



**BY COMPLETING THIS APPLICATION YOU ARE APPLYING
 FOR COVERAGE WITH EXECUTIVE RISK INDEMNITY INC. (THE "COMPANY")**

NOTICE: THE CHUBB PRO LAWYERS PROFESSIONAL LIABILITY POLICY PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

1. Whenever used in this Application, the term "**Applicant**" shall mean the Firm and any of its Predecessor Firm(s).
2. Whenever used in this Application, the term "**Lawyer**" shall mean partner/officer/shareholder/member, "counsel" or "of counsel," associate or employed lawyer.
3. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.
4. Depending on the nature of the **Applicant's** law practice, the underwriter may request that the following Supplements be completed by the **Applicant** and be a part of this application:
 - a. Securities Practice Supplement
 - b. Entertainment Law Practice Supplement
 - c. Financial Institutions Supplement
 - d. Intellectual Property Law Practice Supplement
 - e. Plaintiff Law Practice Supplement
5. Please attach a copy of the following for the **Applicant**:
 - a. The latest fiscal year financial statements (income statement and balance sheet), audited if available.
 - b. A copy of the **Applicant's** current letterhead.
 - c. A complete list of currently employed **Lawyers** (please include name, designation, year admitted to the bar, year joined **Applicant**, practice area and previous firm, if any).

I. NAME, ADDRESS AND CONTACT INFORMATION:

1. Name of **Applicant**: _____
 Partnership Professional Corporation Professional Association
 Limited Liability Company Limited Liability Partnership Other _____
2. Address of **Applicant's** Principal Office: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Telephone: _____ Date of Organization: _____
3. Web address: _____



4. Name and Address of Primary Contact: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Telephone: _____
5. Please identify all branch offices of the **Applicant** as follows (use separate Addendum if necessary):
- (a) City: _____ State: _____
 Billings (as a percentage of firm-wide gross billings, previous fiscal year): _____%
 Number of full-time attorneys resident in office: _____
 Date of organization of office: _____
- (b) City: _____ State: _____
 Billings (as a percentage of firm-wide gross billings, previous fiscal year): _____%
 Number of full-time attorneys resident in office: _____
 Date of organization of office: _____
- (c) City: _____ State: _____
 Billings (as a percentage of firm-wide gross billings, previous fiscal year): _____%
 Number of full-time attorneys resident in office: _____
 Date of organization of office: _____

II. SPECIFIC INFORMATION

POLICY INFORMATION

1. Limit of Liability Requested: \$ _____
2. Policy Period Requested:
 From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.

FIRM INFORMATION

- 3 A. Has the name of the **Applicant** changed or has any other firm or organization combined with or been merged into the **Applicant** within the ten (10) years prior to the date of this Application? Yes No
- 3 B. Is there any pending change in the name of the **Applicant** or pending or contemplated merger? Yes No

If "Yes" to either Question 3A or 3B, please give full particulars, including a list of all predecessor firms for which the **Applicant** wants coverage (Attach a separate Addendum if necessary.):



4. Please complete the following five (5) tables, providing the requested information regarding each practice area that has accounted for the **Applicant's** gross billings in the current fiscal year to date and last year.

A. Area Of Law	Last Year	This Year	Area Of Law	Last Year	This Year
Admiralty	%	%	Criminal	%	%
Collections	%	%	Health Care	%	%
Commercial	%	%	Immigration	%	%
Corporate – General	%	%	Insurance Defense	%	%

B. Area Of Law	Last Year	This Year	Current breakdown within particular Area of Law (should equal 100%)		
Bankruptcy	%	%	% Creditor	% Debtor	% Court Appointed Trustee
Corporate	%	%	% Formations / Dissolutions	% Mergers / Acquisitions	% Other
Domestic Relations	%	%	% Divorce	% Adoption	% Other
Labor Relations	%	%	% Management	% Union/Labor	% Other
Municipal/Government	%	%	% Defense	% General Advice	% Other
Probate/Trust/Estates	%	%	% Estate Planning	% Probate/Trust	% Other
Taxation	%	%	% Corporate Tax Advice	% Corporate Tax Litigation	% Other
Real Estate	%	%	% Commercial	% Residential	

In table C, if you indicate that there is any Plaintiff law practice, please complete the Plaintiff Law Practice Supplement.

