

National Union Fire Insurance Company of Pittsburgh, Pa.®

(herein called the "Insurer")

LAWYERS PROFESSIONAL LIABILITY RENEWAL APPLICATION

STATE OF FLORIDA

NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT THE DEDUCTIBLE FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND CLAIM EXPENSES. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

INSTRUCTIONS

"You," "Your" or "Applicant" refer individually and collectively to the Named Applicant, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(ies), proposed for this insurance. Some sections of the Application may not apply to You. If this is the case, please mark "not applicable" (N/A). In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer and indicate the question number to which You are responding. Supplements A through J are to be completed only when required.

This Application and all supplements must be signed and dated by either (a) the managing partner managing executive of the Applicant Firm or (b) the principal, business manager or risk manager of the Applicant Firm.

EXHIBITS

COPY OF FIRM'S LETTERHEAD AND AFFILIATES' LETTERHEADS

COPY OF FINANCIAL STATEMENTS (If requested, the Company will issue a confidentiality statement to the Firm).

COPY OF ADVERTISEMENT(S) (if the Firm advertises) AND FIRM RESUME

COPY OF HOME PAGE AND INTERNET ADDRESS (if the Firm has a web site)

COPIES OF CERTAIN TABLE OF CONTENTS AND PROCEDURES

ADDENDA TO APPLICATION CONTAINING EXPLANATIONS TO CERTAIN QUESTIONS

SUPPLEMENTS

ATTACHED, IF APPLICABLE (REFER TO APPROPRIATE QUESTION)

SUPPLEMENT A - FINANCIAL QUESTIONNAIRE	Required	<input type="checkbox"/> Yes
SUPPLEMENT B - LAWYER INFORMATION	Required	<input type="checkbox"/> Yes
SUPPLEMENT C - BRANCH OFFICE AND AFFILIATE	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT D - ENVIRONMENTAL / REAL ESTATE	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT E - FINANCIAL INSTITUTIONS / BANKING	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT F - SECURITIES - PARTS I AND II	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT G - CONTROLLING INTEREST	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT H - INCIDENTS AND CLAIMS	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT I - CAREER COVERAGE QUESTIONNAIRE	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENT J - PLAINTIFF LITIGATION	Optional	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section A. GENERAL INFORMATION

A. I. OFFICES

1. Name of Applicant Firm: _____
 Type of Firm: Individual Partnership P.A. P.C. L.L.C. L.L.P. Other _____
2. Address of Applicant's Principal Office:
 Street: _____
 City: _____ County: _____ State: _____ Zip code: _____
 E-mail address: _____ Web Page Address: _____
 Telephone number: _____ - _____ - _____ Facsimile number: _____ - _____ - _____
3. Date Firm was established: _____
4. Other offices:
 - a. Number of branch offices: _____
 - b. If a member of a network of affiliates or a consortium, number of firms in the network of affiliates or the consortium: _____

If there is a branch office or affiliate, please complete Supplemental Application C - the Branch Office and Affiliate Supplement.

A. II. LAWYERS AND STAFF

1. Total number of lawyers in the principal office and branch(es), if any:

	Current	Last Year	Two Years Ago
Partners/officers/members			
Employed lawyers			
Of counsel/counsel			
Independent contractor/per diem lawyers			
Paralegals			
Clerical			
Other staff (please describe below)			
Total			

Other Staff (if applicable): _____

2. Total number of lawyers engaged as "counsel", "of counsel" or independent contractors who billed more than 1200 hours last year:

Counsel/Of Counsel _____ Independent Contractors _____

Section B. AREA OF PRACTICE AND CLIENT PROFILE

B. I. AREAS OF PRACTICE

1. Describe the areas of the law in which the Applicant practices (based on billable and nonbillable hours) by stating the percentage for the following categories and the approximate number of partners in each area of practice (A partner may be included in more than one area of practice.) If an area of practice has a footnote, the Applicant will be required to complete supplemental application.

