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**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 you are a sole practitioner, identify the attorney who handles your cases 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.

- Yellow Pages Ad  Fliers  Newspapers  Periodicals  
 Radio  Television  Internet  Other \_\_\_\_\_

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/ Date Dissolved	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 Calendar Year                      Last Calendar Year                      Second Prior Calendar 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*	If IC/OC, Hours Worked Per Week	State/Year Admitted to Bar	Date Started in Private Practice (mm/dd/yy)	Date Joined Applicant Firm (mm/dd/yy)	Attended Continuing Education within the past year?
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
				___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*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 of the Applicant Firm act as a public defender, prosecuting attorney, public official, an in-house attorney of any corporation or governmental agency, or an independent contractor or Of Counsel to another firm? .....  Yes  No  
 If "Yes", please indicate the number of hours worked per week and whether the individual is acting as an employee or an independent contractor.

14. Does any attorney or non-attorney of 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 of 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 of 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

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	%
Administrative	%	Investment Counseling/Money Management	%
Admiralty/Maritime – Defense	%	Loans	%
Admiralty/Maritime – <b>Plaintiff (6)</b>	%	Labor Law – Management	%
Antitrust/Trade Regulation	%	Labor Law – Union	%
Arbitration/Mediation	%	Labor Litigation- Defense	%
Aviation	%	Labor Litigation – <b>Plaintiff (6)</b>	%
Banking/Financial Institutions <b>(1)</b>	%	Litigation – Commercial – Defense	%
Bankruptcy	%	Litigation – Commercial – <b>Plaintiff (6)</b>	%
BI/PI – Defense	%	Mergers and Acquisitions	%
<b>BI/PI – Plaintiff(6)</b>		Municipal/Governmental – Zoning & Planning	%
General Liability <b>(6)</b>	%	Municipal/Governmental – Other (Not Bonds)	%
Medical Malpractice <b>(6)</b>	%	Oil/Gas/Minerals	%
Other <b>Plaintiff (6)</b>	%	Patent <b>(2)</b>	%
Civil Rights/Discrimination	%	Public Utilities	%
Collection/Repossession/Foreclosures	%	<b>Real Estate(4)</b>	
Communication/FCC	%	Real Estate – Commercial <b>(4)</b>	%
Copyright/Trademark (Not Patent) <b>(2)</b>	%	Real Estate – Escrow Agent <b>(4)</b>	%
Corporate – Formation/Alteration	%	Real Estate – Residential <b>(4)</b>	%
Corporate – General *		Real Estate – Title Work <b>(4)</b>	%
*If >25% please provide complete details on separate sheet.	%	Real Estate – Syndication/Development <b>(4)</b>	%
Criminal	%	School Law	%
<b>Family Law</b>		Securities/Bonds/Secured Transactions <b>(5)</b>	%
Divorce	%	Social Security/Elder Law	%
All other Family Law	%	<b>Taxation</b>	
Eminent Domain	%	Tax – Corporate/Business Opinions	%
Employee Benefit Plans/ERISA	%	Tax – Corporate/Business Preparations	%
Entertainment/Sports <b>(3)</b>	%	Tax – Individual	%
Environmental – General <b>(4)</b>	%	Water Rights	%
Environmental – Litigation	%	Wills/Estate Planning/Probate/Trusts	%
Foreign (Non-U.S. Law)/International	%	Workers Compensation – Defense	%
Healthcare	%	Workers Compensation – <b>Plaintiff (6)</b>	%
Immigration	%	Other (Describe):	
Insurance	%		%
<b>The total must equal 100%</b>			%

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

- |   |                            |                                   |
|---|----------------------------|-----------------------------------|
| (1) = <b>Financial Institutions</b>     | (3) = <b>Entertainment</b> | (5) = <b>Securities</b>           |
| (2) = <b>Copyright Patent Trademark</b> | (4) = <b>Real Estate</b>   | (6) = <b>Plaintiff Litigation</b> |

## 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? .....  Yes  No
- b. Indicate all types regularly utilized:  Single Calendar  Dual Calendar  Pocket Calendar  
 Computer  Master Listing  Tickler System  Other (Describe): \_\_\_\_\_  Yes  No
- c. Are two separate individuals entering dates into different date control systems for the same matter? .....  Yes  No
- d. Are the entries in different systems being cross-checked on a regular basis? .....  Yes  No
- e. Who is calculating the follow-up dates to be entered into the systems? \_\_\_\_\_
- f. 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
- g. If you are a Sole Practitioner with no employees, who is providing back-up for these systems in the event of your extended absence? \_\_\_\_\_  N/A
- h. 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:  Personal Memory  Computer  Index File  
 Conflict Committee  Client Lists  Other (Describe): \_\_\_\_\_
- c. Does this procedure capture attorney-client relationships established by predecessor, merged or acquired firms? .....  Yes  No
- 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 of 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 or former attorney (including their spouse) of the Applicant Firm or predecessor firm owned an equity interest in any client? *If "Yes", please complete the **Outside Interest Supplement**.* .....  Yes  No

22. Has any current or former attorney of 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**.*

23. Does the Applicant Firm require the use of engagement letters including fee arrangements on all new matters undertaken? .....  Yes  No  
*If "No", please explain how misunderstandings about the scope and cost of services provided are prevented.*

24. Are declination or non-engagement letters issued on all matters declined by the Applicant Firm? .....  Yes  No  
*If "No", please explain how misunderstandings about representation are prevented.*

25. 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.*

26. 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

27. 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
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					

28. Provide the date of the Applicant Firm's first claims made policy (maintained without interruption to date): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)
29. 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.  
(Month/Day/Year)
30. 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: \_\_\_\_\_
31. 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
32. 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? If "Yes", please provide details .....  Yes  No

## CLAIM/INCIDENT INFORMATION

33. 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 \_\_\_\_\_ and complete a separate **Supplemental Claim Form** for each claim.
34. 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 of the Applicant Firm? .....  Yes  No  
If "Yes", please indicate how many \_\_\_\_\_ and complete a separate **Supplemental Claim Form** for each incident.
35. 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 made to any of the aforementioned entities? .....  Yes  No  
If "Yes", please provide details.

## COVERAGE SELECTION

36. 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"/> Other: |
| <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 |                                 |
- \$ \_\_\_\_\_
37. Deductible Amount Requested.
- |                                  |                                  |                                  |                                   |                                   |                                   |                                 |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$35,000 | <input type="checkbox"/> Other: |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | \$ _____                        |
38. 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 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**

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.

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.

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.

NEW YORK 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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 MAYBE 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.

TENNESSEE: 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.

WEST VIRGINIA: 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.

**SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO: