



The Non Profit Wrap New Business Application

Application for All Coverage Parts

NOTICE: THE WRAP LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR RESPECTIVE TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED TO BE MADE AGAINST AN INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY LOSSES SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES AND SUCH DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS "DUTY-TO-DEFEND" COVERAGE IS PURCHASED.

Wherever used in this Application, the term "Applicant" shall mean the Parent Organization and all Subsidiaries.

AGENCY/ BROKER	CODE	NAME and LICENSE NUMBER	POLICY NUMBER
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Applicant Name:	
Principal Address:	
Purpose and General Nature of Operations	
Applicant has Continually been Operating Since:	
The scope of the organization is (check one): National <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/>	

Number of members:		Number of chapters:	
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Proposed Policy Period:	Effective Date:		Expiration Date:	
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I. Requested Coverage Parts

Liability Coverage Parts:	<input type="checkbox"/> Non-Profit Organization & Employment Practices Liability*
	<input type="checkbox"/> Fiduciary Liability
Crime Coverage Parts:	<input type="checkbox"/> Fidelity
	<input type="checkbox"/> Kidnap and Ransom/Extortion

* If the Non-Profit Organization & Employment Practices Liability Coverage Part is requested, the policy for which application is made includes Risk Management Plus+ OnlineSM, an employment practices loss control program. Please provide the name and contact information for the individual responsible for training supervisors, updating policies, and implementing employment-related controls.

Contact Name: _____	Contact Email: _____
Contact Address: _____	Contact Phone: _____
_____	Contact Fax: _____

II. Limit of Liability Option: Please check the appropriate box and indicate the desired limit and retention.

Limit of Liability Option	Limit	Retention
<input type="checkbox"/> Aggregate limit of liability for all requested Coverage Parts combined:		
<input type="checkbox"/> Aggregate limit of liability for all requested Liability Coverage Parts combined:		
<input type="checkbox"/> Aggregate limit of liability for all requested Crime Coverage Parts combined:		
<input type="checkbox"/> Separate limits of liability for all requested Coverage Parts :		
<input type="checkbox"/> Non-Profit Organization & Employment Practices Liability		
<input type="checkbox"/> Fiduciary Liability		
<input type="checkbox"/> Fidelity		
<input type="checkbox"/> Kidnap and Ransom/Extortion		

III. Type Of Liability Coverage: Duty to Defend Reimbursement

IV. Current Insurance Information: Please indicate if you have the following insurance products:

Policy	Limit	Deductible	Insurance Company	Policy Period	Premium
Non Profit Directors & Officers Liability					
Fiduciary Liability					
Fidelity					
Kidnap and Ransom/Extortion					
Errors and Omissions					
Commercial GL					

V. Additional Information

1. Total number of employees for last three years				Employee Turnover			
Year:				Year:			
Full Time:				Terminated (Involuntary):			
Part Time				Resigned (Voluntary):			
Total:				Retired:			
				Layoffs:			

2. Number of workers in the following classifications in the previous 12 months:

Temporary		Seasonal		Leased		Volunteers	
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3. Locations of Applicant by state or country (if foreign) and number of employees for each (attach schedule if necessary):

State or Country	# of Employees	# of Locations		State or Country	# of Employees	# of Locations

4. List all Subsidiaries (as defined in the policy) and provide the following information:

Name	Date Created or Acquired	Nature of Operation	# of Members	Is Subsidiary Tax Exempt?	% of Voting Stock Owned (if a Stock Company)

5. Does the **Applicant** currently have tax exempt status under the U.S. Internal Revenue Code? Yes No
6. Is there now, or has there been, any dispute as to the **Applicant's** tax exempt status? Yes No
7. Does the **Applicant** have any for-profit Subsidiaries? Yes No
8. Has **Applicant** merged with, closed, consolidated, or spun-off any entity, office, subsidiary, or division within the past three years? Yes No
9. Does the **Applicant** anticipate any of the following in the next 12 months: Downsizing, rightsizing, layoffs, or any other reduction in number of employees? Yes No
- If Yes to question 6, 7, 8, or 9 above, please provide details on a separate attachment.**
10. Is a CPA involved in the **Applicant's** financial reporting? Yes No
11. Have the outside auditors stated there are no material weaknesses in the **Applicant's** system of internal controls? If No, please attach the CPA letter to management and management's response. Yes No

NON-PROFIT ORGANIZATION AND EMPLOYMENT PRACTICES LIABILITY COVERAGE PART
Complete Only If Requesting This Coverage

A. General Background Information

1. Does the **Applicant** or its Subsidiaries have any members or other persons who profit from the operation except as salaried employees? Yes No
 If Yes, explain fully on a separate attachment to this Application.

2. a) Does the **Applicant** or its Subsidiaries receive donations or contributions from the general public? Yes No
 b) Are contributions generally solicited? Yes No
 c) Out of the total contributions received what is the net percentage that is actually distributed to the intended beneficiaries of the charity? _____

3. Are any of the persons proposed for insurance indebted to the **Applicant** or its Subsidiaries? Yes No
 If Yes, explain fully on a separate attachment to this Application.

4. Is the **Applicant** and/or any of its Subsidiaries managed or administered by any third-party under contract or agreement? Yes No
 If Yes, explain fully on a separate attachment to this Application and attach a copy of contract or agreement.

5. Does the **Applicant** perform any of the following services:
 (If Yes, explain fully on a separate attachment to this Application.)
 - a) Engage in or sponsor product or service research, standards, development, experimentation, or performance testing; Yes No
 - b) Negotiate labor contracts or provide arbitration services; Yes No
 - c) Conduct professional ethics or peer review activities; Yes No
 - d) Conduct accreditation activities; Yes No
 - e) Certify, endorse, or license members or members' products/services; Yes No
 - f) Promote, sponsor, or provide any form of insurance to its members or non-members; Yes No
 - g) Sponsor or operate a political action committee; Yes No
 - h) Provide a referral service, legal aid service, or computer service to its members or non-members; Yes No
 - i) Promote or sponsor any type of group travel, convention, parade, or other similar event or assume any liability in connection therewith; Yes No
 - j) Provide administrative or management services for any other entity(ies). Yes No

6. Within the last five years, has any person or entity proposed for this insurance been a party to any of the following:
 - Any antitrust, tax, copyright or patent litigation? Yes No
 - Any inquiry, complaint, assessment, fine or notice of hearing from any local, state or federal regulatory authority (including the Internal Revenue Service) or congressional or legislative committee? Yes No

7. Has any director or officer of the **Applicant** or any Subsidiary been charged with or convicted of any criminal act within the past five years or is any director or officer the subject of any pending criminal or administrative investigation? Yes No

8. Has the **Applicant** been involved in any complaint, grievance, charge or administrative hearing involving any of the following in the past three years:
 - Title VII of the Civil Rights Act of 1964 Yes No
 - Age Discrimination in Employment Act Yes No
 - Americans with Disabilities Act Yes No
 - Family and Medical Leave Act Yes No
 - Equal Employment Opportunity Commission Yes No
 - Any state or local government agency related to employment practices Yes No

B. **Human Resources Practices**

1. Does the **Applicant** have a written procedure for hiring and interviewing employees? Yes No
2. Does the **Applicant** use a written employment application form containing an employment-at-will statement for all employment applicants? Yes No
3. Please indicate whether the **Applicant** has formal written policies and procedures related to the following and indicate whether employees sign and acknowledge receipt and understanding:

	Yes	No	Receipt Acknowledged?
Sexual harassment			
If Yes, are employees provided multiple avenues to report a sexual harassment complaint?			
Discrimination			
Equal opportunity			
Disabled employees and accommodations			
Termination			

4. a) Did legal counsel review the above policies prior to implementation? Yes No
 b) Does a lawyer or human resource officer review involuntary employment terminations prior to termination of any employee? Yes No

Complete questions 5 through 14 ONLY if Applicant employs more than 100 employees:

5. Does the **Applicant** have a Human Resources Department? Yes No
 If Yes, how many employees in this Department? _____
 If No, who handles human resources matters and what are their responsibilities and prior training?

6. Who handles human resources matters in locations or branch offices other than your principal or main office? _____
7. Are employee performance evaluations written? Yes No
 If Yes, are employees provided with a copy of the evaluation and given the opportunity to provide written comments? Yes No
8. Please indicate whether officers, managers, and supervisors are trained in any of the following:
 a) Conducting performance evaluations? Yes No
 b) Managing employment-related grievances, disputes, notifications, conflicts, or claims? Yes No
9. Does the **Applicant** have written procedures for disciplining employees? Yes No
 If Yes, are those procedures provided to every employee? Yes No
10. Are "exit" interviews mandatory? Yes No
11. Does the **Applicant** involve an attorney in employment-related disputes? Yes No
 If Yes, please identify the name of the attorney(s) who is usually involved, and indicate if he/she/they are in-house or outside counsel _____
12. Does the **Applicant** have written policies or procedures outlining employee conduct when dealing with the general public or persons outside of the **Applicant's** direction or control? Yes No
 If Yes, please provide a copy.
13. Does the **Applicant** have written policies or procedures for dealing with complaints from the general public, customers, clients, patrons, visitors, or other third parties for issues involving harassment or discrimination? Yes No
 If Yes, please provide a copy.
14. Is a criminal background check done on all new employees? Yes No

FIDUCIARY LIABILITY COVERAGE PART

Complete Only If Requesting This Coverage

1. Complete the chart below for all plans for which coverage is requested. For each plan listed, indicate in the corresponding column the applicable letter(s) and number.

Plan Type (Column 2)		Fund Status (Column 4)			Plan Status (Column 8)		
Defined Benefit (DB) Defined Contribution (DC) Welfare Benefit Plan (W) Other (O) - Attach Explanation		1. Trust 2. Trust and Insurance 3. Insurance 4. Funded exclusively from general assets of the Sponsor (unfunded) 5. Funded partially from insurance and partially from assets of the Sponsor			A - Active F - Frozen M - Merged T - Terminated S - Sold (Spun-off) If any plan has been merged, terminated or sold, indicate date of transaction.		
1. Full Plan Name	2. Plan Type	3. Report Year	4. Fund Status	5. Asset Value (000)	6. Annual Contributions	7. No. of Participants	8. Plan Status

* List any additional plans on attachment

2. Employee Benefit Plan sponsor is a Single Employer or Controlled Group of Corporations
3. Premium to be paid by: Employer or Union Trust or Plan
(Endorsement will be issued to eliminate recourse for Insureds who are fiduciaries if the premium is paid by the Employee Benefit Plan. Premium for this endorsement must be paid from funds other than the assets of the Employee Benefit Plan.)
Total number of plan trustees and other employees who act in a fiduciary capacity: _____
4. Does the plan conform to the standards of eligibility, participation, vesting and other provisions of Employee Retirement Income Security Act (ERISA) or similar foreign law? Yes No
If No, explain _____
5. Do any plans hold assets invested in employer real property? Yes No
6. Is each plan reviewed periodically to assure there are no violations of prohibited transactions or party-in-interest rules of ERISA? If No, attach explanation. Yes No
7. Has any plan filed for an exemption from a prohibited transaction? If Yes, attach copy of filing and DOL response. Yes No
8. Has the following occurred in any plan?
 - a. Has the IRS withdrawn or threatened to withdraw the tax exempt status of any plan? If Yes, explain. Yes No
 - b. Has any plan experienced an event reportable to the PBGC within the past three years? If Yes, explain. Yes No
 - c. Has any plan been the subject of an investigation by the DOL, IRS, or similar foreign regulatory agency in the last three years? If Yes, explain. Yes No
9. Are there any outstanding delinquent plan contributions? If Yes, explain. Yes No
10. In the past two years have there been any plan amendments or do you anticipate any plan amendments that will result in a reduction in benefits? If Yes, explain. Yes No
11. Has any plan been merged with another plan, terminated, or sold within the past two years or is any plan merger, termination, or sale anticipated in the next 12 months? If Yes, attach details. Yes No
12. Does the Applicant sponsor any Cash Balance Plans or does Applicant anticipate the creation or conversion to a Cash Balance Plan? If Yes, attach details. Yes No
13. Does the employer, committee of employer representatives, or union board of trustees have final say over determination of whether benefits will be paid under any welfare plan sponsored by this prospective Insured? If Yes, please identify the names of such plans. Yes No
14. Do all plans use outside professional investment advisors? Please name. If None, please attach a schedule of plan's investments. Yes No
15. Has any plan, entity or person proposed for this insurance been accused or found guilty or held liable for a breach of fiduciary duty, a criminal act, or a violation of ERISA or any similar state local or foreign law? Yes No

FIDELITY COVERAGE PART
Complete Only If Requesting This Coverage

REQUESTED COVERAGE	LIMIT	DEDUCTIBLE
A. Coverage Part Limit of Liability (Optional)	\$	\$
B. Single Loss Limit of Liability for Each Insuring Agreement (Required)	\$	\$
• Insuring Agreement A. Employee Dishonesty	\$	\$
• Insuring Agreement B. Forgery or Alteration	\$	\$
• Insuring Agreement C. On Premises (Money, Securities, and Other Property)	\$	\$
• Insuring Agreement D. In Transit (Money, Securities, and Other Property)	\$	\$
• Insuring Agreement E. Money Orders and Counterfeit Paper Currency	\$	\$
• Insuring Agreement F. Computer Fraud and Funds Transfer Fraud	\$	\$
• Insuring Agreement G. ERISA Fidelity	\$	\$

When answering the following questions, please consider all subsidiaries, affiliates, and locations, including those outside of the United States.

- Are any employees compensated with commissions that on average exceeds 50% of their base salary? Yes No
- Are directors and officer active in the day to day operation of the business? Yes No
- Do employees who reconcile the bank statement also:
 - Make deposits? Yes No
 - Make withdrawals? Yes No
 - Sign checks? Yes No
- Is segregation of duties practiced in the following areas:
 - Inventory? Yes No
 - Disbursements? Yes No
 - Payroll? Yes No
 - Purchasing? Yes No
- For new employees, are background checks which may include prior employment, criminal history, or drug testing performed? Yes No
- Are the duties of the computer programmers and operators separated? Yes No
- Do you have an internal audit department? Yes No
- If yes, does it report directly to the Board of Directors/Audit Committee? Yes No
- Are all locations audited? Yes No
- Please indicate maximum exposure for each location:

Locations:	Cash:	Retail Checks:	Credit Card and Non-retail Checks:	Is there a safe? (Y or N):

KIDNAP AND RANSOM/EXTORTION COVERAGE PART
Complete Only If Requesting This Coverage

- Are any operations to be insured involved in the production of foodstuffs, beverages, or pharmaceuticals (including toothpaste, mouthwash, etc.)? Yes No
 If Yes, please describe: _____
- Do directors, officers, or other employees of the **Applicant** take trips or have permanent locations outside the United States and Canada? If Yes, please provide the following information for the last 12 months: Yes No

Country	Number of locations	Number of trips	Number of Individuals	Average Length of Trips

- Please provide details (including date) on a separate attachment of any known Kidnap/Extortion, Detention/Hijack threats against **Applicant** or **Applicant's** directors, officers, or other employees or relatives or guests.

SIGNATURE PAGE
This Page Must Be Completed And Signed

Please complete either section A or B:

A. **Applicant** is not requesting Continuity of Coverage or Continuity of Coverage has not been granted (check all coverages that apply):

Non Profit Organization Liability (D&O) & Employment Practices Coverage Part

Fiduciary Liability Coverage Part

1. Are there any facts or circumstances which may result in a claim under such coverage? Yes No
2. Are there any pending claims or is the **Applicant** involved in any litigation or proceedings that would fall within the scope of the proposed insurance? If Yes, please provide details in an attachment. Yes No
3. Has any carrier refused to offer terms to any person or entity proposed for this insurance? Yes No

B. **Applicant** is requesting Continuity of Coverage (check and complete for all coverages that apply):

Applicant acknowledges that if Continuity of Coverage is not granted, the Company may require the completion of section A above prior to binding coverage.

Non Profit Organization Liability (D&O) & Employment Practices Liability Coverage Part

1. Prior similar coverage has been continuously in effect since _____
At the time of original application to the insurer who wrote such coverage, were there any facts or circumstances which might have resulted in a claim being made against any insured? Yes No
2. Are there any pending claims or is the **Applicant** involved in any litigation or proceedings that would fall within the scope of the proposed insurance? If Yes, please provide details in an attachment. Yes No
If Yes, has the current carrier been notified of such claims or lawsuits? Yes No
3. Has any carrier refused to renew coverage or refused to offer terms to any person or entity proposed for this insurance? (Not Applicable in Missouri) Yes No
4. Is **Applicant** seeking a higher limit of liability than its prior policy? Yes No
If Yes, with respect to such increased limit, are there any pending lawsuits or claims or any facts or circumstances which may result in a claim under this policy? Yes No

Fiduciary Liability Coverage Part

1. Prior similar coverage has been continuously in effect since _____
At the time of original application to the insurer who wrote such coverage, were there any facts or circumstances which might have resulted in a claim being made against any insured? Yes No
2. Are there any pending claims or is the **Applicant** involved in any litigation or proceedings that would fall within the scope of the proposed insurance? If Yes, please provide details in an attachment. Yes No
If Yes, has the current carrier been notified of such claims or lawsuits? Yes No
3. Has any carrier non-renewed or refused to offer terms to any person or entity proposed for this insurance? (Not Applicable in Missouri) Yes No
4. Is **Applicant** seeking a higher limit of liability than its prior policy? Yes No
If Yes, with respect to such increased limit, are there any pending lawsuits or claims or any facts or circumstances which may result in a claim under this policy? Yes No

To the extent that any lawsuit or claim required to be disclosed in response to questions 1 or 2 in section A or questions 1, 2, or 4 in section B above constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

If you answered Yes to any of the questions in sections A or B above, please attach details including type and amount of claim and whether any insurance responded.

As part of this Application, submit the following documents with respect to the Applicant:

1. Most recent year-end financial statement (CPA audit required, *if performed*).

If Non-Profit Organization & Employment Practices Liability Coverage is requested:

1. **Applicant's** current primary D&O policy with endorsements, if any.
2. A complete list of all Directors and Officers of the **Applicant**.
3. A list of all incorporated or unincorporated entities or organizations proposed for this insurance and include for each a description of its business and the percentage of the entity owned or controlled by the **Applicant**.
4. Employment/Job application form.
5. Employee Handbook and/or Policies and Procedures Handbook.
6. Sexual Harassment Policy (unless contained in Employee Handbook).
7. Equal Employment Opportunity Policy (unless contained in Employee Handbook).
8. EEO-1 Report (if required by the EEOC).

If Fiduciary Liability Coverage is requested:

For Single Employer Plans or Controlled Groups of Corporations:

1. Plan financial statements for each pension plan.
2. Most recent schedule of investments for each defined benefit or defined contribution benefit plan.

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE UNDERSIGNED OFFICER IS AUTHORIZED BY THE APPLICANT, ITS SUBSIDIARIES, AND ALL PERSONS PROPOSED FOR INSURANCE TO WARRANT AND REPRESENT ON THEIR BEHALF THAT THE STATEMENTS SET FORTH IN THIS APPLICATION AND ITS ATTACHMENTS AND OTHER MATERIALS SUBMITTED TO THE INSURER ARE TRUE AND CORRECT AND DO NOT OMIT OR MISSTATE ANY MATERIAL FACT.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: For all Insureds other than those in VA or UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention Insureds in VA and UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in KY and FL

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.

Attention: Insureds in NY

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.

Signature Of President or Chairman or Executive Director:		Date:	
Printed Name of Individual Signing Application:		Title:	

Attention: Insureds in AR, FL, KY, ME, MN, NJ, OH, and PA

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.

Attention: Insureds in DC:

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.

Attention: Insureds in NY

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.

Attention: Insureds in CO

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.

Attention: Insureds in TN and VA

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.

Attention: Insureds in LA and NM

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.

Attention: Insureds in OK

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.

Attaches to all Applications