AREA OF PRACTICE	% OF BILLABLE HOURS	AREA OF PRACTICE	% OF BILLABLE HOURS
Admiralty/Marine		Intellectual property: Copyright	
Antitrust/Trade Regulation		Labor: Union-management relations	
Bankruptcy		Labor: Employment law	
Bond ²		Litigation: Arbitration/Mediation	
Collection/Repossession		Litigation: Commercial	
Commercial transactions: Finance		Litigation: General Civil	
Commercial transactions: Secured transactions		Litigation: Insurance Defense	
Communications		Litigation: Plaintiff ⁴	
Corporate: Formation/Alteration		Personal Injury: Plaintiff ⁴	
Corporate: Mergers/Acquisitions		Personal Injury: Defense	
Corporate: Other (please describe)		Pro-bono: Criminal	
Criminal		Pro-bono: Other	
Energy/Natural Resources		Real estate: Commercial ¹	
Entertainment/Sports		Real estate: Residential ¹	
Environmental ¹		Real estate: Land use/Zoning ¹	
ERISA		Real estate: Title Examinations ¹	
Estate/Trust/Probate		Securities ²	
Family Law/Domestic Relations		Taxation: Corporation	
Financial Institutions/Banking ³		Taxation: Individuals	
Government/Municipal -other than bond work		Workers' compensation: Plaintiff	
Immigration/Naturalization		Workers' compensation: Defendant	
Intellectual property: Patent		Other (please describe):	
Intellectual property: Trademark			
		TOTAL (must be 100%)	

¹ If AOP is greater than 10%, the applicant must complete Supplemental Application D - Environmental and Real Estate.

² If AOP is greater than 10%, the applicant must complete Supplemental Application F Parts I and II - Securities

³ If AOP is greater than 10%, the applicant must complete Supplemental Application E - Financial Institution Questionnaire

⁴ If AOP is greater than 10%, the applicant must complete Supplemental Application J - Plaintiff Litigation

2. Has Applicant's areas of practice varied more than 10% within the past two (2) years? Yes No

If "Yes", provide details: _____

B. II. CLIENT PROFILE

1. According to the sums billed as fees in the most recent fiscal year, please provide a make-up of the Firm's client base. Using your judgment, organize the client base into categories which best describe the clients. Each of the categories are mutually exclusive.

Client	Percentage of Fees
Individual	
Start-up business (less than 3 years)	
Privately held company	
Publicly held company	
Financial institution	
Government entity	
Other (please describe)	
TOTAL	

2. According to sums billed as fees in the most recent fiscal year, please list the 5 largest clients of the Firm. Use the categories in question B. I. to describe the area(s) of practice. You may claim confidentiality as to the identification of the clients which are not a matter of public record. If confidentiality is claimed, then please describe only the nature of business and area of practice.

Name of client / years as client	Nature of client's business	Area(s) of practice

Section C. FIRM STRUCTURE

1. Please list below or on a separate page all Predecessor Firm(s) that have been merged into or acquired by the Firm during the past five(5) years. A Predecessor Firm is a firm which was engaged in the practice of law to whose financial assets and liabilities the Firm is the majority successor in interest. N/A

Name of Predecessor Firm	Dates of Existence	Number of Lawyers Acquired	Status of Predecessor Firm	Predecessor Firm's Retroactive Date
	From: ____ To: ____		<input type="checkbox"/> Dissolve <input type="checkbox"/> Change name/form <input type="checkbox"/> Continue to Exist	
	From: ____ To: ____		<input type="checkbox"/> Dissolve <input type="checkbox"/> Change name/form <input type="checkbox"/> Continue to Exist	

2. Is the Firm planning any of the following changes within the next 12 months:
- a. merging with or acquiring another firm? Yes No
 - b. hiring laterals? Yes No
 - c. downsizing other than through retirement and normal attrition? Yes No
 - d. name change? Yes No
 - e. forming an L.L.P.? Yes No
 - f. redrafting the partnership agreement/operating agreement or changing the partner/member compensation? Yes No
 - g. otherwise changing the firm's structure? Yes No
- If "Yes", provide details: _____

3. Does the Firm share office space, expenses, or staff with any other lawyers or law firms? Yes No
- If "Yes", please describe the arrangement, including signage and letterheads:

Section D. MANAGEMENT STRUCTURE AND TRAINING OF PRINCIPAL OFFICE

D. I. MANAGEMENT STRUCTURE AND LEADERSHIP

1. What is the management structure of the principle office of the Firm?

Sole Practitioner	<input type="checkbox"/>	Executive Committee # in committee	<input type="checkbox"/>
Management Committee # in committee	<input type="checkbox"/>	Managing Executive	<input type="checkbox"/>
Managing Partner	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please describe: _____

2. If the Firm is managed by a committee, does this committee meet on a regularly scheduled basis? Yes No
- If "No", please provide details. _____

3. Does the Firm employ a full time non-lawyer firm administrator? Yes No

4. Does the Firm designate or employ an **Ombudsperson**, i.e., someone with management responsibility for evaluating or dealing with actual or potential claims whether malpractice or employment related? Yes No

D. II. MANAGEMENT TRAINING AND REVIEW

1. Does the Firm have written risk management procedures? Yes No
- If "yes," are the procedures circulated or discussed with the lawyers and staff at regular intervals? Yes No

2. Has the Firm had a risk management seminar or audit conducted within the past 2 years by an outside risk management specialist? Yes No
3. Lawyers' training:
- a. Does each practice group (or the Firm, if there are no designated practice groups) offer a training program for its lawyers? Yes No
- If "yes," please explain scope of training on separate sheet of paper.
- b. Who is responsible for the overall supervision and control of the lawyers' training program?
- _____
4. Does the Firm use a formal system to evaluate, at least annually, the performance of all practicing lawyers (including partners/members) and staff within the Firm? Yes No
5. Staff training:
- a. Does the Firm offer a training program for the staff? Yes No
- b. Who is responsible for the overall supervision of the support staff?
- _____
6. Does the Firm have a written policy requiring that a notice of claim or potential claim be reported to an identified individual or committee as soon as a lawyer or employee of the Firm becomes aware of the claim or potential claim? Yes No
- If "no," please explain: _____

D. III. REVIEW AND TRAINING OF LATERAL HIRES

1. Please check the measures taken by the Firm to protect itself from possible claims made against the lateral hire and the Firm arising from acts, errors, or omissions committed by the lateral hire while at another firm:
- a. verification of bar admission(s)
- b. investigation of outside interests, e.g., director and officer positions and controlling interests in entities other than the Firm
- c. investigation of possible and actual conflicts of interest, e.g., clients of prior firm(s) and equity interests in clients verification of malpractice insurance
- d. require the purchase of an extended reporting period endorsement, if available
- e. disclosure of past claims and potential claims
- f. warranty letter regarding no known claims or potential claims
- g. training in office procedures, e.g., docket and conflict of interest systems, mail, and confirmation letters
- h. integration into the Firm culture
- i. periodic review of clients, matters, and performance
- j. other (please describe): _____



Section E. INTERNAL PROCEDURES

E. I. NEW CLIENT AND NEW MATTER INTAKE

- 1. Are new clients and new matters approved by a committee or at least one independent partner/member or officer other than the lawyer who proposes to handle the client/matter? Yes No

- 2. Does the approval process for new clients include independent inquiries as to a client's:
 - a. creditworthiness and reputation for payment of legal or other bills? Yes No
 - b. reputation for changing law firms? Yes No
 - c. reputation for suing lawyers? Yes No

- 3. What are the Firm's procedures in screening pro-bono commitments and who supervises them?

- 4. Does the Firm accept pro-bono clients in areas of practice in which the Firm does not specialize? Yes No

- 5. Confirmation Letters:
 - a. Are engagement agreements required to be signed by all new clients prior to starting anything more than emergency work? Yes No
 - b. Are billing arrangements, if any, set forth in the engagement letters? Yes No
 - c. Are contingent fee arrangements, if any, set forth in the engagement letters? Yes No
 - d. Are non-engagement letters required to be used when declining representations? Yes No
 - e. Are scope of service letters on all new matters required to be sent to existing clients? Yes No
 - f. Are letters required to be sent confirming strategy, decisions of clients, and status reports? Yes No
 - g. Are disengagement letters required to be used upon terminating or completing legal professional services? Yes No

E. II. CONFLICTS OF INTEREST

- 1. Are all lawyers in the Firm, regardless of practice area or geographical location, required to access all conflict data held by the Firm in their conflict searches? Yes No

- 2. How often is the information on all new clients made available to all lawyers in the Firm?

