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|--|-------------------------|
| <input type="checkbox"/> Evanston Insurance Company | Broker Name |
| <input type="checkbox"/> Markel American Insurance Company | Broker Street |
| <input type="checkbox"/> Markel Insurance Company | Broker City, State, Zip |

LAWYER’S ERRORS & OMISSIONS LIABILITY INSURANCE APPLICATION

THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE. THIS COVERAGE IS LIMITED TO CLAIMS FIRST MADE AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD AS STATED IN THE DECLARATIONS OR ANY APPLICABLE EXTENDED REPORTING PERIOD. IT IS IMPORTANT THAT YOU REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. THE INSURER WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH YOU ARE AWARE OF PRIOR TO THE INCEPTION DATE OF THIS COVERAGE, IF OFFERED AND ACCEPTED.

INSTRUCTIONS FOR COMPLETING APPLICATION:

Enclose a copy of the Applicant's letterhead. Please type or print clearly in ink. All questions must be answered completely. If any questions are considered “not applicable,” please explain why. If you need more space, continue on a separate sheet and indicate the question number. This application and all supplemental forms must be signed and dated by a principal of the Applicant.

Proposed Effective Date: From _____ To _____
 12:01 a.m. Standard Time at the address of the Applicant

I. GENERAL INFORMATION

1. Applicant: _____
2. Street Address: _____ City: _____
 County: _____ St: _____ Zip: _____
 Do you have additional office locations? If Yes, please provide details on a separate attachment. Yes No
3. a. Telephone Number: _____ b. Fax Number: _____
 c. Website Address: _____
4. Date the Applicant was established: _____
5. List all Predecessors in Business:

“Predecessor in Business” means any law firm which has undergone dissolution and to which any of the following apply:

- a. some or all of such firms, principals, owners, officers or partners have joined the **Named Insured**, provided such persons were responsible for producing in excess of 50% of the prior firm's annual gross revenues and such billings have been assigned or transferred to the **Named Insured**; or
- b. at least 50% of the principals, owners, partners or officers of the prior firm have joined the **Named Insured**; or
- c. the **Insured** has assumed 50% or greater of the prior firm’s assets and liabilities.

NAME OF FIRM	DATE FORMED	DATE OF MERGER OR DISSOLUTION IF APPLICABLE	PERCENTAGE OF ASSETS AND LIABILITIES ASSUMED	NO. OF PRINCIPALS OR PARTNERS	NO. OF EMPLOYED LAWYERS

d. What was the date of establishment of the oldest “Predecessor in Business”? _____

CATEGORY D		CATEGORY E		CATEGORY F	
Litigation:		Civil Rights		Admiralty	
Plaintiff: BI/PI		Foreign Law		Antitrust	
Class Action +		Guardianships		Banking	
Mass Tort +				Commercial Law	
Medical Malpractice +				Corporate Formation	
Other Litigation				Foreclosures +	
Defense: Class Action +				General Corporate Advice	
Mass Tort +				Lobbying	
Insurance (Excluding Med Mal)				Tax Preparation	
Medical Malpractice					
Other BI/PI					
Other Litigation					
SUBTOTAL D		SUBTOTAL E		SUBTOTAL F	

CATEGORY G		CATEGORY H		CATEGORY I	
Bankruptcy		Entertainment+		Adoptions	
Collection +		Fiduciary		Environmental Law +	
Construction		Investment Counseling +		High Profile Divorce (greater than 10 Million Marital Assets)	
Estate Planning		Labor/Union Representation +		Limited Partnership Formation ++	
Estate, Trust, Wills		Mergers/Acquisitions (Corporate) +		Oil/Gas/Mining +	
Family Law		Purchase/sale of business		Real Estate Development +	
Patent, Trademark, Copyright Litigation +					
Tax Opinions					
SUBTOTAL G		SUBTOTAL H		SUBTOTAL I	

CATEGORY J		CATEGORY K		CATEGORY L	
Real Estate Syndication		Real estate closings/general		Tribal Law	
Securities / Bonds ++				Patent, Trademark, Copyright Prosecution or Searches +	
				Water Law	
SUBTOTAL J		SUBTOTAL K		SUBTOTAL L	

+ Complete the appropriate supplemental application if any percentage within the last two (2) years.

