



## **LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY APPLICATION**

**NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THE POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED AS REQUIRED BY THE POLICY DURING THE POLICY PERIOD OR AN APPLICABLE EXTENSION PERIOD, PROVIDED SUCH CLAIM IS FOR AN ACT, ERROR OR OMISSION COMMITTED ON OR AFTER THE RETROACTIVE DATE AND BEFORE THE END OF THE POLICY PERIOD IN RENDERING OR FAILING TO RENDER PROFESSIONAL SERVICES. AMOUNTS INCURRED AS CLAIMS EXPENSES REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE APPLIED TO THE SELF-INSURED RETENTION. THE UNDERWRITER IS NOT LIABLE FOR CLAIMS EXPENSES OR ANY SETTLEMENTS OR JUDGMENTS ONCE THE LIMIT OF LIABILITY IS EXHAUSTED. PLEASE READ THE POLICY CAREFULLY.**

**NOTICE TO NEW YORK APPLICANTS: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE POLICY. UPON TERMINATION OF COVERAGE FOR ANY REASON, A 60-DAY AUTOMATIC EXTENSION PERIOD WILL APPLY. FOR AN ADDITIONAL PREMIUM, AN OPTIONAL EXTENSION PERIOD CAN BE PURCHASED AS INDICATED IN ITEM 8. OF THE DECLARATIONS. EXCEPT AS OTHERWISE PROVIDED HEREIN, THE POLICY ONLY APPLIES TO CLAIMS FIRST MADE DURING THE POLICY PERIOD, THE AUTOMATIC EXTENSION PERIOD OR, IF APPLICABLE, THE OPTIONAL EXTENSION PERIOD. NO COVERAGE EXISTS FOR CLAIMS MADE AFTER THE END OF THE POLICY PERIOD AND THE AUTOMATIC EXTENSION PERIOD UNLESS, AND TO THE EXTENT, THE OPTIONAL EXTENSION PERIOD APPLIES. NO COVERAGE WILL EXIST AFTER THE EXPIRATION OF THE AUTOMATIC EXTENSION PERIOD OR, IF PURCHASED, THE OPTIONAL EXTENSION PERIOD, WHICH MAY RESULT IN A POTENTIAL COVERAGE GAP IF PRIOR ACTS COVERAGE IS NOT SUBSEQUENTLY PROVIDED BY ANOTHER INSURER. DURING THE FIRST SEVERAL YEARS OF A CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES AND CLAIMS EXPENSES SHALL BE APPLIED TO THE RETENTION. THE UNDERWRITER HAS NO OBLIGATION TO PAY CLAIMS EXPENSES OR ANY SETTLEMENTS OR JUDGMENTS ONCE THE APPLICABLE LIMIT OF LIABILITY IS EXHAUSTED. PLEASE READ THE POLICY CAREFULLY.**

**NOTICE TO MINNESOTA APPLICANTS: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THE POLICY APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD PROVIDED SUCH CLAIM IS REPORTED TO THE UNDERWRITER OR THE UNDERWRITER'S AGENT OR BROKER AS REQUIRED BY THE POLICY AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN THE END OF THE POLICY PERIOD OR, IF APPLICABLE, THE OPTIONAL EXTENSION PERIOD. THIS MEANS THAT ONLY CLAIMS ACTUALLY MADE DURING THE POLICY PERIOD ARE COVERED UNLESS COVERAGE FOR AN OPTIONAL EXTENSION PERIOD IS PURCHASED. IF AN OPTIONAL EXTENSION PERIOD IS NOT MADE AVAILABLE TO YOU, YOU RISK HAVING GAPS IN COVERAGE WHEN SWITCHING FROM ONE COMPANY TO ANOTHER. MOREOVER, EVEN IF SUCH AN OPTIONAL EXTENSION PERIOD IS MADE AVAILABLE TO YOU, YOU MAY STILL BE PERSONALLY LIABLE FOR CLAIMS REPORTED AFTER THE PERIOD EXPIRES. CLAIMS MADE POLICIES MAY NOT PROVIDE COVERAGE FOR WRONGFUL ACTS COMMITTED BEFORE A FIXED RETROACTIVE DATE. RATES FOR CLAIMS MADE POLICIES ARE DISCOUNTED IN THE EARLY YEARS OF A POLICY, BUT INCREASE STEADILY OVER TIME. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE SELF-INSURED RETENTION. READ THE POLICY CAREFULLY.**

**INSTRUCTIONS**

- A.** ALL QUESTIONS MUST BE ANSWERED COMPLETELY. PLEASE TYPE OR PRINT CLEARLY. IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
- B.** PLEASE USE THE COMMENTS LINE(S) FOR ADDITIONAL INFORMATION OR CONTINUE ON A SEPARATE ADDENDUM INDICATING THE QUESTION NUMBER/SUPPLEMENT.
- C.** PLEASE COMPLETE THE APPLICATION FORM AND SUPPLEMENT WHERE REQUIRED.
- D.** THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.
- E.** THE TERM "LAWYER" IN THIS APPLICATION SHALL MEAN ANY PARTNER, EMPLOYED LAWYER, "OF COUNSEL" OR CONTRACT LAWYER.
- F.** THIS APPLICATION MAY ASK FOR DETAILS ON ACTIVITIES FOR WHICH NO COVERAGE IS PROVIDED UNDER THE INSURANCE BEING REQUESTED. PLEASE CONSULT WITH YOUR BROKER OR INSURANCE AGENT FOR DETAILS OF YOUR PROPOSED COVERAGE.

**ORGANIZATIONAL INFORMATION**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_

Web Address: \_\_\_\_\_

- Sole Proprietorship                       Partnership                       Professional Corporation  
 Limited Liability Partnership               Limited Liability Corporation  
 Other (Specify): \_\_\_\_\_

Date the Applicant commenced business: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day                      Month                      Year

**FINANCIAL INFORMATION:**

1. Please provide the following Applicant financial information:

	Latest Fiscal Year Ending:	1 <sup>st</sup> Prior Fiscal Year Ending:	2 <sup>nd</sup> Prior Fiscal Year Ending:
Gross Revenue	\$	\$	\$
Net Income	\$	\$	\$
Total Debt	\$	\$	\$
Obligations to Former Partners	\$	\$	\$
Partner/Shareholder Equity	\$	\$	\$
Revenue per Lawyer	\$	\$	\$
Profits per Partner	\$	\$	\$

2. List the Applicant's 10 largest clients by revenue for the past 12 months:

Client Name:	Amount in \$ Billed in Past 12 Months:	% of Firm's Billings for Past 12 Months:
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%

**LAWYER INFORMATION**

1. Total number of lawyers by location:

Location 1:	This year:	Last year:	Two years ago:
Location 2:	This year:	Last year:	Two years ago:
Location 3:	This year:	Last year:	Two years ago:
Location 4:	This year:	Last year:	Two years ago:

**Attach a separate addendum if additional locations exists.**

2. As of the date of this Application, total number of:

Partners/Shareholders:	Employed Lawyers/ Associates:	Of Counsel:	Other Staff:

3. For any contract lawyers not listed above and retained by the Applicant in the past 12 months please indicate:

No. of lawyers employed:	Billable hours worked:	Amount billed for their services:

4. How many lawyers have joined the firm in the past 12 months?

Partners:	Associates:

5. How many lawyers have left the firm in the past 12 months?

Partners:	Associates:

**SUPPLEMENTS**

**Please provide a complete Attorney List as Supplement Number 1 and attach a copy of the Applicant's letterhead.**

Does the Applicant currently, or did the Applicant at any time:

(a) In the last ten years provide legal services to any savings and loan, investment bank, mutual fund, hedge fund, private equity fund, securities underwriter, securities broker, insurance company, insurance broker, credit union, savings association, building loan association, or service company, subsidiary corporation or holding company thereof?  Yes  No  
**If Yes, please give details on a separate addendum.**

(b) In the last two years perform any securities work?  Yes  No  
**If Yes, please give details on a separate addendum.**

(c) In the last 12 months perform any entertainment work?  Yes  No  
**If Yes, please give details on a separate addendum.**

(d) In the last five years provide any other professional services apart from legal work?  Yes  No  
**If Yes, please give details on a separate addendum, including the details of applicable insurance.**

**PRACTICE**

1. Indicate percentage of this year's "Total Gross Billings" derived from: (OVERALL TOTAL MUST EQUAL 100%)

<u>AREA OF LAW</u>	<u>LAST YEAR</u>	<u>THIS YEAR</u>
<b>LITIGATION</b>	<u>%</u>	<u>%</u>
-- Personal Injury - Plaintiff	<u>%</u>	<u>%</u>
-- Personal Injury - Defense	<u>%</u>	<u>%</u>
-- Employment - Plaintiff	<u>%</u>	<u>%</u>
-- Employment - Defense	<u>%</u>	<u>%</u>
-- Domestic Relations	<u>%</u>	<u>%</u>
-- Commercial	<u>%</u>	<u>%</u>
-- Collections	<u>%</u>	<u>%</u>
-- Intellectual Property	<u>%</u>	<u>%</u>
-- Estates/Trusts/Probate	<u>%</u>	<u>%</u>
-- Securities	<u>%</u>	<u>%</u>
-- Bankruptcy	<u>%</u>	<u>%</u>
-- Criminal	<u>%</u>	<u>%</u>
-- Entertainment	<u>%</u>	<u>%</u>
-- Insurance Coverage	<u>%</u>	<u>%</u>
-- Other - Describe	<u>%</u>	<u>%</u>
<b>NON – LITIGATION</b>	<u>%</u>	<u>%</u>
--Taxation	<u>%</u>	<u>%</u>
--Environmental	<u>%</u>	<u>%</u>
--Corporate	<u>%</u>	<u>%</u>
--Patent	<u>%</u>	<u>%</u>
--Copyright/Trademark	<u>%</u>	<u>%</u>
--Estate/Trust/Probate	<u>%</u>	<u>%</u>

--Municipal Law	<u>    %</u>	<u>    %</u>
--Domestic Relations	<u>    %</u>	<u>    %</u>
--Admiralty	<u>    %</u>	<u>    %</u>
--Real Estate	<u>    %</u>	<u>    %</u>
--Labor Relations	<u>    %</u>	<u>    %</u>
--Entertainment	<u>    %</u>	<u>    %</u>
--Immigration	<u>    %</u>	<u>    %</u>
--Banking/Loan Docs	<u>    %</u>	<u>    %</u>
--Healthcare	<u>    %</u>	<u>    %</u>
--Other - Describe	<u>    %</u>	<u>    %</u>
<b>--OVERALL TOTAL</b>	<u>    %</u>	<u>    %</u>

**MANAGEMENT**

1. Is the Applicant managed by a management committee?  Yes  No

If Yes, how many partners or officers comprise the management committee? \_\_\_\_\_  
 If Yes, how often has it met in the past 12 months? \_\_\_\_\_

2. Does the Applicant employ a full time non-lawyer administrator?  Yes  No

3. Does the Applicant use a peer review system to evaluate the performance of all practicing lawyers (including partners) within the firm?  Yes  No

4. If Yes, does this include periodic review of selected case files by a partner not handling the case?  Yes  No

**NEW BUSINESS**

1. Are new clients and new matters subject to approval of the Applicant management committee or at least one independent partner or officer other than the lawyer proposing to handle the case?  Yes  No

If Yes, does the Applicant have a written policy?  Yes  No

2. Does the approval process for new clients include independent inquiries as to a client's creditworthiness and reputation for payment of legal or other bills?  Yes  No

If Yes, does the Applicant have a written policy?  Yes  No

3. Is information as to all new clients made available on at least a weekly basis to all partners or officers of the Applicant?  Yes  No

If Yes, does the Applicant have a written policy?  Yes  No

4. Is a lawyer generating new business required to associate with a partner or officer with specific expertise in the matter?  Yes  No

If Yes, does the Applicant have a written policy?  Yes  No

5. Does the Applicant have a written policy with regard to accepting or not accepting a client on a case or transaction for which the client has already been represented by one or more predecessor legal counsel?  Yes  No

**CONFLICTS**

1. Does the Applicant have a written conflict policy?  Yes  No

2. How does the Applicant maintain its conflict of interest systems?  
 Oral/Memory     Index File     Computer     Other:

- Yes     No
3. Is a conflict search always completed prior to accepting a client?
- Yes     No
4. Is a conflict search always completed prior to accepting a new matter from an existing client?
5. Does the conflict system contain the following information? (Please check all that apply):
- Client Name                       Previous firms of lateral hires employed by the Applicant
- Opposing Party                       Names of parties whose representation was declined
- Client Subsidiaries                       Names of any entity in which the Applicant or any lawyer practicing with the Applicant holds an outside interest (including but not limited to an equity interest or option to purchase equity and/or a position as a director/officer/partner/employee)
- Client Principals
- Opposing Counsel
6. Are all lawyers in the firm, regardless of practice area or geographical location:
- (a) able to access all conflict data held by the Applicant in their conflict search?     Yes     No
- (b) required to access all conflict data held by the Applicant in their conflict search?     Yes     No
7. Does the Applicant have a policy not to review any privileged or confidential client information prior to an unqualified acceptance of a client?     Yes     No
8. Are potential conflicts always referred to an independent conflict partner or committee?     Yes     No
9. Where representation is accepted subject to conflict waiver does the Applicant have a written policy requiring the waiver to clearly:
- (a) show the conflicting parties the nature of the conflict?     Yes     No
- (b) show how it could affect the representation?     Yes     No
- (c) show how the client was advised to consider consulting another law firm either about the conflict and/or the original matter prior to signing the waiver?     Yes     No
10. Must all conflict waivers be in writing?     Yes     No
11. Can a lawyer commence work on an engagement prior to receiving signed waiver back from client?     Yes     No
12. With the exception of positions held with charitable institutions in relation to pro-bono work, does the Applicant or any lawyer practicing with the Applicant hold an outside interest in a client (including but not limited to an equity interest or option to purchase equity or a position as a director/officer/partner/employee)?     Yes     No

**If Yes, please give details on a separate addendum.**

**OUTSIDE COMMUNICATIONS**

1. For what percentage of cases does the Applicant:
- (a) when accepting a representation send an engagement letter which clearly shows the scope of services to be performed and the terms and rates in which the matter will be billed?    \_\_\_\_\_ %
- (b) incorporate a fee mediation/arbitration clause into the retainer/engagement letter?    \_\_\_\_\_ %
- (c) when declining a representation send a non engagement letter?    \_\_\_\_\_ %
- (d) when ceasing representation send a disengagement letter?    \_\_\_\_\_ %
2. When declining a case in which a critical deadline or statute date may apply, does the Applicant always send a non-engagement letter?     Yes     No
- If Yes:
- (a) is the letter sent by certified mail?     Yes     No

(b) does the letter clearly warn of the importance of immediately seeking alternative representation?  Yes  No

(c) does the letter clearly warn of the risk of losing the chance to pursue the case if a time deadline is exceeded?  Yes  No

3. Does the Applicant maintain a written policy with respect to 1. or 2. above?  Yes  No

**DOCKET AND CALENDAR**

1. Does the Applicant have a written policy to manage dockets and calendars?  Yes  No

2. Does the Applicant maintain a central system for control of statute dates and other critical deadlines?  Yes  No

If Yes, is the central system used by all lawyers in the firm to control the critical statutory dates or deadlines applicable to their area of practice?  Yes  No

If No, please explain:

3. How many independent date controls are kept on each matter?  
 One  Two  Three  Four  More  
Please state: \_\_\_\_\_

4. Does the Applicant use Perpetual Calendar?  Tickler Type  Computer  No

Other (please describe): \_\_\_\_\_

5. Is all incoming mail checked centrally for critical dates by the person(s) responsible for docket control before being distributed to the lawyer(s) handling the matter?  Yes  No

6. Please describe how the Applicant ensures that statutes of limitation periods entered are correct and currently applicable for a case and take into account differences according to jurisdiction, category of defendant, cause of action, etc.:  
\_\_\_\_\_  
\_\_\_\_\_

7. Is a list of the pending dates and deadlines on the docket control system circulated to all lawyers or, if the Applicant is divided into formal departments, to all lawyers in the appropriate department?  Yes  No

**TRAINING AND SUPERVISION**

1. Does the Applicant have written procedures for training and supervision of lawyers?  Yes  No

2. Does the Applicant maintain a formal training program for all lawyers?  Yes  No

If Yes, describe training programs and person(s) responsible for oversight:  
\_\_\_\_\_  
\_\_\_\_\_

3. How many lawyers have participated in formal continuing legal education programs of at least ten hours during the last year? \_\_\_\_\_

4. Are all associates under the direct supervision of a partner or officer?  Yes  No

**MISCELLANEOUS**

1. Do suits for collection of fees have to be approved by the Applicant's management committee?  Yes  No

2. What percentage of the Applicant's billings are more than 90 days overdue from the date the bill was sent out?  
\_\_\_\_\_ %

3. How many suits for collection of fees have been filed by the Applicant during the past two years? \_\_\_\_\_

4. Please explain what the Applicant has done to minimize the number of fee related disputes with clients:

Monthly billing for all clients  Retainers for all new clients

Reporting of overdue receivables to the management committee when they exceed a set \$ amount due:

From any one client  to any one lawyer

Other: \_\_\_\_\_

5. Other than on contingent cases, what is the largest amount currently owed by a client to the Applicant for billed or unbilled time? \$ \_\_\_\_\_

6. Can the Applicant confirm that no lawyers listed in Supplement 1 have been disciplined, censured, suspended, had sanctions awarded against them of over \$20,000 or been put on probation by any State Bar, Judicial Body or Regulatory Agency?

Yes  No

If No, please give details below or on a separate addendum.

7. Does the Applicant have a written policy requiring complaints (by either a client or their counsel) to be reviewed by a partner other than the lawyer about whom the complaint is made?

Yes  No

8. Are two signatures required for all withdrawals of funds from Custodial Accounts?

Yes  No

9. Has the Applicant in the last ten years:

(a) Merged with, acquired or been acquired by any other firm or organization?

Yes  No

(b) Increased or decreased in size (by total Lawyer count) by more than 20% in a single year?

Yes  No

(c) Changed the name of the Applicant?

Yes  No

Are any of the above currently pending or contemplated?

Yes  No

If Yes, please give full details below or on a separate addendum, including the date of the change(s)

10. Please list any areas 1 - 9 above where the Applicant maintains a written policy:  
\_\_\_\_\_  
\_\_\_\_\_

11. Does the Applicant have a written corporate-wide privacy policy?

Yes  No

12. Within the past two years, has the Applicant undertaken any internal or external privacy related audit or received any privacy certification?

Yes  No

13. Does the Applicant restrict employee access to personally identifiable non-public information on a business-need to know basis?

Yes  No

14. Does the Applicant conduct training for every employee user of the information systems in security issues and procedures for its computer systems?

Yes  No



15. Has the Applicant suffered any known intrusions (ie., unauthorized access) of its Computer Systems in the most recent past twelve (12) months?  Yes  No

If Yes, please describe such intrusions and any damage that resulted:

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**INSURANCE**

The term "after inquiry" is deemed to mean to the knowledge of any owner, partner, shareholder, associate, employed lawyer, of counsel or employee.

