



AMERICAN INTERNATIONAL COMPANIES®

Name of Insurance Company
To Which Application is Made:

(herein called the Company)

**INTERNET MEDIA LIABILITY
INTERNET PROFESSIONAL LIABILITY
INTERNET & COMPUTER NETWORK SECURITY
APPLICATION**

AIG netAdvantageSM Suite

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

I. COMPANY INFORMATION

Full Name of Applicant _____
Individual Corporation Partnership Other _____
Address _____
Web site Home Page Address(es) including subsidiaries _____
Mailing Address (if different) _____
Chief Information Officer _____
Date Established _____ Place of Incorporation _____ No. of Employees _____
Description of Business: _____
Names of Subsidiaries (or attach list) _____

II. YOUR BUSINESS ACTIVITIES ON THE INTERNET/NETWORK

- 1) **ACCESS:** Sending and receiving email, transferring files, browsing the internet.
- 2) **PRESENCE:** Providing information or advertising over the internet through a web server or extranet.
- 3) **PRODUCTION ACCESS:** Integration of business information or internal processes with a web site.
- 4) **ELECTRONIC COMMERCE:** The buying and selling of products, services or information over the internet between a buyer and seller. Electronic Commerce can also include three-party business transactions, typically between an internet user, a merchant, and a bank, involving buying or selling valuable goods, products, or services or the transmission of sensitive financial information to exchange. Electronic Commerce also includes your permitting of advertisements on your web site by others for a fee, regardless of any other internet activities you may conduct.

- 5) COLLABORATION:** Virtual Private Network (VPN) or an “extranet”activities. This could also include the provision of computer system resources to a third party.
- 6) HOSTING:** providing hosting services to third parties.
- 7) DIGITAL CERTIFICATES:** Installation, management, or maintenance of any digital certificate
- 8) OTHER:** Any other specific activities, products, or services (describe)

- 9) NEXT YEAR:** There are business activities planned for next year different than the ones checked above? _____

III. BUSINESS REVENUES

1. Please provide your total revenues:
 Past Accounting Year: \$ _____
 Projected Current Year: \$ _____
2. Please provide your total e-business revenues (if applicable):
 Past Accounting Year: \$ _____
 Projected Current Year: \$ _____
 Please provide the number of unique visitors per day: _____

IV. UNDERWRITING QUESTIONS

A. Media

All applicants must complete this section.

1. Is there a review process in place to screen content of the web site? Yes No
 If “yes”, is the content of your web site reviewed by a qualified intellectual property attorney? Yes No
2. Does such review include looking for the following offenses? Yes No
 - Libel or Slander Yes No
 - Trademark Infringement Yes No
 - Invasion of Privacy Yes No
 - Copyright Infringement Yes No
 - Inaccurate Information Yes No
 - Trade Secrets Yes No
3. Do you have an established procedure for editing or removing controversial, offensive (i.e. libelous) or infringing material (i.e. copyright, trademark) from your web site or Internet service? Yes No
4. Do you have a procedure to detect the posting of infringing material (copyright, trademark, etc.) or offensive material (libelous, pornographic, etc.) from your web site? Yes No

5. Do you use material of others (such as text, videos, music, etc.) in your web site? Yes No
 If "yes", in each case, have you: a) obtained written clearance to use this material? Yes No
 b) scanned the material for viruses? Yes No

6. What measures were taken to determine that your domain name does not infringe upon another's trademark? _____

7. Do your agreements with the developer of your web site and any consultants providing material for your web site provide that you own the intellectual property rights to the content, coding and business methods incorporated into the web site? Yes No

8. Do your agreements with outside consultants providing content or material for your web site include a provision regarding use of your intellectual property? Yes No
 If "yes", attach copies of those agreements.

If you are applying only for media liability coverage proceed to Section V.

B. Professional Services

If you are applying for professional liability coverage, answer the following questions.

9. Which professional services are you providing? Publishing or Media Content Services, Internet Professional Services, Other professional service (if rendered over the internet) _____

10. If you have have subscribers to your web site, please answer the following:

a. How many subscribers do you currently have? _____

b. How many subscribers do you have capacity for? _____

c. How do you determine whether you have adequate capacity to accommodate the number of subscribers to your service? _____

d. If subscription increases, how do you assure you will be able to handle the increase? _____

11. If you offer a bulletin board/chatroom at your web site, please answer the following:

a. Who manages your bulletin board/chatroom? We Do A Subcontractor Does

If a subcontractor, do you require "hold harmless" agreements for liabilities arising out of the bulletin board/chatroom? Yes No

b. Can you remove any posting at your sole discretion and does the Internet Service Provider agreement allow you to do so? Yes No

c. Do you edit the content of your bulletin board/chatroom? Yes No
 If "yes", how often?

d. Do you have an agreement which users of your bulletin board/chatroom must accept as a condition of using the bulletin board/chatroom? Yes No
 If "yes", attach a copy of the agreement.

12. Does your web site contain materials designed to be downloaded (such as software, plug-ins, etc.) Yes No
 If "yes", is that material scanned for viruses? Yes No
13. Do you provide original content? Yes No
14. Do you make representations that you edit or censor the material contained on your internet service in any way? Yes No
 If Yes, how?

15. How often do you review, edit or censor your web site or Internet service?
_____ per day/week/month/year
16. How often do you update the content of your web site or Internet service?
_____ per day/week/month/year
17. Do you develop security software, such as encryption or firewall software? Yes No
18. What percent of revenue is derived from custom software _____% Pre-packaged _____%
19. Do you provide content for the web site? Yes No
20. Does the client approve the content before it is published on the Internet? Yes No
21. Do you limit your liability in your contracts for any breach of your professional services? Yes No
 If "Yes", indicate what they are: _____
22. Do you make any guarantees or warranties in your contracts regarding your professional services? Yes No
 If "Yes", indicate what they are: _____

If you would like your professional liability coverage to include claims arising out of network security issues, complete questions #23 through #36 of section C below.

C. Network Security

If you are applying for network security liability coverage, complete the following section, if not, proceed to Section V.

23. Are firewalls used to prevent unauthorized access connections from internal networks and computer systems to external networks?
 ___ Not Implemented ___ Partially Implemented ___ Fully Implemented
24. Are remote users authenticated before being allowed to connect to internal networks and computer systems?
 ___ Not Implemented ___ Partially Implemented ___ Fully Implemented
25. Are anti-virus procedures used on desktops and mission critical servers?
 ___ Not Implemented ___ Partially Implemented ___ Fully Implemented

- If implemented, how often are the procedures updated? _____
26. Are backup and recovery procedures documented for all mission critical systems?
 ___Not Implemented ___Partially Implemented ___Fully Implemented
- If implemented, how often are mission critical systems backed up? _____
27. Are special privileges restricted to primary and backup system administration personnel?
 ___Not Implemented ___Partially Implemented ___Fully Implemented
28. Are continuity plans in place for all mission critical business processes?
 ___Not Implemented ___Partially Implemented ___Fully Implemented
29. Are your network and computer systems monitored?
 ___Not Implemented ___Partially Implemented ___Fully Implemented
30. Do you have an internal acceptable use policy and privacy policy regarding e-mail and Internet use?
 ___Not Implemented ___Partially Implemented ___Fully Implemented
31. What authentication processes or applications (such as digital certificates or SSL) do you utilize with respect to your e-business?

32. Do you outsource a critical part of your internet, network or computer system to others (such as servers, firewalls, hosting, etc.)? Yes No
 If "yes", please attach a list of the systems vendors which includes the services provided and the date such services were initially provided.
33. In developing the software for your internet, network or computer system, do you use outside consultants? Yes No
 If "yes", please attach a list of consultants which includes the services provided.
34. Do you give or do you receive written warranties or indemnities regarding your internet, network and computer system operations? Yes No
 If "yes", describe or attach such warranties or indemnities.
35. Has there been any change in ownership or senior management (including the Chief Information Officer) in the past three years? Yes No
 If "yes", please provide details in an attachment.
36. Do you have a full time, dedicated Director of Information Security or its equivalent? Yes No
 If "yes", please attach his/her resume.
- If you are only applying for Professional Liability coverage, STOP HERE AND PROCEED TO SECTION V. If you are applying for complete network security liability coverage CONTINUE TO END OF SECTION.***
37. Does your web site or Internet service sell any products over the internet? Yes No
 Are credit card transactions conducted on your web site or Internet service? Yes No
38. How do you find out about newly discovered weaknesses? _____

39. Do you receive CERT or SIAC Advisories, or any similar notification? Yes No
 What action do you take as a result and what is the time frame? _____
40. Do you have a means of backup for web site content? Yes No
41. Where (geographically) does your web site reside? _____
 Is your web site located and/or hosted with your company or with a third party? Yes No
 If "Yes", indicate who: _____
42. What type of encryption is used, if any (SHTTP, SSL, PGP, etc.)
43. Does your security system include password protection? Yes No
 To what extent is this used as a means of security? _____
44. Do you limit your liability in your contracts for any breach of your security? Yes No
 If "Yes", indicate what they are: _____
45. Do you make any guarantees or warranties in your contracts regarding you're the performance
 of your web site or its security? Yes No
 If "Yes", indicate what they are: _____
46. Please assess how your revenues would be impacted by a loss sustained by a dependent business. This
 would include businesses that are involved in the following: providing internet, network or computer
 systems for your operations, purchasing your goods or services through the internet, facilitating or
 hosting your internet web site, or providing computer services to you .

47. What valuable property of others (such as money, securities, credit card information, information assets,
 etc.), are you responsible for that relate to your internet, network and computer system operations ?

48. Do you perform background checks, including credit & criminal history, on new
 programming or security employees, independent consultants/vendors? Yes No
49. Are all employees required to sign a statement that allows you to conduct mid-
 employment screenings including random drug testing at your discretion? Yes No
50. Are all employees provided with a copy of your systems security policy manual? Yes No
51. Are all employees required to provide written confirmation acknowledging that they
 have received, read and understood the contents of the security manual? Yes No
52. Are all employees required to sign a statement confirming that failure to follow security
 procedures set forth in your systems security policy manual will result in disciplinary
 action, up to and including termination? Yes No
53. How many employees (including leased workers) are involved in finance & accounting, engineering,
 research & development, programming, security & systems administration? _____
54. Do new engineering, research or development employees and "work for hire" contractors

- sign a statement to the effect that they will not distribute or use previous employers' or clients' trade secrets? Yes No
55. What is the total number of independent consultant employee & contractor employees performing Internet, network and computer system services for your organization? _____
56. Who in your organization is responsible for the supervision of outside consultants/contractors?

57. What restrictions are placed on the activities of outside consultants/vendors?

58. Do you require the outside consultants/contractors to maintain fidelity bond insurance? Yes No
If "no", please explain why not. _____

V. OTHER INSURANCE

Have you purchased any of the following insurance policies? If yes, provide insurer, limits, retentions or deductibles, and policy period:

Coverage	Insurer	Policy Period	Limits	Deductible
(a) General Liability WITH Advertising Injury/Personal Injury				
(b) General Liability WITHOUT Advertising Injury/Personal Injury for Internet Activities				
(c) Errors & Omissions				
(d) Property (including EDP Coverage)				
(e) Employee Dishonesty/ Computer Fraud				
(f) Directors & Officers				
(g) Other				

Do you wish to apply for Excess/Difference-in-Conditions coverage for any of the above? _____
If yes, state which coverages (A-G): _____

VI. DESIRED COVERAGES

- | | |
|--|--|
| netAdvantage Applicants: | Complete Section (a) only |
| netAdvantage Professional Applicants: | Complete Sections (a) & (b) only |
| netAdvantage Liability Applicants: | Complete Sections (a), (b), (c) & (d) only |
| netAdvantage Security Applicants: | Complete Sections (a), (c), (d) & (e) only |
| netAdvantage Complete Applicants: | Complete Sections (a), (b), (c), (d) & (e) |

Coverage	Limits of Liability (\$)	Retentions
(a) Media Liability	\$_____ per claim \$_____ aggregate	\$_____ per claim
(b) Professional Services Liability	\$_____ per claim \$_____ aggregate.	\$_____ per claim
(c) Security Liability	\$_____ per claim \$_____ aggregate.	\$_____ per claim
(d) Cyber-Extortion	\$_____ per occurrence \$_____ aggregate	\$_____ per extortion claim
(e) Asset & Income Protection	\$_____ per occurrence \$_____ aggregate	\$_____ per occurrence _____ waiting period (hours)

Policy Aggregate (for all coverage under the policy):\$_____

Proposed Effective/Retroactive Date_____

VII. CLAIMS/INCIDENTS/LOSS HISTORY

General: All Applicants must complete questions #1 through #6.

1. Are you aware of any pending or prior incident, circumstance, event or litigation during the past three years concerning the content of your web site relevant to intellectual property infringement, content or advertising offenses that may be reasonably expected to give rise to a claim or could have given rise to a claim if similar insurance was in force for coverage or benefits provided under this insurance? Yes No

If “yes”, describe date, location, nature of the incident, circumstance, or loss, the amount of actual or estimated loss as well as what steps have been taken to prevent a recurrence of the described incident(s), circumstance(s), or loss(s)? Please explain the above by attachment to this application.

2. Has any insurance similar to the kinds provided under this policy, been declined or cancelled during the past three years? Yes No

If “yes”, please provide details in an attachment.