++ Complete the appropriate supplemental application if any percentage within the last five (5) years.

NOTE - Total of Categories A through L must equal 100%

- b. With respect to the Applicant's litigation practice, what is the approximate average caseload per attorney (annually)? _____
- c. With respect to the Applicant's litigation practice, when accepting a case in an uncommon venue or jurisdiction, what procedures are utilized to ensure that statutes of limitations and other deadlines are properly identified?

d. Does an attorney meet with every client prior to accepting the representation of that client?
If no, please explain in complete detail on a separate sheet. Yes No

2. Check each box below if, at any time during the past year, you have represented or provided any kind of legal service to any of the dual or multiple parties shown below, relative to the same basic matter or transaction:

- | | |
|--|---|
| <input type="checkbox"/> Buyer and Seller | <input type="checkbox"/> Husband and Wife in divorce |
| <input type="checkbox"/> Corporation and Individual Shareholders | <input type="checkbox"/> Investors and Real Estate Developers |
| <input type="checkbox"/> Employer and Employee | <input type="checkbox"/> Lender and Borrower |
| <input type="checkbox"/> Franchisor and Franchisee | <input type="checkbox"/> Licensor and Licensee |

Please attach detailed description relative to each box above that is checked, including but not limited to complete conflict of interest disclosure procedures utilized with each party and whether each individual party consented to such dual or multiple representation in writing or not.

3. a. Securities Related Activities. Indicate if any past or present lawyer in any way associated with the Applicant has had any involvement in the following areas within the past five (5) years:

i. Registration, issuance, offering, or sale of any bonds or securities. Yes No

If Yes, please complete the Supplemental Securities Application.

ii. Promoter, syndicator, general partner, or managing general partner of any limited partnership. Yes No

If Yes, please complete the Limited Partnership Supplemental Application.

b. Business Related Activities. Indicate if any past or present lawyer in any way associated with the Applicant has had any involvement in any of the following areas within the past two years:

i. Discretionary investment authority over client funds, except for wills and trusts. Yes No

ii. Deal maker. Locate potential investors, buyers, partners or lenders for any project, business, or other venture. Yes No

iii. Due diligence on behalf of a prospective buyer of a business. Yes No

iv. Drafted or negotiated any terms of any buy-sell agreement involving cash or stock, relative to the purchase of any business, corporate stock or assets, or any commercial property or real estate, where the values involved were \$5,000,000 or more? Yes No

v. Accept compensation on a commission basis or based on dollar value of sale. Yes No

c. If Yes to 3.b.i. through 3.b.v., please complete the Business Related Activities Supplement.

4. Business Involvements with Clients/Outside Interests. For all past or present clients of the Applicant, has the Applicant or any predecessor in business or any lawyer or employee thereof within the past two (2) years served as a director, officer, or employee, or had any kind or amount of equity or ownership interest in the client, or engaged in any kind of business venture with the client? Yes No

If "Yes", complete the Outside Interest Supplemental Application.

5. Within the last five (5) years, has the Applicant or any Insured ever acted as either In House General Counsel, or as Outside General Counsel for any Publicly Owned Client? Yes No

If "Yes", complete the Publicly Owned Clients Supplemental Application.

Note:

For purposes of this Application, the following three definitions apply:

- (1) "In House General Counsel" means any lawyer of the Applicant who provides legal advice or legal services as an employee or independent contractor working in the offices of any Publicly Owned Client.
- (2) "Outside General Counsel" means the Applicant, or any lawyer of the Applicant, who provides legal advice or legal services to any Publicly Owned Client relative to all or most of that client's corporate, commercial, or contractual related legal matters.
- (3) "Publicly Owned Client" includes any former or present client of the Applicant whose outstanding stock has been sold or traded at any time via any public stock exchange.

III. CLIENT RELATIONS

1. Major Client. Did any one client (including affiliated or related clients) account for twenty-five percent (25%) or more of your gross revenues during the past twelve (12) months? Yes No
 If Yes, please provide complete details on a separate attachment.

