



INTELLECTUAL PROPERTY
Insurance Services Corporation

Dear Applicant,

Thank you for your interest in Intellectual Property (IP) Infringement Abatement (Enforcement) Insurance, we sincerely appreciate your time and effort. IPISC is here to assist you through the underwriting process by helping you understand the IP risk and making the process as straightforward as possible.

Enclosed please find an application for Abatement Insurance, as well as a checklist to assist you with completing the application. The first page requiring your attention is **Appendix I**, on which you are asked to list the specific IP you wish to insure. Please include the patents, patent applications (including provisional patent applications), registered or common law trademarks, trademark applications, copyrights, trade dress and/or trade secrets. Also, be sure to include applicable dates and countries. Once the application has been completed in its entirety, please email or fax to IPISC's attention.

Several questions may require answers to be submitted on a separate sheet, or on a blank page included at the end of this application. Please fax or email these and any other extended answers for which you may not have enough room to 502-491-8888 or info@patentinsurance.com.

If you need any assistance with the application, or would like a copy of the specimen policy, please contact an IPISC Representative or your insurance agent/broker. IPISC encourages you to review the policy specimen with your professional advisor.

Best regards,

IPISC Underwriting Group

ABATEMENT (ENFORCEMENT) APPLICATION CHECKLIST:

- 1) Please ensure that all questions on the application are answered; all questions must be completed. If the question does not apply, please answer "N/A" (not applicable); however, "N/A" cannot apply to any of the questions on pages 10 thru 14.
- 2) If coverage is not being sought for all three types of intellectual property (IP), the applicant may disregard the inapplicable pages. For example, if insurance coverage is only being sought for "Patents," do not complete the pages for "Trademarks" or "Copyrights".
- 3) Have complete details been given for the "yes" answers to questions?
- 4) Have copies of all warning letters provided?
- 5) Have names of all "Suspects" been disclosed?
- 6) Is the Intellectual Property to be insured included on Appendix I?
- 7) If there are more than 10 U.S. IP to be insured, are the top 10 "SIGNIFICANT" IP indicated on Appendix I?
- 8) Have copies of all U.S. and Foreign IP listed been provided, (if they are not available online)?
- 9) Have copies of U.S. PATENT applications listed been provided, (if they are not available online)?

Need:

- filing receipt (showing serial number; filing date; & preliminary class);
 - specification; abstract; claims; and drawing;
 - amendments filed since the original filing of the PATENT application.
- 10) Have copies of all U.S. Provisional Patents to be insured been included?(If the provisional(s) is over a year old, please provide the formally filed patent application as listed in "6." above).
 - 11) Have the equivalents of the U.S. PATENT/PATENT applications, if foreign PATENTS are listed on the Appendix, been provided?
 - 12) Have copies of all PCTs listed been provided? Those that are over 30 months old must include:

Need:

- the national phase countries & their respective serial numbers;
 - a working copy of all software to be insured included with the application;
 - first and last 10 pages of the source code and all relevant promotional material regarding the software included (if it is not possible to include the software).
- 13) Has a copy of the Applicant's current financial statements (audited, if available)?

INTELLECTUAL PROPERTY INFRINGEMENT ABATEMENT (ENFORCEMENT) INSURANCE POLICY APPLICATION

The Infringement Abatement (Enforcement) Insurance Policy reimburses the Applicant for their LITIGATION EXPENSES should they elect to enforce their PATENT, TRADEMARK OR COPYRIGHT rights (depending upon the coverage taken) against an alleged infringer. The Policy responds to infringement enforcement of the Applicant's Insured Intellectual Property, which is listed and/or described on the Declarations Page of the Policy.

INTELLECTUAL PROPERTY (hereinafter referred to throughout this application as "IP") shall mean:

PATENT(S), TRADEMARK(S) and COPYRIGHT(S), and existing applications, therefore all of which the Applicant represents to the best of its knowledge and belief were legally and/or are being legally procured and as to which the Applicant warrants it has no knowledge of any facts or circumstances adversely affecting their validity.

