

AIG American International Companies

Administrative Offices: 100 Summer Street
Boston, Massachusetts 02110

APPLICATION FOR ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE)

APPLICANT INSTRUCTIONS:

- Please type or print in ink.
- Answer all questions: leave no blank spaces.
- If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

SECTION I: INSTANT INDICATION

A. APPLICANT INFORMATION

- Name of Applicant: _____
(If partnership or corporation, show firm)
- DBA: _____
- Address: _____
STREET CITY STATE ZIP CODE
- Contact Name: _____ Phone: _____ Fax: _____
Email: _____
- Business Type (Partnership, Corp, etc.): _____ FEIN # _____
- Proposed Effective Date _____ Expiration Date _____

B. SHORT FORM ELIGIBILITY – If either Q#1 or #2 is YES, Q#5 Total Incurred is less than \$25,000, Q#6 is NO and all others are YES, you qualify for the Short Form application. Please proceed through Subsection F, recognizing that an entry in a double asterisked ** field will generate a referral to an underwriter. If Q#5 is \$25,000 or more, please complete Subsection K. All others, please complete the entire application.

- Is a principal in the applicant's firm a licensed architect, engineer or land surveyor? Yes ___ No ___
If yes, please provides State abbreviation(s): _____

2. Is a principal in the applicant's firm an interior designer or landscape architect? Yes ___ No ___
Please provide a brief Description of Operation: _____ (i.e. Architecture,
Civil Engineering, Interior Design, Structural Engineering, etc.)
Website _____

3. Is the applicant's firm in private practice? Yes ___ No ___

4. Did the applicant's firm have billings less than \$1,000,000 in their last fiscal year? Yes ___ No ___
Total Gross Billings: \$ _____

5. Please indicate applicant's claim information for the past 10 years:
Total # of Claims: _____ Total Incurred: \$ _____

6. After inquiry, is the applicant, any predecessors in business or any other person for whom coverage is requested aware of any act, error or omission or circumstance which may result in a claim being made against them but which has not yet been reported to a professional liability carrier? Yes ___ No ___

If yes, please provide a statement giving full details

7. Does the applicant's firm have less than 25 staff members (full & part time)? Yes ___ No ___

8. Please indicate with a checkmark any, or all, risk management tools your firm uses:

Written contracts are used 100% of the time _____

AIA or EJCDC forms are used at least 70% of the time _____

Limitation of Liability clauses are included at least 70% of the time _____

Membership in professional organizations _____

Written in-house quality control procedures _____

Continuing Education program for professional employees _____

Certificate of Insurance from all subconsultants _____

Peer Review Program _____

9. Please answer Yes, if no member of the applicant's firm (staff or principal) has ever had their Professional Liability policy cancelled or not renewed by an insurance company (except for non payment of premium) Yes ___ No ___

10. Did less than 20% of the applicant's (plus any subsidiaries, parent or other related entities) total billings from the past fiscal year result from actual construction or erection? Yes ___ No ___

11. What year was the applicant's firm established? _____

C. PROFESSIONAL DISCIPLINES / PROJECTS / SERVICES

List all professional activities and services provided and their respective approximate percentage of previous year's gross revenue entered on the Operations page (**TOTAL MUST EQUAL 100%**):

Please describe in detail the professional activities for which coverage is desired, begin with the primary professional activity.

DISCIPLINES (TOTAL MUST EQUAL 100%):

Discipline:	Percent:	Discipline:	Percent:
Acoustical Engineering	_____ %	Interior Design	_____ %
Architecture	_____ %	Laboratory Testing**	_____ %
Asbestos Inspection, Testing or Abatement Design**	_____ %	Land Surveying	_____ %
Chemical Engineering**	_____ %	Landscape Architecture	_____ %
Chemical Engineering (Coal, Gas, Oil)**	_____ %	Machine Equipment Design**	_____ %
Civil Engineering	_____ %	Mechanical Engineering and Plumbing	_____ %
Communication Engineering	_____ %		
Construction/Project Management At Risk**	_____ %	Mining Engineering**	_____ %
Construction/Project Management/Agency**	_____ %	Naval/Marine Engineering**	_____ %
Drafting / Drawing / CAD	_____ %	Planning – Space/Land/Master	_____ %
Electrical Engineering	_____ %	Process Engineering Gas/Oil**	_____ %
Environmental Engineering**	_____ %	Process Engineering**	_____ %
Environmental Remediation Design/Specifications**	_____ %	Soil/Geotech Engineering**	_____ %
Environmental Risk Assessment and Permitting**	_____ %	Structural Engineering	_____ %
Feasibility Studies Applicant not involved in Design	_____ %	Other**	_____ %
Fire Protection Engineering	_____ %	Description (Other) _____	
Forensic Activities / Expert Testimony	_____ %	_____	
HVAC Engineering	_____ %	_____	

PROJECTS (TOTAL MUST EQUAL 100%):

