

Before **YOU** begin, **You** should KNOW

- Many of the bolded words in this application have specific meanings:
“**You**,” “**your**” and “**yourself**” mean the persons and entities for which insurance is being sought and their employees, officers, partners and directors. Subsidiaries are also included if the entities have more than a 50% ownership interest.
“**We**,” “**us**” and “**our**” mean the insurance company.
“**Service(s)**” means activities **you** perform for others and products **you** develop for others.
“**Content**” means data, digital code, images, masked works, scents, sounds, tastes, text or textures.
- **You** must complete in full the following sections of the application: **Basics** **Structure** **Your Website(s)**
 Errors and Omissions **Current Insurance** **Tell All**
- **You** must provide **us** with the following additional information:
 - Most current available financial statement (pro forma acceptable if **you** have been in business less than one year)
 - Standard Customer Agreement
 - Promotional material i.e. brochures, marketing materials
- In completing this application, **you** are not obligated to buy, and **we** are not obligated to sell, insurance.
- Incorrect, incomplete, false or misleading answers to any of the questions on this application may result in a retracted offer of coverage or a declaration that the policy is null and void. Attach additional sheets if there is not enough room in the application for an answer. If a question does not apply to **you**, respond “N/A” or “not applicable.” If **you** do not answer a question, **your** answer will be deemed “not applicable.”
- Any proposal of coverage that **we** make will have additional terms and conditions. Carefully review the proposal before making a decision to purchase. As always, please contact **your** agent or broker if **you** have any questions.

THIS APPLICATION IS FOR A CLAIMS FIRST MADE AND REPORTED IN WRITING POLICY. CLAIM EXPENSE IS WITHIN THE LIMITS. Refer to the policy for actual coverage details. Here’s an overview:

If issued, the policy will only apply to claims when

- 1 the wrongful act takes place on or after the retroactive date stated in the policy and before the end of the policy period and
- 2 the claim is first made against an insured person or entity and reported in writing to **us** during the time period specified in the policy and in compliance with reporting requirements. An extended reporting period may also be available.

Covered claim expenses and damages must be paid by **you** up to the self-insured retention amount; these payments do not reduce the limits of liability. Covered claim expenses and damages above the retention amount are payable under the policy; they reduce and may exhaust the limits of liability.

BASICS

1. Applicant (fill in the name as it should appear on the policy, if written)

2. Street address _____
city, state, zip _____
Mailing address _____
city, state, zip _____

Phone Number _____

3. SIC code(s) _____ and NAIC code(s) _____

4. Please list **your** website home page addresses (include all URLs registered in **your** name). If any of these website(s) have a password protected members only/private area, also provide temporary passwords and log in ID.

Address _____ Password/Log in ID _____

Address _____ Password/Log in ID _____

Address _____ Password/Log in ID _____

5. Does **your** website(s) contain a complete, accurate and up-to-date description of **your services**? Yes No

6. In Business Since: _____ (mm/dd/yyyy) (If in business less than 2 years please attach resumes for all principals.)

7. Please describe **services** for which insurance is being sought: _____

8. In the Chart below, for all **services** described in question 7., please advise:

- full description of each **service** for which insurance is being sought
- % of current total revenues applicable to that **service**; column sum must total 100%.
- % of projected next year total revenues applicable to that **service**; column sum must total 100%.
- the average agreement (i.e. contract) value/charge for the **service**

| BUSINESS SERVICES FOR OTHERS Identify type of service and fully describe. | % of Total Current Revenues | % of Next Year's Total Projected Revenues | Average Charge for Service/ Agreement Value |
|---|-----------------------------|---|---|
| _____ | _____% | _____% | \$_____ |
| _____ | _____% | _____% | \$_____ |
| _____ | _____% | _____% | \$_____ |
| _____ | _____% | _____% | \$_____ |
| _____ | _____% | _____% | \$_____ |
| _____ | _____% | _____% | \$_____ |
| _____ | _____% | _____% | \$_____ |
| _____ | _____% | _____% | \$_____ |
| TOTAL | 100% | 100% | |

9. Do **you** provide any other **services** that are not listed in item 8. above? Yes No. If yes, list **services**:

10. Please complete the chart below:

| Fiscal Year | Total Revenues for Services in item 8., including your Website Generated Revenues for those Services | % of Total Revenues that are Generated by Your Website |
|------------------------------|--|--|
| Prior Year _____ | U.S. \$ _____ Foreign \$ _____ TOTAL \$ _____ | _____ % |
| Current Year _____ | U.S. \$ _____ Foreign \$ _____ TOTAL \$ _____ | _____ % |
| Projected Next Year _____ | U.S. \$ _____ Foreign \$ _____ TOTAL \$ _____ | _____ % |

11. List all foreign countries in which **you** do business: **Not applicable, do not conduct business outside the U.S.**

If **you** sell outside the U.S., are **you** compliant with distance selling regulations and laws in foreign jurisdictions?
 Yes No **Not applicable, do not sell outside of the U.S.**

12. For revenues that **you** will generate in **your** current fiscal year, what percentage of **your services** in item 8. are in the following Years in Market? _____% Zero to One _____% Over One year but less than Two _____% Over Two years but less than Five _____% Five years or longer

13. Do **you** plan to offer any new **services**? Yes No. If yes, please fill in the chart below

| Service | Projected Release Date | *Projected Annual Revenues | Anticipated life of Service |
|---------|------------------------|----------------------------|-----------------------------|
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |

*If **service** is to be released in current or next fiscal year, did **you** list in question 8. and did **you** include revenues in question 10? Yes No.

STRUCTURE

1. Type of entity Public Private
 Entity structure Sole proprietorship Corporation LLC Joint Venture Other _____

2. Do **you** provide **services** to any entities:
 That **you** directly or indirectly own, control, manage or operate or with which **you** are affiliated? Yes No
 That any of **your** partners, directors, officers or employees own, control, manage or operate or with which **you** are affiliated? Yes No. If yes, attach an explanation of the relationship including: name of entity(ies), nature of relationships, a list of **services** provided to the entity and the revenues **you** derive, and a description of what safeguards **you** have in place to mitigate **your** liability for those **services**.

3. Have **you** purchased, merged or consolidated with any companies in the last three years? Yes No.
 If yes, did transaction(s) include acquisition of (check all that apply): Assets Liabilities. If yes, describe all such transactions that took place in the last three years: _____

4. Do **you** have any subsidiaries? Yes No. If yes, please provide the names of all subsidiaries (attach a separate list, if necessary) _____
5. **Your staff:**
 _____ # of principals, partners, directors and officers
 _____ # of sales and marketing personnel
 _____ # of clerical/support personnel
 _____ # of independent contractors performing **services** on **your** behalf
 _____ # of website staff
 _____ # of other _____
 _____ **#of Total Staff**

YOUR WEBSITE(S)

1. Do **you** plan to update **your** website(s) in the next year? Yes No. If yes, will this update include:
New **service** information
 Content from others
 User interactivity (describe) _____
 e-Commerce capabilities (describe) _____
 User account access (describe) _____
 Other describe) _____

ERRORS AND OMISSIONS

1. Describe the types of exposures that may arise from the **services you** seek to insure and include how **your** customers would be affected if **you** were to make a mistake: _____
2. Do **you** warrant or guarantee any standards of performance for **your services** (i.e. delivery and/or completion timeframes, availability, durability, quality, volume of transactions etc.)? Yes No. If yes, specify which standards _____
3. Do **you** make promises about or guarantee cost reductions/savings or improved operating results to **your** customers from using **your services**? Yes No
4. Are **your** fees/revenues contingent upon cost reductions/savings or improved operating results to **your** customers? Yes No
5. **Your** quality control and risk management procedures include (check all that apply):
 Formal customer acceptance procedures
 Formalized quality control program
 Services developed to industry standards; If yes, please list: _____
 Business documents (i.e. customer orders, agreements, etc.) retained for: ___months ___years ___unlimited
 Formal training program for new hires
 Procedural manual for employees
 Continuing education for employees
 Maintenance of error/problem/downtime log for life of **service**
 Customer complaint resolution plan
 Customer notification plan of **your** discontinuance of a **service** or support
 Customer support including E-mail Website Customer site visitation Fax Toll free numbers
 Availability: M-F 24/7
 Formal plan to address any bugs, anomalies, problems etc. discovered in **your services** or website including customer notification. Method of notification: _____
 Timeframe from discovery to notify all customers ___less than 1 day ___1-7days ___1-4 weeks ___over 1 month
 Formal **service** recall plan
 Other _____

6. Do **you** subcontract out any part of the **services you** perform for customers? Subcontractors include all contractors, distributors, vendors, strategic partners and/or affiliates, etc. involved in the research, development, distribution or sale of **your services** or management of **your** website(s). Yes No. If yes, indicate the following:
 The percentage of **your** current revenues attributable to the work of subcontractors ___%
Your reasons for the use of subcontractors(check all that apply):
as a regular supplement to staff as staff for a particular project distribution
for expertise that **you** do not have in-house other(please explain)_____

Do **you** make customers aware that subcontractors are being used? Yes No
 Are the subcontractors identified as such to customers? Yes No
 Describe the controls **you** have in place to ensure quality work from subcontractors.

7. Do **you** use a standard agreement with customers specifying the **services you** will provide? Yes No
 If yes, indicate type: executable contract shrinkwrap clickwrap/Terms of **Service**(TOS) engagement letter purchase order other_____

8. Indicate the percentage of **your** customers subject to **your** standard agreements: ___%

9. Please indicate the following:

| Typical Customer Agreement | Largest Customer Agreement |
|--|---|
| Size \$_____ | Size \$_____ |
| Duration _____weeks _____months _____years | Duration _____weeks _____months _____years |
| | Type <input type="checkbox"/> your standard agreement <input type="checkbox"/> your standard agreement with modifications <input type="checkbox"/> customer agreement |

10. Please list **your** 5 largest jobs during the last two years

| Customer | Services Performed | Length | Total Fees Generated |
|----------|--------------------|--------|----------------------|
| _____ | _____ | _____ | \$_____ |
| _____ | _____ | _____ | \$_____ |
| _____ | _____ | _____ | \$_____ |
| _____ | _____ | _____ | \$_____ |
| _____ | _____ | _____ | \$_____ |

11. Total number of customers for the current year: _____

12. Are all customer agreements reviewed and approved by **your** attorney prior to execution? Yes No

13. Are all modifications to customer agreements and subcontractor/vendor agreements as well as work change orders in writing and approved by **your** attorney and signed off on by the other party prior to implementation? Yes No

14. If **your** website allows e-commerce, do **you** require customers to read and affirmatively accept **your** agreement before making a transaction? Yes No

15. Check each of the following clauses that are built into **your** standard customer agreement and **your** largest customer agreement and who the clause benefits:

| Clause | Standard Customer Agreement Clause benefits | | | | Largest Customer Agreement Clause benefits | | | |
|-------------------------------------|---|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| | You | Customer | Mutually Beneficial | N/A | You | Customer | Mutually Beneficial | N/A |
| Arbitration Clause | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guarantees/Warranties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Limitation of Liabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Limitation of Consequential Damages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hold Harmless/Indemnification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disclaimers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Schedule of Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. Do **you** have a privacy policy? Yes No
 If yes, has it been reviewed by an attorney? Yes No Is the privacy policy posted on **your** website? Yes No

17. Which of the following does **your** privacy policy contain (check all that apply):

- Explanation of type of information collected
- Description of how information is collected
- Disclosure of use of information collected
- Access to and the ability for user to change or update information
- Description of safeguards and security measures used to protect information

18. Does **your** website allow users to opt-in or opt-out with respect to receipt by users of **content** from **you** or others:
Opt-in Opt-out N/A

19. Is personally identifiable and/or confidential information transmitted in encrypted form? Yes No
 Is it stored in encrypted form? Yes No

20. Do **you** sell or share personal and/or confidential information gathered from customers or others (this includes information gathered from **your** website or by other means)? Yes No. If yes, do **you** notify and obtain the consent of these customers or others prior to dissemination? Yes No

21. Do **you** provide **services** where **you** are required to care for confidential or personal information of others?
Yes No. If yes, indicate which of the following kinds of information are cared for:

| | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Financial | <input type="checkbox"/> Inventory |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Customer Data | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Work History/Resume | <input type="checkbox"/> Criminal Records | <input type="checkbox"/> Other_____ |

22. Does **Your** website contain a chatroom, bulletin board or any other type of interactive exchange which can be viewed by others? Yes No. Who manages **your** interactive exchange? You Subcontractor. Do **you** make the subcontractor contractually responsible for liabilities arising out of the interactive exchange? Yes No
 Do **you** or **your** subcontractor exercise editorial control over **your** interactive exchange? Yes No
 If yes: Prior to Posting After Posting

23. In **your** advertising and marketing material (including **your** website(s)), do **you**:
 compare **yourself** to **your** competition? Yes No
 compare **your services** to **your** competitors' **services**? Yes No
 claim that **you** or **your services** are superior to **your** competition? Yes No
 make guarantees or warranties? Yes No
24. Legal review is performed prior to the release, sale, marketing or dissemination of (check all that apply):
 content technology used **services** business methods websites advertising and marketing material
 Legal review is performed regarding laws in jurisdictions outside the U.S. in which **you** do business.
25. Please list all association memberships related to **your services**: _____

CONTENT

(you may check the box below and skip this section if you are not interested in content coverages such as defamation, invasion of privacy, copyright infringement and trademark infringement)

Not interested, skip section

1. Type of **content** available on **your** website(s) (check all that apply):
 Commentary/Editorial Database (include subject) _____
 Advertising/Service Comparisons Instructional/How-to
 Contests/Surveys/Lotteries/Sweepstakes **Your service** information
 Other _____
2. Which of the following are included in **your** intellectual property and/or business methods clearance procedures? (check all that apply)
 Acquire all the necessary rights, licenses, releases and consents applicable to **content** or **services** created or provided by **you** or by third parties
 Use new hire and independent contractor agreements which include signed statements to the effect that they will not disseminate or use a previous employer's or customer's trade secrets and other intellectual property
 Contractually acquire all rights (including electronic rights) to work done for **you** by third parties, including hold harmless and indemnification clauses which inure to **your** benefit pertaining to that work
 Obtain legal review of all updates and changes to the **content**, business methods and functionality of **your** website prior to dissemination or implementation
 Acquire permission of sites **you** link to or frame
 Obtain legal review of sites **you** link to or frame
 Obtain legal review of all Referral and Affiliate Program agreements
 Use disclaimers on **your** website pertaining to **content** made available or disseminated
 Obtain trademark and/or service mark searches and clearances for all: **your** domain names **service** names, designs or logos
 content searches and clearances performed by: **your** legal counsel professional search company computerized database search
 Obtain permission to use and legal review of the trademarks and/or service marks of others
 Obtain legal review of all Licensing and/or Cross-Licensing Agreements
3. Do **you** have an established policy and process in place to address complaints of inaccurate, defamatory, infringing or problematic **content** on **your** website(s), or other **content** **you** have designed or have responsibility for?
 Yes No. If yes, **your** response timeframe is: less than 1 day 1-7 Days more than a week
4. Do **you** have any corporate blogs, video logs, podcasts or webcasts? Yes No. If yes, please provide the URL(s) for all of them that are located on **your** corporate website(s): _____
 and the URL(s) for all of them that are hosted for **you** by other websites: _____

