



Return Applications to:

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Starstone National Insurance Company

**LAWYER’S ERRORS & OMISSIONS LIABILITY INSURANCE APPLICATION**

THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE. THIS COVERAGE IS LIMITED TO CLAIMS FIRST MADE AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD AS STATED IN THE DECLARATIONS OR ANY APPLICABLE EXTENDED REPORTING PERIOD. IT IS IMPORTANT THAT YOU REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. THE INSURER WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH YOU ARE AWARE OF PRIOR TO THE INCEPTION DATE OF THIS COVERAGE, IF OFFERED AND ACCEPTED.

**INSTRUCTIONS FOR COMPLETING APPLICATION:**

Please type or print clearly in ink. All questions must be answered completely. If any questions are considered “not applicable,” please explain why. If you need more space, continue on a separate sheet and indicate the question number. This application and all supplemental forms must be signed and dated by a principal of the Applicant.

**Proposed Effective Date:** From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 a.m. Standard Time at the address of the Applicant

**I. GENERAL INFORMATION**

1. Applicant: \_\_\_\_\_
2. Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Date the Applicant was established: \_\_\_\_\_
4. Has the Applicant firm maintained prior professional liability coverage?  Yes  No  
 If yes, please provide retroactive date of firm. \_\_\_\_\_
5. Does the applicant have any predecessors in business?  Yes  No  
 If yes, please list predecessors.

“Predecessor in Business” means any law firm which has undergone dissolution and to which any of the following apply:

- a. some or all of such firms, principals, owners, officers or partners have joined the **Named Insured**, provided such persons were responsible for producing in excess of 50% of the prior firm's annual gross revenues and such billings have been assigned or transferred to the **Named Insured**; or
- b. at least 50% of the principals, owners, partners or officers of the prior firm have joined the **Named Insured**; or
- c. the **Insured** has assumed 50% or greater of the prior firm’s assets and liabilities.

NAME OF FIRM	DATE FORMED	DATE OF MERGER OR DISSOLUTION IF APPLICABLE	PERCENTAGE OF ASSETS AND LIABILITIES ASSUMED	NO. OF PRINCIPALS OR PARTNERS	NO. OF EMPLOYED LAWYERS

d. What was the date of establishment of the oldest “Predecessor in Business”? \_\_\_\_\_

6. Does the Applicant have any subsidiaries, or conduct any ancillary business or professional activities or services?  Yes  No  
 If Yes, advise name of subsidiary or ancillary business, detailed description of operation, and amount of gross annual revenues: \_\_\_\_\_

7. Staff:	<b>Number Currently Employed</b>	<b>Number Who Left the Applicant in Past Year</b>
<b>Lawyers</b>		
<b>Limited License Legal Technicians*</b>		
<b>Paralegals</b>		
<b>Non-Lawyer Employees</b>		

8. List all Lawyers to be insured along with the proper designation code.  
 Designation Codes: P = Partner L = Lawyer OC = Of Counsel IC = Independent Contractor  
 LT = Limited License Legal Technician or equivalent designation

<b>NAME</b>	<b>DESIGNATION CODE</b> (If "OC" or "IC", indicate approximate hours per week worked for Named Insured)	<b>YEAR FIRST ADMITTED TO BAR OR LICENSED AS "LT"</b>	<b>STATES WHERE LICENSED</b>	<b>YEAR JOINED APPLICANT</b>	<b>HOURS PER WEEK WORKED</b>

NOTE: If Applicant has more than fifteen (15) lawyers and Limited License Legal Technicians, please list remainder by separate attachment.

9. If this is a sole practitioner, is there a procedure in place regarding provisions of services if the sole practitioner is incapacitated or otherwise unavailable?  Yes  No

10. Provide total gross revenues for the Applicant for the past two (2) years or fiscal year period. If newly established, indicate anticipated gross revenue for the current year. \$\_\_\_\_\_ current year  
 \$\_\_\_\_\_ last year

## II. APPLICANT'S PRACTICE

1. Practice Areas. Describe the Applicant's practice by showing the approximate percentage of gross billable dollars during the past year derived from the following:

Administrative		%	Immigration		%
Admiralty		%	Insurance Defense		%
Adoptions		%	International Law		%
Antitrust		%	Investment Counseling +		%
Appellate		%	Juvenile		%
Arbitration		%	Labor – Unions +		%
Banking		%	Labor/Management		%
Bankruptcy		%	Limited Ptnshp. Formation ++		%
Civil Rights		%	Lobbying		%
Class Action/Mass Tort Litigation-Defense +		%	Mediation		%
Class Action/Mass Tort Litigation-Plaintiff +		%	Med Mal - Defense		%
Collection +		%	Med Mal – Plaintiff +		%
Commercial Law		%	Municipal Law		%
Construction		%	Oil/Gas/Mining +		%
Corporate Formation		%	Patent, copyright, trademark Lit +		%
Copyright, trademark searches +		%			
Corporate Mergers/Acquis.		%	Patent Prosecution/Search +		%
Criminal		%	Plaintiff - "Other" Litigation"		%
Defense - "Other" Lit.		%	Plaintiff Litigation - BI/PI		%
Divorce-High Profile		%	Purchase/sale of business		%
Entertainment		%	Real estate closings/general		%
Environmental +		%	Real Estate Development +		%
Estate Planning		%	Real Estate Syndication		%
Estate, Trust, Wills		%	Securities / Bonds ++		%
Family Law		%	Tax Opinions		%
Fiduciary		%	Tax Preparation		%
Foreclosures +		%	Title/Commercial		%
Foreign Law		%	Title/Residential		%
General Corporate Advice		%	Traffic		%
Government Law		%	Workers Comp - Plaintiff		%
Guardianships		%	Workers Comp - Defense		%

