

**AXIS® PRO**

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## **AXIS® PRO MULTIMEDIA LIABILITY COVERAGE APPLICATION FOR INSURANCE**

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**CHECK ALL MEDIA ACTIVITIES FOR WHICH YOU ARE APPLYING FOR INSURANCE:**

- Advertising Agency or Public Relations Firm
- Advertiser (advertising performed by you or on your behalf)
- Author
- Book Publisher
- Broadcaster – Radio, Television or Cable TV stations
- Cable TV System Operator
- Magazine/Newsletter/Periodical Publisher
- Newspaper Publisher
- Public Appearances (including speaking engagements and freelance writing)
- Website Publisher
- Multimedia (describe)
- Other (describe)

**COMPLETE ONLY THE APPLICABLE PARTS IN SECTION III., MEDIA ACTIVITIES, THAT ARE RELATED TO THE INSURANCE FOR WHICH YOU ARE APPLYING AS SELECTED ABOVE.**

**IF COVERAGE IS ALSO DESIRED FOR:**

1. Cyber/Technology Services Errors & Omissions, please complete the Media/Cyber Liability Supplement available on our website, [www.axisproinsurance.com](http://www.axisproinsurance.com), in conjunction with this application.
2. Film & Entertainment Production, Distribution, or Acquisition & Development activities, please complete one or more of the following applications available on our website, [www.axisproinsurance.com](http://www.axisproinsurance.com) in conjunction with this application.
  - Film & Entertainment Producer Liability Application
  - Film & Entertainment Acquisition & Development, Distributor and Film Library Application

**TO COMPLETE THIS APPLICATION, PLEASE SUBMIT:**

- Company brochures or advertising materials, etc.
- Brochure or list of current book titles, program schedule, etc.
- Current audited financial statement, annual report and/or 10K, or operating budget if applicant is a non-profit organization
- Copies of standard contracts with authors, freelance writers, distributors, advertisers, actors, employees, etc.
- Copies of current newspapers, magazines, newsletters or other periodical publications
- Experience résumés if in business less than three years
- Standard client contract

Submission of a completed application incurs no obligation to purchase or bind insurance.

**NOTE: All applicable questions must be answered. All requested attachments must accompany application.**

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## I. GENERAL INFORMATION –

1. First Named Insured (including DBAs):

**NOTE: First Named Insured is responsible for premium payment, cancellation and changes – refer to specimen policy.**

Street Address:

City, State, Zip Code: Telephone Number:

Website Address(es):

2. Applicant is:  Individual  Partnership  Corporation  LLC  Non-profit  Other (describe)

3. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which coverage is desired?  Yes  No If yes, please provide a list of entities for which coverage is desired.

4. Do you desire coverage for joint ventures in which you participate?  Yes  No

If yes, list the name of each joint venture, describe your role and percentage (%) interest.

With respect to the joint venture(s) described above:

A. Do you require coverage for your participating interest only?  Yes  No

OR

B. Are you contractually required to provide coverage for the entire joint venture including all joint venturers?  Yes  No

**All remaining questions on this application apply to all of the persons and entities described in Questions 1., 3 and 4. above, collectively referred to as "Applicant".**

5. A. Date applicant was established: \_\_\_\_\_

B. Geographic area in which applicant operates:  Local  State  Regional (multi-state)  National  International

6. A. Is applicant wholly or partially owned by, affiliated with or controlled by any other entity(ies) not previously listed in Question 1. or 3.?  Yes  No

B. Does applicant wholly or partially own, operate, manage or control any other businesses or entity(ies) not previously listed in Question 1. or 3.?  Yes  No

If 6.A. or 6.B. are answered yes, provide complete details:

7. Within the past five years has applicant:

A. Changed name?  Yes  No

B. Changed ownership structure?  Yes  No

C. Purchased or acquired another entity?  Yes  No

D. Merged or consolidated with another entity?  Yes  No

8. Does applicant belong to any professional associations or trade groups?  Yes  No

If yes, please advise to which professional associations or trade groups the applicant belongs:

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## II. PROPOSAL REQUIREMENTS –

9. Policy limit required: \$\_\_\_\_\_

Self-Insured Retention: \$\_\_\_\_\_

10. Do you desire coverage for Business Operations and Personal Injury Liability Coverage?  Yes  No

(This optional coverage is in addition to the Personal Injury coverage provided by the policy for your Media activities. This coverage fills a potential gap in coverage left by your General Liability policy by providing Personal Injury coverage for claims arising from your usual and ordinary business operations.)

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**III. MEDIA ACTIVITIES –**

**COMPLETE ONLY THE FOLLOWING PARTS APPLICABLE TO THE INSURANCE FOR WHICH YOU ARE APPLYING.**

11. Describe your media organization and your media activities:

**ADVERTISING:**

Coverage for advertising performed by you on your behalf.

12. A. List advertising agencies used:

B. Please check the appropriate box for each of the following:

- 1) Does applicant operate an in-house advertising agency?  Yes  No
- 2) Does applicant engage in comparative advertising?  Yes  No  
If yes, describe:
- 3) Are written hold harmless or indemnity agreements in your favor required from advertising agencies?  Yes  No
- 4) Are advertising agencies required to provide evidence of insurance to support the hold harmless or indemnity agreements?  Yes  No
- 5) If employees make creative contributions to advertising, are written releases obtained from them?  Yes  No
- 6) Has applicant been cited by any regulatory agency for violations arising out of its advertising activities?  Yes  No  
If yes, please explain:

C. Provide the approximate percentage of advertising expenditures in the following media:

Radio	_____%	Magazines	_____%
Television	_____%	Catalog/mail order	_____%
Newspapers	_____%	Internet	_____%
Other	_____%		

(specify)

D. Annual revenue from all business activities: \$\_\_\_\_\_

E. Annual advertising expenditures: \$\_\_\_\_\_

**ADVERTISING AGENCY:**

13. A. List major clients and description of their business:

B. Do any of applicant's clients produce or manufacture:  Tobacco  Firearms  Alcoholic beverages  Pharmaceuticals

C. Has applicant been cited by any regulatory agency for violations arising out of advertising activities?  Yes  No

If yes, please explain:

D. Is applicant a "full service" advertising agency?  Yes  No

If no, state area of specialization: \_\_\_\_\_

E. Does applicant's contract with clients always provide for client sign-off and approval?  Yes  No

Attach a specimen copy of client contract.

F. Does applicant obtain written releases with respect to creative material or talent from the following:

- Employees?  Yes  No
- Models?  Yes  No
- Free-lance photographers, writers, composers, artists, musicians?  Yes  No
- Non-professional persons appearing in commercials or advertisements?  Yes  No

G. Does applicant develop trademarks?  Yes  No

If yes, describe trademark search and clearance procedures:

Number of trademarks developed per year: \_\_\_\_\_

H. Provide the approximate percentage of work performed in the following activities:

- \_\_\_\_\_ % Billboards
- \_\_\_\_\_ % Crisis Management
- \_\_\_\_\_ % Direct Mail
- \_\_\_\_\_ % Events
- \_\_\_\_\_ % Internet Advertising
- \_\_\_\_\_ % Lobbying
- \_\_\_\_\_ % Please describe:
- \_\_\_\_\_ % Mail Order/Production of Catalogs
- \_\_\_\_\_ % Market Research
- \_\_\_\_\_ % Media Buying/Media Placement
- \_\_\_\_\_ % Medical/Pharmaceutical Advertising
- \_\_\_\_\_ % Mobile/Wireless Advertising

- \_\_\_\_% Package Design/Display Design/Product Design
- \_\_\_\_% Political Advertising
- \_\_\_\_% Printing (or assumption of liability for printing by others on your behalf)
- \_\_\_\_% Promotions, contests, games, sweepstakes
- \_\_\_\_% Please describe:
- \_\_\_\_% Public Relations
- \_\_\_\_% Print Material
- \_\_\_\_% Radio or Television Commercial Production
- \_\_\_\_% Search Engine Marketing/Optimization
- \_\_\_\_% Web Hosting
- \_\_\_\_% Website design/development (content only; "look and feel")
- \_\_\_\_% Website design/development (infrastructure, including programming)
- \_\_\_\_% Please describe:
- \_\_\_\_% Other Advertising Activities
- \_\_\_\_% Please describe:
- \_\_\_\_% Other Consulting Activities related to Advertising, Marketing and Communications
- \_\_\_\_% Please describe:

<u>I. DOMESTIC AND FOREIGN REVENUE</u>	<u>BILLINGS*</u> <u>CURRENT FISCAL YEAR</u>	<u>BILLINGS*</u> <u>ESTIMATED NEXT FISCAL YEAR</u>
United States:	\$ _____	\$ _____
Canada:	\$ _____	\$ _____
Other (specify):	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____
<b>GROSS INCOME:**</b> Current Fiscal Year: \$ _____		Estimated Next Fiscal Year: \$ _____

**\*BILLINGS:** Billings includes amounts invoiced to clients and includes the total of amounts paid to outside vendors, or pass through costs. (Billings = Gross Income + Pass Through Costs)

**\*\*GROSS INCOME (i.e. - revenue):** Gross income includes the portion of client billings related to media commissions, production markups, fees, and hourly staff and incentive/performance compensation billings, and excludes pass through costs. (Gross Income = Billings - Pass Through Costs)

**AUTHOR – BOOK, PLAY, JOURNAL OR ARTICLE:**

14. A. Title of work to be insured: \_\_\_\_\_
- B. Synopsis of publication:
- C. Scheduled or original date of publication: \_\_\_\_\_
- D. Type of work: (check appropriate box)
- |   |  |
|---|--|
| <input type="checkbox"/> Fiction/Drama                  | <input type="checkbox"/> Poetry                      |
| <input type="checkbox"/> Current Autobiography          | <input type="checkbox"/> Historical/Biographical     |
| <input type="checkbox"/> Technical                      | <input type="checkbox"/> Religious                   |
| <input type="checkbox"/> Investigative Reporting/Exposé | <input type="checkbox"/> Social/Political Commentary |
| <input type="checkbox"/> How-to-do-it                   | <input type="checkbox"/> Other (specify) -           |
- E. Number of copies (including reprints) to be printed/distributed during the proposed policy term:  
Hardback: \_\_\_\_\_ Paperback: \_\_\_\_\_
- F. Advance paid by publisher: \$ \_\_\_\_\_
- G. If work is non-fiction or fiction incorporating living persons or events, have sources of information and material facts been documented?  Yes  No If no, please explain in detail:
- H. Have written releases been obtained from persons or organizations:
- 1) Appearing in photographs or artistic representations?  Yes  No
  - 2) Contributing material to the work?  Yes  No
  - 3) Quoted or paraphrased?  Yes  No
- If no, explain in detail:
- I. Name and address of publisher:
- J. Will "work" be self-published?  Yes  No  
If yes, how will work be distributed?
- K. 1) Will the work be serialized or published in a condensed version during the proposed policy term?  Yes  No  
If yes, specify publication(s) and attach a copy of contract(s) with the publisher(s):
- 2) Estimated revenues: \$ \_\_\_\_\_
- 3) Will a revised edition of the work be published or distributed during the proposed policy term?  Yes  No  
If yes, complete Question L. Attach copy of the revised work and a brief outline of revisions from the original work.

4) Describe any related materials or activities contemplated in conjunction with the work (i.e., tapes, cassettes, audio-visual aids, movie rights, advertising/promotional activities, etc.):

L. Number of copies to be printed/distributed in: Hardback: \_\_\_\_\_ Paperback: \_\_\_\_\_

**BOOK PUBLISHING:**

15. A. Types of books published: (please provide approximate percentage for each of the following categories)

_____%	Biography, autobiography	_____%	History	_____%	Social, political commentary
_____%	Celebrity	_____%	"How-to-do-it"	_____%	Technical
_____%	Children's	_____%	Investigative reporting, exposé	_____%	Textbooks
_____%	Classics	_____%	Poetry	_____%	Other
_____%	Fiction	_____%	Religious	_____%	(specify)
				<u>100%</u>	TOTAL

B. For current fiscal year, specify number of: \_\_\_\_\_ Original titles \_\_\_\_\_ Reprints

**BROADCASTING:**

16. A. **Radio Stations**

Call Letters (AM or FM): \_\_\_\_\_  
Location (City & State): \_\_\_\_\_  
First Air Date: \_\_\_\_\_  
Percentage Simulcast \_\_\_\_\_  
Highest 60-Second Advertising Spot Rate: \_\_\_\_\_  
Programming Format: \_\_\_\_\_

B. **Television Stations**

Call Letters: \_\_\_\_\_  
Location (City & State) \_\_\_\_\_  
First Air Date: \_\_\_\_\_  
Percentage Simulcast \_\_\_\_\_  
Highest Hourly Advertising Program Rate: \_\_\_\_\_  
Network Affiliation: \_\_\_\_\_

**CABLE TV SYSTEM OPERATORS:**

17. A. Name of Cable System(s): \_\_\_\_\_  
Location (City & State): \_\_\_\_\_  
Number of Subscribers: \_\_\_\_\_

B. Does cable system broadcast any original programming produced by the Cable TV System Operator?  Yes  No  
If yes, please provide the following information:

Description of programming: \_\_\_\_\_  
Number of hours per week: \_\_\_\_\_

C. Does any cable television system lease channels, in whole or in part, to others?  Yes  No

If yes, does the cable television system require a hold harmless and indemnity agreement from the lessee with respect to claims arising from lessee's programming?  Yes  No

D. Does any cable television system operate an Access Channel(s)?  Yes  No

If yes:  
How many Access Channels are available to the community? \_\_\_\_\_

Describe the programming available on each Access Channel:

Does the cable television system furnish Access Channel program providers with written guidelines regarding programming standards and requirements?  Yes  No

Does the cable television system require Access Channel program providers to secure and maintain Producers Errors & Omissions insurance for such programming and include the cable television system as an Additional Insured on the policy?  Yes  No

**MAGAZINE PUBLISHING:**

18. A. **Schedule of Publications:**

Name:  
Location (City & State):  
Date First Published:  
Average Circulation:  
Frequency of Circulation:  
If 2 or more publications, % of duplication:

B. Check primary circulation area:

- International  National  Regional  Metro  Suburban  Rural  Campus  Controlled Circulation  
 Other – specify:

**NEWSPAPER PUBLISHING:**

19. A. **Schedule of Publications:**

Name:  
Location (City & State):  
Date First Published:  
Average Circulation:  
Frequency of Circulation:  
If 2 or more publications, % of duplication:

B. Check primary circulation area:

- International  National  Regional  Metro  Suburban  Rural  Campus  Controlled Circulation  
 Other – specify:

**PUBLIC APPEARANCE:**

Complete applicable sections only:

20. A. **Public Speaking, Speeches, Press Conferences, Media Interviews, Panel Discussions, Seminars**

- 1) Number of appearances per year: \_\_\_\_\_
- 2) Type of content:
- 3) Format or description of participation:

B. **Personal Appearances on Radio, Television, Cable Television or the Internet**

- 1) Number of appearances per year: \_\_\_\_\_
- 2) Type of content:
- 3) Format or description of participation:

C. **Contributing to Articles, Books or Other Publications as a Guest or Free-Lance Writer, Subject or Named Source**

- 1) Number of articles published per year as:  
Editor: \_\_\_\_\_ Contributing editor/author: \_\_\_\_\_ Freelance writer: \_\_\_\_\_
- 2) What is applicant's general subject matter?

D. **Advertisements in Any Medium in Which Applicant Appears as an Actor, Announcer, Spokesperson or Endorser of any Product or Service**

- 1) Number of appearances per year: \_\_\_\_\_
- 2) List clients:

E. **Other**

Describe:

	Revenue – Current Fiscal Year	Revenue – Next Fiscal Year
F. 1) Public speaking, speeches, press conferences, media interviews, panel discussions, seminars	\$ _____	\$ _____
2) Appearances on radio, television, cable television or the Internet	\$ _____	\$ _____
3) Contributing to articles, books or other publications as a guest or free-lance writer, subject or named source	\$ _____	\$ _____
4) Appearances in advertisements through any medium as actor, announcer, spokesperson or endorser	\$ _____	\$ _____
5) Other (specify)	\$ _____	\$ _____

**MISCELLANEOUS**

21. A. Describe all other media and/or services for which coverage is sought:  
B. Are commercial printing services performed for others?  Yes  No  
If yes, describe types of material printed:
- 

**IV. RISK MANAGEMENT, EDITORIAL AND LEGAL PROCEDURES –**

**Answer the following questions with consideration of media liability related issues, including but not limited to, defamation, invasion of privacy, infringement of copyright or trademark, and errors & omissions.**

22. Describe your procedures to ensure the accuracy and originality of matter/content created by you in-house:
23. Describe your procedures to check the accuracy and originality of matter/content created for you by independent contractors (such as freelance writers, photographers, artists):
24. Do you enter into contracts with independent contractors that provide matter/content to you?  Yes  No  
If yes:  
A. Does your contract contain an assignment of rights in the matter/content provided to you in any medium including digital and electronic format?  Yes  No  
B. Do you require an indemnity in your favor with respect to claims arising from the matter/content provided to you by independent contractors?  Yes  No
25. Approximately what percentage of matter/content is:  
A. Created by you in-house: \_\_\_\_\_%  
B. Provided by independent contractors: \_\_\_\_\_%  
C. Obtained from newswires, syndicates, stock photo houses, other (describe \_\_\_\_\_): \_\_\_\_\_%
26. Do you accept unsolicited matter/content?  Yes  No  
If yes, describe your procedure for processing and documenting the receipt of unsolicited matter/content:
27. Do you publish, broadcast or disseminate matter/content in a language other than English?  Yes  No  
If yes, describe:
28. Do you pay licensing fees to ASCAP, SESAC, BMI or other music licensing society?  Yes  No
29. Do you stream any content over your website(s)?  Yes  No  
If yes, do you pay licensing fees to ASCAP, SESAC and BMI for the content that is streamed over your website(s)?  Yes  No  
If no, give details.
30. Do you engage in investigative reporting or exposés?  Yes  No  
If yes, describe:  
A. Do you rely on confidential sources?  Yes  No  
If yes, describe your editorial process:  
B. Describe your practices for documenting sources of information:  
C. Do you use hidden cameras or microphones, go undercover or use other methods of surreptitious information gathering?  
 Yes  No  
D. Do you participate in “ride-alongs” with law enforcement, medical emergency services or private investigators?  Yes  No
31. Is a disclaimer used with respect to technical information or advice?  Yes  No
32. Describe your procedure for handling requests for retractions or corrections:
33. Do you have formalized, written guidelines for handling requests for retractions or corrections?  Yes  No
34. Do you allow users to upload video, audio or any other third-party content to any website(s) you own or operate?  Yes  No  
If yes, please respond to the following questions:  
A. Do you screen such uploaded content before it is posted on website(s)?  Yes  No  
B. Do you have actual knowledge of content on your site that might infringe on any intellectual property or other rights of third parties?  Yes  No

- C. Do you receive a financial benefit directly attributable to that user-uploaded video or audio content?  Yes  No
- D. Do you have take down procedures in the event you are notified that user-uploaded video, audio or other third party content may infringe another's intellectual property rights?  Yes  No  
If yes, please attach the take down procedures your company has adopted for such notifications.
- E. Have you implemented a termination policy for users of your website(s) who are repeat infringers?  Yes  No
- F. Do you use filters or other software to screen your site for copyrighted user-uploaded video or audio content?  Yes  No  
If yes, please explain:

35. Do you have a Risk Manager?  Yes  No  
If yes, name of Risk Manager: \_\_\_\_\_

36. Do you have an in-house legal department?  Yes  No  
If yes:

- A. Name of General Counsel: \_\_\_\_\_
- B. How many attorneys specialize in media liability related issues? \_\_\_\_\_
- C. Describe your procedures for engaging in-house counsel with respect to media liability related issues including pre-publication/pre-broadcast review and post-publication/post-broadcast issues:

37. Do you utilize outside law firms with respect to media liability issues?  Yes  No  
If yes, list name of law firms used:

38. Describe your procedures for utilizing outside law firms with respect to media liability related issues including pre-publication/pre-broadcast review and post-publication/post-broadcast issues or claims:

**V. CLAIM EXPERIENCE –**

- 39. A. Have any claims, suits or proceedings been made during the past five years against the applicant or any of the applicant's predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers or employees?  Yes  No  
If yes, provide complete details. Include type of claims, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.
- B. Is the applicant aware of any actual or alleged fact, circumstance, situation or error or omission arising out of the activities described in this application that may reasonably be expected to result in a claim being made against the applicant or any of the person or entities described in 39.A. above?  Yes  No  
If yes, please explain and provide details:

40. In the past five years, has the applicant been served with any subpoenas seeking documents or information related to the applicant's newsgathering activities?  Yes  No  
If yes, please describe circumstances including costs associated with responding to the subpoena(s).

41. In the past five years, has the applicant been the subject to an investigation or proceeding instituted by the FCC, FTC or similar governmental body related to the coverage being applied for?  Yes  No  
If yes, please describe circumstances including costs associated with responding to the investigation or proceeding.

**VI. FINANCIAL INFORMATION –**

	<b>REVENUE</b> (and/or Budget for non-profits) Current Fiscal Year	<b>REVENUE</b> (and/or Budget for non-profits) Estimated Next Fiscal Year
Advertising Agency or Public Relations Firm	\$ _____	\$ _____
Author	\$ _____	\$ _____
Book Publisher	\$ _____	\$ _____
Broadcaster – Radio, Television or Cable TV	\$ _____	\$ _____
Cable TV System Operator	\$ _____	\$ _____
Commercial Printing for Others	\$ _____	\$ _____
Magazine/Newsletter/Periodical Publisher	\$ _____	\$ _____
Multimedia	\$ _____	\$ _____
Newspaper Publisher	\$ _____	\$ _____
Public Appearance	\$ _____	\$ _____



**VI.42 CONTINUED:**

Website Publisher	\$ _____	\$ _____
Other - describe:	\$ _____	\$ _____
<b>TOTAL MEDIA REVENUE (BUDGET):</b>	\$ _____	\$ _____

43. Domestic and Foreign Revenue (and/or budget for non-profits)

United States:	\$ _____
Canada:	\$ _____
Other - specify:	\$ _____
<b>TOTAL:</b>	\$ _____

**VII. OTHER INSURANCE –**

44. A. During the past three years, has any similar insurance been issued to applicant?  Yes  No  
 If yes, complete the following:  
 Company:  
 Policy Number:  
 Limits:  
 Deductible:  
 Coverage Dates:  
 Premium:
- B. Has any insurer declined, canceled or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri.)  Yes  No If yes, give details:
- C. Does applicant's comprehensive general liability policy provide coverage for personal injury (libel, invasion of privacy) arising out of business operations?  Yes  No

**VIII. REPRESENTATIONS –**

**By signing this application, the applicant agrees that:**

- The statements and answers furnished to the Company in this application and any attachments to it are accurate and complete;
- The statements and answers furnished to the Company are representations the applicant makes to the Company on behalf of all persons and entities proposed for coverage;
- Those representations are a material inducement to the Company to provide a proposal for insurance;
- Any policy the Company issues will be issued in reliance upon those representations;
- The applicant will report to the Company immediately, in writing, any material change to the applicant's operations, conditions or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
- The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

**WARNING**

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

**NAME (PLEASE TYPE OR PRINT)**

**NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)**

**TITLE**

**DATE**

**TO BE COMPLETED BY PRODUCER(S) ONLY:**

<b>RETAIL PRODUCER:</b> Producer Name: City, State: Telephone No.:		<b>WHOLESALE PRODUCER:</b> Producer Name: City, State: Telephone No.:	
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**BROKER/AGENT SIGNATURE (NEW HAMPSHIRE):** \_\_\_\_\_

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**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 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 MARYLAND APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 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 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.

**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 RHODE ISLAND 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.

**SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:**

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

**SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:**

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

**NOTICE TO 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.