



Twin City Fire Insurance Company
 Name of Insurance Company to which Application is made

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately. **If additional space is required, please provide complete details on Applicant Firm's letterhead.**

GENERAL INFORMATION

1. Full Legal Name of Applicant Firm, as reflected on firm's letterhead *(please attach a sample of firm's letterhead)*:

Principal Address: _____
 City: _____ County: _____ State: _____ Zip: _____ Phone () _____
 Website Address: _____ Contact Name: _____
 Email Address: _____

2. Does the Applicant Firm practice from any other office location(s)? Yes No
*If "Yes," please complete the **Additional Locations Supplement** and **attach a sample of firm's letterhead for each location.***

3. Date Applicant Firm Established: ____/____/____
 (Month/Day/Year)

4. Applicant Firm is a (an): Sole Practitioner Partnership Professional Association or Corporation
 LLC LLP Other: _____

5. If Applicant is a single attorney firm, identify the attorney who provides backup services for your practice in your absence N/A

Name: _____ City/State: _____ Phone () _____

6. Is the Applicant Firm engaged in the full-time, private practice of law? Yes No

7. Other than Yellow Page Listings, does the Applicant Firm advertise? Yes No
If "Yes," please indicate in which of the following media and include a copy of the ad and/or transcript.

Internet/Social Media Television Newspapers Periodicals
 Radio Fliers Other _____

Have you confirmed that all advertising conforms to your state bar's rules/guidelines?..... Yes No

8. List all predecessor firm(s) of the Applicant Firm: N/A
(Name only those firms where the Applicant Firm is majority successor to the former firm's assets and liabilities)

Name of Predecessor Firm	Date Established mm/dd/yy	Date Dissolved mm/dd/yy	Percentage of Assets Assigned Successor
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

9. Provide the total number of non-attorney employees utilized by the Applicant Firm as:

Law Clerks	Paralegals	Investigators	Abstractors	Title Agents	Clerical	Other

10. Indicate gross annual revenue for the Applicant Firm: **(If Applicant Firm is newly established, please provide best estimate)**

Estimate for Current Fiscal Year Last Fiscal Year Second Last Fiscal Year
 \$ _____ \$ _____ \$ _____

11. Does any client represent more than 25% of the Applicant Firm's gross annual revenues? Yes No
 If "Yes," please list.

Name of Client	Industry	Legal Services Provided	% of Firm's revenue
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTORNEY INFORMATION

12. List all attorneys associated with the Applicant Firm **(Include yourself if you are a Sole Practitioner)**

Attorney's Name	D-C*	Hours Worked Per Week	State/Year Admitted to Bar	Date Started in Private Practice (mm/dd/yy)	Date Joined Applicant or Predecessor Firm (mm/dd/yy)
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

***Designation Code:**
 O = Owner/Officer/Shareholder IC = Independent Contractor A = Associate
 P = Partner OC = Of Counsel S = Sole Practitioner
 RP = Retired Partner

13. Does any attorney associated with the Applicant Firm act as an:
 Independent contractor or Of Counsel to another firm? Public Defender Prosecuting Attorney
 Public official In-house attorney of any corporation or governmental agency?
 If so, please indicate the individual's name, the number of hours worked per week, the name of the entity and whether the individual is acting as an employee or an independent contractor. _____

14. Does any attorney or non-attorney associated with the Applicant Firm provide professional services as an accountant, insurance agent or broker, investment adviser, real estate agent or broker or securities agent or broker? Yes No
 If "Yes," please indicate name, type of services provided, percentage of time spent, under which name these services are provided, professional liability carrier, limit of liability and copy of letterhead used.