Project Type:	Percent:	Project Type:	Percent:
Airports	_____ %	Nuclear Facilities**	_____ %
Amusement Rides**	_____ %	Office Buildings	_____ %
Apartments	_____ %	Parking Structures	_____ %
Auditoriums / Theaters	_____ %	Parks / Playgrounds	_____ %
Bridges	_____ %	Petrochemical/Refineries**	_____ %
Churches	_____ %	Pools**	_____ %
Commercial Buildings excluding Condos or Apartments	_____ %	Power Plants / Utilities	_____ %
Condominiums**	_____ %	Recreation	_____ %
Convention Centers	_____ %	Restaurants / Food Services	_____ %
Custom Residential	_____ %	Roads/Highways	_____ %
Dams**	_____ %	Schools/Colleges	_____ %
Environmental Impact Statements	_____ %	Sewer Systems	_____ %
Foundation or Shoring Projects**	_____ %	Sewage Treatment Plants	_____ %
Forensic / Expert	_____ %	Shopping Centers/Retail	_____ %
Golf Courses	_____ %	Site Development	_____ %
Harbors/Piers/Ports/Marinas**	_____ %	Sports Stadiums	_____ %
Hospitals/Healthcare	_____ %	Superfund/Pollution**	_____ %
Hotels/Motels	_____ %	Surveying	_____ %
Industrial Waste Treatment**	_____ %	Tract Homes/Subdivisions	_____ %
Jails/Justice	_____ %	Traffic Planning	_____ %
Landfills**	_____ %	Tunnels**	_____ %
Libraries	_____ %	Warehouses	_____ %
Machinery & Equipment**	_____ %	Water systems	_____ %
Manufacturing/Industrial Buildings	_____ %	Other (Please Describe)**	_____ %
Mass Transit	_____ %	_____	_____
Material Handling Systems**	_____ %	_____	_____

PROJECTS (continued)

Mines** _____%

Municipal/Community/Public Buildings _____%

SERVICES (TOTAL MUST EQUAL 100%):

Service: Percent:

Construction Observation Without Design: _____%

Construction/Project Management: _____%

Design And Observation: _____%

Design Without Observation: _____%

Development, Sale or Leasing of Computer Software to Others:** _____%

Feasibility Studies, Applicant Not Involved in Design: _____%

Forensic Activities / Expert Testimony: _____%

Inspection of Home/Commercial Property for Prospective Buyers or Lenders:** _____%

Inspection Services on Existing Structures:** _____%

Manufacture, Sale or Distribution of Any Product or Process:** _____%

Surveying, Planning, Platting , Mapping, Flood Plain Studies,
Construction Studies, Boundary Surveys, etc.: _____%

Other:** _____%

If Other, please describe: _____

D. POLICY LIMITS

Requested Limit: \$ _____ / \$ _____ Requested Deductible: \$ _____

- 1. Does the applicant currently have Professional Liability coverage? Yes ___ No ___
 - a. If **Yes**, does the applicant have Full Prior Acts coverage? Yes ___ No ___
 - b. If the answer to question D.1.a is **No**, what is the Prior Acts Date on the applicant's current policy?

E. OPERATIONS

- 1. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction or erection?
Yes ___ No ___

2. Does the Applicant or any subsidiary, parent or otherwise related entity engage in any manufacturing, fabrication or real estate development? Yes ___ No ___ If Yes, please give details: _____

3. a. If the answer to question E.1 is No, please complete the following:

Domestic Operations Total Gross Billings Most Recently Completed Fiscal Year:

Joint Venture Projects Applicant's Portion Only:	\$ _____
Projects Insured Under Separate Project Policies:	\$ _____
Projects Which Have Been Permanently Abandoned:	\$ _____
Feasibility Studies, Master Plans, Reports:	\$ _____
Direct Reimbursables:	\$ _____
All Other Billings:	\$ _____

--OR--

Total Gross Billings: \$ _____

For Joint Venture Projects, Projects Insured Under Separate Project Policies and Projects which have been Currently Abandoned please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside the United States, its territories or Canada, please attach a description of such projects including gross billings as described above.

b. If the answer to question E.1 is Yes, please complete the following:

Design/Build – Construct Values Most Recently Completed Fiscal Year:

All Operations:	\$ _____
Design/Construct:	\$ _____
Design Only – No Construction:	\$ _____
Construction Only – No Design:	\$ _____

F. Taxes and Fees – Please complete the following if you seek a “non-admitted” quote:

Surplus Lines Taxes and Fees

1. Name of Surplus Lines Filer: _____

2. S/L License # _____

3. Address: _____
STREET CITY STATE ZIP CODE

SECTION II: COMPLETE APPLICATION

G. APPLICANT'S PRACTICE

1. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes ___ No ___
If Yes, please provide full details, including dates. If attachment is necessary please provide:

2. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? Yes ___ No ___ If Yes, please provide full details. If attachment is necessary, please provide:

3. Description of Operation: _____

4. Does the Applicant have a membership in a Professional Organization? Yes ___ No ___ If Yes, please list Professional Associations: _____

5. Number of Total Staff:

Principals, Partners, Officers and Directors: _____

Architects, Engineers, Surveyors, Site Representatives,
Landscape Architects, Draftsmen and other Technical Personnel: _____

