



**A Division of NIF Group, Inc.**  
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**Directors' and Officers' Corporate Liability Insurance**

**CLAIMS MADE WARNING FOR APPLICATION**

**THIS PROPOSAL FORM IS FOR A CLAIMS MADE POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE.**

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire **Company**. **Company** as used herein is defined to include the **Parent Organization** and any **Subsidiaries**.

Name of **Parent Organization**

Street Address

The Officer designated as agent of the **Company** and of all insured **Directors and Officers** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Name	Title	E-mail Address
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**STOCK OWNERSHIP INFORMATION (Provide details to all "Yes" answers by attachment)**

1. Is the **Company** publicly held or a public reporting company under the Securities Exchange Act of 1934?  Yes  No  
 If "Yes," provide the following information regarding the **Company's** outstanding common stock.
  - a. What exchanges? (AMEX, NASDAQ, NYSE, OTCBB, OTHER)  
 Ticker Symbol:
  - b. Stock traded since (date of initial public offering):
  - c. Total number of shares of common stock outstanding:
  - d. Number of shares of common stock owned directly or beneficially by the **Directors and Officers**
2. Does any shareholder, who does not have representation on the **Company's** board of directors, own, or have the right to own, directly and/or beneficially 25 percent or more of the **Company's** outstanding common stock?  Yes  No
3. Within the last 12 months, has the **Company** received or is the **Company** aware of any actual or contemplated SEC Rule 13d filing under the Securities Exchange Act of 1934?  Yes  No
4. Within the next 12 months, does the **Company** anticipate filing any Registration Statement with any Governmental Authority for an offering of securities?  Yes  No

**CORPORATE STRUCTURE INFORMATION (Provide details to all "Yes" answers by attachment)**

5. Form of organization:  Corporation  Sole Proprietorship  Joint Venture  
 Partnership  Limited Liability Corp.  Other
6. The **Company** has been in continuous operation since:

7. What is the **Company's** Federal Employer Identification Number ("FEIN") or Taxpayer Identification Number:

8. a. What is the **Company's** Primary U.S. Standard Industrial Classification ("SIC") Code:

b. Describe the **Company's** nature of operations:

9. a. Within the last 12 months, has the **Company** been involved in any merger, consolidation, acquisition, tender offer, or divestment?  Yes  No

b. Within the next 12 months, is the **Company** considering any merger, consolidation, acquisition, tender offer, or divestment?  Yes  No

10. Which of the following professional services does the **Company** offer for others for a fee? If "None" so state.  None

Consulting  Investment Advisor  Real Estate Agent/Broker

Data Processing  Insurance Agent/Broker  Securities Broker/Dealer

Other:

11. Is the **Company** engaged in any of the following activities? If "None," so state.  None

Captive Insurance Company Operations  Insurance Company Operations

Franchising  Activities that fall under the Investment Company Act of 1940

General Partnership Operations

12. What percentage of the **Company's** revenue are generate or expected to be generated directly from the Internet over the next 18 months? %

13. How many patents does the **Company** own or hold?

14. a. Within the last 3 years, has the **Company** been involved in any bankruptcy proceeding?  Yes  No

b. Within the next 12 months, is the **Company** contemplating filing a petition for protection under the bankruptcy code?  Yes  No

15. Within the last 3 years, has there been any change (resignations, departures, retirements, etc.) in the position of the Chairman of the Board, President, Chief Executive Officer or Chief Financial Officer?  Yes  No

16. Current number of employees: Full Time Part Time

### **LOSS CONTROL INFORMATION**

17. Indicate the formal written policies or procedures the Board of Directors has implemented that address the following areas. If "None," so state.  None

Audit Committee  Insider Trading  Related Party Transactions

Conflict of Interest  Investor Communications  Revenue Recognition

Employment Practices  Merger/Tender Officer

### **LITIGATION AND CLAIM INFORMATION (Please provide details to all "Yes" answers by attachment)**

**Directors and Officers and Company** Litigation and Claim Information:

18. During the last 5 years, have the **Company** and the **Directors and Officers** been named together as parties in any civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any demands involving alleged violations of:

a. federal or state copyright or patent laws or regulations?  Yes  No

b. federal or state security laws or regulations?  Yes  No

c. federal or state anti-trust or fair trade laws or regulations?  Yes  No

19. During the last 5 years, has the **Company** and the **Directors and Officers** been named together as parties in any other civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any other written demands for money or services?  Yes  No

**COMPANY ONLY LITIGATION AND CLAIM INFORMATION:**

20. During the last 5 years, has the **Company** only, excluding those actions naming the **Company** and the **Directors and Officers** described in Question 18. above, been named as a party in any civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any demands involving alleged violations of:

- a. federal or state copyright or patent laws or regulations?  Yes  No
- b. federal or state security laws or regulations?  Yes  No
- c. federal or state anti-trust or fair trade laws or regulations?  Yes  No