15. Has any attorney or former attorney associated with the Applicant Firm, in the past six (6) years, provided any legal services to or served as a fiduciary, committee member, officer, director, partner, employee, principal shareholder or member of any Financial Institution? Yes No
*If "Yes," please complete the **Financial Institution Supplement**.*
16. Has any attorney or former attorney associated with the Applicant Firm, in the past six (6) years, provided legal services:
- a. To issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities? Yes No
- b. In any way related to the formation, syndication, promotion or management of any limited partnerships? Yes No
*If "Yes" to any part of Question 16 above, please complete the **Securities Supplement**.*

AREAS OF PRACTICE ("AOP")

17. Based on the Applicant Firm's gross revenue for the last fiscal year, indicate the percentage of revenue derived from the following areas of practice. **The total must equal 100%. (If Applicant Firm is newly established, please provide best estimate).**

Area of Practice	%	Area of Practice	%
BI/PI – Plaintiff (6)		Wills/Estate Planning/Probate/Trusts - assets < \$1,000,000	
General Liability(6)		Wills/Estate Planning/Probate/Trusts - assets > \$1,000,000 < \$5,000,000	
Medical Malpractice(6)		Wills/Estate Planning/Probate/Trusts - assets > \$5,000,000	
Other Plaintiff(6)		Admiralty/Maritime – Defense	
Workers Compensation – Plaintiff(6)		Admiralty/Maritime – Plaintiff(6)	
Corporate – Formation/Alteration		Antitrust/Trade Regulation	
Mergers and Acquisitions		Arbitration/Mediation	
Corporate – General *		Aviation	
*Please provide complete details on separate sheet		Banking/Financial Institutions(1)	
Family Law		Bankruptcy	
Divorce - assets < \$1,000,000		BI/PI – Defense	
Divorce - assets > \$1,000,000 < \$5,000,000		Civil Rights/Discrimination	
Divorce - assets > \$5,000,000		Collection/Repossession	
All other Family Law		Communication/FCC	
Insurance		Copyright/Trademark (Not Patent)(2)	
Workers Compensation – Defense		Criminal	
Labor Law – Management		Entertainment/Sports(3)	
Employee Benefit Plans/ERISA		Environmental – General(4)	
Administrative		Environmental – Litigation	
Eminent Domain		Foreign (Non-U.S. Law)/International	
Municipal/Governmental – Zoning & Planning		Healthcare	
Municipal/Governmental – Other (Not Bonds)		Immigration	
School Law		Investment Counseling/Money Management	
		Labor Law – Union	

Real Estate (4)		Litigation – Commercial – Defense	
Real Estate – Commercial(4)		Litigation – Commercial – Plaintiff(6)	
Real Estate – Escrow Agent(4)		Loans(7)	
Real Estate - Foreclosure(4)		Labor Litigation- Defense	
Real Estate – Residential(4)		Labor Litigation – Plaintiff(6)	
Real Estate – Title Work(4)		Oil/Gas/Minerals(7)	
Real Estate – Syndication/Development(4)		Patent(2)	
Taxation		Public Utilities	
Tax – Corporate/Business Opinions		Securities/Bonds/Secured Transactions(5)	
Tax – Corporate/Business Preparations		Social Security/Elder Law	
Tax – Individual		Water Rights(7)	
		Other (Describe)(7)	

If the Applicant Firm practices in any area(s) above with a numerical notation(s), complete the associated **Supplement** as follows:

- (1) = Financial Institutions (3) = Entertainment (5) = Securities
(2) = Copyright Patent Trademark (4) = Real Estate (6) = Plaintiff Litigation
(7) Please provide a complete description of services provided within this AOP on a separate sheet

SYSTEMS AND PROCEDURES

18. Docket control system and procedures:

- a. Does the Applicant Firm utilize at least two independent date controls to ensure that deadlines are met for litigated and non-litigated items/matters? Yes No
- b. Indicate all types regularly utilized: Single Calendar Dual Calendar Pocket Calendar
 Computer Master Listing Tickler System Other (Describe): _____
- c. If Applicant Firm uses computerized docket controls system, is it a centralized system used by the entire Firm? Yes No
- d. Are two separate individuals entering dates into different date control systems for the same matter? Yes No
- e. How frequently are the different systems being cross checked?..... Daily Weekly Monthly
- f. Who is calculating the follow-up dates to be entered into the systems? _____
- g. If the answer to the above is not an attorney, does an attorney regularly review them to make sure the proper date has been selected? Yes No
- h. If Applicant is a single attorney firm, who is providing back-up for these systems in the event of your extended absence? _____ N/A
- i. Does the Applicant Firm have a procedure in place to ensure that calendar entries are being reviewed and responded to for any attorney who is absent from the office? Yes No

19. Conflict of interest avoidance system(s) and procedures:

- a. Does the Applicant Firm have procedures in place that include the regular use of a conflict of interest avoidance system when accepting new clients or a new matter from existing clients? Yes No
- b. Indicate method(s) used to achieve conflict checks: Computer Index File Client Lists
 Conflict Committee Personal Memory Other (Describe): _____

- c. Does this procedure capture attorney-client relationships established by predecessor, merged or acquired firms? Yes No N/A
- d. Does the Applicant Firm disclose to clients, in writing, all actual or potential conflicts of interest? Yes No
- e. Upon disclosure of actual or potential conflicts, does the Applicant Firm always obtain written consent to perform ongoing legal services or decline further representation in writing? Yes No
20. Has any current or former attorney associated with the Applicant Firm or predecessor firm served as an officer, director, partner, employee, principal shareholder or member of any client? Yes No
If "Yes," please complete the **Outside Interest Supplement**.
21. Has any current attorney or former attorney associated with the Applicant Firm or predecessor firm served as an officer or director of any non-profit entity? Yes No
If "Yes," please complete the **Outside Interest Supplement**.
22. Has any current or former attorney (including their spouse) associated with the Applicant Firm or predecessor firm owned an equity interest in any client or entity? If "Yes," please complete the **Outside Interest Supplement**. Yes No
23. Has any current or former attorney associated with the Applicant Firm or predecessor firm served as a trustee or fiduciary such as an administrator, conservator, executor, guardian, receiver, escrow agent of any client? Yes No
If "Yes," please complete the **Trustee Supplement**.
24. For what percentage of new matters does the Applicant Firm require the use of engagement letters or retainer agreements that includes fee arrangements and outline the scope of representation? %
Please attach a sample of letters/agreements used.
25. For what percentage of declined matters does the Applicant Firm use declination or non-engagement letters? %
Please attach a sample of letters used.
26. Within the past five (5) years, has the Applicant Firm or predecessor firm sued to collect fees or threatened to do so? Yes No
If "Yes," please indicate number _____ and explain the steps being taken to prevent countersuits for malpractice.
27. What percentage of the Applicant Firm's accounts receivable are over ninety (90) days past due? %
If more than 30%, please explain how the firm manages accounts receivables.

INSURANCE COVERAGE HISTORY

28. List the Lawyers Professional Liability Insurance coverage carried by the Applicant Firm or predecessor firms during the past five (5) years, including any periods without coverage. If no past coverage, indicate NONE.

Effective (mm/dd/yy)	Expiration (mm/dd/yy)	Insurance Company	Limits of Liability (per claim/aggregate)	Retention/Deductible	Number of Attorneys	Annual Premium
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					

29. Provide the date of the Applicant or predecessor firm's first claims made policy (maintained without interruption to date): / /
(Month/Day/Year)

30. Does the Applicant Firm's current policy contain a prior acts limitation or retroactive date applicable to the Applicant Firm or any individual attorney? Yes No
If Yes, please provide date: ____/____/____ Attach a copy of the endorsement and a copy of the applicant's current dec page.
 (Month/Day/Year)
31. Does the Applicant Firm's current policy have any endorsements or exclusions or coverage limitations tailored specifically to the Applicant Firm?..... Yes No
If "Yes", please describe and attach a copy of the endorsement.
32. Has the Applicant Firm or any attorney for whom coverage is sought ever purchased an extended reporting period endorsement? *If "Yes," please provide details*..... Yes No
33. In the past five (5) years, has the Applicant Firm or any of its attorneys ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? **NOT APPLICABLE IN MISSOURI; THEREFORE MO APPLICANTS MUST NOT RESPOND TO THE QUESTION.** *If "Yes," please provide details*..... Yes No

CLAIM/INCIDENT INFORMATION

34. In the past five (5) years, has any professional liability claim or suit ever been made against the Applicant Firm or any predecessor firm or any current or former attorney of the Applicant Firm or predecessor firm? Yes No
*If "Yes," please indicate how many _____, complete a separate **Supplemental Claim Form** for each claim and provide five years of currently dated carrier loss runs*
35. Does any attorney for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Applicant Firm or any predecessor firm or any of the current or former attorneys associated with the Applicant Firm? Yes No
*If "Yes," please indicate how many _____ and complete a separate **Supplemental Claim Form** for each incident.*
36. Has any attorney for whom coverage is sought been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been the subject of a disciplinary complaint or grievance made to any of the aforementioned entities? Yes No
If "Yes," please provide details and include copies of the order of dismissal, finding of adjudicating body, or complaint of ongoing matter.

COVERAGE SELECTION

37. Limits of Liability Requested:
- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 |
| <input type="checkbox"/> \$200,000/\$600,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |
38. Deductible Amount Requested.
- | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$25,000 | |
39. Other Deductible and Limit Options Requested:
- | | | |
|---|---|--|
| Annual Aggregate Deductible | <input type="checkbox"/> Currently Have | <input type="checkbox"/> Interested in Quotation |
| Deductible Not Applicable Towards Defense Costs | <input type="checkbox"/> Currently Have | <input type="checkbox"/> Interested in Quotation |
| Claims Expenses Outside Limits of Liability | <input type="checkbox"/> Currently Have | <input type="checkbox"/> Interested in Quotation |

For Kansas Applicants

A notice or document may be delivered by electronic means by an insurer to a party under this section if:
 (1) The party has affirmatively consented to that method of delivery and has not withdrawn the consent;
 (2) The party, before giving consent, is provided with a clear and conspicuous statement informing the party of:

- (A) Any right or option of the party to have the notice or document provided or made available in paper or another non-electronic form;
- (B) the right of the party to withdraw consent to have a notice or document delivered by electronic means and any fees, conditions or consequences imposed in the event consent is withdrawn;
- (C) whether the party's consent applies: (i) Only to the particular transaction as to which the notice or document must be given; or (ii) to identified categories of notices or documents that may be delivered by electronic means during the course of the parties' relationship;
- (D) (i) the means, after consent is given, by which a party may obtain a paper copy of a notice or document delivered by electronic means; and (ii) the fee, if any, for the paper copy; and
- (E) the procedure a party must follow to withdraw consent to have a notice or document delivered by electronic means and to update information needed to contact the party electronically;

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

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.

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.

DISTRICT OF COLUMBIA APPLICANTS: 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.

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 OF THE THIRD DEGREE.

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.

KANSAS APPLICANTS: A " FRAUDULENT INSURANCE ACT " MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR

COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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.

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.

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.

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW HAMPSHIRE APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DECEIVE, DEFRAUD ANY INSURER OR OTHER PERSON FILES AN APPLICATION OR A CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION OR CONCEALS INFORMATION CONCERNING ANY MATERIAL FACT COMMITS INSURANCE FRAUD, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

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.

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF

NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

RHODE ISLAND 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.”

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.

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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA 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.

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.

SIGNATURE _____

TITLE: _____ DATE _____

Required applicants in Florida, Iowa & New Hampshire

Name of Broker _____
(Required: FLORIDA, IOWA, NEW HAMPSHIRE only)

Broker License #. _____
(Required: FLORIDA only)

Print Name _____

Name of Agency _____

Address _____

Date _____

Broker Signature _____
(Required: NEW HAMPSHIRE only)