2. a. Suits for Fees. How many suits for collection of fees have been filed against clients in the last two (2) years? _____
 b. Provide the following information on each suit for unpaid legal fees filed within the last two (2) years. Please attach separate sheet if necessary:

DATE FILED	NAME OF CLIENT	\$ AMOUNT SOUGHT	STATUS/RESULT

c. What steps have been taken by the Applicant to reduce or avoid the necessity of future fee collections suits?
 d. When evaluating whether a case should be sent for collection, does the Applicant review the file for the purpose of evaluating whether the possibility of a counterclaim alleging malpractice might be filed in response thereto? Yes No

3. Insolvent Clients. Please check the applicable box(s) if any past or present client for whom you provided any kind of legal service or advice subsequently became insolvent, bankrupt, or went into liquidation or receivership during the past two (2) years unless your representation was solely limited to bankruptcy work:
 a. At any time, had you been corporate counsel or general counsel for the client? Yes No
 b. Was client publicly owned, or had its stock been traded on any stock exchange? Yes No
 c. Was client any type of financial institution, financial services company, insurance company, or investment company? Yes No
 d. Did the Applicant provide any environmental, investment counseling, patent, real estate or securities legal service advice to the client? Yes No

If Yes to any part of Question 3, please provide complete details on a separate attachment.

4. Financial Institution Clients. During the past two (2) years, have you provided any of the following services to any type of Financial Institution client?
 a. Acted as general counsel? Yes No
 b. Served on any executive or loan committee? Yes No
 c. If Yes to Question 4.b., did you approve loans for any of the Applicant's clients, the Applicant or its employees, their spouses or individuals known to be family members of an Applicant's employee? Yes No
 d. Performed any commercial loan due diligence or commercial loan documentation work? Yes No
 If Yes, please complete the Financial Institution Supplemental Application.

IV. APPLICANT MANAGEMENT AND ADMINISTRATION

1. General. Does the Applicant have and actively use the following:
 a. Full time office administrator. Yes No
 b. Formalized professional liability risk management program. Yes No
 c. CPA audited or CPA compiled annual financial statement. Yes No
 d. Fidelity Bond. Yes No
 e. Formalized peer review program or procedure. Yes No
 f. Standard pre-printed new client interview forms. Yes No
 g. Engagement letters on new clients and new matters. Yes No
 h. Disengagement or non-engagement letters. Yes No
 i. Second factor authorization via phone before releasing any wire transfer instruction. Yes No

2. a. Does the Applicant ever sub-contract or refer any kind of work to other law firms or other third parties? Yes No
 If Yes, what is the total percentage of work that is sub-contracted _____ %
- b. If Yes, does the Applicant require and confirm that the subcontracting entity carries separate errors and omissions insurance? Yes No
- c. Please attach a separate sheet detailing what kind of work is sub-contracted or referred, and what steps are taken to protect the Applicant from suits due to the errors and omissions of the firm to whom the client is referred.

3. Internet Activity. Is the Applicant involved "on-line", other than attorney-client e-mail, in the following activities?
- a. Marketing for new clients and accepting new clients. Yes No
- b. Providing any legal services or advice to anyone. Yes No
- c. Providing case status updates to clients. Yes No
- d. Maintenance of any legal bulletin boards or chat rooms. Yes No
- e. Use cloud services (data or documents) housed by a 3rd party. Yes No
- f. Briefly describe the efforts to ensure the security of the Applicant's data, documents, website and/or related electronic communication. _____

4. Computerization/Automation. Check each of the below functions or areas for which the Applicant is automated or computerized:

- Accounts Receivable Management Expert Systems Legislative Tracking
- Attorney Timekeeping Financial Management Litigation Support
- Billing In-house Work Products Index Other _____
- Case Management Systems Legal Research

5. Diary System/Docket Control. Check each of the below methods used by the Applicant along with other factors that apply:

- Computer Perpetual Calendar Tickler
- Day timer Pocket Calendar No Formal System
- System is centralized and used by the Applicant members.
- System tracks court dates and deadlines and statute of limitations dates.
- Software calculates/identifies all key dates upon initial entry of a matter.
- Open calendar entries are circulated to all lawyers on a weekly basis.

