



Name of Insurance Company to which Application is made (herein called the "Insurer")

# ChamberGuard<sup>SM</sup> Mainform Application

Directors & Officers, Employment Practices, Fiduciary Liability and Crime Coverage for Not-For-Profit Organizations

NOTICE: THE FOLLOWING NOTICE IS INAPPLICABLE TO CRIME COVERAGE SECTION

IF A POLICY IS ISSUED: (1) DEFENSE COSTS WILL REDUCE THE LIMITS OF LIABILITY (AND, THEREFORE, AMOUNTS AVAILABLE TO RESPOND TO SETTLEMENTS AND JUDGMENTS) AND WILL BE APPLIED AGAINST APPLICABLE RETENTIONS; AND (2) IT WILL BE ISSUED ON A CLAIMS-MADE BASIS.

### Section A. GENERAL INFORMATION

- 1. Name of Applicant: \_\_\_\_\_  
 Address of Named Applicant: \_\_\_\_\_  
 Domiciled State: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Years of Operation: \_\_\_\_\_
- 2. Applicant's primary nature of business: \_\_\_\_\_
- 3. Is the Applicant a Not-for-Profit Non-Taxable Organization under the U.S. Internal Revenue code or State Revenue Code?  Yes  No. If "Yes" please list the applicable Federal or State Revenue Code \_\_\_\_\_
- 4. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here .  
 If not applicable, please check here

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Domestic or Foreign and Country of Incorporation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you requesting for coverage to be extended to all Subsidiaries?  Yes  No

- 5. Is the Applicant or any of its Subsidiaries involved in any joint ventures?  Yes  No
- 6. Does the Applicant or any of its Subsidiaries provide childcare services?  Yes  No
- 7. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past 24 months?  Yes  No
- 8. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next 12 months?  Yes  No

### Section B. CLAIMS HISTORY INFORMATION

- 1. Please provide on a separate attachment full details of all inquiries, investigations, grievance filings or other administrative hearings filed during the last five years or currently before any local, state or federal agency governing employer responsibility to employees. (If none, check here )
- 2. Has any insurance carrier refused, canceled or non-renewed any Directors and Officers, Employment Practices or Fiduciary Liability insurance coverage\*?  Yes  No *\*Missouri Applicants need not reply*
- 3. Has there been, or is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Applicant, its 95916 (9/07)



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Subsidiaries, or any individual or other entity proposed for insurance arising out of: (i) any director, officer, trustee, employee, employee benefit plan or entity liability matter, including securities matters and/or employment matters; or (ii) any matter claimed against any person proposed for insurance in his or her capacity under the proposed policy?

Please answer with regard to:

- D&O and Private Company Liability Yes  No
- Employment Practices Liability Yes  No
- Fiduciary Liability Yes  No

(If "Yes" was checked with respect to any of the above, please attach complete details regarding those claims, suits, investigations or actions.)

4. Please answer if applying for Fiduciary Liability: Has there been or is there pending any inquiry or investigation, or any violation of ERISA<sup>1</sup> or any similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, to which an Applicant's employee benefit plan is subject?

Yes  No  (If "Yes", please attach complete details.)

5. Does the Applicant, its subsidiaries, or any director, officer, trustee or employee of the Applicant know of any act, error or omission, which could give rise to a claim(s), suit(s) or action(s) under the proposed policy with regard to:

- D&O and Private Company Liability Yes  No
- Employment Practices Liability Yes  No
- Fiduciary Liability Yes  No

(If "Yes" was checked with respect to any of the above, please attach complete details.)

6. Has the Applicant, any of its Subsidiaries or any director and/or officer:

- a. Been involved in any antitrust, copyright or patent litigation?  Yes  No
- b. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law?  Yes  No
- c. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation?  Yes  No
- d. Been involved in any representative actions, class actions, or derivative suits?  Yes  No
- e. Been charged in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law?  Yes  No

It is agreed that with respect to Questions 1 through 6(e) above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim, action, suit, investigations, proceeding or inquiry arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

**Section C. FINANCIAL INFORMATION**

Information must be based on the most recent audited financials or interim financials, if audited financials are not available.

1. What percentage of revenues does the Applicant or any of its Subsidiaries receive from government sources?  
 None  Less than 50%  Greater than 50% to 60%  Greater than 60% to 70%  
 Greater than 70% to 80%  Greater than 80%

2. Has the Applicant or any of its Subsidiaries changed auditors in the past year?  Yes  No  N/A  
If "Yes," please explain why auditors were changed: \_\_\_\_\_

3. Please provide the following financial information for the Applicant and its Subsidiaries.

Based on Financial Statements Dated:	_____ (Year/Month)
Total Assets	\$_____

<sup>1</sup> Employee Retirement Income Security Act of 1974 and including any amendment or revision thereto.



Current Assets	\$	_____
Total Liabilities	\$	_____
Current Liabilities	\$	_____
Fund Balance	\$	_____
Total Revenues/Contributions	\$	_____
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$	_____
Cashflow from Operations	\$	_____

**Section D. DIRECTORS AND OFFICERS INFORMATION** Coverage Requested?  Yes  No

Please complete this Section if applying for this coverage.

1. Attach a complete list of all Directors of the Applicant by name, affiliation, and date of nomination.
2. Are Board members elected?  Yes  No If "No," please attach complete details.
3. Does the Board hold meetings more than 3 times per year?  Yes  No
4. Does the Applicant participate in a risk management program?  Yes  No
5. Has the Applicant or any of its Subsidiaries had or will be having any non-taxable bond issuances?  
 Yes  No If "Yes," please attach complete details.
6. Does the Applicant have any of the following committees? Please check all that apply.  
 Audit  Compensation  Nominating

**Section E. EMPLOYMENT PRACTICES INFORMATION** Coverage Requested?  Yes  No

Please complete this Section if applying for this coverage.

1. Enter the TOTAL number of employees (by type) in the boxes below.

*Note: Seasonal, Temporary and Leased Employees are to be included as Part-Time employees (Non-Union if Domestic)*

a. Number Employees in ALL States/Jurisdictions:

	Domestic		Foreign
	Union	Non-Union	
Full Time			
Part Time			
Total Number of Independent Contractors	_____		

- b. Are ALL the above employees are located in one State/Jurisdiction?  Yes  No  
If "Yes," please indicate where.

California  DC, Florida, Michigan or Texas  Any Other State: \_\_\_\_\_

If "No," please list all of the States/Jurisdictions where the employees are located.

2. For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?  
Year \_\_\_\_, \_\_\_\_%      Year \_\_\_\_, \_\_\_\_%      Year \_\_\_\_, \_\_\_\_%

3. Does the Applicant and any of its Subsidiaries have a Human Resources or Personnel Department?  
 Yes  No If "No," who manages the HR Function? Please provide complete details.

4. Does the Applicant and its Subsidiaries have a human resources manual or equivalent written management guidelines?  Yes  No

If "Yes", does it address the following issues?

Compliance with the Americans with Disabilities Act  Yes  No

Compliance with the Family Medical Leave Act  Yes  No

Compliance with the 1991 Civil Rights Act  Yes  No Sexual Harassment  Yes  No



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Terminations, layoffs and early retirements  Yes  No Employee disciplinary actions  Yes  No  
Legally prohibited Discrimination  Yes  No Employee appraisals/reviews  Yes  No

- 5. Do employees certify that they have reviewed the HR material and will comply with its terms and conditions?  Yes  No
6. Does the Applicant and its Subsidiaries have an employee handbook?  Yes  No
7. Is there a formalized process in place for reporting complaints/harassment?  Yes  No
8. Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, outside counsel and/or the Legal Department?
9. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements?
a. Have there been any structured layoffs in the past 24 months?
b. Did the Applicant or any of its Subsidiaries use outside counsel during the lay-off procedure?
c. Is it the Applicant's policy that severance packages be offered in exchange for releases not to sue?
d. Please provide the number of layoffs that have occurred or are about to occur.
e. Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work?

Section F. FIDUCIARY LIABILITY INFORMATION Coverage Requested?  Yes  No

Please complete this Section if applying for this coverage.

1. Please list Plans for which coverage is requested. If included as an attachment herein, check here

Table with 6 columns: Full name of Plans to be covered, Total assets (market value), Number of Plan participants, Type of Plan (e.g. 401(k), welfare, defined benefit, ESOP, etc.), Does the Plan invest in employer securities?, Are all Plan assets held in trust by a bank, registered investment company or insurance company?

If the Plan(s) is an "individual account" Plan, please answer Question 2. If not, please skip to question 3.

2. Does the Plan offer at least three (3) investment options, each with a materially different risk and return characteristic (for instance an equities fund, a bond fund and a money market fund)?

Question 3 applies only to defined benefit plans. If there are no defined benefit plans, please skip to question 4.

- 3. (a) Are all defined benefit Plans adequately funded as attested to by an actuary?
(b) Are there any delinquent contributions?
(c) Has the defined benefit Plan undergone a conversion to a cash balance plan or is any such conversion being considered?



- 4. In the past 24 months has there been, or in the next 12 months is there anticipated, any amendment that has resulted in or is expected to result in any reduction of benefits, including but not limited to, an increase in participants' share of costs?  
 Yes       No      If "Yes," please attach complete details.
- 5. Have any Plans been spun off, transferred or terminated or is any such transaction being contemplated?  
 Yes       No      If "Yes," please attach complete details.

**Section G. CRIME INFORMATION** Coverage Requested?  Yes  No  
Please complete this Section if applying for this coverage.

- 1. Has the Applicant experienced any of the following losses in the past six years or if in business less than six years, since the date of formation (whether insured or not):  
Employee Theft?  Yes  No      Theft of Money and Securities (Inside/Outside)?  Yes  No  
Forgery or Alteration?  Yes  No      Any Other Crime or Fidelity related losses?  Yes  No  
(If "Yes" to any of the above please attach complete details).
- 2. Applicant's total number of locations? \_\_\_  
State \_\_\_      County \_\_\_      Number of Locations \_\_\_
- 3. Applicant's total number of employees? \_\_\_
- 4. Of the total employees listed above, how many employees handle, have access to or maintain records of money, securities or other property including, but not limited to, directors, officers, trustees and any person handling or having access to employee welfare or benefit plan assets? \_\_\_
- 5. Does the Applicant have cash exposure that exceeds the lowest deductible amount on your current Crime/Fidelity policy?  Yes  No (If "Yes", please complete the High Cash Questionnaire)
- 6. Does the Applicant have access to client's funds/property (including money, securities, inventory, high value property, banking systems, wire transfer systems, computer systems & sensitive data, etc.)?  Yes  No  
a. What type of property and dollar amount of value: \_\_\_  
b. Number of employees who will be performing work for your client(s): \_\_\_  
c. Total number of clients: \_\_\_
- 7. Are all checks countersigned?  Yes  No  
a. Over what amount is a dual signature required? \$\_\_\_  
b. If there is no countersignature, who signs the Applicant's checks? \_\_\_  
c. Are checks signed only by the owner(s) of the company?  Yes  No
- 8. Are systems designed so that no employee can control a process from beginning to end (i.e. request a check, approve a voucher and sign a check)?  Yes  No
- 9. Are bank accounts reconciled on a monthly basis?  Yes  No      If not, how often? \_\_\_
- 10. Are those who reconcile bank statements prohibited from:  
a. Handling deposits in the accounts they reconcile?  Yes  No  
b. Signing checks?  Yes  No
- 11. How often and by whom are audits of cash and accounts performed? \_\_\_
- 12. Is there an internal audit department?  Yes  No  
a. Are all locations audited by the internal audit staff?  Yes  No (If "No", please explain)  
b. How often? \_\_\_
- 13. Are background checks performed on all new hires? Check all that apply:  
 Criminal       Prior Employment       Credit History       References       Drug Testing
- 14. Are newly hired employees provided with a copy of your organization's fraud policy identifying and explaining conflicts of interest and other prohibited behavior?  Yes  No
- 15. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them and is there dual control over this process so one employee cannot set up a fictitious



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vendor in the system without being detected?  Yes  No

16. Are vendors provided with a statement of your conflict of interest and gift policy (prohibiting gifts of any significant value)?  Yes  No

17. What is the daily average number and dollar volume of wire transfers? \_\_\_

18. What is the maximum dollar volume that may be transferred per day? \_\_\_

19. Is approval by more than one person required to initiate a wire transfer?  Yes  No

20. Do you receive hard copy confirmations on all wire transfers and are they sent directly to a department not authorized to initiate transfers?  Yes  No

21. Are computer system access codes and passwords changed at least every 60 days?  Yes  No

22. Do any non-employees have access to the computer systems?  Yes  No (If Yes, please explain)

23. Does the Applicant sponsor any employee welfare or retirement plan(s) for its employees?  Yes  No

24. List all sponsored employee welfare or retirement plan(s) that are required to be bonded by ERISA. (Please provide an attachment)

**Section H. REQUESTED POLICY COVERAGE DETAILS**

1. Aggregate Limit of Liability Requested for all Coverage Sections: \$\_\_\_

2. Limits of Liability and Retention for Directors and Officers, Employment Practices and Fiduciary Liability:

Coverage	Separate Limit of Liability Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Limit of Liability Requested (Indicate coverages to be shared) <input type="checkbox"/> Yes <input type="checkbox"/> No	Retention Requested
Directors and Officers	___	<input type="checkbox"/> ___	___
Employment Practices	___	<input type="checkbox"/> ___	___
Fiduciary Liability	___	<input type="checkbox"/> ___	___

3. Crime Limits of Liability and Deductibles:

Insuring Agreement	Coverage Requested	Per Occurrence Limit of Liability	Deductible
Employee Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	\$___
Forgery or Alteration	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	\$___
Inside Premises-Theft of Money & Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	\$___
Inside Premises - Robbery or Safe Burglary	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	\$___
Outside the Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	\$___
Computer Fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	\$___
Money Orders & Counterfeit Paper Currency	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	\$___
Clients Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	\$___
Funds Transfer Fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	\$___
Guest Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	\$___

**Section I. CURRENT INSURANCE DETAILS**

Coverage	Does the Applicant currently have such insurance?	Current Policy Expiration Date	Current Limit	Current Retention	Current Carrier	Continuity Date	Loss Experience in prior 3 years? If Yes attach details
Directors and Officers	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Employment Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Fiduciary Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No						

**WE MAY REQUIRE THE FOLLOWING ADDITIONAL INFORMATION:**



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- Completed, Signed and Currently Dated Original Application.
- Latest Applicant Financial Statement (with Treasurers Warranty Letter if not audited.)
- Audited Plan Financials or 5500's for the Five Largest Pension Plans
- Any and all additional information or documentation the Insurer may require to underwrite this policy.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND 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.

**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 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 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, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING



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INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL 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, 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.

Signed \_\_\_\_\_  
Attest \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_  
Broker \_\_\_\_\_

Title \_\_\_\_\_ License  
# \_\_\_\_\_

(Must be signed by President, Chairman, Chief Executive Officer, Chief Financial Officer, Executive Director)

Address \_\_\_\_\_

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

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

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed \_\_\_\_\_  
Date \_\_\_\_\_  
(Applicant)

Title \_\_\_\_\_  
(Must be signed by President, Chairman, Chief Executive Officer, Chief Financial Officer, Executive Director)