



- Darwin National Assurance Company
 Allied World Surplus Lines Insurance Company

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

CLAIMS MADE PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY APPLICATION

I. GENERAL INFORMATION

Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Legal name of entity: _____ Population: _____
 Street address : _____ Seasonal Increase: _____
 City: _____ State: _____ Zip: _____
 County: _____ FEIN number _____
 Year entity established: _____ Largest city within 25 miles: _____
 Human Resource Contact (Name) _____
 (Phone Number) _____

2. Make up of economic base of the entity. ____% agricultural ____% industrial ____% commercial ____% residential

3. Do you have a risk manager? Yes No

4. Do you have a manager/administrator? Yes No

If "yes" provide years of experience in such a position. _____

5. Within the last 5 years have any of the following taken place? Yes No

a. Grand Jury investigations into activities of any official or employee. Yes No
 If "yes" provide details.

b. Indictment of any official or employee. Yes No
 If "yes" provide details.

6. Provide revenues and expenditures. *Provide an explanation for any deficit or large surplus.*

| FISCAL YEAR | REVENUES | EXPENDITURES | SURPLUS (+)/ DEFICIT (-) | ACCUMULATED SURPLUS/ DEFICIT |
|-------------|----------|--------------|-----------------------------|---------------------------------|
| | | | | |
| | | | | |

7. a. Latest bond rating (Standard & Poor's or Moody's): _____ Previous Rating: _____

b. Has the entity ever been in default on principal or interest of any bond? Yes No
 If "yes" provide details.

II. CLAIMS HISTORY Provide currently valued company issued loss runs for the last 4 policy years.

1. Check here if there have been no claims made against the public entity during the last 4 policy periods.
2. Complete the following table for all claims made during the last 4 policy periods. Attach a separate sheet of paper if more space is needed.

| CLAIM | POLICY YEAR | OPEN/ CLOSED | LOSS INCURRED | DEFENSE INCURRED | TOTAL INCURRED | DESCRIPTION OF ALLEGATIONS |
|--------|-------------|--------------|---------------|------------------|----------------|----------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| TOTALS | | | | | | |

3. Does any official or employee have knowledge of acts, errors, and/or omissions that might reasonably give rise to a claim or suit? Yes No
4. Have all known acts, errors, and/or omissions that might reasonably give rise to a claim been reported to the current insurer? Yes No
5. Check the boxes which generally describe the types of claims made against the public entity during the last 4 policy years.
- | | | | | |
|-------------------------------------|---|---|---|------------------------------------|
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Permits Issuance | <input type="checkbox"/> Sex Harassment | <input type="checkbox"/> Termination | <input type="checkbox"/> Equal Pay |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Land Use | <input type="checkbox"/> License Issuance | <input type="checkbox"/> Variances |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Demotion | <input type="checkbox"/> Hiring | <input type="checkbox"/> Segregation | |

III. PUBLIC OFFICIALS INFORMATION

Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Does the public entity administer any of the following operations?
For "yes" responses complete the applicable questions.

A. Police Department Yes No 1. If no, who provides service? _____

B. Zoning Yes No

1. Approximate # of zoning variations granted during the proceeding 12 months. _____

2. Is there a formal procedure in place for granting of variances? Yes No

3. Is there a policy which prohibits zoning board members from voting on zoning action which might affect a business which they own, invest in, or be employed or retained by? Yes No

4. Is there a policy which requires persons disclose such relationships? Yes No

5. Does the public entity's attorney attend all zoning board meetings? Yes No

6. Do you have a master plan for economic development? Yes No

C. Building Inspection Yes No

1. Do you have a formal process for application and approval of permits? Yes No

2. Any permit denials issued which have unusual circumstances? Yes No

If "yes" provide details.

D. Permit Issuance Yes No

1. Do you have a formal process for application and approval of permits? Yes No

2. Any permit denials issued which have unusual circumstances? Yes No

If "yes" provide details.

| | | |
|-------------------------------|--|--|
| E. License Issuance | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Do you have a formal process for application and approval of licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Any permit denials issued which have unusual circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" provide details. |
| F. Tax Assessment/ Collection | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Do you reassess real property on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. If so, how often? _____ 3. If not, when was the last reassessment of all real property in entity's jurisdiction? _____ |
| G. Water/ Sewer Utility | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of users: _____ Annual Revenues \$ _____ Residential _____ Commercial _____ Industrial _____ |
| H. Electric Utility | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of users: _____ Annual Revenues \$ _____ Residential _____ Commercial _____ Industrial _____ |
| I. Gas Utility | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of users: _____ Annual Revenues \$ _____ Residential _____ Commercial _____ Industrial _____ 1. Does utility own or maintain distribution lines? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are distribution lines buried? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Does the utility monitor electromagnetic fields? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Does the utility generate electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Port Authority | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of employees _____ River <input type="checkbox"/> Ocean <input type="checkbox"/> Lake <input type="checkbox"/> |
| K. Airport Authority | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Is airport: Owned <input type="checkbox"/> Operated <input type="checkbox"/> Leased <input type="checkbox"/> 2. Provide # of : Aviation Shows or Exhibitions _____ Commercial Flights per day _____ 3. Provide certificate of insurance as evidence that airport liability coverage is in force. 4. Is management of the airport contracted to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Have flight patterns changed in the last 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Housing Authority | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Provide # of housing unites operated _____ # of stories of tallest building _____ 2. Are buildings tested for lead paint? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. If lead paint is present, do you have a remediation plan to correct the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is there a policy to house senior citizens and disabled person on lower floors? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Is there a policy regarding fair housing opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Are monthly inspections of all locations performed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| M. Transit Authority | <input type="checkbox"/> Yes <input type="checkbox"/> No | #of employees _____ Types of vehicles operated : _____ |
| N. Landfill | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Is landfill: Open <input type="checkbox"/> Closed <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> 2. Any sites designated as Superfund Sites? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| O. Hospital/ Nursing Home | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Is hospital: Owned <input type="checkbox"/> Operated <input type="checkbox"/> Leased <input type="checkbox"/> 2. # of beds _____ |

P. Daycare

Yes No

1. Are services for: Children Adult

2. Provide details of services. _____

2. Which, if any, of the above operations are contracted? _____

IV. EMPLOYMENT PRACTICES INFORMATION

Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Total number of employees: Full time: _____ Part time: _____ Seasonal: _____

2. Number of employees in each category:
General Office _____ Police _____ Fire/Rescue _____
Road/ Utilities _____ Attorneys _____ Architects _____
Engineers _____ Accountants _____ Other _____

3. Provide names of persons in the following positions.
Attorney _____ employee contracted
Engineer _____ employee contracted
Accountant _____ employee contracted

4. Do you have a written personnel manual? Yes No

5. Date of latest update or revision. _____

6. Have employment applications and policies and procedures been reviewed by legal counsel? Yes No

7. Is the manual distributed to all personnel? Yes No

8. Is the manual reviewed with new employees as a part of employment orientation? Yes No

9. Does the personnel manual include policies and procedures for the following?

- A. Hiring Yes No
- B. Promotion Yes No
- C. Demotion Yes No
- D. Termination Yes No
- E. Pre hire background checks Yes No
- F. Suspension Yes No
- G. Transfer Yes No
- H. Sexual Harassment Yes No
- I. Medical Leave Yes No
- J. Unpaid Leave Yes No
- K. Employee Grievance Yes No
- L. Education and Training Yes No
- M. Drug Testing Yes No
- N. Administrative Hearings/ Appeals Yes No

Provide an explanation for all "no" responses.

10. Have managers/ department heads received training in all policies and procedures? Yes No

11. Are all employees provided with job descriptions? Yes No

12. Are all mandatory posters from EEOC and the state equivalent posted in a conspicuous place? Yes No

13. Have any of the following taken place during the last 5 years?

- A. Strike, slowdown or other disruption? Yes No Provide # of Incidents _____
- B. Layoff or reduction in staff? Yes No Provide # of Incidents _____
- C. Employee suspensions? Yes No Provide # of Incidents _____
- D. Employee transfers? Yes No Provide # of Incidents _____
- E. Non-renewal of employment contracts? Yes No Provide # of Incidents _____
- F. Employee terminations/dismissals? Yes No Provide # of Incidents _____
- G. Administrative appeals? Yes No Provide # of Incidents _____
- H. Formal Grievances? Yes No Provide # of Incidents _____

V. CURRENT INSURANCE INFORMATION

1. Please complete the table below.

| COVERAGE | INSURER | EXPIRATION DATE | LIMITS | DEDUCTIBLE | PREMIUM |
|---------------------|---------|-----------------|--------|------------|---------|
| General Liability | | | | | |
| Automobile | | | | | |
| Public Officials | | | | | |
| Police Professional | | | | | |

2. Does your current Public Official coverage include the features listed below?

- A. Personal Injury for employment practices claims? Yes No
- B. Coverage for specific award of back wages? Yes No sub limit _____
- C. Defense of non-monetary employment claims? Yes No sub limit _____
- D. Retroactive date? Yes No retroactive date _____

If "yes" provide a copy of the declarations or endorsement which shows the retroactive date.

VI. LIMITS AND DEDUCTIBLE REQUESTED

1. Per claim limit and annual aggregate limit: _____ per claim _____ annual aggregate

2. Deductible per claim: _____

VII. IMPORTANT NOTICES; AUTHORIZED ENTITY REPRESENTATIVE

This application is for Claims-Made coverage. Upon receipt, read the policy carefully.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

NOTICE TO 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 ALABAMA 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 RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF."

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

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

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 OF THE THIRD DEGREE.”

NOTICE TO HAWAII APPLICANTS: “FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.”

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 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.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO 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 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) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.”

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 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 OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

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

NOTICE TO TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO 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."

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

NOTICE TO 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."

NOTICE TO 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."

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.

1. Provide the name and title of the individual designated to receive any and all notices from the insurer concerning any policy issued as a result of this application.

Name _____
Title _____

2. Attestation: The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity, official, or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance. However, it is agreed that this Application shall be the basis of the contract and any policy which might be issued.

Authorized Signatory of Entity

Date

Print Name and Title

VIII. AGENCY INFORMATION

Agency Name _____ Contact _____
Address _____ City _____
State _____ Zip _____ Phone _____ Fax _____

Will you make surplus lines filings if necessary? Yes No Provide your surplus lines license number. _____