21. During the last 5 years, has the **Company** only, excluding those actions naming the **Company** and the **Directors and Officers** described in Question 19. above, been named as a party in any other civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any other written demands for money or services?  
 Yes  No

22. If “Yes” to any part of Question 20. or 21., has notice been given under any Directors’ and Officers’ Liability Policy with respect to all such actions?  Yes  No  N/A

**DIRECTORS AND OFFICERS ONLY LITIGATION AND CLAIM INFORMATION**

23. During the last 5 years, have any of the **Directors and Officers** only, excluding those actions naming the **Company** and the **Directors and Officers** described in Question 18. above, been named as a party in any civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any demands involving alleged violations of:

- a. federal or state copyright or patent laws or regulations?  Yes  No
- b. federal or state security laws or regulations?  Yes  No
- c. federal or state anti-trust or fair trade laws or regulations?  Yes  No

24. During the last 5 years, have any of the **Directors and Officers** only, excluding those actions naming the **Company** and the **Directors and Officers** described in Question 19. above, been named as a party in any other civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any other written demands for money or services?  Yes  No

**OTHER LITIGATION AND CLAIM INFORMATION:**

25. During the last 5 years, have any of the **Directors and Officers**, as a director or officer or any other entity, been named as a party in any civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any demands involving alleged violations of federal or state laws or regulations?  Yes  No

26. Are the undersigned or any of the **Directors and Officers** proposed for this insurance aware of any fact, circumstance or situation involving the **Company** or the **Directors and Officers** that he or she has reason to believe might result in a future claim?  Yes  no

**IF “YES” TO ANY PART OF QUESTIONS 18. THROUGH 26., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:**

- a. Allegation
- b. Date **Claim** first made
- c. Paid damages/expenses including attorney’s fees
- d. Outstanding damages/expenses including attorneys’ fees
- e. Total costs incurred

**IT IS UNDERSTOOD AND AGREED THAT THE INSURED SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 18. THROUGH 26.**

**PREVIOUS INSURANCE INFORMATION (Provide details to all "Yes" answers)**

27. Provide the following information regarding the **Company's** Directors' and Officers' Liability Insurance for the current policy year. If "None," so state.  None

Insurance Carrier	Expiration Date	Limit of Liability	Retentions	Premium
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28. Has the Extended Reporting Period (or Discovery Period) been exercised for the **Company's** most recent Directors' and Officers' Liability Policy?  Yes  No

**DOCUMENTS REQUIRED**

29. Provide all details to "Yes" answers by attachment

30. All filings with the SEC within the last 18 months

**PLEASE READ CAREFULLY**

The undersigned Chairman of the Board of Directors, President, or Chief Executive Officer declares that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every **Director and Officer** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agrees that the particulars and statements contained in the Proposal Form and any material submitted herewith, and any public documents filed by the **Insured** on the SEC's Electronic Data Gathering, Analysis and Retrieval System ("EDGAR"), are their representations and that they are material and are the basis of the insurance contract. The Undersigned further agrees that the Proposal Form shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form, any material obtained from EDGAR, shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

~ If any significant change in the condition of the applicant is discovered between the date of the Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;

~ this Proposal Form has been completed as respects the entire **Company**; and

~ the signing of this Proposal Form does not bind coverage the undersigned to purchase the insurance

\_\_\_\_\_  
Chairman of the Board of Directors, President, or Chief Executive Officer

Dated

**A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.**

**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 POLICY HOLDER 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 AGENCIES.

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

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

**NOTICE TO NEW MEXICO, 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 APPLICANTS OF KENTUCKY:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OF DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A CRIME AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO APPLICANTS OF FLORIDA, MINNESOTA, NEW JERSEY, OHIO AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS AND 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.

**Directors' and Officers' Corporate Liability Insurance**  
**Proposal Form for Employment Practices Liability Insurance**  
**CLAIMS MADE WARNING FOR APPLICATION**

**THIS PROPOSAL FORM IS FOR A CLAIMS MADE POLICY, RELATING TO CLAIMS MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.** Whenever printed in this Proposal Form, the boldface type terms shall have the same meaning as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Company. **Company** as used herein is defined to include the **Parent Organization** and any **Subsidiaries**.