Except for amendments of PATENT applications during prosecution (and continuations whereunder the parent application is abandoned), no revisions, modifications, continuations, continuations-in-part, divisions, extensions, renewals, reissues or the like of any PATENT, TRADEMARK, COPYRIGHT, and/or application therefor is included in the INSURED INTELLECTUAL PROPERTY unless specifically enumerated in Item 3. of the Declarations Page of the Policy.

In completing this application, the Applicant understands that the information provided in the answers to the questions is not privileged. This document and/or its contents may be required to be disclosed during litigation or as a result of statutory or regulatory action.

The Company agrees to use all information provided hereon and herewith solely for evaluating the feasibility of issuing an insurance policy on the IP described herein. **NOTE:** PLEASE ANSWER ALL QUESTIONS IN DETAIL. IF YOU NEED ADDITIONAL ROOM, PLEASE PROVIDE ANSWERS ON THE LAST PAGE OF THIS APPLICATION AND/OR ATTACH ADDITIONAL DOCUMENTATION AS NECESSARY.

1. Applicant Name: Telephone No.:

Please note: Applicant name(s) will be the Policyholder(s).

Address 1: Email Address:
Address 2: Website Address:
City: State: Zip:

Please state below the name of the person we may contact to discuss this application:

Contact Name: Contact Phone No.:
Contact Email:

Contact Address (if different from above):

Address 1: E-Mail:
Address 2:
City: State: Zip:

2a. Business Ownership Structure:

2b. Date of incorporation (formation):

2c. Continuously operating since:

- 3a. List names of all companies and individuals under which IP owned or controlled by the Applicant can be found:
- 3b. Please describe the nature of the Applicant's business (e.g. manufacturer, inventor, licensor, etc.)
- 3c. The Applicant's business is primarily:
- 3d. Are there any additional parties having rights in any of the IP to be insured?
 (Check One) Yes No If "yes," please list them.
- 3e. Who are the principal customers served by the Applicant's business?
- 3f. Does the Applicant's business involve "aftermarket supply" or a re-seller market (e.g., automotive replacement parts, printer ink replacement or long distance telephone re-seller).
 (Check one) Yes No If "yes," please give details.
- 3g. Is the Applicant planning, or in the last five (5) years has the Applicant or anyone representing the Applicant, the Applicant's Company or related company been involved in, any merger, acquisition, joint venture or purchase of business assets, including communications, discussions or negotiations which did not lead to a transaction?
 (Check One) Yes No | If a **RENEWAL**, in the past POLICY period: Yes No
 If "yes," please provide details:
4. Please indicate the Applicant's future Requested Effective Date should coverage be offered:
5. Requested Policy Limit (Per Claim/Aggregate). Aggregate Limits available are the same as per Claim Limits or higher. Please indicate the Applicant's interest.
 a. Per Claim Limits: Aggregate Limits:
 b. Policy Term:
- 6a. Has the Applicant had IP Abatement (Enforcement) insurance before? (Check One) Yes No
 If "yes," please provide the following information:
 Carrier:
 Limits:
 Premium Amount:
 Expiration Date:

RENEWAL

(in the previous POLICY period)

- 6b. Indicate if Applicant has been involved in any of the following: **Yes** **No** **Yes** **No**
- a. International Trade Commission (ITC) actions?
 - b. Declaratory Judgment actions?
 - c. Patent, trademark, or copyright related CIVIL PROCEEDING(S) or settlements?
 - d. Other post grant procedures (oppositions, reissue, re-exams, etc.)?
 - e. Other litigation of any kind filed by or against the Applicant in the past three (3) years, including state actions?
- If the Applicant's answer to any of the above is "yes," briefly give details and outcome on the blank page included at the end of this application.
- 6c. What are the Applicant's average Abatement/Enforcement costs for the last three years?
- Year: Costs:
- Year: Costs:
- Year: Costs:
7. Are any IP to be insured licensed by the Applicant to others (i.e. you are the licensor)?
(Check One) Yes No If "yes," to whom?
8. Is any IP to be insured licensed by the Applicant from others (i.e. the Applicant is the licensee)?
(Check One) Yes No If "yes," from whom?
- 9a. Is the Applicant currently in business selling product(s) falling within the scope of the IP for which insurance is sought?
(Check One) Yes No
- 9b. What SIC codes apply to the Applicant's IP?
- 9c. If 9a. is "yes," does anyone manufacture, print or publish these products for the Applicant?
(Check One) Yes No
10. Has the Applicant received any notices of infringement from anyone concerning the products/processes, marks, symbols, slogans or works of authorship covered by the PATENTS, TRADEMARKS, or COPYRIGHTS for which insurance is sought suggesting they infringe the patents, trademarks or copyrights of others?
(Check One) Yes No If this is a **RENEWAL** (in the previous POLICY period) Yes No
If "yes," please provide details.
11. Do the products/processes covered by the Applicant's IP: **Yes** **No**
- a. Involve the use of relatively scarce raw materials?
 - b. Require special manufacturing equipment?
 - c. Involve the use of extraordinary or scarce labor skills?
 - d. Have any special power, fuel, energy, water or
 - e. environmental requirement?
 - f. generate toxic wastes or involve hazardous conditions?

12. Estimate the average % net profit (before interest and taxes) experienced by companies on the product/processes to which the IP to be insured relate.

13a. Estimate the number of companies that directly compete with the Applicant's IP in the marketplace.

13b. Indicate the Applicant's top five (5) closest competitors and their geographic market.

Company Name:	U.S.	Foreign:	(13C) Estimated Total Annual Sales
1.			
2.			
3.			
4.			
5.			
6. Applicants Company			

13c. Applicant's Sales:	U.S. Sales	Foreign Sales	Total Sales
Previous Year			
Current Year			
Next Year			

13d. Please attach a current financial statement, audited if available and/or Form 10K, if publicly traded.

14. Indicate the number of U.S. and Foreign IP owned or controlled by Applicant, which are either issued/registered or pending.

US PATENTS issued or pending:	Foreign PATENTS issued or pending:
US TRADEMARKS registered or pending:	Foreign TRADEMARKS registered or pending:
US COPYRIGHTS registered or non-registered:	Foreign COPYRIGHTS registered or non-registered:

15. Does the Applicant have an obligation to a third party to enforce the IP to be insured?
(Check One) Yes No If "yes," please provide details.

16. Would the Applicant consider licensing any of the IP to be insured in an effort to resolve a dispute?
(Check One) Yes No
17. Are confidential trade secrets or know-how used in any process/invention/device to be insured?
(Check One) Yes No If **"yes,"** please provide details.
- 18a. Does the Applicant routinely apply "PATENT," "TRADEMARK," or "COPYRIGHT" markings to products, as applicable?
(Check One) Yes No
- 18b. Does the Applicant have an IP attorney on staff with full time responsibilities for filing PATENTS, TRADEMARKS or COPYRIGHTS, giving advice about potential infringements and IP legal advice?
(Check one) Yes No If **"yes,"** please provide the name of the attorney(s).
- 18c. Do the Applicant have an outside, independent law firm that regularly provides intellectual property legal advice?
(Check one) Yes No If **"yes,"** please provide the contact information and the attorney who is the contact.
19. Does the Applicant use confidentiality/non-compete agreements in all IP negotiations?
(Check One) Yes No
20. Is the insurance being applied for required by License Agreement or other contract?
(Check One) Yes No If **"yes,"** please provide details.
- 21a. Are there any circumstances of which the Applicant is aware (including existing or threatened lawsuits) that could reasonably be expected to give rise to IP litigation against the Applicant?
(Check one) Yes No If **"yes,"** please provide details.
- 21b. Is this policy being sought to cover any "IP to be insured" loss costs or expenses vis-à-vis filing an abbreviated or new drug application (ANDA or NDA) with the FDA under the Hatch Waxman Act?
(Check one) Yes No If **"yes,"** please provide details.
- 21c. Has the IP ever been included in any Hatch Waxman proceedings?
(Check one) Yes No If **"yes,"** please provide details
22. Is the Applicant aware of any facts or circumstances not otherwise disclosed in this application that could reasonably increase the likelihood that the Applicant might accuse another party of infringing upon their intellectual property?
(Check one) Yes No If **"yes,"** please provide details



The questions on the following pages pertain to the specific IP the Applicant wishes to insure. Please complete only those pages that apply (e.g. if the Applicant is seeking coverage for PATENTS only, then answer ALL of the questions that relate to PATENTS and skip the sections that are for TRADEMARK and COPYRIGHTS).

