? ☐ Yes ☐ No

Commercial Printers:

39. Please identify types of printed materials:

- | | | |
|--|--|--|
| <input type="checkbox"/> Advertising/publication inserts | <input type="checkbox"/> Financial reports/SEC filings | <input type="checkbox"/> Periodicals/magazines |
| <input type="checkbox"/> Architectural blueprints | <input type="checkbox"/> Foil | <input type="checkbox"/> Phone books/directories |
| <input type="checkbox"/> Books | <input type="checkbox"/> Stamping/die cutting | <input type="checkbox"/> Photocopy services |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> General printing | <input type="checkbox"/> Promotional games |
| <input type="checkbox"/> Business forms | <input type="checkbox"/> Lottery tickets | <input type="checkbox"/> Specialty items |
| <input type="checkbox"/> Catalogs | <input type="checkbox"/> Mailing labels | <input type="checkbox"/> Stationery |
| <input type="checkbox"/> Checks | <input type="checkbox"/> Newsletters/newspapers | <input type="checkbox"/> Trade show materials |
| <input type="checkbox"/> Coupons | <input type="checkbox"/> Package design | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Event tickets | <input type="checkbox"/> Pamphlets/flyers | |

Magazine Publisher:

40. Identify all publications to be insured:

Name	Circulation Area	Years in Operation	Circulation And Frequency	Format

41. Identify special publications, such as professional journals and directories:

Newspaper Publisher:

42. Identify all publications to be insured:

Name	Circulation Area	Years in Operation	Circulation And Frequency	Format

Online Content Provider Only:

43. Please describe activities and services the Applicant wants to insure:

44. Please identify website addresses of representative work:

45. What type of content is disseminated by the Applicant?

Personal Appearance and Media Contributor:

(Public speaking engagements, panel discussions and guest appearances on television or radio programs)

46. Number of engagements or appearances per year: _____

47. Describe program format and the Applicant's participation:

48. Describe content discussed or disseminated:

Contributing editor, author, free-lance writer or advisor for third-party publications:

49. Identify number of articles published per year as:

a. Contributing editor: _____

b. Free-lance writer: _____

c. Contributing author: _____

d. Publications advisor: _____

50. List publications to which the Applicant has contributed or acted as advisor:

51. Describe the general subject matter of these articles:

Appearances as an actor, announcer or endorser in product or service advertisements for third parties:

52. Number of appearances per year: _____

53. List companies for which the Applicant has made previous appearances:

D. OPERATIONS AND ADMINISTRATION**Risk Management:**

54. Is in-house or local media counsel consulted regarding complaints, clearance procedures, hold-harmless agreements, disclaimers and licensing issues?

☐ Yes ☐ No

55. Is local counsel on retainer?

☐ Yes ☐ No

56. Is counsel consulted regarding intellectual property issues?

☐ Yes ☐ No

57. Does counsel review content of all media activities?

☐ Yes ☐ No

58. Name of in-house counsel and telephone number: _____

59. Name of law firm: (please include address and contact information)

60. Do employees have access to information or training about intellectual property rights, defamation, newsgathering issues, confidential sources and privacy rights? ☐ Yes ☐ No

61. Does the Applicant develop any trademarks? ☐ Yes ☐ No

If "Yes," how many are developed annually? _____

62. Are trademark searches performed? ☐ Yes ☐ No

63. Describe legal review clearance procedures for trademarks and copyrights:

64. Does the Applicant review all copyright/trademark licenses to ensure they are up to date and being utilized correctly as to applicability and scope of rights agreed upon? ☐ Yes ☐ No
☐ N/A

65. Do employees execute creative releases? ☐ Yes ☐ No

66. Are hold-harmless or limitation of liability clauses utilized? ☐ Yes ☐ No

67. Do models and nonprofessional models execute releases? ☐ Yes ☐ No

68. Have consents been procured for unoriginal material contained in the work? ☐ Yes ☐ No

If "No," please describe the efforts:

69. Are license fees paid to music licensing organizations? ☐ Yes ☐ No

70. Are hold-harmless/indemnification agreements used with independent contractors that provide content and/or services to the Applicant? ☐ Yes ☐ No

If "Yes," does the agreement include assignment of rights in any format? ☐ Yes ☐ No

71. Are subcontractors and independent contractors required to provide proof of insurance? ☐ Yes ☐ No

72. Does the Applicant produce, publish, or distribute media activities in any language other than English? ☐ Yes ☐ No

73. Are disclaimers utilized in respect to financial, legal or medical advice? ☐ Yes ☐ No
☐ N/A

74. Are "Letters to the Editor" edited? ☐ Yes ☐ No
☐ N/A

75. Has a policy been implemented to handle and respond to complaints? ☐ Yes ☐ No

76. Have all titles been cleared? ☐ Yes ☐ No

77. Does the Applicant have take down procedures in place in the event the Applicant is notified of infringing or offensive content? ☐ Yes ☐ No

78. Does the Applicant comply with the Digital Millennium Copyright Act (DMCA)? ☐ Yes ☐ No

Advertiser:

79. List advertising agencies or other 3rd parties utilized by the Applicant:

80. Are ad agencies or 3rd parties required to indemnify the Applicant? ☐ Yes ☐ No

81. Are ad agencies required to provide proof of insurance? ☐ Yes ☐ No

82. Does the Applicant preserve a paper-trail in respect to marketing ideas and advertising campaigns? ☐ Yes ☐ No

83. Does the Applicant engage in comparative advertising? ☐ Yes ☐ No

If yes, does a 3rd party conduct the product testing? ☐ Yes ☐ No

84. Are releases obtained from all models or persons appearing in advertising campaigns, including employees or their children? ☐ Yes ☐ No

85. Do independent contractors provide matter or services for advertising (i.e., graphics, product testing, web design or music composition)? ☐ Yes ☐ No

86. Is proof of insurance required? ☐ Yes ☐ No

Advertising Agency:

87. Please identify major clients:

88. Does the client review and "sign-off" on advertising? ☐ Yes ☐ No

89. Does the Applicant preserve a paper-trail in respect to marketing ideas and advertising campaigns? ☐ Yes ☐ No

90. Do independent contractors provide matter or services for advertising, i.e. graphics, talent, product testing, web design or music composition? ☐ Yes ☐ No

If "Yes," are hold harmless or limitation of liability clauses utilized? ☐ Yes ☐ No

Book Publisher:

91. Is there a procedure for clearing book titles? ☐ Yes ☐ No

92. Do reporters engage in investigative reporting? ☐ Yes ☐ No

93. Are authors required to indemnify the publisher? ☐ Yes ☐ No

Broadcaster (Radio and TV):

94. Are fact-checkers utilized to verify content accuracy? ☐ Yes ☐ No

95. Do reporters use hidden cameras or microphones? ☐ Yes ☐ No

96. Do reporters participate in "ride-alongs" with law enforcement or emergency medical services personnel? ☐ Yes ☐ No

97. Is there a procedure in place regarding the recycling of file footage, notes, tapes or electronic versions thereof? ☐ Yes ☐ No

98. Is there a policy regarding the use of confidential sources? ☐ Yes ☐ No

99. Is there a policy regarding correction and retraction requests? ☐ Yes ☐ No

Commercial Printers:

100. Does the client approve the proof and sign-off on printing jobs? ☐ Yes ☐ No
101. What percentage of print work is provided "camera-ready" from the client? _____ %
102. Describe quality control procedures to ensure accuracy of materials printed:
103. If the Applicant prints lottery tickets, coupons or promotional games, describe the procedures followed to maintain the integrity and value of the printed work and ensure proper seeding of winning pieces:
104. Is the Applicant responsible for seeding winning pieces? ☐ Yes ☐ No
105. Does the Applicant provide marketing lists for direct mail services? ☐ Yes ☐ No
If "Yes," how are these lists developed and categorized?
106. Does the Applicant print mailing labels for direct mail services? ☐ Yes ☐ No
If "Yes," are trademark searches conducted? ☐ Yes ☐ No
107. Has the Applicant ever had to reprint or re-perform a job due to the Applicant's error? ☐ Yes ☐ No
If "Yes", provide details including date(s) and cost(s):

Magazine Publisher:

108. Do any of the publications focus upon investigative reporting? ☐ Yes ☐ No
If "Yes," how does editorial staff ensure content accuracy?

Newspaper Publisher:

109. Does the applicant engage in investigative reporting? ☐ Yes ☐ No
110. Do any of the publications have in-house advertising departments? ☐ Yes ☐ No
111. Does the Applicant create advertisements for third parties? ☐ Yes ☐ No
If "Yes":
a. Are hold harmless or limitation of liability clauses utilized? ☐ Yes ☐ No
b. Do any of the publications have in-house advertising departments? ☐ Yes ☐ No
112. Are classified advertisements edited? ☐ Yes ☐ No

Online Content Provider Only:

113. Does the Applicant comply with the Children's Online Privacy Protection Act (COPPA)? ☐ Yes ☐ No
114. Does the Applicant web cast music? ☐ Yes ☐ No
 If "Yes," does the applicant comply with statutory licenses? ☐ Yes ☐ No
115. Please identify percentage of content created by the Applicant: _____%
116. Please identify sources of unoriginal content:
117. Are consents and releases obtained for unoriginal content, including its use on the Internet? ☐ Yes ☐ No
118. Who operates the Applicant's web server? _____
119. Please identify "take down" procedures and compliance with the DMCA - Digital Millenium Copyright Act.

E. CLAIMS HISTORY

120. During the past five (5) years, has any claim that may fall within the scope of the proposed insurance been made against the Applicant or against any entity or individual proposed for coverage under this insurance? ☐ Yes ☐ No
 If "Yes," please provide the following information for all such claims as an attachment to this Application: dates of loss, claimant name, all defense and indemnity payments, all defense and indemnity reserves (if claims are open), and claim status (open/closed).
NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 120 IS EXCLUDED FROM THE PROPOSED INSURANCE.
121. Provide details on an attachment regarding any open claims or litigation resulting from media activities occurring more than five years ago:
122. Is the Applicant or any entity or individual proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error or omission that the Applicant, any such entity, or any such individual has reason to believe may, or could reasonably be foreseen to, give rise to a claim that may fall within the scope of the proposed insurance? ☐ Yes ☐ No
 If "Yes," please attach details to this Application.
NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 122 IS EXCLUDED FROM THE PROPOSED INSURANCE.
123. Have any media liability insurers ever canceled or non-renewed coverage? ☐ Yes ☐ No
 If "Yes," please explain:
NOTE: FOR APPLICANTS IN MISSOURI THIS QUESTION IS NOT APPLICABLE

F. FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

ALABAMA AND 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.

ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

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.

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

LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

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.

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 AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

G. SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and 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 any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida accounts, the preceding sentence is replaced with the following: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by us. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

We will maintain the information contained in and submitted with this Application on file and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued. For North Carolina, Utah and Wisconsin accounts, this Application and the materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

We are authorized to make any inquiry in connection with this Application. Our acceptance of this Application or the making of any subsequent inquiry does not bind you or us to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to us under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, you must notify us immediately and we may modify or withdraw any quotation or agreement to bind insurance.

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.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	
NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.	

Produced By (Insurance Agent)	
Insurance Agency	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State: Zip:
Email Address	

Submitted By (Insurance Agency)	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State: Zip:

NOTE: FOR NEW HAMPSHIRE APPLICANTS, PRODUCER'S NAME AND SIGNATURE ARE REQUIRED.