



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

LAW ENFORCEMENT PROFESSIONAL LIABILITY APPLICATION

APPLICANT'S INFORMATION

1. Legal name of the entity who is the primary applicant and will be the first named insured listed on the policy: _____
 2. Please list all other entity/dba names for which you are seeking coverage under this policy: _____
 3. Corporation Individual Partnership Municipality For Profit Joint Venture
 Other: _____
 4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): _____
 5. Primary location address: _____
 6. County of primary location: _____ Date entity originally established: _____
 7. Provide street addresses of all locations where law enforcement operations are headquartered or located, and any auxiliary locations (other than the address shown in 5. above). _____
 8. Current population of city, town, county or other political subdivision which Applicant provides services to: _____
 9. Department Administrator or Contact Person (Name and Title): _____
 10. Any seasonal increase in population? Yes No
If "Yes":
 - (a) Indicate percentage of increase and season: _____ % _____
 - (b) Are there any borrowed officers during this season? Yes No
 - (c) If "Yes" to (b), are they trained on the Applicant's policies and procedures? Yes No
 - (d) How many are borrowed? _____
 11. Jurisdiction of Applicant: City/Town County State Other: _____
 12. What is the largest city and its population, within a 25 mile radius of the Applicant's main headquarters? _____
 13. Indicate the name, type and size of significant facilities within the Applicant's jurisdiction, (i.e., military institutions, colleges, universities, resorts, convention centers, sport arenas, nuclear power plants, amusement parks): _____
 14. What is your web-site address? www. _____
 15. What is your phone number and e-mail address? _____
 16. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years? Yes No
 17. Does any entity own or control your entity or does your entity own or control any entity? Yes No
 18. During the past five years, has your name been changed or has any other entity purchased, merged or consolidated with you? Yes No
- For questions 9-11, please fully explain any "yes" response, including the names, dates, and revenue impact involved:
- _____
- _____

19. Please list any associations of which you are a member: _____

GENERAL INFORMATION

I. PERSONNEL

POSITIONS TO BE INSURED (List personnel only once under primary classification.)

<p>Class A employees (If none enter "none". Provide number to be insured.)</p> <ol style="list-style-type: none">1) Sheriff/Chief _____2) Chief Deputy/Deputy Chief _____3) Personnel with rank of Sergeant or higher _____4) Full-time personnel with regular street/road duties and detectives & investigators _____ _____ <p>(Do not include #3.)</p> <ol style="list-style-type: none">5) Jail administrators _____6) Police dogs _____ (Provide certificate of training for dog and handler.) <p>Total # Class A Employees: _____</p>
<p>Class B employees (Provide number to be insured.)</p> <ol style="list-style-type: none">1) Full-time jailers/matrons (below rank of Sergeant) _____ 1) a) Part-time, including dispatchers performing as jailers on a part-time basis _____2) Civil process _____3) Court Security staff _____4) Part-time auxiliary/reserve officers armed or with arrest authority _____5) Mounted police patrols (Horses) _____ <p>Total # Class B Employees: _____</p>
<p>Class C employees (Provide number to be insured.)</p> <ol style="list-style-type: none">1) School crossing guards (employed by law enforcement agency) _____2) Animal control officers (employed by law enforcement agency) _____3) Medical Personnel: Jail Nurses <u>EMPLOYED</u> <u>CONTRACTED</u> <u>PROF LIAB LIMITS ON CERT?</u> _____ _____ _____ Doctors/Phys. Asst. _____ _____ _____ _____ _____ _____ Coroners _____ _____ _____ _____ _____ _____ Dentists or other _____ _____ _____ _____ _____ _____4) Unarmed part-time/auxiliary/reserve officers without arrest authority _____5) Communication/dispatcher _____ <p>Total # Class C Employees employee/contracted: _____</p>
<p>Class D employees (Provide number to be insured.)</p> <ol style="list-style-type: none">1) Clerical personnel employed by law enforcement agency _____2) Jail cooks _____3) All personnel not covered above _____ Please explain: _____ _____ <p>Total # Class D Employees: _____</p> <p>TOTAL # of All Staff – Class A+B+C+D: _____</p>

1. Does the Applicant contract its law enforcement services to any other public or private entity? Yes No
If "Yes", please attach a copy of the servicing contract(s).
 (a) If "Yes", indicate name and location of such other entity/ies: _____

 (b) If "Yes", are any additional personnel retained by the Applicant for such purposes listed under Section VI.? Yes No
 (c) If "No", to (b), please explain: _____
2. Is the Applicant a party to any mutual aid, reciprocal, or regional task force agreements? Yes No
If "Yes", please attach a copy of such agreement(s).
3. Does the Applicant require it be named as an "Additional Insured" when providing law enforcement services to any other public or private entity pursuant to contract or for approved special events (i.e., concerts, parades, races)? Yes No
4. Does the Applicant authorize moonlighting by its law enforcement officers? Yes No
 (a) If "Yes", indicated name and title of individual who authorizes: _____
 (b) What percentage of the law enforcement staff moonlights, on average? _____ %
 (c) Is moonlighting authorized in gentlemen's clubs, concert venues, bars, taverns, or other establishments serving alcohol? Yes No

II. POLICIES AND PROCEDURES

1. Does the Applicant have a law enforcement policies and procedures manual? Yes No
If "Yes":
 (a) What is the original publication date? _____
 (b) What is the date of last revision or update? _____
 (c) Is the manual distributed to all personnel? Yes No
 (d) Is the manual reviewed with personnel periodically as part of their formal training? Yes No

2. Does the Applicant have written policies and procedures relating to:
- | | | |
|---|--|----------------------------|
| (a) AIDS | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of Last Update: _____ |
| (b) Domestic Violence | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of Last Update: _____ |
| (c) Handling of Intoxicated Individuals | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of Last Update: _____ |
| (d) Use of Deadly Force | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of Last Update: _____ |
| (e) Use of Non-Deadly Force | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of Last Update: _____ |
| (f) Vehicle Hot Pursuit | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of Last Update: _____ |

Please attach a copy of all such policies and procedures.

3. Does the Applicant monitor compliance with its policies and procedures on a regular basis? Yes No
If "Yes", describe how compliance is monitored. _____

If "No", please explain. _____

4. Does the Applicant require "Use of Force" reports to be filed by its officers? Yes No
 (a) If "Yes", are they followed up on by Applicant? Yes No
 (b) How many such "Use of Force" reports were filed in the past 24 month? _____

5. Please provide the number of officers equipped with recording devices: (If no officers are equipped with recording devices, please enter "none".

	Audio Only	Video Only	Both Audio & Video
Body Cameras			
Dashboard Camera			

EDUCATION AND TRAINING REQUIREMENTS OF OFFICERS

1. What is the minimum education requirement for hiring an officer?
 - (a) High School Diploma/GED
 - (b) Some College
 - (c) College Graduate
 - (d) Other (explain): _____

2. Is psychological testing required before hiring any officer? Yes No
 - (a) If "Yes", are results reviewed by a person trained in this field? Yes No
 - (b) Is officer interviewed by a psychologist or psychiatrist? Yes No

3. What background investigations are completed prior to hiring any officer? _____

4. If the Applicant has a lockdown facility, what training of correctional officer is required before assignment?
 - (a) Full-time jailers: Formal Academy? Yes No N/A # of Hours: _____
Other (explain): _____
 - (b) Part-time jailers: Formal Academy? Yes No N/A # of Hours: _____
Other (explain): _____

5. What law enforcement training is required of armed street officers?
Formal Academy? Yes No N/A # of Hours: _____
Other (explain): _____

6. Does the Applicant have a minimum in-service training update: Yes No
 - (a) If "Yes", how often? Monthly Annually Bi-Annually
Other: _____ # of hours: _____

7. Is formal training required before an officer is armed and assigned street duty? Yes No
 - (a) If "No", verify that officer is either: Not Armed Is Armed, but is accompanied by a trained officer

8. Are officers trained an qualified before using:
 - (a) A Baton? Yes No Not Used
 - (b) Mace/Chemicals? Yes No Not Used
 - (c) Control Holds? Yes No Not Used
 - (d) Stun guns? Yes No Not Used
 - (e) Canine handling? Yes No Not Used

9. How often must an officer re-qualify with:
 - (a) Service Revolver? _____
 - (b) Personal Weapon? _____
 - (c) Other Weapon? (Please specify) _____

10. Does firearm training include firing range exercises at night of simulated night conditions? Yes No

11. What training do part-time or auxiliary officers armed with arrest authority received? _____

 - (a) Is training given before assignment? Yes No
 - (b) If "No", verify that officer is either: Not Armed Is Armed, but is accompanied by a trained officer

(c) What type of assignments do auxiliary officers typically perform? _____

12. Are officers trained in emergency vehicle handling (i.e., "hot pursuit")? Yes No
13. Has the Applicant received accreditation from the Commission on Accreditation for Law Enforcement Agencies, Inc.? Yes No

DISPATCHING

1. Does the Applicant handle its own police dispatch? Yes No
(a) If "No", who handles for the Applicant? _____
2. Does the Applicant dispatch for other public entities or police units? Yes No
(a) If "Yes", how many other entities or units? _____
(b) What is the total population served? _____
3. Are incoming calls to dispatch recorded? Yes No
(a) If "Yes", how long are recordings retained by the Applicant? _____
4. Are the following services provided by the Applicant?
(a) Emergency Medical Dispatch Yes No
(b) Fire Dispatch Yes No
(c) Police Dispatch Yes No
5. What training do the dispatchers receive (please describe for each category of services provided)? _____

JAIL OR LOCK-UP FACILITIES

IF NO LOCK-UP FACILITY, PLEASE CHECK BOX AND GO TO NEXT SECTION. NO LOCK-UP FACILITY

1. Does the Applicant operate any of the following? If so, please indicate location:
(a) Jail: _____ Yes No
(b) Holding Cell: _____ Yes No
(c) Detention Cell: _____ Yes No

For each Facility indicate the following, if applicable. Use a separate sheet if necessary.

2. What is the state certified capacity of facility? _____
3. What is the average number of daily inmates? _____
4. What is the average length of stay? _____
5. Are there full-time jailers on duty twenty-four hours per day? Yes No
6. In the last five years, have there been any suicides or suicide attempts by inmates? Yes No
If "Yes", explain incident, and provide details of preventative measures taken: _____

7. Are walk-throughs of the facility done every thirty minutes? Yes No

8. Does Applicant have smoke detectors in the facility? Yes No
9. Does the Applicant have a procedures manual for the facility? Yes No
- (a) Date of original procedures manual for facility: _____
- (b) Date of last revision/update of manual: _____

10. Describe your suicide watch/surveillance procedures. _____

11. Are there audio/video systems in:
- (a) Booking Area Audio Video
- (b) Cell Area Audio Video
- (c) Sally port/Intake area Audio Video

12. Are jail premises regularly inspected by:
- (a) Department of Corrections Recommendations Completed? Yes No Date of most recent inspection? _____
- (b) County or State Fire Inspectors Recommendations Completed? Yes No Date of most recent inspection? _____
- (c) Department of Health Recommendations Completed? Yes No Date of most recent inspection? _____

*****ATTACH COPY OF INSPECTION REPORTS*****

INSURANCE AND LOSS HISTORY

1. Provide your entity's recent insurance history below.

Policy Period	Insurance Company	Limits Per Claim/Aggregate	Deductible	Annual Premium	Occurrence or Claims-Made

2. If you are currently insured for errors & omissions coverage on a claims-made policy, what is your policy's retroactive/prior acts date? (month/day/year) ____/____/____ If there is no retroactive date, check here.

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

3. Are you being canceled or non-renewed by your current professional liability carrier? Yes No

If yes, please explain why: _____

4. Requested limits: \$100k/\$300k \$250k/250k \$500k/\$500k \$1M/\$1M \$2M/\$2M

(other) _____

Requested deductible: \$25,000 \$50,000 \$75,000 Other \$ _____

5. After inquiry with each person as appropriate including the applicant's designated claim representative, in the last five (5) years, have any law enforcement/police professional or personal injury claims been made against the entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, personnel or any predecessors in business, whether the claim was insured or uninsured? Yes No

If “yes”, please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

6. After inquiry with each person as appropriate including the applicant’s designated claim representative, are you, or any of your partners, officers, directors, employees or personnel aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a law enforcement/police professional or personal injury claim? Yes No

If “yes”, please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

7. After inquiry with each person as appropriate including the applicant’s designated claim representative, have you, or any of your partners, officers, directors, employees or personnel been the subject of any complaint or subject to any disciplinary action by any state licensing agency or other regulatory body during the past five (5) years? Yes No

If “yes”, please provide an explanation of the circumstances and penalty involved. If available, please provide a copy of the complaint, your response, and a copy of the regulatory body’s decision.

Please provide currently valued Company Loss Runs for the past five (5) years summarizing your claim history.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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 an 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 \$5,000 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/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a 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 a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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 VIRGINIA 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____



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LAW ENFORCEMENT PROFESSIONAL LIABILITY SUPPLEMENTAL CLAIM APPLICATION

- *This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.*
- *If space is insufficient to answer any questions fully, attach a separate sheet.*
- *In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved*

APPLICANT'S INFORMATION

1. Full Name of Applicant: _____
2. Full Name of Individual(s) or entity involved in the claim: _____
3. Additional defendants _____
4. Full Name of Claimant(s): _____
5. Indicate whether: CLAIM SUIT Incident/Circumstance Only (no claim or suit)
6. Date and location of alleged act, error or omission: _____
7. Date of claim: _____ Date reported to Insurance Company: _____
8. What is the status of the claim? Closed/Settled Open/Pending Incident/Circumstance

9. IF CLOSED:

Total paid including deductible(s)? Responses such as "unknown" or "unavailable" are insufficient.

	Defense costs	Loss/compensatory damages
Paid by you-out of pocket	\$ _____	\$ _____
Insurance Company	\$ _____	\$ _____

Date Resolved: ____/____/____ Trial Out of Court

10. IF PENDING:

- (a) Claimant's settlement demand? \$ _____ Defendant's settlement offer (if any): \$ _____
- (b) Insurer's reserve amounts? Loss \$ _____ Defense \$ _____
- (c) Amounts already spent defending the claim? By you? \$ _____ By the insurer? \$ _____
- (d) What is your best estimate of the likely settlement amount for this matter? \$ _____
- (e) What is your best estimate of the date when you expect this claim to be resolved? _____

Note: Answering "unknown" or "unavailable" to the above questions is an insufficient response.

11. Name(s) of Insurer(s) responding to this claim or incident _____
 Policy Number: _____
 Limits of Liability: _____ Deductible: _____

12. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response (do not attach suit papers): _____

13. Explain what action(s) have been taken to prevent reoccurrence of a similar claim including on what date such measures were fully implemented: _____

14. Is the officer(s) or other employee(s) involved with the matter still employed by the Applicant? Yes No
- If No, on what date did employment end? _____

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

 Signature of Applicant/Title/Date (Must be signed by a Principal, Partner or Officer of the Firm)

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The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____