+ Complete the appropriate supplemental application if any percentage within the last two (2) years.

++ Complete the appropriate supplemental application if any percentage within the last five (5) years.

**NOTE - Total must equal 100%**

2. Does anyone in the applicant firm provide dual representation (both sides of the dispute)?  Yes  No  
 If Yes, do you require that the conflict of interest be waived prior to undertaking representation?  Yes  No
3. Has the Applicant had any involvement in the past 5 years with Registration, issuance, offering, or sale of any bonds or securities?  Yes  No  
 If Yes, please complete the Supplemental Securities Application.
4. Has the Applicant had any involvement in the past 5 years as a promoter, syndicator, general partner, or managing general partner of any limited partnership?  Yes  No  
 If Yes, please complete the Limited Partnership Supplement Application
5. Has any past or present lawyer in any way associated with the Applicant has had any involvement in any of the following areas within the past two years:  Yes  No
- i. Discretionary investment authority over client funds, except for wills and trusts.
  - ii. Deal maker. Locate potential investors, buyers, partners or lenders for any project, business, or other venture.
  - iii. Due diligence on behalf of a prospective buyer of a business.
  - iv. Drafted or negotiated any terms of any buy-sell agreement involving cash or stock, relative to the purchase of any business, corporate stock or assets, or any commercial property or real estate, where the values involved were \$5,000,000 or more?
  - v. Accept compensation on a commission basis or based on dollar value of sale.
- c. If Yes to 5.b.i. through 3.b.v., please complete the Business Related Activities Supplement.
6. Has the Applicant or any predecessor in business or any lawyer or employee thereof within the past two (2) years served as a director, officer, or employee, or had any kind or amount of equity or ownership interest in the client, or engaged in any kind of business venture with the client?  Yes  No  
 If "Yes", complete the Outside Interest Supplemental Application.
7. Within the last five (5) years, has the Applicant or any Insured ever acted as either In House General Counsel, or as Outside General Counsel for any Publicly Owned Client?  Yes  No  
 If "Yes", complete the Publicly Owned Clients Supplemental Application.

Note:

For purposes of this Application, the following three definitions apply:

- (1) "In House General Counsel" means any lawyer of the Applicant who provides legal advice or legal services as an employee or independent contractor working in the offices of any Publicly Owned Client.
- (2) "Outside General Counsel" means the Applicant, or any lawyer of the Applicant, who provides legal advice or legal services to any Publicly Owned Client relative to all or most of that client's corporate, commercial, or contractual related legal matters.
- (3) "Publicly Owned Client" includes any former or present client of the Applicant whose outstanding stock has been sold or traded at any time via any public stock exchange.

**III. CLIENT RELATIONS**

1. Major Client. Did any one client (including affiliated or related clients) account for twenty-five percent (25%) or more of your gross revenues during the past twelve (12) months?  Yes  No  
 If Yes, please provide complete details on a separate attachment.
2. Has the Applicant had any suits for collection of fees filed against them?  Yes  No  
 How many In the last year? \_\_\_\_\_ and in the past 2 years? \_\_\_\_\_

3. Insolvent Clients. During the past two years have any past or present client(s) for whom you provided any kind of legal service or advice subsequently became insolvent, bankrupt, or went into liquidation or receivership unless your representation was solely limited to bankruptcy work:  Yes  No

- At any time, had you been corporate counsel or general counsel for the client?
- Was client publicly owned, or had its stock been traded on any stock exchange?
- Was client any type of financial institution, financial services company, insurance company, or investment company?
- Did the Applicant provide any environmental, investment counseling, patent, real estate or securities legal service advice to the client?

If Yes to any part of Question 3, please provide complete details on a separate attachment.

4. Financial Institution Clients. During the past two (2) years, have you provided any of the following services to any type of Financial Institution client?  Yes  No

- Acted as general counsel?
- Served on any executive or loan committee?
- Performed any commercial loan due diligence or commercial loan documentation work?

If Yes, please complete the Financial Institution Supplemental Application.

#### IV. APPLICANT MANAGEMENT AND ADMINISTRATION

1. General. Does the Applicant have and actively use the following:

- a. Formalized professional liability risk management program.  Yes  No
- b. Formalized peer review program or procedure.  Yes  No
- c. Engagement letters on new clients and new matters.  Yes  No
- d. Disengagement or non-engagement letters.  Yes  No
- e. Second factor authorization via phone before releasing any wire transfer instruction.  Yes  No
- f. Computerized diary system/docket control with at least two independent date controls  Yes  No
- g. Computerized conflict of interest system  Yes  No

2. Does the Applicant ever sub-contract or refer any kind of work to other law firms or other third parties?

If Yes, does the Applicant require and confirm that the subcontracting entity carries separate errors and omissions insurance?  Yes  No

3. Diary System/Docket Control. Check each of the below methods used by the Applicant along with other factors that apply:

- Computer  Perpetual Calendar  Tickler
- Day timer  Pocket Calendar  No Formal System
- System is centralized and used by the Applicant members.
- System tracks court dates and deadlines and statute of limitations dates.
- Software calculates/identifies all key dates upon initial entry of a matter.
- Open calendar entries are circulated to all lawyers on a weekly basis.

4. Conflict of Interest System/Conflict Avoidance. Check each of the below methods used by the Applicant along with other factors that apply:

- Computer  Oral/Memory  No Formal System
- Multiple Index Files  Single Index Files
- System is centralized and used by the Applicant members.
- System retains and checks client name, client's principals and subsidiaries, opposing party and opposing counsel.

**V. DISCIPLINARY PROCEEDINGS AND CLAIM ACTIVITY**

**IMPORTANT NOTICE: All known claims and/or circumstances that could result in a Professional Liability claim are specifically excluded from coverage. Report all such claims and/or circumstances to your current insurer. If any circumstance, act, error, or omission exists that could result in a professional liability claim, then such claim and/or any claim arising from such act, error, omission or circumstance is excluded from coverage that may be provided under this proposed insurance.**

**1. MISSOURI APPLICANTS DO NOT ANSWER THIS QUESTION.**

Has the Applicant or any predecessor in business or any lawyer ever had any Insurer decline, cancel, refuse to renew, or accept only on restricted terms any Professional Liability Insurance, or has the Applicant or any individual lawyer ever purchased an extended reporting period endorsement?

Yes  No

If Yes, please provide details.

2. Has any Applicant member, past or present, ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined, or held in contempt by any court, state or local bar association, administrative agency, or regulatory body?

Yes  No

If Yes, please provide complete details on a separate sheet, including a copy of the courts final opinion.

3. To Applicant's knowledge, has any Applicant member had a disciplinary complaint or grievance made to any court, bar association, administrative agency or regulatory body in the last five (5) years that resulted in any formal censure or other formal action?

Yes  No

If Yes, please provide complete details on a separate sheet.

4. Has any professional liability claim or suit been made in the past five (5) years against the Applicant or its predecessor(s) in business or any current or former member of the Applicant or its predecessor(s) in business?

Yes  No

If Yes, please provide complete a claim supplement and provide currently dated loss runs.

5. After inquiry, does any Applicant member know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against the Applicant or its predecessor(s) in business or any of the current or former members of the Applicant or its predecessor(s) in business?

Yes  No

If Yes, indicate total number of such incidents:

\_\_\_\_\_

**PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.**

**By signing this Application, you represent and agree to each of the following five (4) items:**

1. You have made a comprehensive internal inquiry or investigation to determine whether any member of the Applicant is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section VI. of this Application; and
2. Each of the statements and answers given in this Application, and in each of the Supplemental Applications above, are:
  - a. Accurate, true and complete to the best of your knowledge;
  - b. No material facts have been suppressed or misstated;
  - c. Representations you are making on behalf of all persons and entities proposed to be insured;
  - d. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
3. **THIS PARAGRAPH DOES NOT APPLY TO NORTH CAROLINA, UTAH OR WISCONSIN APPLICANTS.** This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
4. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, to modify or withdraw any proposal for insurance.

**IMPORTANT NOTICE:** Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage. Please see IMPORTANT NOTICE in Section VI.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

**NOTICE:** By applying for this insurance, the applicant also is applying for membership in Premier Attorneys Purchasing Group, Inc., a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing professional errors and omissions liability insurance to lawyers. The sole purpose of becoming a member is to purchase professional liability insurance.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO 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.

An authorized representative who is an active owner, officer, or partner of the Applicant must sign this Application within sixty (60) days prior to the policy inception date.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name and Title

**PRODUCERS MUST COMPLETE:**

**PRODUCED BY (Insurance Agent or Broker):**

Producer Name: \_\_\_\_\_ Producer Signature: \_\_\_\_\_  
Producer License No.: \_\_\_\_\_ Date: \_\_\_\_\_



## **FRAUD WARNINGS:**

**NOTICE TO APPLICANTS:** (Not applicable to applicants in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, PA, RI, TN, VA, VT, WA or WV.) Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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, DISTRICT OF COLUMBIA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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

**NOTICE TO KANSAS APPLICANTS:** IT IS UNLAWFUL TO COMMIT A "FRAUDULENT INSURANCE ACT" WHICH MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, ANY INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**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 MAINE, TENNESSEE, VIRGINIA AND 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 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 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 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.

**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 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.