IMPORTANT NOTES: In order to make completion as easy as possible for you, this form is designed to be completed on your computer. Alternatively, you may print the blank form and complete it manually. When using the onscreen option, you may save the form (completed or even partially completed) by choosing "SAVE AS" and renaming the document. This option will retain all information entered. If you have the appropriate software, you may also choose "Print to PDF." For more information, please visit www.Adobe.com.

THE HARTFORD

TWIN CITY FIRE INSURANCE COMPANY
Name of Insurance Company to which Application is made

ACCOUNTANTS PROFESSIONAL LIABILITY APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy
If a policy is issued this application will attach to and become part of the policy, therefore, it is important that all questions are answered accurately. **If additional space is required, please provide complete details on Applicant's letterhead**.

GENERAL INFORMATION

1. Full Legal Name of Applicant **(include trading names and DBA's under which the applicant operates)**:

   _____

   Principal Address: _____

   City: _____ County: _____ State: _____ Zip Code: _____

   Website Address: _____ Email Address: _____ Contact Name: _____

2. Does the Applicant or any of its owners, officers or partners provide any services under a separate entity name? ☐ Yes ☐ No
   If "Yes", please complete the Separate Entity Supplement for each entity.

3. Does the Applicant have any other office locations? …… ☐ Yes ☐ No

   If "Yes", please provide complete address(es) on a separate sheet.

4. Applicant is a: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP
   ☐ Independent Contractor ☐ Other: _____

5. Date Applicant established: ☐☐/☐☐/☐☐☐☐
   (Month/Day/Year)

6. Is the Applicant engaged in the full-time practice of accountancy? …….. ☐ Yes ☐ No

7. During the past five (5) years, has the name or ownership of the Applicant changed or has there been an acquisition, merger, consolidation or any other change? …… ☐ Yes ☐ No
   If "Yes", please provide complete details on a separate sheet.

8. Does the Applicant anticipate any material changes to the firm or its practice within the next twelve (12) months? ☐ Yes ☐ No
   If "Yes", please provide complete details on a separate sheet.

9. Complete the following for each principal, partner, officer or director ***(attach additional sheet if necessary)***:

Name	Title	Years of Experience	Professional Membership or Association
(1)			
(2)			
(3)			

10. a. Indicate the number of staff associated with the Applicant:

Staff: Include Individuals only once	CPAs	Non-CPAs	Total
Owners, Officers, Partners			0
Accounting or Tax Professionals			0
Consulting Professional			0
Support Staff			0

b. During the past three (3) years, has the size of staff associated with the Applicant changed by ± 25%? ..... ☐ Yes ☐ No
If "Yes", please provide complete details on a separate sheet.

11. a. Indicate gross annual revenue for the Applicant. ***(If Applicant is newly established, please provide best estimate)***

Current Fiscal Year (Estimated)	Last Fiscal Year	Second Last Fiscal Year
Ending:	Ending:	Ending:
$	$	$

b. Indicate total number of clients for the last fiscal year: _____

12. Does any client represent more than 25% of the Applicant's gross annual revenue? …… ☐ Yes ☐ No
If "Yes", please complete the following:

Name of Client	Industry	Description of Services Provided	% of Income

AREA OF PRACTICE

13. Based on the Applicant's gross revenue for the last fiscal year, indicate the percentage of revenue derived from the following areas of practice. **The total must equal 100%.** ***(If newly established, please provide best estimate).***

Area of Practice	%	Engagement Letters Used?	Area of Practice	%	Engagement Letters Used?
Audit: Publicly Held **(1)**		☐ Yes ☐ No	Information Technology **(4)**		☐ Yes ☐ No
Audit: Non-Public **(2)**		☐ Yes ☐ No	Business Valuations		☐ Yes ☐ No
Taxation: Individual		☐ Yes ☐ No	Forecasts & Projections		☐ Yes ☐ No
Taxation: Business		☐ Yes ☐ No	Litigation Consulting		☐ Yes ☐ No
Taxation: Estate		☐ Yes ☐ No	Management Advisory Services **(5)**		☐ Yes ☐ No
Bookkeeping		☐ Yes ☐ No	Executor/Trustee Services		☐ Yes ☐ No
Compilations		☐ Yes ☐ No	ERISA/Pension Plans		☐ Yes ☐ No
Review		☐ Yes ☐ No	Securities Activities **(1)**		☐ Yes ☐ No
Personal Financial Planning & Investment Advisory Services **(3)**		☐ Yes ☐ No	Other Services **(5)**		☐ Yes ☐ No
			TOTAL:	0	

(1) Complete the *Securities Supplement*. **(3) Complete the *Financial Planning/Investment Advisory Services Supplement*.**
(2) Complete the *Non-Public Audit Supplement.* **(4) Complete the *Information Technology Supplement*.**
(5) Provide complete description of services on a separate sheet.

14. During the past five (5) years, has the Applicant or any predecessor firm:
a. Provided services to any publicly held client? …… ☐ Yes ☐ No
b. Provided professional accounting services, or consented to the use of the Applicant's work product in connection with the issue of public or private offerings or the registration or sale of securities, real estate or other investments? …… ☐ Yes ☐ No
If "Yes" to any part of Question 14 above, please complete the Securities Supplement.

15. During the past (5) years, has the Applicant:
a. Received commissions, fees, reciprocity or revenue for referrals, sale or promotion of investments or tax shelters? …… ☐ Yes ☐ No
b. Organized, arranged, procured or evaluated investments, real estate or tax shelters or prepared projections for use in these areas? …… ☐ Yes ☐ No
c. Participated in the management of any investment partnership, limited partnership, tax shelter or other investment venture? …… ☐ Yes ☐ No
d. Received loans from any client? …… ☐ Yes ☐ No
e. Made recommendations as to the sale or purchase of any investments, including specific stocks, bonds or other securities for which the firm received compensation? …… ☐ Yes ☐ No
If "Yes" to any part of Question 15, please provide complete details on a separate sheet.

16. During the past five (5) years, has the Applicant or any of its professional staff exercised any discretionary control over a client's funds, other than as a trustee? ..... ☐ Yes ☐ No
If "Yes", please complete the Client Funds Supplement (Non-Trustee).

17. During the past five (5) years, has the Applicant provided audit, attest or review services for a client that subsequently declared or filed bankruptcy, defaulted on a debt obligation or became insolvent? ..... ☐ Yes ☐ No
If "Yes", please provide complete details including the name of client, services rendered, date of services, date of bankruptcy, default or insolvency, and whether there was a "going concern" reference.

18. During the past five (5) years, has the Applicant or any of its professional staff provided professional accounting services to or served as a fiduciary, committee member, officer, director, partner, employee, principal shareholder or member of any Financial Institution? ..... ☐ Yes ☐ No
If "Yes", please complete the Financial Institutions Supplement.

19. During the past five (5) years, has the Applicant or any of its professional staff served as a trustee, administrator, or executor? ..... ☐ Yes ☐ No
If "Yes", please complete the Trustee Supplement.

20. Does any of the Applicant's professional staff maintain a professional license other than for accountancy?..... ☐ Yes ☐ No
If "Yes", please indicate name of individual, type of license, description of services provided, name of separate professional liability carrier and limits of liability, if applicable.

INTERNAL CONTROLS AND PROCEDURES

21. Does the Applicant have written internal quality control procedures in place? ..... ☐ Yes ☐ No

22. Does the Applicant have a formalized training program in place for all new professionals? ..... ☐ Yes ☐ No

23. During the past two (2) years, indicate the percentage of professional staff:
    a. Who have completed continuing professional education (CPE) courses: ..... _____%
    b. Who participated in a formal loss control program/seminar: ..... _____%

24. Does the Applicant have procedures in place that include the regular use of a conflict of interest avoidance system when accepting new clients? ..... ☐ Yes ☐ No
If "Yes", indicate the method used: ☐ Personal Memory ☐ Computer ☐ Index File ☐ Conflict Committee ☐ Client Lists ☐ Other (describe): _____

25. During the past five (5) years, has the Applicant provided professional accounting services to any client in which any of the Applicant's professional staff (including their spouse) owed an equity interest or served as a director, owner, officer, partner or employee of such client? ..... ☐ Yes ☐ No
If "Yes", please complete the Outside Interest Supplement.

26. Does the Applicant require the use of engagement letters including fee arrangements on all new matters undertaken? ..... ☐ Yes ☐ No
If "***No," please explain how misunderstandings about the scope and cost of services are prevented.***

27. Are declination or non-engagement letters issued on all matters declined by the Applicant? ..... ☐ Yes ☐ No
If "No", please explain how misunderstandings about representation are prevented.

28. Does the Applicant require the completion of a second person or partner review for any services provided? ..... ☐ Yes ☐ No
If "Yes," check all that apply: ☐ All Services ☐ Attest Services ☐ Tax Services ☐ Other: _____

29. Within the past three (3) years, has the Applicant undergone a peer or quality review? ..... ☐ Yes ☐ No
If "Yes", indicate: a. ☐ Unqualified/Unmodified ☐ Qualified/Modified*
b. Date of Issue: _____
****If the results of the review were qualified/modified, please attach a copy of the peer review report, letter of comments and the Applicant's letter of response.***

30. During the past five (5) years, has the Applicant or any predecessor firm sued (including small claims court) to collect fees? ..... ☐ Yes ☐ No
If "Yes", please provide complete details including the name of client, services rendered, dates of services, fee amounts, date of suit, current status and whether an engagement letter was used.

INSURANCE COVERAGE HISTORY

31. List the professional liability insurance coverage carried by the Applicant and any predecessor firm(s) during the past five (5) years, including any periods without coverage. **If no past coverage, indicate NONE.**

Effective (mm/dd/yy)	Expiration (mm/dd/yy)	Insurance Company	Limits of Liability (per claim/aggregate)	Deductible/ Retention	Annual Premium
___ ___ ___					

32. Does the Applicant's current policy contain a prior acts limitation/retroactive date or provide full prior acts? …… ☐ Yes ☐ No
If "Yes", please indicate: prior acts limitation/retroactive date: _____ _____ _____ ***or*** ☐ ***full prior acts coverage.***
Please attach a copy of the applicable endorsement. (month/day/year)

33. Does the Applicant's current policy have any endorsements or exclusions or coverage limitations tailored specifically to the Applicant? …… ☐ Yes ☐ No
If "Yes", please provide description on a separate sheet and attach a copy of the endorsement(s).

34. During the past five (5) years, has the Applicant or any of its professional staff ever had professional liability insurance or similar insurance declined, cancelled or non-renewed for any other reason other than a carrier's withdrawal from the market? …… ☐ Yes ☐ No
If "Yes", please provide complete details on a separate sheet.

35. Has the Applicant or any predecessor firm(s) ever purchased an extended reporting period endorsement? ……. ☐ Yes ☐ No
If "Yes", please provide complete details on a separate sheet.

CLAIM/INCIDENT INFORMATION

36. During the past five (5) years, has any professional liability claim or suit ever been made against the Applicant, any predecessor firm or any of the Applicant's current or former professional staff? …… ☐ Yes ☐ No
If "Yes", please indicate how many _____ and complete a separate Supplemental Claim Form for each claim.

37. Does any of the Applicant's professional staff know of any incident, negligent act, error or omission or other circumstance that could result in a claim or suit against the Applicant or any predecessor firm or any of the Applicant's current or former professional staff? …… ☐ Yes ☐ No
If "Yes", please indicate how many _____ and complete a separate Supplemental Claim Form for each claim.

38. Has the Applicant, any predecessor firm or any of the Applicant's professional staff ever had their license revoked or suspended; or been the subject of a complaint or disciplinary action by any state board of accountancy, any national or state accounting society, any state or federal regulators or any other governmental agency or court; or ever been the charged, indicted, plead guilty or convicted of any felony charge? …… ☐ Yes ☐ No
If "Yes", please provide complete details on a separate sheet.

COVERAGE SELECTION

39. Limits of Liability requested (each claim/annual aggregate):

☐ $100,000/$100,000 ☐ $500,000/$500,000 ☐ $1,000,000/$2,000,000
☐ $100,000/$300,000 ☐ $500,000/$1,000,000 ☐ $2,000,000/$2,000,000
☐ $250,000/$250,000 ☐ $1,000,000/$1,000,000 ☐ $2,000,000/$4,000,000
☐ $250,000/$500,000 ☐ $1,000,000/$2,000,000 ☐ $Other: _____

40. Deductible Amount requested (each claim):

☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $20,000
☐ $25,000 ☐ Other: $_____

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

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.

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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA 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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KANSAS APPLICANTS: A " FRAUDULENT INSURANCE ACT " 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 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, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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.

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.

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.

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR 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.

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.
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.

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."

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

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."

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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME IN CERTAIN JURISDICTIONS.

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."

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.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Applicable to applicants in **Florida** and **Iowa** (**required information**)

NAME OF PRODUCER: _____ LICENSE NUMBER: _____

ADDRESS: _____

SIGNATURE of PRODUCER (NEW HAMPSHIRE applicants – required information): _____

Submitting Agency: _____

Contact Person: _____ **Contact Phone:** _____

SUBMIT THIS APPLICATION TO
applications@gsagency.com or fax to (732) 577-8836.