Clerical and Accounting Employees: _____

6. States in Which Professional License is held: _____

7. Is Foreign Work greater than 25%? Yes ___ No ___ If Yes, please give full details:

8. Have any of the Principals, Officers or Partners listed ever been subject to disciplinary action by authorities as a result of their professional activities? Yes ___ No ___ If Yes, please give full details: _____

9. Type of Contract Used (Enter percentage amounts):

AIA or EJDC: _____ %

Client Drafted Agreement _____ %

Firms Standard Form (attach copy) _____ %

Letter Agreement (firm or client drafted): _____ %

H. APPLICANT'S PRACTICE 2

1. TYPES OF CLIENTS:

Commercial:	____%	Federal Government:	____%	Real Estate Developers:	____%
Contractors:	____%	State Government:	____%	Individual Owners:	____%
Other Design Professionals:	____%	Local Government:	____%	Others:	____%
Institutional:	____%	Industrial:	____%	If Others, please describe:	_____

2. Does the Applicant provide professional services on projects in which any Principal, Officer, Director or Shareholder or an immediate family member of such person retains an ownership interest of greater than 25%? Yes___ No ___ If Yes, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.
3. Does the Applicant act in the capacity of an employee or official of any governmental body? Yes___ No___

I. RISK MANAGEMENT

1. Does any one contract or client represent more than 50% of annual work? Yes ___ No ___ If Yes, please provide full details: _____
2. In-house continuing education for professionals? Yes___ No ___
3. Peer review Program? Yes ___ No ___
4. Are all contracts/ agreements / purchase orders reviewed by applicant's legal counsel before they are executed? Yes___ No ___ If Yes, please explain: _____

J. RISK INFORMATION

1. Gross Billings and Construction Values

	Most Recently Completed Fiscal Year:	Previous Completed Fiscal Year:
Joint Venture Projects Applicant's Portion Only:	\$ _____	\$ _____
Projects Insured Under Separate Project Policies:	\$ _____	\$ _____
Projects Which Have Been Permanently Abandoned:	\$ _____	\$ _____
Feasibility Studies, Master Plans, Reports:	\$ _____	\$ _____
Direct Reimbursables:	\$ _____	\$ _____
All Other Billings:	\$ _____	\$ _____

--OR--

Total Gross Billings: \$ _____ \$ _____

2. Design/Build – Construct Values:

	Most Recently Completed Fiscal Year:	Previous Completed Fiscal Year:
All Operations:	\$ _____	\$ _____
Design/Construct:	\$ _____	\$ _____
Design Only – No Construction:	\$ _____	\$ _____
Construction Only – No Design	\$ _____	\$ _____

3. Please provide an attachment for the three (3) largest projects within the last five years. Attachment should include the following details: (1) name of project; (2) type of structure; (3) services performed; (4) construction values.

K. CLAIM HISTORY

1. Claims History:

Please provide the total number of claims and the total aggregate amount incurred (indemnity and expense) for all claims over the last ten (10) years or the total number of years in operation if this is less than 10 years.

Total Claims: _____ Total Aggregate: _____

2. Please provide the information below for all losses over \$10,000 (indemnity and expense):

Date of Loss: _____

Date Reported: _____

Full Name of Claimant: _____

Description: _____

Current Status: _____

Incurred Amount Including Reserve: \$ _____

Defendant's offer to Settle (if Open): \$ _____

3. After inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them but which has not yet been reported to a professional liability carrier? Yes ___ No ___ If Yes, attach a statement giving full details.

4. Has the Applicant, any Predecessor in business or any other person from whom coverage is requested ever reported a potential claim circumstance to a professional liability carrier? Yes ___ No ___ If Yes, attach a statement giving full details.

L. INSURANCE HISTORY

1. Please detail present Architects and Engineers Professional Liability Insurance Coverage:

Insurance Company: _____

Policy Number: _____

Limits: _____

Deductible: _____

2. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to present coverage:

Insurance Company	Policy Number	Limits	Deductible	Policy Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Has the Applicant ever purchased an extended reporting endorsement? Yes ___ No ___
 If Yes, please provide date purchased and term of endorsement: _____

4. Answer Yes, if no member of the applicant's firm (staff or Principal) has ever had their Professional Liability policy cancelled or not renewed by an insurance company (except for non payment of premium) Yes ___ No ___

If No, please provide details: _____

5. Date UNINTERRUPTED insurance began: (mm-dd-yyyy): _____

6. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy?
 Yes ___ No ___ If Yes, please provide details below:

Insurance Company	Type of Coverage	Limits BI / PD	Effective From / To
_____	_____	_____	_____

Please attach:

- a. Copy of the firm's brochure/resumes
- b. Copy of the firm's latest financial statement, annual report or 10-K

IMPORTANT NOTICE

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

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 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 MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES 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 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 OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

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 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."

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

The Applicant hereby acknowledges that he/she/it is aware that the limits of insurance contained in this policy shall be reduced, and may be completely exhausted, by the costs of defense expenses which include but are not limited to attorneys fees and, in such event, the insurer shall not be liable for the costs of defense expenses or for the amount of any judgement or settlement to the extent that such exceeds the limits of insurance of this policy.

This Applicant hereby further acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

Producer Name: _____

License #: _____