3. Describe how the Firm resolves potential and actual conflicts: _____

4. Who has final authority in a conflict situation?

E. III. DOCKET SYSTEM

1. Type of docket system:

a. Does the Firm have a (check all that apply):

- Single calendar Dual calendar Pocket diary Master Listings
Tickler file Computer system Verification of completion of events

Other (please describe): _____

b. What is the backup system for the item(s) checked?

2. Does the control system include:

- litigated items non-litigated items statute of limitations
dates of long-term matters other (please describe): _____

3. Does the system have a procedure for verification of the completion of daily events and for the rescheduling of events that were not completed? Yes No

E. IV. CONTROLLING INTERESTS IN ENTITIES OTHER THAN THE FIRM

1. Are any of the Firm's lawyers a director or officer of, a partner in, holding equity interests in, or an employee of (unless an employee solely for the purpose of rendering professional legal services) a business entity other than the Firm? Yes No

If "yes," please complete the application Supplement G - Controlling Interest.

2. Does the Firm have written procedures or policy regarding:

- a) a lawyer serving as a director or officer of a client? Yes No
b) the personal involvement of lawyers and employees in any business ventures or concerns of the Firm's clients? Yes No

If "yes" to either a or b, please describe the procedures. _____

3. Does the Firm have written procedures regarding accepting stock, deeds, or other property in lieu of fees for services rendered? Yes No

If "yes," please describe the procedures. _____

E. V. OPINION / AUDIT LETTERS

1. Is there a committee or designated lawyers who must approve all opinion letters which are likely to be relied upon by third parties? Yes No
2. How many lawyers must approve the substance of the opinion letter? _____

E. VI. FEES/BILLING PROCEDURES

1. Who is responsible for securing and inputting billing information?

2. Who has final review of the bills?

3. What percentage of the Firm's billings are overdue by 90 days or more? _____%
4. Collection of fees:
- a. How many times during the last three years has the Firm required the assistance of a third party to collect outstanding fees, i.e. collection agency, arbitrator, mediator?
This year to date _____ Last year _____ Two years ago _____
- b. How many suits for the collection of fees has the Firm filed during each of the last three years?
This year to date _____ Last year _____ Two years ago _____
- c. If the Firm has sued for its fees, how many countersuits has the Firm received during the last three years?

E. VII. CLIENT RELATIONSHIPS

1. Does the Firm have written procedures to follow if the Firm receives a complaint from a client or a client's lawyer regarding professional legal services or fees charged? Yes No
If "yes," please describe the procedures.

Section F. MISCELLANEOUS

1. Has the Firm been engaged in any national litigation matters within the last 5 years? Yes No
If "yes," please briefly describe the nature of the litigation matter.

2. Does the Firm routinely refer clients to certain other firms? Yes No

If "yes," please describe on a separate sheet of paper the agreement between the Firm and the other firm(s). Please state whether there is a fee arrangement between the Firm and the other firm(s).

3. Clients' assets:

- a. Does the Firm or any lawyer in the Firm provide investment advisory services to or have the authority to invest or divest assets belonging to a client? Yes No

If "yes," please provide the details (e.g., name of the lawyer(s), area(s) of practice, amount of funds for each client, and the kinds and value of assets).

- b. Is a co-signature required if checks are written? Yes No

4. Disaster response:

- a. Do all partners/members have written procedures to follow in case the office(s) is (are) inaccessible due to flood, fire, bomb damage, or computer failure, etc.? Yes No

- b. Are these procedures kept at a location other than the office(s)? Yes No

Section G. CLAIMS HISTORY

1. Has any lawyer at the Firm been disciplined, censured, reprimanded, suspended, investigated or placed on probation by any state bar, judicial body, or regulatory agency other than for traffic violations within the last 5 years? Yes No

No

If "yes," please provide details. _____

- **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, MAY 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 DISCLOSURES:

NOTICE TO ARKANSAS, NEW MEXICO 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 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 IN THE THIRD DEGREE.

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 LOUISIANA 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 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 AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 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

Telephone: _____ Facsimile: _____