IT SECURITY

(you may check the box below and skip this section if you are not interested in IT security coverages such as failure to prevent unauthorized access to or unauthorized use of data or systems and introduction of malicious code into data, software, or networks)

Not interested, skip section

1. Please check all items from the following list that are currently being utilized in **your** IT security system and/or plan:
 - Security firewall
 - Routers
 - Proxy servers
 - Secure remote maintenance
 - Firewall tunneling
 - Encryption devices
 - Active **content** filtering
 - Password protection
 - Anti-virus scanning
 - Hot site
 - Continuous monitoring of security alerts from organizations like: CERT Other_____
 - Continuous implementation of vendor security patches
 - Procedures to address any suspected intrusion and/or respond to security alerts
 - Reassessment of security vulnerabilities when **you** make any system changes, software upgrades, changes to website or website functionality etc.
 - Transmission of the data or **content** of others is encrypted
 - Storage of the data or **content** of others is encrypted
 - Periodic security audits from third parties
 - ISO 17799 compliant
 - Other standard(s) and/or certification(s)_____
 - Protocols meeting x.509 standards
 - Secure remote dialup or access
 - Computerized intrusion detection
 - Mainframe data protocols
 - Automated security scanner
 - High-speed Internet connections
 - Wireless security meets: WPA standards Other_____
 - Access restrictions
 - Load balancers
 - Identification, authentication and integrity protocols
2. Do **you** have established systems and physical security policies and procedures? Yes No
If yes, how often are they updated? continuously quarterly semi-annually annually
Are employees immediately notified of changes and/or updates? Yes No
3. Do **you** have established employee guidelines that address systems and Internet usage? Yes No
4. Which of the following can access **your** systems via the Internet? employees customers vendors
 business partners
5. Do **you** have a Systems/Physical Security Manager? Yes No
6. Is **your** disaster recovery program? formalized tested
7. How frequently do **you** back up data residing on **your** system? daily every 72 hours weekly other_____
8. Do **you** accept credit/debit cards or other payment vehicles for transactions online? Yes No
If yes, what fraud prevention procedures do **you** employ:
 - Address Verification Service (AVS) Verified by Visa or MasterCard's SecureCode
 - Never accept orders from users using free e-mail service
 - Statement on **your** website regarding **your** intentions to prosecute fraudulent orders
 - Secure third party processor
 - Extra verification of large orders by phone call/written verification
 - Other (describe)_____
9. Do **you** ever warrant or guarantee that **your service** or website has no security vulnerabilities or that **your service** will prevent security breaches or the introduction of malicious code into the systems of others? Yes No

10. Have **you** experienced or has **your** system or website been used in any type of security incident or attack (i.e. viruses, denial of **service** attacks etc.)? Yes No
 If yes, please indicate which of the following happened (check all that apply):
security breach denial of **service** attack transmission of malicious code (ex: virus)
identity theft disclosure of private information credit/debit card fraud
repudiation of access other security incident
 For each item checked above, please describe the incident or attack, impact to **you**, customers or others and what measures **you** have to taken to prevent a similar event (attach additional sheets, if necessary)
- _____

CURRENT INSURANCE

1. Do **you** carry Errors & Omissions/Professional Liability? Yes No. If no, explain _____
 If yes, please provide the following information: Limit \$_____ SIR/Deductible \$_____ Premium \$_____
 Expiration Date _____ Type of Form: Claims Made or Occurrence
Retroactive Date: _____ Insurance Company _____
- Do **you** carry General Liability? Yes No. If no, explain _____
 If yes, does **your** coverage include? (check all that apply) Personal Injury Advertising Injury Products Liability.
 If yes, please also provide the following information Limit \$_____ SIR/Deductible \$_____ Premium \$_____
 Expiration Date _____ Type of Form: Claims Made or Occurrence
Retroactive Date: _____ Insurance Company _____
- What is **your** desired Limit of Liability? (check all options that interest **you**) \$1,000,000 \$2,000,000
\$5,000,000 Other \$_____ What is **your** desired Retention? (check all options that interest **you**) \$5,000
\$10,000 \$25,000 Other \$_____
- DO NOT ANSWER THE FOLLOWING QUESTION IF **YOU** ARE DOMICILED IN MISSOURI
2. Has **your** errors and omissions/professional liability coverage ever been declined, canceled or non-renewed? Yes
No. If yes, please describe why _____

TELL ALL

If you respond yes to questions 1–3 below, you must provide us with the following info

- a full description of the circumstances and details including any damages alleged;
 - purchase or agreement (i.e. contract) price involved;
 - the current status of the situation including what you have done and what you are now doing to address the situation; and
 - what you are doing to prevent further incidents or situations.
1. In the last three years, have any of **your** customers a) made allegations or complained about the performance or non-performance of **your services**? Yes No, b) refused to pay **you** or stopped paying **you** because of a problem with **your service**? Yes No, c) requested a refund of their payment because of a problem with **your service**? Yes No and/or d) complained that **your services** were delayed or late? Yes No
2. Are **you** aware of any actual or alleged fact, circumstance, situation, error or omission, or issues with **your** website, **content** or **services** (including but not limited to, intellectual property, privacy and security issues) which may reasonably be expected to result in a claim being made against any of **you**? Yes No
3. Have any of **you** or any of **your** predecessors in business, affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency arising out of their activities? Yes No

If you respond yes to question 4 below, you must provide us with the following information about each and every claim, suit or proceeding

- a full description including damages alleged;
 - current status;
 - loss runs, if applicable; and
 - amounts of reserves, legal expenses paid to date, settlements or judgments
4. Have any claims, suits or proceedings been brought during the past three years against any of **you** or any of **your** predecessors in business, affiliates or against any of **your** or their past or present partners, owners, officers, sales persons or employees? Yes No

Required Additional Information

- Most current available financial statement (pro forma acceptable if **you** have been in business less than one year)
- Attached Available on **your** website(s)
- Standard customer agreement Attached Available on **your** website(s)
- Promotional material i.e. brochures, marketing materials Attached Available on **your** website(s)

REPRESENTATIONS

This application must be signed by an authorized partner, officer or other principal of the primary entity seeking coverage or by the proprietor of a proprietorship. By signing this application, you represent and agree that:

1. You are acting on behalf of all persons and entities for which you are seeking insurance;
2. The statements and answers in the application and all attachments to it are accurate and complete. Additional information provided in response to subsequent questions and requests will also be accurate and complete;
3. Statements and information that you provide that are attached to or that supplement this application are deemed to be incorporated into the application, and the application will be deemed to be incorporated into and a part of any policy that is issued;
4. The statements, answers and additional information are representations by you; they are a material inducement to us to provide insurance or a proposal for insurance; and you intend for us to rely upon them;
5. Any policy that we issue will be issued in reliance upon those representations;
6. You will report to us immediately, in writing, all changes in your business or circumstances that would result in a different statement or answer or different information than the ones you have previously provided to us when the change becomes known to you between the date of this application and the effective date of the policy, if a policy is issued. We reserve the right to modify or withdraw any proposal for insurance that we offer when we receive information about such changes;
7. If the application, including attachments and supplements, contains inaccurate, false or incomplete information or if you fail to provide notice of changes as required, we may declare any policy that has been bound or issued to be null and void, and we will not provide any coverage.

STOP! BEFORE YOU SIGN THIS APPLICATION, READ THE APPLICABLE FRAUD WARNING ON THE FOLLOWING PAGE.

Signature of AUTHORIZED SIGNATORY

Date_____

Printed Name of AUTHORIZED SIGNATORY

Title_____

Producer/Broker Name and License Number_____

FRAUD WARNINGS

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming

NOTICE: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

Colorado

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia

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.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii

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

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

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, Tennessee, Virginia, Washington

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, and denial of insurance benefits.

New Jersey

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

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio

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 or deceptive statement is guilty of insurance fraud.

Oklahoma

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.

Pennsylvania

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.