3. Have you ever received a complaint concerning the content of your web site or internet service relevant to:
- | | |
|------------------------|--|
| Libel or Slander | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trademark Infringement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Invasion of Privacy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Copyright Infringement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inaccurate Information | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. How do you respond to such complaints and in what time frame? _____

5. During the past three years, have you had any other incident, circumstance, or loss of a type that would stem from the activities noted in Section II or is the subject of this insurance? Yes No

If "yes", provide the date, location, nature of the incident, circumstance, or loss, the amount of actual or estimated loss on an attachment to this application. What steps have been taken to prevent a recurrence of the described incident(s), circumstance(s), or loss(s)? Please explain by attachment to this application.

6. Has any of the following types of insurance policies been declined or canceled during the past 3 years (not applicable in the state of Missouri): CGL, E&O, D&O, Property or Crime? If yes, please provide details in an attachment.

Network Security: Only applicants requesting network security coverage are required to complete questions #7 through #11. All other applicants may skip to Section VIII.

7. Have you suffered any loss in excess of \$25,000 that would be payable under a Commercial Crime or Dishonesty bond/policy or computer crime policy during the last 3 years? Yes No

If "yes", please attach details, including the amount of loss, the type of coverage involved and the corrective actions taken.

8. By attachment, list all incidents involving loss of service, except for planned maintenance, of computer systems, exceeding 4 hours which have occurred during the past 2 years. For each incident, include the approximate date of the incident, length of time out of service, an estimate of the costs to restore service, loss of revenue, damage or loss to information assets and the cause of the disruption of service and the corrective actions taken. Check if none

9. During the past 2 years, has your network or computer system been infected with a virus? If yes, describe the effects of the virus and how the infection of the virus was remedied.

10. During the past 2 years, have you had any breaches of your existing computer security systems? If yes, for each incident include the approximate date of the incident, the loss of revenue, damage or loss to information assets or other results of such breach(es) and any corrective measures you took as a result.

11. Is a security incident log kept and reviewed? Yes No

VIII. AUTHORIZATION FOR SECURITY ANALYSIS, PAYMENT AND RELEASE OF LIABILITY (IF YOU ARE APPLYING FOR NETWORK SECURITY COVERAGE, YOU MUST SIGN BELOW)

I, the undersigned, understand that a security analysis may be required to quote this insurance. An independent security consulting firm approved by the insurer will perform this security risk survey or electronic remote security scan. If such is required, either the consulting firm or the insurer will advise the cost for such security analysis. EXECUTION OF THIS APPLICATION IS NOT AUTHORIZATION TO PERFORM THE SECURITY ANALYSIS. HOWEVER, I UNDERSTAND THAT UPON BEING ADVISED OF THE COST OF THE SECURITY ANALYSIS, IF I AUTHORIZE THE CONDUCTING OF THE ANALYSIS, THAT A COPY OF THE REPORT WILL BE SENT TO THE INSURER FOR THE PURPOSE OF DEVELOPING AN INSURANCE QUOTATION.

Further, I understand and agree that in consideration for the insurer providing access to the consulting firm for the purposes of the security analysis, the applicant shall not provide a copy of the analysis to any other person or entity, including specifically other insurance entities, without the insurer's prior written consent. A confidentiality agreement can be executed between the insurer and the applicant upon request. I also understand and acknowledge that the applicant is financially responsible to pay, and hereby agrees to pay, for the security analysis. Execution of this application together with any subsequent authorization constitutes an agreement between the applicant and the security consulting firm to pay the security consulting firm for the analysis. A list of approved independent security consulting firms can be obtained from the insurer.

I, the undersigned applicant, agree that the insurer is not responsible for any loss or damage howsoever caused whether direct or indirect which may arise as a result of the provision of services to the applicant or to any of the applicant's related entities by such independent security consulting firm or any representative, agent, employee or contractor of such independent security consulting firm, including the performance of any electronic remote security scan, risk assessment survey, security workshop or related service, and you agree to indemnify and hold the insurer harmless in respect of any such loss or damage. Further, the insurer does not warrant the effectiveness or accuracy of any such security analysis.

APPLICANT'S SIGNATURE: _____

In order for us to efficiently process your application, please attach the following to your signed application:
<ul style="list-style-type: none">• Most recent audited financial statement• Descriptive advertising materials regarding your business• A copy of a standard service contract or a recent contract issued• If the company has been established for three years or less, please provide resumes of senior professional staff

IX. LEGAL NOTICES AND SIGNATURE

IF A POLICY IS ISSUED, THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF SUCH

CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE.

NOTICE: IN SOME STATES, 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 ARKANSAS 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 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 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 NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR

INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

APPLICANT’S SIGNATURE: _____

TITLE: _____

DATE: _____

BROKER: _____

ADDRESS: _____