6. Conflict of Interest System/Conflict Avoidance. Check each of the below methods used by the Applicant along with other factors that apply:

- Computer Oral/Memory No Formal System
- Multiple Index Files Single Index Files
- System is centralized and used by the Applicant members.
- System retains and checks client name, client's principals and subsidiaries, opposing party and opposing counsel.

V. PRIOR INSURANCE INFORMATION (Check here if None)

1. List the Lawyers Professional Liability insurance purchased for each of the past three (3) years, including periods of no coverage:

POLICY PERIOD		INSURANCE COMPANY	LIMIT OF LIABILITY PER CLAIM/ AGGREGATE	DEDUCTIBLE (IF ANY)	NO. OF LAWYERS COVERED	PREMIUM
FROM: MM/DD/YY	TO: MM/DD/YY					
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$

2. a. Does your current policy contain a prior acts limitation or a retroactive date? Yes No
 b. If Yes, indicate the date and attach a copy of your current policy's prior acts endorsement and Declarations Page:
3. **MISSOURI APPLICANTS DO NOT ANSWER THIS QUESTION.**
- a. Has the Applicant or any predecessor in business or any lawyer ever had any Insurer decline, cancel, refuse to renew, or accept only on restricted terms any Professional Liability Insurance, or has the Applicant or any individual lawyer ever purchased an extended reporting period endorsement? Yes No
 b. If Yes, please attach complete details on a separate sheet.

VI. DISCIPLINARY PROCEEDINGS AND CLAIM ACTIVITY

IMPORTANT NOTICE: All known claims and/or circumstances that could result in a Professional Liability claim are specifically excluded from coverage. Report all such claims and/or circumstances to your current insurer. If any circumstance, act, error, or omission exists that could result in a professional liability claim, then such claim and/or any claim arising from such act, error, omission or circumstance is excluded from coverage that may be provided under this proposed insurance.

1. a. Has any Applicant member, past or present, ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined, or held in contempt by any court, state or local bar association, administrative agency, or regulatory body? Yes No
 b. If Yes, please provide complete details on a separate sheet, including a copy of the courts final opinion.
2. a. To Applicant's knowledge, has any Applicant member had a disciplinary complaint or grievance made to any court, bar association, administrative agency or regulatory body in the last five (5) years that resulted in any formal censure or other formal action? Yes No
 b. If Yes, please provide complete details on a separate sheet.
3. a. Has any professional liability claim or suit been made in the past five (5) years against the Applicant or its predecessor(s) in business or any current or former member of the Applicant or its predecessor(s) in business? Yes No
 b. If Yes, indicate total number of claims: _____
 c. After inquiry, does any Applicant member know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against the Applicant or its predecessor(s) in business or any of the current or former members of the Applicant or its predecessor(s) in business? Yes No
 d. If Yes, indicate total number of such incidents: _____

If Yes to any part of Question 3, a Supplemental Claim Form must be completed for each claim or incident in order for your Application to be considered.

VII. COVERAGE REQUESTED

LIMIT OF LIABILITY

Each claim / Aggregate

- | | |
|--|--|
| <input type="checkbox"/> \$ 250,000 / \$ 250,000 (N/A in AR, NJ, NM, NY, SD) | <input type="checkbox"/> \$ 2,000,000 / \$ 2,000,000 |
| <input type="checkbox"/> \$ 500,000 / \$ 500,000 (N/A in AR, NJ, SD) | <input type="checkbox"/> \$ 2,000,000 / \$ 4,000,000 |
| <input type="checkbox"/> \$ 1,000,000 / \$ 1,000,000 | <input type="checkbox"/> \$ 3,000,000 / \$ 3,000,000 |
| <input type="checkbox"/> \$ 1,000,000 / \$ 2,000,000 | <input type="checkbox"/> \$ 4,000,000 / \$ 4,000,000 |
| <input type="checkbox"/> \$ 1,000,000 / \$ 3,000,000 | <input type="checkbox"/> \$ 5,000,000 / \$ 5,000,000 |

Claims expenses

- Included within the Limits of Liability
 Have separate Limits of Liability

AGGREGATE DEDUCTIBLE

This is the total of your contribution for all reported claims in any policy year.