**MISSOURI RESIDENTS: DO NOT ANSWER QUESTION 1. BELOW.**

1. Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused to the Applicant?  Yes  No

**If Yes, please give details on a separate addendum.**

2. After inquiry, have any claims or suits been made in the last ten years against the Applicant or any past or present owners, partners, shareholders, corporate officers, associates, employed lawyers, contract lawyers, employees or its predecessors in business?  Yes  No

**If Yes, please give details on a separate addendum.**

3. After inquiry, are any persons listed in Supplement 1 aware of any circumstances, allegations, tolling agreements or contentions as to any incident which may result in a claim being made against the Applicant or any if its past or present owners, partners, shareholders, corporate officers, associates, employed lawyers, contract lawyers or employees or its predecessor in business?  Yes  No

**If Yes, please give details on a separate addendum.**

4. Have all claims and circumstances requiring a response in questions 2 and 3 already been reported to and accepted by a current or past insurer?  Yes  No

**If No, please give full details on a separate addendum.**

5. Please give details of previous insurance purchased in the last five years by the Applicant or predecessor firms.

Carrier	Number Of Lawyers	Limits each Claim/ Aggregate	Deductible	Paid Premiums	Coverage dates effective From To
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

6. Has any extended claims reporting period ("tail") coverage been purchased in the last 7 years?  Yes  No

If Yes, please give details:

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7. Is there any prior acts restriction or retroactive date on the Applicant's expiring policy?  Yes  No

If Yes, please state the retroactive date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

8. Please state coverage limits and self-insured retentions requested:

Limits: Each Claim and in the Aggregate, including Claims Expenses: \$ _____	Self-Insured Retention: Each Claim, including Claims Expenses: \$ _____
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The Applicant declares that, after inquiry, to the best knowledge of all persons to be insured, the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or misstated. The Underwriter reserves the right to deny or rescind coverage on any policy that is issued as a result of this Application if, in the statements set forth herein and in any attachments made hereto, it is found that material information has been suppressed, omitted or misstated.

The Underwriter also reserves the right to amend the terms, conditions and limitations of coverage of any policy that is issued as a result of this Application, if subsequent to the date this Application is signed by the Applicant, but prior to the inception date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to the Underwriter and such notice shall attach to and form part of this Application.

Signing this Application does not bind the Applicant or Underwriter to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by the Underwriter should the policy for which this Application is made be issued.

This Application is signed on behalf of all owners, partners, shareholders, corporate officers and employees and other principals of the Applicant.

#### ANTI-FRAUD WARNINGS

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE UNDERWRITER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 KENTUCKY AND 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 CLAIMS 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 NEW YORK APPLICANTS 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.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT  
(Must be a principal of the Applicant and a person at risk)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date Requested for this Insurance

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTS ARE COMPLETED. THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS APPLICATION AND APPLICABLE SUPPLEMENTS ARE ANSWERED.

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this **Application** is completed in Iowa, please provide the Insurance Agent's name only.

\_\_\_\_\_  
Name of Insurance Agent

\_\_\_\_\_  
License Identification No.

\_\_\_\_\_  
Authorized Representative

If this **Application** is completed in Wisconsin, please note the following:

- If this Policy is cancelled by the **Parent Company**, the Insurer shall retain the customary short rate portion of the premium hereon. If this Policy is cancelled by the Insurer, the Insurer shall retain the pro rata portion of the premium hereon. Payment or tender of any unearned premium by the Insurer shall not be a condition precedent to the effectiveness of cancellation.
- As a condition precedent to the right to purchase the **Optional Extension Period**, the total premium for this Policy must have been paid. The right to purchase the **Optional Extension Period** shall terminate unless written notice together with full payment of the premium for the **Optional Extension Period** is given to the Insurer within thirty (30) days after the effective date of cancellation or nonrenewal. If such notice and premium payment is not so given to the Insurer, there shall be no right to purchase the **Optional Extension Period**.
- In the event of the purchase of the **Optional Extension Period**, the entire premium for the **Optional Extension Period** shall be deemed earned at its commencement.