



# Starr Surplus Lines Insurance Company

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## INVESTMENT ADVISOR D&O AND E&O INSURANCE APPLICATION

**NOTICE: THE INSURANCE POLICY FOR WHICH THIS APPLICATION IS SUBMITTED PROVIDES COVERAGE GENERALLY LIMITED TO LOSS FROM CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER AS THE POLICY REQUIRES. DEFENSE COSTS REDUCE THE LIMITS OF LIABILITY (AND, THEREFORE, AMOUNTS AVAILABLE TO RESPOND TO SETTLEMENTS AND JUDGMENTS) AND ARE APPLIED AGAINST APPLICABLE RETENTIONS.**

**THE INSURER HAS THE RIGHT, BUT NOT THE DUTY, TO DEFEND THE INSURED. WHERE THE INSURER HAS NOT ASSUMED THE DUTY TO DEFEND, IT WILL ADVANCE DEFENSE COSTS, EXCESS OF THE APPLICABLE RETENTION, PURSUANT TO THE TERMS OF THIS POLICY PRIOR TO THE FINAL DISPOSITION OF A CLAIM.**

**NOTICE: APPLICABLE TO ALL JURISDICTIONS: PLEASE READ THE ENTIRE RENEWAL APPLICATION CAREFULLY, BEFORE SIGNING.**

(For all questions, please attach a separate sheet with your response if the space provided is inadequate)

### I. GENERAL INFORMATION

1. (a) Named Insured: \_\_\_\_\_  
 (b) Mailing Address: \_\_\_\_\_  
 (c) State of Incorporation: \_\_\_\_\_  
 (d) Date of Incorporation: \_\_\_\_\_  
 (e) If other than a corporation, state form of organization and identify applicable law controlling said form of organization. State what public authority and attach any documents relating to formation of such organization.  
 \_\_\_\_\_
2. (a) Limit of Liability requested: \$ \_\_\_\_\_ aggregate  
 (b) Retentions requested \_\_\_\_\_
3. Is applicant registered with the SEC as an Investment Adviser?  YES  NO
4. (a) Has the applicant been involved in any mergers, acquisitions and/or consolidations during the past three years?  
 YES  NO If "Yes", please describe \_\_\_\_\_  
 (b) Are any plans for merger, acquisition or consolidation being considered?  YES  NO  
 (c) If "Yes", has such been approved by the board of directors?  YES  NO  
 (d) If "Yes", has such been submitted to the shareholders for approval?  YES  NO  
 (e) If 4(b) is answered "Yes", attach full details.
5. Materials Requested: Please attach copies of the following (where applicable)
  - Applicant's most recent audited annual report;
  - Most recent filings with the S.E.C. (Form 10-K) and any subsequent filings (if the applicant is publicly traded)
  - Copy of brochure and sample contract offered to clients;
  - Information indicating overall portfolio performance for past five years and include comparative
  - Results to S&P, Salomon Brothers Bond Index or similar indices;
  - Latest prospectus and audited annual report for each Mutual Fund or Limited Partnership for which the applicant acts as Investment Adviser;

- Complete ADV report parts I and II (as filed with the SEC); and
- Complete list of applicant's affiliates and subsidiaries.

**II. COVERAGE A: INVESTMENT ADVISER PROFESSIONAL LIABILITY (COMPLETE ONLY IF COVERAGE IS DESIRED):**

1. (a) Does the applicant have a parent organization (which owns more than 50% of applicant)?  YES  NO  
 If "Yes", please supply full details and attach parent's latest audited annual report
- (b) Is coverage desired for any entity affiliated with applicant?  YES  NO  
 If "Yes", state entity(ies) and describe its function and relationship.
- \_\_\_\_\_

2. (a) Total asset value of all accounts managed: Current Year \$ \_\_\_\_\_ Previous Year \$ \_\_\_\_\_
- (b) Asset value of largest account: \$ \_\_\_\_\_
- (c) Number of accounts lost during last 12 months and corresponding total asset value: \_\_\_\_\_
- (d) Reasons for loss of accounts: \_\_\_\_\_
- (e) Percentage of accounts for which the applicant acts as custodian: \_\_\_\_\_
- (f) Minimum size of accounts currently accepted as new accounts: \$ \_\_\_\_\_

3. Complete for all those accounts for which the applicant acts as Investment Adviser:

**(a) Discretionary Accounts:**

Type of Account	Asset Value of Largest Accounts	Total Asset Value of All Accounts	Total Number of Accounts
ERISA pension & employee benefit plans	\$	\$	
Non-ERISA pension & employee benefit plans	\$	\$	
Mutual Funds	\$	\$	
Limited Partnerships	\$	\$	
REITS	\$	\$	
All other accounts	\$	\$	
Total Book Value of All Accounts	\$	\$	

**(b) Non-Discretionary Accounts:**

Type of Account	Asset Value of Largest Accounts	Total Asset Value of All Accounts	Total Number of Accounts
ERISA pension & employee benefit plans	\$	\$	
Non-ERISA pension & employee benefit plans	\$	\$	
Mutual Funds	\$	\$	
Limited Partnerships	\$	\$	
All other accounts	\$	\$	
Total Book Value of All Accounts	\$	\$	

4. Does the applicant act as Investment Adviser for any multi-employer, union or governmental employee benefit plans?  
 YES  NO (If "Yes" attach list of clients and dollar amounts of assets managed.)
5. (a) May clients select their own brokers for executions?  YES  NO  
 (b) Are some client transactions executed by "in-house" broker-dealer?  YES  NO  
 (c) Name of "in-house" broker-dealer: \_\_\_\_\_
6. (a) Does the applicant recommend investments in specialty areas other than commonly traded Securities?  
 YES  NO (Specialty areas include commodity futures, real estate, options, private placements, unregistered securities, direct placements, oil and gas joint ventures, foreign securities, limited partnerships of any types)
7. (b) If "Yes",

Specialty Area	Percentage of Total Asset Value	Percentage of each type of account as specified in 4. above
Commodity Futures		
Real Estate		
Options		
Private Placements		
Unregistered Securities		
Direct Placements		
Oil and Gas Joint Ventures		
Foreign Securities		
Limited Partnerships		
Other		

8. Does the applicant have measures instituted to assure that clients' plans are in compliance with ERISA?  YES  NO
8. Does the applicant have procedures for decisions and executions when a portfolio manager is not available?  YES  NO
9. Annual fees for investment advisory services: \$\_\_\_\_\_ Other income(annual): \$\_\_\_\_\_  
 Explain sources of other income:\_\_\_\_\_
10. Please provide the current insurance information:

(a) Please provide the following details regarding the Company's Insurance programs:

Coverage	Yes	None	Limit of Liability	Retention	Premium	Policy Period
D&O	<input type="checkbox"/>	<input type="checkbox"/>				
E&O	<input type="checkbox"/>	<input type="checkbox"/>				
EPL	<input type="checkbox"/>	<input type="checkbox"/>				
Fiduciary	<input type="checkbox"/>	<input type="checkbox"/>				
Fidelity Bond	<input type="checkbox"/>	<input type="checkbox"/>				

(b) Have any of the Company's prior carriers cancelled or indicated an intent to not offer renewal terms? (*Note: Not applicable to Missouri Applicants*)  YES  NO If yes, provide details.  
 \_\_\_\_\_

(c) Has any person or entity for whom this insurance is being applied given written notice under the provisions of any prior or current insurance policy of facts or circumstances that might give rise to a Claim being made against any person or entity for whom this insurance is being applied? (**Note that this question 10 (c) does not apply to the Crime and Fidelity Coverage Section of any policy that may be issued pursuant to this Application**)  
 YES  NO If yes, please provide details. \_\_\_\_\_

(d) Have any payments been made on behalf of any person or entity for whom this insurance is being applied under any policy of insurance similar to any proposed insurance hereunder?  YES  NO

If Yes, please provide details. \_\_\_\_\_

11.(a) Name and address of primary outside law firm providing legal services(non-litigation):  
\_\_\_\_\_

(b) What type of services do they provide? \_\_\_\_\_

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**III. COVERAGE B: FUND PROFESSIONAL AND MANAGEMENT LIABILITY (COMPLETE ONLY IF COVERAGE IS DESIRED):**

1. Attach copies of the following:

- Prospectus and PPMs (new funds only);
- Latest annual and quarterly report for each Fund/LP;
- Statement of additional information for each Fund/LP

2. (a) Fund Details

Name of Fund	Total Assets Current Year	Total Assets Previous Year
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

(b) Name and address of advisers: \_\_\_\_\_

(c) Name and address of sub-advisers (if any): \_\_\_\_\_

(d) Name and address of general distributor: \_\_\_\_\_

(e) Name and address of the bank or firm performing shareholder services: \_\_\_\_\_

(f) If fund is a Hedge Fund, please list Prime Brokers: \_\_\_\_\_

3. Number of offices of the Funds and the location of each: \_\_\_\_\_

4. (a) Have there been any changes or modifications in the investment restrictions or limitations of any Fund during the past two (2) years?  YES  NO If "Yes", please give full details:  
\_\_\_\_\_

(b) Have there been any material changes in the administrative operations or investment policies of any Fund during the past two (2) years?  YES  NO. If "Yes", please give full details:  
\_\_\_\_\_

5. Does any Fund utilize 12b-1 distribution plans?  YES  NO If "Yes", please state name of Fund and fee percentage: \_\_\_\_\_

6. State criteria used in selecting institutions approved for repurchase agreements, reverse repurchase agreements and lending of securities wherein these investments comprise more than 25% of any one Fund's assets. (Please attach list of institutions) \_\_\_\_\_

7. Do the directors, officers, partners and trustees (as a group) of the Funds or their Investment Advisors own more than 5% of the outstanding shares of any of the Funds?  YES  NO. If "Yes" give full details.  
\_\_\_\_\_
  8. Are any portfolio transactions executed by an "in-house" broker?  YES  NO If "Yes" give name of in-house broker: \_\_\_\_\_
  9. If coverage is desired for any entity(ies) affiliated with the Applicant, please state the entity and describe its function and relationship: \_\_\_\_\_
  10. (a) Name and address of the firm employed as accountant: \_\_\_\_\_  
(b) State frequency and nature of auditing services conducted: \_\_\_\_\_
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**IV. COVERAGE C: INVESTMENT ADVISOR MANGEMENT LIABILITY (NOT APPLICABLE TO FUNDS) (COMPLETE ONLY IF COVERAGE IS DESIRED):**

1. Attach copies of the following:
    - Most Recent interim financial statement available;
    - Most Recent copy of the notice of annual meeting of shareholders; if applicable
    - Most recent proxy statement;
    - Certified copy of the indemnification provisions of the charter and the by-laws or partnership agreement. Also, attach a copy of any standard indemnification agreement.
  2. List of entities for which coverage is desired. Please attach schedule including Entity name, business type of operation, owned by, percentage of ownership, date acquired and location of entity.
  3. Complete list of all directors of parent company by name and affiliations with other corporations
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**V. CLAIMS HISTORY AND PRIOR KNOWLEDGE**

1. No person or entities for whom this insurance is being applied have any knowledge of any fact, circumstance, situation, or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a Claim which may fall within the scope of coverage of the proposed insurance?  YES  NO  
If yes, please provide complete details (use supplemental attachment if additional space is necessary).  
\_\_\_\_\_
2. No Claims have been made against any person(s) or entities for whom this insurance is being applied.  
 YES  NO If yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_
3. No person(s) or entity(ies) proposed for whom this insurance is being applied has knowledge of any inquiry, investigation or communication that he/she/it has reason to believe might give rise to a Claim that might fall within the scope of the coverage of the proposed insurance.  YES  NO If yes, please provide details.  
\_\_\_\_\_

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS WITH REGARD TO QUESTIONS V (1), (2), or (3), REGARDLESS OF WHETHER IT IS DISCLOSED IN THIS APPLICATION, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH ERROR, MISSTATEMENT, MISLEADING STATEMENT, ACT, OMISSION, NEGLIGENCE, BREACH OF DUTY OR OTHER MATTER OF WHICH THERE IS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE UNDER THE INSURANCE BEING APPLIED FOR AND THE INSURER SHALL NOT BE LIABLE FOR SUCH LOSS AND, TO THE EXTENT THIS POLICY PROVIDES DUTY TO DEFEND

COVERAGE, THE INSURER SHALL HAVE NO DUTY TO DEFEND.

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**VI. NOTICES TO NAMED INSURED:**

The undersigned authorized representative of the Named Insured declares that the statements set forth herein are true, and reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the accurate completion of the Application. The undersigned authorized representative agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, he/she will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or agreement to bind insurance.

The submission of this Application by the Named Insured to the Insurer or signing of this Application by the Company does not obligate the Insurer to issue the insurance. It is agreed that this Application shall be the basis of the contract if a policy is issued and shall be deemed to be attached to, incorporated into and become a part of, the policy. However, this paragraph does not apply in the states of Utah and Wisconsin.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTICE TO UTAH AND WISCONSIN RESIDENTS: THE SUBMISSION OF THIS APPLICATION BY THE NAMED INSURED TO THE INSURER OR SIGNING OF THIS APPLICATION BY THE NAMED INSURED DOES NOT OBLIGATE THE INSURER TO ISSUE THE INSURANCE. NOTHING CONTAINED HEREIN SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

**WARNING**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

**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 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".

**NOTICE TO OREGON 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 MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS."

**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 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 MAY INCLUDE IMPRISONMENT, FINES OR A 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 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO WEST VIRGINIA:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE BENEFIT OF 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, 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.”



**VII. DECLARATION AND SIGNATURE**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE IS MAKING THE REPRESENTATIONS IN THIS APPLICATION ON BEHALF OF THE NAMED INSURED AND ALL ENTITIES OR PERSONS PROPOSED FOR COVERAGE UNDER THE POLICY.

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

Title: \_\_\_\_\_  
(President, CEO or CFO)

**NOTE: This Application must be signed by the President, CFO and/or CEO of the Applicant acting as the authorized agent of the persons and entity(ies) proposed for this insurance.**

**If this Application is completed in Florida, please provide the Insurance Agent’s name and license number as designated. If this Application is completed in Iowa, please provide the Insurance Agent’s name only.**

PRODUCER (Insurance Agent or Broker)	INSURANCE AGENCY OR BROKERAGE
INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.	AGENT OR BROKER LICENSE NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	
E-MAIL ADDRESS OF AGENT OR BROKER	
SUBMITTED BY (Insurance Agency)	INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	