Name of **Parent Organization** FEIN or Taxpayer ID Number

Street Address

**CURRENT EMPLOYEE INFORMATION**

1. a. Number of Employees: Full Time Part Time Seasonal/Temporary Volunteers  
 Current Year:  
 Last Year:
- b. What is the **Company's** annual employee turnover rate for the last 12 months? %
2. What percentage of the **Company's employees** currently earns more than \$50,000? %
3. Does the **Company** currently employ a full time Human Resource professional?  Yes  No
4. Does the **Company** (provide details to "No" answers by attachment):
- a. Utilize employment applications for all prospective **Employees**?  Yes  No
  - b. Require the Human Resource Department to review and approve each proposed **Employee** termination?  
 Yes  No
  - c. Have outside employment counsel review each proposed **Employee** termination?  Yes  No
  - d. Conduct mandatory periodic **Employee** education regarding prohibited forms of harassment?  Yes  No
  - e. Periodically have its employment policies and procedures reviewed by outside employment counsel?  
 Yes  No
  - f. Periodically have its employment policies and procedures distributed to all **Employees**?  Yes  No
5. In the last 12 months, has the **Company** implemented any collective bargaining agreements with any group of **Employees**?  Yes  No. (Provide details to "Yes" answers by attachment.)
6. Indicate which formal written policies and procedures have been implemented and attach a copy of each.  
 If "None," so state.  None
- Employee Handbook/Manual  Anti-Harassment Policy, Including Sexual Harassment  
 Anti-Discrimination Policy- EEO Policy  Adherence to Employment "at-will" relationship with all employees  
 Employers with more than 50 Employees  Family Medical Leave Act  
 California Employers Only  California Family Rights Act

**LITIGATION AND CLAIM INFORMATION (Provide details to all "Yes" answers by attachment)**

7. During the last 5 years, has any current or former **Employee** or third party made any **Claim**, or otherwise alleged discrimination, harassment, wrongful discharge and/or **Wrongful Employment Acts** against the **Company** or its **Directors and Officers** or **Employees**?  Yes  No

A **Claim** is not limited to the filing of a lawsuit or complaint with the EEOC or similar state or local agency. A **Claim** may also include a written demand or threat by any current or former **Employee** seeking relief in connection with an employment-related dispute or grievance. Please provide for all incidents even if the matter has since been settled or otherwise resolved.

8. During the last 5 years, has the **Company** or any of its **Directors and Officers** or **Employees** thereof known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or any of the following forums:

- a. National Labor Relations Board?  Yes  No
- b. Equal Employment Opportunity Commission?  Yes  No
- c. Office of Federal Contract Compliance Programs?  Yes  No
- d. U.S. Department of Labor?  Yes  No
- e. Any state or local government agency such as Labor Department or fair employment agency?  Yes  No
- f. U.S. District or state court?  Yes  No

9. Is the **Company** or its management aware of any fact, circumstance or situation involving any **Insureds** that he or she has reason to believe might result in a **Claim**, including, but not limited to, situations involving:

- a. Threats by any current or former employee or third party to take legal or other action against the **Company** or any of its employees, or a demand or request by any current or former employee for monetary or non-monetary relief, arising out of any alleged discrimination, harassment, wrongful termination, constructive discharge, or other **Wrongful Employment Acts**?  Yes  No
- b. Knowledge that any current or former employee is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Employment Acts**?  Yes  No
- c. Complaints or accusations by other employees or third parties that a current or former employee is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Employment Acts**?  Yes  No
- d. Warnings, reprimands, or other disciplinary measures taken against any current or former employee for acts of discrimination, harassment, or other **Wrongful Employment Acts**?  Yes  No

**IF "YES" TO ANY PART OF QUESTION 7., 8. OR 9., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:**

- a. Allegation
- b. Date **Claim** first made
- c. Paid damages/expenses including attorney's fees
- d. Outstanding damages/expenses including attorneys' fees
- e. Total costs incurred

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**PREVIOUS INSURANCE INFORMATION (Provide details to all “Yes” answers)**

10. Provide the following information regarding the **Company’s** Directors’ and Officers’ Liability Insurance for the current policy year. If “None,” so state.  None

Insurance Carrier	Expiration Date	Limit of Liability	Retentions	Premium
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11. Has any **Claim** ever been made or has notice been given under any Employment Practices Liability Policy?

Yes  No

12. Has any Employment Practices Liability Insurance or similar insurance for the **Company** ever been refused, cancelled or non-renewed?  Yes  No

13. Has the Extended Reporting Period (or Discovery Period) been exercised for the **Company’s** most recent Employment Practices Liability Policy?  Yes  No

**DOCUMENTS REQUIRED**

14. Provide details to all “Yes” or “No” answers by attachment, if applicable.

**PLEASE READ CAREFULLY**

The undersigned Chairman of the Board of Directors, President, or Chief Executive Officer declares that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every **Director and Officer** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agrees that the particulars and statements contained in the Proposal Form and any material submitted herewith, and any public documents filed by the **Insured** on the SEC’s Electronic Data Gathering, Analysis and Retrieval System (“EDGAR”), are their representations and that they are material and are the basis of the insurance contract. The Undersigned further agrees that the Proposal Form shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form, any material obtained from EDGAR, shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

~ If any significant change in the condition of the applicant is discovered between the date of the Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;

~ this Proposal Form has been completed as respects the entire **Company**; and

~ the signing of this Proposal Form does not bind coverage the undersigned to purchase the insurance

\_\_\_\_\_  
Chairman of the Board of Directors, President, or Chief Executive Officer

Dated

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