C. Area Of Law	Last Year	This Year	Current breakdown within particular Area of Law (should equal 100%)		
Antitrust	%	%	% Plaintiff	% Defense	% Plaintiff Class Action
Environmental	%	%	% Plaintiff	% Defense	% Compliance/Advice
Litigation - General	%	%	% Plaintiff	% Defense	
Litigation - Personal Injury	%	%	% Plaintiff	% Defense	
Litigation - Employment	%	%	% Plaintiff	% Defense	
Oil & Gas	%	%	% Plaintiff	% Defense	
Workers Compensation	%	%	% Plaintiff	% Defense	

D. Area Of Law	Last Year	This Year
Entertainment	%	%
Financial Institutions	%	%
Intellectual Property	%	%
Securities	%	%

Please complete Entertainment Law Practice Supplement
Please complete Financial Institutions Supplement
Please complete Intellectual Property Law Practice Supplement
Please complete Securities Practice Supplement



E. Specify Any Other Area Of Law	Last Year	This Year
Other	%	%
Other	%	%
Other	%	%

Attach a separate Addendum if necessary.
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Attach a separate Addendum if necessary.

5. Please provide the following firm financial information:

	Latest Fiscal Year (ending ___/___/___)	1st Prior Fiscal Year (ending ___/___/___)	2nd Prior Fiscal Year (ending ___/___/___)
Gross Revenues			
Net Income			
Total Debt (NPV)			
Lease Obligations (NPV)			
Obligations to Former Partners/Shareholders (NPV)			
Partner or Shareholder Equity			

6. Total number of lawyers: Current year: _____ Previous year: _____ Two years ago: _____

7. Current total number of:

Partners/officers/shareholders/members: _____
 Associates/employed lawyers: _____
 Counsel/of counsel/special counsel: _____
 Contract lawyers: _____
 Other staff: _____

GENERAL CLIENT INFORMATION

8. During the last three (3) years, has any single client (including its subsidiaries and/or affiliates) accounted for five (5%) percent or more of the **Applicant's** gross billings in any single year? Yes No

If the answer to Question 8 is "Yes", on a separate Addendum, please identify the client(s), the year, the percentage of gross billings, and the nature of legal services rendered for such client(s).

9. During the last three (3) years, has the **Applicant** performed legal services for any Fortune 500 clients? Yes No

If the answer to Question 9 is "Yes", on a separate Addendum, please identify the client(s), the year, and the nature of legal services rendered for such client(s), and each years' gross billings.

10. For the purposes of this Application, the term "Securities-Related Representation" means representation involving or relating to a security, as that term is understood and applied in the context of federal or state securities laws and regulations, in connection with: (1) any transaction of any nature whatsoever, public or private, including, without limitation, an offering, issuance, sale, resale, purchase, repurchase, or distribution, or the registration or filing of reports, or delisting; or (2) the issuance or publication of statements or reports by a public or private corporation to shareholders and/or the public.

Within the last five (5) years, has the **Applicant**, or any past or present **Lawyer**, provided any Legal Services in connection with any Securities-Related Representation, whether as counsel to the issuer, underwriter, or purchaser of securities, or as special counsel rendering a legal opinion in connection with a Securities-Related Representation, or otherwise? Yes No



If "Yes", please complete the Securities Practice Supplement.

FIRM MANAGEMENT

11. In a separate Addendum, please describe the **Applicant's** organization and management structure (including size, method of election, and term(s) of service for the **Applicant's** managing body(ies) and description of individual practice-specific departments). If the **Applicant** has an organizational chart, please attach the same to the Addendum.

INTERNAL POLICIES AND PROCEDURES

General

- 12 A. Does the **Applicant** have a full time office administrator/manager? Yes No
- 12 B. Does the **Applicant** maintain a formalized risk management program? Yes No
- 12 C. Does the **Applicant** maintain a firm-wide risk management manual? Yes No
- 12 D. Does the **Applicant** have a Risk Management Partner or someone who acts as the firm's Risk Manager? Yes No
- 12 E. In the last two (2) years, has the **Applicant** had an audit of its risk management procedures performed on its behalf by a risk management specialist from outside of the firm? Yes No
- 12 F. Does the **Applicant** share office space with, or sublet office space to, any attorneys who are not listed in response to question 5 (c) of the Application Instructions? Yes No
- 12 G. Does the **Applicant** ever subcontract or refer legal work of any kind to other law firms or attorneys? Yes No
- 12 H. Does the **Applicant** maintain an off-site location for the maintenance or storage of duplicate computer records? Yes No
- 12 I. Does the **Applicant** have arrangements in place for alternate office space in the event that its current office location(s) are rendered unusable? Yes No

If the answer to any of the above in Question 12 is "Yes", please provide the relevant details in a separate Addendum. If the **Applicant** has a Risk Management Partner or Risk Manager, please identify that individual and provide that person's e-mail address. In addition, please attach a copy of any firm-wide risk management manuals and/or audit reports as referred to above.

Client Intake and Conflicts Avoidance

- 13 A. Please check each of the boxes below that describe the methods used by the **Applicant** to maintain client lists and avoid conflicts of interest:
- Computer Single index files Multiple index files
- Oral/memory Other _____ None



13 B. If the **Applicant** uses a computerized system to maintain client lists and avoid conflicts of interest, please check each of the boxes below that describe the system(s):

- Centralized/firm wide All branch offices integrated Indexed by client names
- Indexed by client's principal's names Indexed by client's subsidiaries Indexed by adverse parties
- Indexed by adverse counsel Data backed up/stored off-site Other _____

13 C. With respect to the acceptance of new clients, do the **Applicant's** policies/procedures require or provide that:

- i. Any individual attorney at the firm may accept a new client? Yes No
- ii. New client acceptance requires approval of at least one partner? Yes No
- iii. New client acceptance requires approval of the Management Committee or a standing committee of the firm charged with oversight of such matters? Yes No
- iv. A firm-wide communication be sent advising of the proposed engagement prior to the acceptance of the new client? Yes No
- v. A credit check be performed on the new client prior to acceptance? Yes No
- vi. A background check (including pending and/or prior litigation involving the new client) be performed on the new client prior to acceptance? Yes No
- vii. A conflicts check be performed on the new client prior to acceptance? Yes No
- viii. Written procedures exist for handling conflicts of interest once determined? Yes No
- ix. Once a conflict of interest is determined, acceptance of the new client requires the approval of the Management Committee or a standing committee of the firm charged with oversight of such matters? Yes No

13 D. Does the **Applicant** use engagement letters? Yes No

If the answer to the above is "Yes", please check each of the boxes below that describe the **Applicant's** policies/procedures with respect to the use of engagement letters:

- Required for all new clients Required for all new matters Executed letter must be received by firm prior to commencement of work on file
- Standard firm-wide form (customized for individual file) No standard forms/manuscripted by individual attorneys Used at discretion of attorney responsible for file
- Firm policies/procedures set forth in writing Other _____



13 E. Does the **Applicant** use non-engagement letters? Yes No

If the answer to the above is "Yes", please check each of the boxes below that describe the **Applicant's** policies/procedures with respect to the use of non-engagement letters:

- | | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Required in all cases where representation is declined | <input type="checkbox"/> Used at discretion of attorney declining representation | <input type="checkbox"/> Sent by certified/registered mail |
| <input type="checkbox"/> Refers to applicable statute of limitations | <input type="checkbox"/> Firm policies/procedures set forth in writing | <input type="checkbox"/> Other _____ |

13 F. Does the **Applicant** use disengagement letters? Yes No

If the answer to the above is "Yes", please check each of the boxes below that describe the **Applicant's** policies/procedures with respect to the use of disengagement letters:

- | | | |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Required in all matters at conclusion of representation | <input type="checkbox"/> Used at discretion of attorney responsible for file | <input type="checkbox"/> Sent by certified/registered mail |
| <input type="checkbox"/> Firm policies/procedures set forth in writing | <input type="checkbox"/> Other _____ | |

13 G. Do the **Applicant's** policies/procedures require or provide that the client be informed in writing of the engagement of third parties' services? Yes No

Docket Control Procedures

14 A. Please check each of the boxes below that describe the methods used by the **Applicant** to manage its docket and scheduling requirements:

- | | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Individual attorney diaries | <input type="checkbox"/> Docket clerk/administrator |
| <input type="checkbox"/> Daily or weekly firm-wide circulation of master calendar | <input type="checkbox"/> Outsourced calendar management | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | | |

14 B. If the **Applicant** uses a computerized system to manage its docket and scheduling requirements, please check each of the boxes below that describe the system(s):

- | | | |
|------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Centralized/firm wide | <input type="checkbox"/> All branch offices integrated | <input type="checkbox"/> Tracks statutes of limitation |
| <input type="checkbox"/> Updated daily | <input type="checkbox"/> Monitored by multiple individuals | <input type="checkbox"/> Data backed up/stored off-site |
| <input type="checkbox"/> Other _____ | | |



Training and Supervision

- 15 A. Does the **Applicant** maintain a formal training program for new lawyers as to firm procedures, local practice rules, and rules of professional conduct? Yes No

If the answer to the above question is "Yes," please describe such program(s) in a separate Addendum.

- 15 B. Does the **Applicant** maintain internal Continuing Legal Education (CLE) requirements? Yes No

If the answer to the above question is "Yes", are there CLE requirements for programs on legal ethics? Yes No

- 15 C. Are the following subject to periodic, formalized performance review:

- | | | |
|---------------------|------------------------------|-----------------------------|
| Partners? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Associates? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Counsel/Of Counsel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above in Question 15C is "Yes," please describe the relevant review procedure(s) in a separate Addendum.

Outside Interests

- 16 A. Please check each of the boxes below that describe the **Applicant's** policies with respect to service by any of its attorneys as an officer, director or employee of any FOR-PROFIT business enterprises other than the **Applicant**:

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> There are no policies | <input type="checkbox"/> Attorneys are not permitted to so serve | <input type="checkbox"/> Service is permitted only with the approval of the Managing Partner |
| <input type="checkbox"/> Service is permitted only with the approval of the Management Committee or a standing committee of the firm charged with oversight of such matters | <input type="checkbox"/> Directors and officers liability insurance protecting the attorney must be procured as a condition of service as an officer or director | <input type="checkbox"/> The firm is prohibited from providing legal services to the business enterprise |
| <input type="checkbox"/> The attorney is prohibited from providing legal services to the business enterprise | <input type="checkbox"/> The attorney is prohibited from supervising legal services provided by the firm to the business enterprise | <input type="checkbox"/> Firm policies/procedures set forth in writing |
| <input type="checkbox"/> Other _____ | | |



16 B. Please check each of the boxes below that describe the **Applicant's** policies with respect to service by any of its attorneys as an officer, director or employee of any NOT-FOR-PROFIT business enterprises other than the **Applicant**:

- There are no policies
- Attorneys are not permitted to so serve
- Service is permitted only with the approval of the Managing Partner
- Service is permitted only with the approval of the Management Committee or a standing committee of the firm charged with oversight of such matters
- Directors and officers liability insurance protecting the attorney must be procured as a condition of service as an officer or director
- The firm is prohibited from providing legal services to the business enterprise
- The attorney is prohibited from providing legal services to the business enterprise
- The attorney is prohibited from supervising legal services provided by the firm to the business enterprise
- Firm policies/procedures set forth in writing
- Other _____

16 C. Does the **Applicant** maintain a policy with respect to its lawyers holding equity interests in, or entering into other commercial relationships with, for-profit business enterprises that are clients of the **Applicant** (or that are involved in business transactions with clients of the **Applicant**)? Yes No

16 D. If any **Lawyer** listed in response to Question 5 (c) of the Application Instructions serves as an officer or director, or controlling fiduciary, of any FOR PROFIT business enterprise other than the **Applicant**, please attach an exhibit indicating the **Lawyer's** name, business enterprise, position, whether they are a client of the **Applicant**, and whether the enterprise maintains D&O Insurance.

Suits for Fees

17. Please check each of the boxes below that describe the **Applicant's** policies with respect to the filing of suits for the collection of fees:

- There are no policies
- Suits for fees are prohibited
- Suits for fees are permitted only with the approval of the Managing Partner
- Suits for fees are permitted only with the approval of the Management Committee or a standing committee of the firm charged with oversight of such matters
- Suits for fees are permitted only after a complete review of the underlying work product to determine the likelihood of a counterclaim for negligence
- Suits for fees are permitted only after the relevant statutes of limitation for negligence as to the underlying work have expired
- Suits for fees may be brought by any partner at the firm
- Suits for fees may be brought by any attorney at the firm
- Firm policies/procedures set forth in writing
- Other _____



Legal Opinions

18. In a separate Addendum, please describe the **Applicant's** policies/procedures (if any) for internal approval of opinion letters.

Money Management/Investment Advice

19 A. Does the **Applicant** or any of its attorneys ever exercise discretion/control over any of its clients funds other than as custodian under the **Applicant's** client trust accounts? Yes No

19 B. Does the Applicant or any of its attorneys ever render investment advice to the **Applicant's** clients and/or manage their investments? Yes No

If the answer to Question 19A or 19B is "Yes", please provide the relevant details in a separate Addendum.

COVERAGE AND CLAIMS HISTORY

MISSOURI APPLICANTS/AGENTS: DO NOT ANSWER QUESTION 20.

20. Has any lawyers' professional liability insurer that has issued coverage to the **Applicant** ever canceled, refused to renew, or reduced limits on renewal of such coverage? Yes No

If "Yes," please give full particulars in a separate Addendum.

21. Please list all primary and excess lawyers' professional liability insurance policies carried by the **Applicant**, or any predecessor firm, for each of the past five (5) years.

Policy Period	Insurer	Policy No(s).	Limits of Liability	Retention	Annual Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

22. After inquiry, has the **Applicant** or any past or present **Lawyer** or employee of the **Applicant** ever been:

- disbarred;
- refused admission to practice law;
- suspended;
- reprimanded;
- sanctioned;
- fined;
- placed on probation;
- held in contempt; or
- the subject of any disciplinary complaint, grievance or action

by any court, bar association, administrative agency, or regulatory body? Yes No

If "Yes," please attach an Addendum outlining the relevant details, including the name of the lawyer, dates, current disposition and a copy of the final opinion or decision of the court, bar association, administrative agency or regulatory body.



- 23 After inquiry, has any past or present **Lawyer** or employee of the **Applicant** ever been convicted of a felony or a crime of moral turpitude? Yes No

If "Yes," please attach an Addendum outlining the relevant details, including the name of the individual, prosecuting jurisdiction, date of disposition and the sentence and/or sanctions imposed.

III. REPRESENTATION: PRIOR KNOWLEDGE OF ACTS/CIRCUMSTANCES/SITUATIONS

- 24 A. After inquiry, have any claims or suits been made against the Applicant or any current or past **Lawyer** of the **Applicant** or its predecessors in business in the past five (5) years? Yes No
- 24 B. After inquiry, is any person or entity proposed for coverage aware of any fact, circumstance, or situation which might reasonably be expected to give rise to a claim. Yes No

If the answer to any of the above in Question 24 is "Yes," please attach a summary of each such claim, suit, fact, circumstance or situation describing: name of claimant(s)/potential claimant(s), full name of individual lawyer(s) and firm (if other than the **Applicant**) involved, additional defendants/potential defendants, date of alleged error or misconduct, insurance company to which the claim, suit, fact, circumstance or situation was reported, date of report, description of claim, suit, fact, circumstance or situation and current status. If claim has been resolved, provide total defense costs, settlement(s) or judgment(s) incurred (including amounts within any self-insured retention), action taken by the **Applicant** to prevent recurrence of a similar claim or circumstance.

Without prejudice to any other rights and remedies of the Company, the **Applicant** understands and agrees that if any such claim, suit, fact, circumstance, or situation exists, whether or not disclosed above in response to questions 24, any claim or action arising from such claim, suit, fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

IV. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

V. NOTICES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.



Notice to District of Columbia, Maine, Tennessee and Virginia Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

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 Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to New York and 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 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 (in New York) or criminal and civil penalties (in Pennsylvania).

VI. DECLARATION AND SIGNATURE:

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Application must be signed by the chief executive officer and chief financial officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial Officer</u>

Produced By: Agent: _____ Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____
Address (Street, City, State, Zip): _____	
Submitted By: Agency: _____	
Taxpayer ID or SS No.: _____	Agent License No.: _____
Address (Street, City, State, Zip): _____	