- \$ 2,500
- \$ 5,000
- \$ 10,000
- \$ 25,000
- Other Specify amount \$ _____

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.

By signing this Application, you represent and agree to each of the following five (5) items:

1. You have made a comprehensive internal inquiry or investigation to determine whether any member of the Applicant is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section VI. of this Application; and
2. This Application, along with each of the following applicable Supplemental Applications, are hereby being submitted to the Company. (Please check all that apply):

<input type="checkbox"/>	Bond Supplemental App	<input type="checkbox"/>	Labor Union Supplemental App
<input type="checkbox"/>	Business Related Activities Supplemental App	<input type="checkbox"/>	Limited Partnership Formation Supplemental App
<input type="checkbox"/>	Claim Information Supplemental Application(s)	<input type="checkbox"/>	Medical Malpractice – Plaintiff Supplemental App
<input type="checkbox"/>	Class Action and Mass Tort Supplemental App	<input type="checkbox"/>	New Lawyers Supplemental Application(s)
<input type="checkbox"/>	Collection Work Supplemental App	<input type="checkbox"/>	Oil/Gas/Mining Supplemental App
<input type="checkbox"/>	Corporate Mergers & Acquisitions Supplemental App	<input type="checkbox"/>	Outside Interest Supplemental App
<input type="checkbox"/>	Entertainment Supplemental Application	<input type="checkbox"/>	Prior Acts Ext. – Specified Lawyers at Specified Firms
<input type="checkbox"/>	Environmental Practice Area Supplemental App	<input type="checkbox"/>	Publicly Owned Clients Supplemental App
<input type="checkbox"/>	Financial Institution Supplemental App	<input type="checkbox"/>	Real Estate Development Supplemental App
<input type="checkbox"/>	Foreclosure Supplemental App	<input type="checkbox"/>	Securities Supplemental App
<input type="checkbox"/>	Intellectual Property Supplemental App	<input type="checkbox"/>	Title Agency Supplemental App
<input type="checkbox"/>	Investment Counsel/Money Mgmt Supplemental App	<input type="checkbox"/>	Other: _____

3. Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in Number 2. above, are:
 - a. Accurate, true and complete to the best of your knowledge;
 - b. No material facts have been suppressed or misstated;
 - c. Representations you are making on behalf of all persons and entities proposed to be insured;
 - d. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
4. **THIS PARAGRAPH DOES NOT APPLY TO NORTH CAROLINA, UTAH OR WISCONSIN APPLICANTS.** This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
5. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, to modify or withdraw any proposal for insurance.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage. Please see IMPORTANT NOTICE in Section VI.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

NOTICE: By applying for this insurance, the applicant also is applying for membership in Premier Attorneys Purchasing Group, Inc., a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing professional errors and omissions liability insurance to lawyers. The sole purpose of becoming a member is to purchase professional liability insurance.

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 IN THE THIRD DEGREE.

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.

An authorized representative who is an active owner, officer, or partner of the Applicant must sign this Application within sixty (60) days prior to the policy inception date.

Signature of Owner, Officer or Partner

Date

Print or Type Name and Title

PRODUCERS MUST COMPLETE:

PRODUCED BY (Insurance Agent or Broker):

Producer Name: _____

Producer Signature: _____

Producer License No.: _____

Date: _____

FRAUD WARNINGS:

NOTICE TO APPLICANTS: (Not applicable to applicants in AL AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, PA, RI, TN, VA, VT, WA or WV.) Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the 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, DISTRICT OF COLUMBIA, NEW MEXICO, 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 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 AUTHORITIES

NOTICE TO KANSAS APPLICANTS: IT IS UNLAWFUL TO COMMIT A "FRAUDULENT INSURANCE ACT" WHICH MEANS AN ACT COMMITTED BY 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, ANY INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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, 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.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS 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 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 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 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 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.