PATENT QUESTIONS

QUESTIONS FOR INSURING

PATENTS and/or PATENT APPLICATIONS:

The questions below may use the term "PATENT(S)." When this term is used, the Applicant should answer the question with respect to any PATENTS and/or PATENT applications they are wishing to insure, as well as those that are listed on the attached Addendum. With respect to the use of the word "Infringing Party(ies)," in applying this term, it means party(ies) whose activities of making, using, selling or offering for sale items falling within the scope of the claims of the application(s) or patent(s).

- P1. With respect to the PATENTS to be insured, specify in detail the Applicant's knowledge of: (Provide additional information, as necessary at the end of this application).
- A. Existing INFRINGING PARTY(IES) either in the United States, in foreign countries or on the internet. For example, is someone currently "knocking off" the Applicant's PATENTED or PATENT-pending products/processes?
(Check one) Yes No If "yes," please provide name(s) and details. Also indicate the date the Applicant first learned of the INFRINGING PARTY(IES). Date:
- B. Suspected or anticipated INFRINGING PARTY(IES). For example, does the Applicant have any suspicions that someone is about to "knock-off" their PATENTED or PATENT-pending products/processes?
(Check one) Yes No If "yes," please provide name(s) and details.

Also, indicate the date the Applicant first learned of suspected/anticipated INFRINGING PARTY(IES).
Date:

- C. Activities outside the U.S. which if conducted by a third party in the U.S. would make that party an INFRINGING PARTY(IES). For example, is anyone overseas "knocking off" your PATENTED or PATENT pending products/processes? (Check one) Yes No If "yes," please provide name(s) and details. Also, indicate the date the Applicant first learned of these activities Outside the U.S. Date:
- P2. Has the Applicant sent any warning letters or suggested to anyone that they INFRINGE your PATENTS?
(Check One) Yes No If a **RENEWAL**, in the past POLICY period: Yes No
If "yes," please **provide copies of letters or notices.**
- P3. Indicate if the Applicant has received any requests for license under any of their PATENTS that they have refused or declined. (Check One) Yes No If a **RENEWAL**, in the past POLICY period: Yes No
If "yes," please provide details, including name of party(ies).
- P4. Has the Applicant previously been, or are they now, engaged in any disputes with any of their licensees or product suppliers (manufacturers)? (Check One) Yes No If "yes," please **submit details on the last page of this application.**
- P5. Give the numbers of the Applicant's ten (10) most important PATENTS.

TRADEMARK QUESTIONS

QUESTIONS FOR INSURING TRADEMARKS OR TRADEMARK APPLICATIONS:

The questions below may use the term "TRADEMARK(S)." When this term is used, you should answer the question with respect to any TRADEMARKS and TRADEMARK applications you are wishing to insure and which are listed on the attached Addendum. With respect to the use of the word "INFRINGEMENT PARTY(IES)" please refer to the Definitions section of the Policy. This term will also apply to TRADEMARK applications.

- T1. With respect to the TRADEMARKS for which the Applicant has applied to be insured, specify in detail knowledge of the following: (Submit answers needing additional space on the page at the end of this Application, as necessary).
- A. Existing INFRINGING PARTY(IES) either in the United States, in foreign countries or on the internet. For example, is someone currently using the Applicant's TRADEMARK(S) or a confusingly similar mark without their permission? (Check one) Yes No

If "yes," please provide name(s) and details. Also indicate date applicant first learned of this INFRINGING PARTY(IES).

- B. Suspected or anticipated INFRINGING PARTY(IES). For example, does the Applicant have any suspicions that someone is about to use their TRADEMARK or a confusingly similar mark without their permission?
(Check one) Yes No "yes," please provide name(s) and details.

Also indicate date the Applicant first learned of suspected/anticipated INFRINGING PARTY(IES).

Date:

- C. Activities outside the U.S. which if conducted in the U.S. by a third party would make that party an INFRINGING PARTY(IES). For example, is anyone overseas using the Applicant's TRADEMARKS or a confusingly similar mark without their permission?
(Check one) Yes No If "yes," please provide name(s) and details. Also indicate date the Applicant first learned of activities outside the U.S.

- T2. Has the Applicant sent any warning letters or otherwise suggested to anyone that they INFRINGE your TRADEMARKS?
(Check One) Yes No If a **RENEWAL**, in the past POLICY period: Yes No

If "yes," please **provide copies of letters or notices**.

- T3. Indicate if the Applicant has received any requests for license under any of their TRADEMARKS that they have refused or declined. (Check One) Yes No If a **RENEWAL**, in the past POLICY period: Yes No

If "yes," please provide details, including name of party(ies).

- T4. Has the Applicant previously or are they now engaged in any disputes with any of their licensees or product suppliers?
(Check One) Yes No

If "yes," please **attach/submit details on the last page of this application**, including name of party(ies).

T5. Has anyone else registered the same or a similar mark in a different class?

(Check One) Yes No If **“yes,”** list classes and Trademark Owner(s):

T6. Is any part of the Product/Material to which the TRADEMARKS to be insured are applied covered by COPYRIGHT(S) or PATENT(S)?

COPYRIGHTS? (Check One) Yes No

PATENTS? (Check One) Yes No

T7. Are any of the Applicant’s TRADEMARKS famous?

(Check One) Yes No If **“yes,”** please list the TRADEMARKS and describe their fame.

T8. Is the Applicant aware of any famous trademarks that are similar to any of their TRADEMARKS, even if they are in a different area of commerce?

(Check One) Yes No If **“yes,”** please list and describe those trademarks and their relationship to the Applicant’s area of commerce.

COPYRIGHT QUESTIONS

QUESTIONS FOR INSURING COPYRIGHTS:

The questions below may use the term "COPYRIGHT(S)." When this term is used, the Applicant should answer the question with respect to any registered or unregistered COPYRIGHT(S) they are wishing to insure and are listed on the attached Addendum. With respect to the use of the words "INFRINGING PARTY(IES)" please refer to the Definitions section of the Policy.

- C1. With respect to the COPYRIGHT(S) to be insured, specify in detail the Applicant's knowledge of: (Attach additional sheets as necessary).
- A. Existing INFRINGING PARTY(IES) either in the United States, in foreign countries or on the internet. For example, is someone currently copying/"knocking off" their COPYRIGHTED works?
(Check One) Yes No If "yes," please provide name(s) and details. Also, indicate date the Applicant first learned of this INFRINGING PARTY(IES). **Date:**
- B. Suspected or anticipated INFRINGING PARTY(IES). For example, does the Applicant have any suspicions that someone is about to copy/"knock off" their COPYRIGHTED works? (Check One) Yes No
If "yes," please provide name(s) and details. Also indicate date the Applicant first learned of suspected/anticipated INFRINGING PARTY(IES). **Date:**
- C. Activities outside the U.S. which if conducted by a third party in the U.S. would make that third party an INFRINGING PARTY(IES). For example, is anyone overseas copying/"knocking off" your COPYRIGHTED works?
(Check One) Yes No
If "yes," please provide name(s) and details. Also indicate date applicant first learned of activities outside the U.S. **Date:**
- C2. Has the Applicant sent any warning letters or suggested to anyone that they infringe their COPYRIGHT(S)?
(Check One) Yes No If "yes," please **submit copies of letters or notices.**
If a **RENEWAL**, in the past POLICY period: Yes No If "yes," please **provide copies of letters or notices.**
- C3. Indicate if the Applicant has received any requests for license under any of your COPYRIGHT(S) which you have refused or declined.
(Check One) Yes No If "yes," please provide details.
- C4. Has the Applicant previously been or are they now engaged in any disputes with any of their licensees or works suppliers (manufacturers, printers or publishers)?
(Check One) Yes No If "yes," please submit details on separate sheet.

C5. In originating the Product(s)/Material(s), did the Applicant copy or refer to any third party material?

(Check One) Copy? Yes No

(Check One) Refer to? Yes No

C6. Does anyone else have a right in the COPYRIGHT(S) to be insured?

(Check One) Yes No if "yes," please identify party(ies).

C7. What revenues, if any, are being generated by the COPYRIGHTED works?

Please give an estimate:

C8. Is any part of the Product/Material covered by the copyrights to be insured also covered by TRADEMARK(S) or PATENT(S)?

TRADEMARK(S)? (Check One) Yes No

PATENT(S)? (Check One) Yes No

C9. Is the COPYRIGHTED material a derivative work? If so, please describe new material covered by the COPYRIGHT(S) upon which registration has been obtained or is sought.

(Check One) Yes No If "yes," please provide a description:



Applicant must sign below if applying for COPYRIGHT Abatement insurance coverage

CERTIFICATION TO INSURANCE APPLICATION FOR **COPYRIGHT** COVERAGE

I hereby certify under penalty of law, including 18 U.S.C. Section 1001, that: The work(s) of authorship which by this Application I apply to insure are my original, independent creation, or are controlled or licensed by me from the original author. The work(s) of authorship to be insured have not been copied in whole or in part from another existing work or copyrighted material of another without written permission. If I am not the original author, I have used and will continue to use the work(s) of authorship only in a manner specifically granted in the license(s) or written permission(s), and copies of such license(s) or written permission(s) authorizing my use are attached hereto.

Applicant's Signature:

Date:

Printed Name:

Company:

Title:

In connection with this application for Intellectual Property Infringement Abatement (Enforcement) Insurance, applicant and/or its authorized representative hereby represents and warrants as follows:

1. That to the best of its information, knowledge and belief, the Intellectual Property(ies) identified in APPENDIX I for which this application for insurance is made, was legally procured and Applicant has no knowledge of any facts or circumstances adversely affecting their validity.
2. Applicant is the registered owner or exclusive licensee of the Intellectual Property(ies) identified in APPENDIX I.
3. Applicant understands that the statements and answers furnished to the Company **are representations of Applicant and on behalf of all persons and entities related to Applicant's company and the person signing this application represents that he has the authority to make these representations and sign this application.**
4. Applicant has requested and been provided with a specimen copy (or, if not, will request a copy) of the Infringement Abatement Insurance Policy, **understands that the INFRINGEMENT must begin during the Policy Period**, has read and understands the terms, conditions and exclusions of said policy, and has had the opportunity to discuss same with an intellectual property attorney.
5. The answers to the questions in this Application are true, accurate, and complete to the best of the Applicant's knowledge, information and belief. Applicant acknowledges and understands that any Intellectual Property Policy is issued in reliance on the information and statements contained herein and that any material misrepresentation or inaccurate statement may result in voiding of coverage or rescission of the Policy. After the exercise of due diligence, the Applicant is not aware of any current infringing act, nor has the awareness of any suspected or anticipated infringements of any Intellectual Property(ies) that are subject of this application except as noted in the answers above.
6. Applicant understands that while the insurer, its agents, servants, and employees will endeavor to keep this information confidential, this Application may not be a privileged document and its contents may be required to be disclosed during litigation, or as a result of statutory or regulatory action.
7. The Applicant understands that the Intellectual Property Infringement Abatement Insurance Policy only applies to those CLAIMS that are made during the POLICY PERIOD or any Extended Reporting Period.

WARNING

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presets a false or fraudulent claim for payment for 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 policy holder or claimant for the purpose of defrauding to 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.

NOTICE TO D.C. 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.

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 MICHIGAN APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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 be also 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: 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 ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicant's Signature:

Date:

Applicant's Name:

Applicant's Title:

Additional space for answers to the Application questions. Please be as thorough as possible: