



Not-For-Profit Defender Application

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH HUDSON INSURANCE COMPANY (THE "INSURER")

NOTICE: THE LIABILITY COVERAGE PART SECTIONS OF THE NOT-FOR-PROFIT DEFENDER POLICY PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE DISCOVERY PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE INSURER BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

I. APPLICATION INSTRUCTIONS

- 1. Whenever used in this Application, the term "Applicant" shall mean the Company and all Subsidiaries, whether used in the singular or plural.
2. The terms used herein in boldfaced type shall have the meanings as defined in the Policy, whether used in the singular or plural.
3. The Application must be signed by the CEO and CFO.
4. All Applicants are required to complete Sections I, II, III, VII and VIII. Application sections IV, V, VI should be completed only to the extent Applicant is applying for the respective coverage part.
5. If more space is needed to answer a question, please attach a separate sheet of paper.
6. This Application and all attachments shall form a part of the Policy if issued and shall be held in the strictest of confidence.
7. Please attach a copy of the following for every Applicant.
a. most recent CPA prepared full year complete audit, review or compilation
b. most recent interim balance sheet, cash flow, income statement
c. summary biographies of executive officer and trustees
d. Applicant's charter, bylaws and indemnification agreement(s)

II. GENERAL COMPANY INFORMATION

- 1. a) Name of Applicant: Address: State of Incorporation: Website Address: The named Applicant has been in continuous business since:
b) Individual authorized to receive notice and information regarding the proposed Policy: Contact Name: Title: Phone Number: E-mail address:
c) Nature of Applicant's business:
d) List of Subsidiaries requested to be included under this proposed insurance policy (include name, years in business and identify nature of operations: Please attach additional list of Subsidiaries, (if necessary)
e) Are there any other entities or organizations other than the Applicant for which coverage is requested? If "Yes", attach details on each including: name, affiliation and nature of operations. Yes No
f) Please complete the following information for the current year: Total employees: Annual revenues: Total assets:



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- g) Does the Applicant or any subsidiary render any professional services... Or for a fee?

If "Yes" to either question, please explain:

2. Prior Claim Experience:

- a) Has the Applicant given notice of any claim, circumstance or potential claim to any insurer...

If "Yes", please attach full details of each such claim, circumstance or potential claim including any settlement or resolution thereof.

- b) Has there been or is there now pending any claim(s), suits(s), action(s) investigations or regulatory inquiries against the Applicant, its Subsidiaries, or any entity or individual proposed for insurance...

If "Yes", please attach complete details.

- c) Has there been or is there now pending any inquiry or investigation or any violation of ERISA* or any similar common or statutory law anywhere in the world to which the Applicant's employee benefit plan is subject?

If "Yes", please attach complete details

*Employee Retirement Income Security Act of 1974 including any amendment or revision thereto

- d) Has the Applicant or any director or officer thereof been involved in, named in or charged in: i. any intellectual property or privacy litigation ii. any civil or criminal action or administrative proceeding with a violation of any federal or state law governing not-for-profit entities, antitrust, fair trade, anti-harassment or anti-discrimination?

With respect to question number 2a - d above it is agreed that if any of the above claim(s), suit(s), action(s), investigation(s), proceedings, inquiries or involvement exists they are hereby excluded from any proposed policy or coverage.

3. Current Insurance:

Table with 2 columns: D&O (Directors & Officers Liability) and Fiduciary Liability. Rows include Carrier(s), Limit, Premium, and Expiration for both EPL (Employment Practices Liability) and Crime.

- 4. Have any of the Applicant's D&O or EPL carriers indicated an intent not to offer renewal terms? If "Yes" please attach details. (Note: Not applicable to Missouri Applicants)

- 5. Does the Applicant carry Errors & Omissions coverage? Yes Limit \$ No



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6. Requested Coverage and Limits:

Coverage Sections Requested	Limit of Liability Requested
<input type="checkbox"/> Directors & Officers Liability and Entity Liability	
<input type="checkbox"/> Employment Practices Liability	
<input type="checkbox"/> Fiduciary Liability	
<input type="checkbox"/> Crime	

III. STATEMENT OF ACTIVITIES AND CASH FLOW

1. Please provide the following financial information for the Applicant and any unconsolidated **Subsidiaries**. Information must be based on the most recent audited financials or interim financials if audited financials are not available.

Based on Financial Statements Dated:	_____ (Year/Month) _____ Qtr/Year
Total Assets	\$
Current Assets	\$
Current Liabilities	\$
Total Liabilities	\$
Fund Balance	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income <input type="checkbox"/> Net Loss	\$
Cash flow from operations	\$
Long Term Debt	\$

- 2. Are the Applicant's financials audited? Yes No
- 3. Has the Applicant changed auditors in the past 3 years? Yes No
If "Yes" was the Applicant in any dispute or disagreement with their auditors? Yes No
- 4. Is the Applicant currently in default of any debt, creditor or contractual obligation or in violation of any debt covenant or agreement? Yes No
If "Yes" attach an explanation to the **Application** including a statement on your plan to address such issues.
- 5. Have the **Company's** auditors identified "material weakness" in the Applicant's internal accounting controls? Yes No
If "Yes" please attach a full explanation and the Applicant's plan to remediate such weaknesses (including any CPA management letter and the response thereto)
- 6. Have there been any changes in the Board of Directors, CEO or other executive officers of the Applicant within the past 12 months for reasons other than death or retirement? Yes No
Are any changes currently anticipated with the next 12 months? Yes No
If "Yes", please attach explanation.
- 7. Are there currently outstanding loans to any director or officer? Yes No
- 8. How long has the current CEO been in that position? _____

IV. EMPLOYMENT PRACTICES LIABILITY INFORMATION

Please attach a copy of the following documents for each Applicant or if none exists, check "none"

- 1. Loss runs for past 3 years none
- 2. Most recent EEO-1 report none
- 3. Employee Handbook none
- 4. Employment Application none
- 5. HR Manual none



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- | | Current year | Previous year |
|--|--|-------------------------|
| 1. Employee count: | | |
| (a) Full time employees: | _____ | _____ |
| (b) Part time employees (include leased and seasonal): | _____ | _____ |
| (c) Number of volunteers: | _____ | _____ |
| (d) Number of independent contractors: | _____ | _____ |
| (e) Number of employees in California: | _____ | _____ |
| (f) Number of employees in Florida: | _____ | _____ |
| (g) Number of employees in Texas: | _____ | _____ |
| | | |
| 2. What was the annual employee turnover rate for last 2 years? | | |
| Past 12 Months: _____% | | Prior Full Year: _____% |
| | | |
| 3. How many involuntary terminations have occurred in: Past 12 months: _____ Prior Full Year: _____ | | |
| | | |
| 4. Has the Applicant had any plant, facility, branch or office closing, consolidations or layoffs within the past 12 months or planned in the next 12 months?
If "Yes" please attach a full description of the details. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | |
| 5. During the past 3 years, has any Applicant in any capacity, been involved in any matter that has been the subject of: | | |
| (a) formal notice or proceeding including an investigation by the EEOC, NLRB or other similar administrative proceeding for wrongful termination, employment related discrimination, sexual harassment or retaliatory treatment against employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (b) Employment-related civil suit brought by a third party?
If "Yes" please attach a full description of the details. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (c) any "whistle blower" allegations, suit or proceeding? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | |
| 6. Does the Applicant: | | |
| (a) Have a full-time human resources coordinator?
If "no", who performs this function? Name: _____
Title: _____ e-mail address: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (b) Use an employment Application for all employment applicants? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (c) Have a written policy with respect to sexual harassment and discrimination? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (d) Have written annual evaluations for employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (e) Have a written policy and procedures with respect to progressive discipline for employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (f) Have a written policy and procedures for Family Medical Leave and Equal Opportunity of Employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (g) Have a written human resources manual or equivalent written guidelines? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (h) Review all terminations with human resources and/or in-house or outside counsel? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (i) Have written procedures in place regarding Employment at Will?
If "No", please attach a full explanation. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (j) Have written procedures in place regarding Americans with Disabilities Act (ADA)/ Handicap accommodation?
If "No", please attach a full explanation. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (k) Distribute its employee handbook to, and document its receipt by, all employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |



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- (l) Use any tests to screen applicants for employment, or to screen existing employees for continued employment or for promotion? Yes No
If "Yes" please describe:

- (m) Require face-to-face training regarding anti-discrimination and anti-sexual harassment policies and procedures to be conducted by:
 - i. In-house human resource staff? Yes No
 - ii. An outside vendor? Yes No
 If "no" to both of the above in Question 4(f), please attach an explanation.
- (n) Provide formal training for its supervisors in administering these procedures? Yes No
If Yes, who provides this training? _____
- 7. For discrimination and harassment complaints, how are the investigations conducted? internally externally
- 8. Are pay practices reviewed for inequities? Yes No
- 9. Are job assignments and promotion practices reviewed for adverse impact on protected classes? Yes No
- 10. Does the Applicant have written established policies or procedures:
 - (a) Outlining employee conduct when dealing with third parties, including non-discrimination and non-harassment statements? Yes No
 - (b) For responding to complaints of harassment, discrimination or civil rights violations from third parties? Yes No
- 11. What percentage of the Applicant's employees and volunteers have direct contact with the general public? _____%
- 12. Has the Applicant ever had any action or civil suit brought against it by a customer, client or third party alleging harassment, discrimination, or civil rights violations? Yes No
If "Yes" please attach a full description of the details.

V. FIDUCIARY LIABILITY INFORMATION

Please attach a copy of the following documents for each Applicant or if none exists, check "none"

- 1. Loss runs for past 3 years none
- 2. Most recent plan 5500's none
- 3. Most recent audited plan financials none
- 4. Most recent independent stock valuation report for any ESOP none

Please list the names and types of Applicant's employee benefits plan(s) for which coverage is requested. (Do not include health and welfare plans)

Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP), Other -please describe Status – Active, Frozen, Sold, Terminated. (If the plan has been terminated, please indicate the date of the transaction.



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Plan Name	Plan Type: DC, DB, ESOP, Other	Number of Participants	Total Plan Assets	Funding Status (%) (Defined Benefit plans only)	Status

- 1) Does the Applicant handle any investment decisions in-house?
If "yes" then by whom? _____ Yes No
- 2) In the past two (2) years, has there been, or, in the next 12 months is there anticipated, any merger, termination or suspension of any plans?
If yes, please attach details. Yes No
- 3) Do all of the plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended? Yes No
- 4) Are the plans reviewed at least annually to assure that there are no violations of any plan trust agreements, prohibited transactions or party in interest rules? Yes No
- 5) Does the **Company** have any delinquent contributions to any plan?
If yes, please provide details on a separate page. Yes No
- 6) Has the **Company**, or any plan fiduciary, been accused, found guilty or held liable for a breach of trust or convicted of criminal conduct?
If yes, please attach details. Yes No
- 7) Has any plan been investigated by the DOL, IRS or any other regulatory agency in the past 2 years or experienced an event reportable to the PBGC?
If yes, please attach details. Yes No
- 8) Does the Applicant sponsor any Cash Balance Plans or does the Applicant anticipate the conversion to or has it ever converted a pension plan to a Cash Balance Plan?
If yes, please attach details. Yes No
- 9) Has any plan been amended within the last 12 months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next 12 months? Yes No
If yes, please attach details.

VI. CRIME INFORMATION

Requested Coverage:

<u>Insuring Agreement</u>	<u>Limit of Insurance</u>
1. Employee Theft.....	\$ _____
2. Depositors Forgery or Alteration.....	\$ _____
3. Inside The Premises – Money, Securities and Other Property.....	\$ _____
4. Outside The Premises – Money, Securities and Other Property.....	\$ _____
5. Computer and Funds Transfer Fraud.....	\$ _____
6. Money Orders and Counterfeit Currency.....	\$ _____



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Is coverage for loss of client property requested? [] Yes [] No Limit: _____

Total Number of Domestic Employees: _____

Total Number of Foreign Employees: _____

Total Number of Locations: _____

Audit Procedures:

Does the Applicant:

- 1) Allow the employees who reconcile the monthly bank statements to also: sign checks? handle deposits? have access to signing machines or signature stamp/plates?
2) Is countersignature of checks required?
3) Does an independent CPA provide a Management Letter to the Applicant?
4) How often does the Applicant perform a physical inventory check of stock and equipment?
5) Is there personal supervision of business activities on a daily basis by Owner, Partner or Director?
6) Do you handle, store or use for manufacturing any precious metals and or Non precious metals?
7) Are all vouchers/supporting records stamped "PAID" when checks are signed?

Money, Securities & Payroll:

- 1) Does the Applicant perform pre-employment reference checks for all its potential employees?
2) Are all persons who are authorized to hire/fire employees prohibited from distributing the payroll?
3) Are credit reports checked when screening new employees?
4) What is the maximum amount at any one location: Money: Checks:
Negotiable Securities:

Vendor Information:

- 5) Does the Applicant:
a) Maintain a list of authorized vendors?
b) Have a procedure in place to verify the existence and ownership of new vendors prior to adding them to the authorized master vendor list?
c) Allow the same individual who verifies the existence of vendors to also have the authority to edit the authorized master vendor list?
d) Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment?



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Prior Insurance:

- 1) Has there been similar insurance declined or canceled during the last three years? Yes No
If "Yes", please list:

- 2) List all employee theft, forgery, computer fraud or other crime losses discovered by the Applicant in the last 5 years, itemizing each loss separately. Include date of loss, description of loss, is the claim open or closed, and total amount of loss. (Attach additional pages if necessary.)

VII. PRIOR KNOWLEDGE

The Applicant must complete the prior knowledge statement below if they currently purchase any of the three Liability Coverage Parts (Directors, Officers and **Company** Liability or Employment Practices Liability or the Fiduciary Liability Coverage Part) or if they are purchasing new larger limits in any liability Coverage Part.

The Applicant understands and agrees the Prior Knowledge Statement below applies to those liability Coverage Parts for which no coverage is currently maintained and to those Liability Coverages Parts for which the Applicant is requesting limits of liability greater than currently maintained (but shall only be applicable to the higher limit).

PRIOR KNOWLEDGE STATEMENT: No person or entity proposed for coverage is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed liability coverages for which the Applicant does not currently maintain insurance, or within any of the larger limits of liability sought by the Applicant, except: None or

IMPORTANT NOTICE: Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim or action arising from any such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

VIII. REPRESENTATIONS, FRAUD WARNINGS AND SIGNATURES

Any person who, knowingly and with intent to defraud any insurance company or other person, files an **Application** for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

The Applicant's submission of this **Application** does not obligate the **Company** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Company** to make any inquiry in connection with this **Application**.

It is understood and agreed that if such knowledge or information exists, any claim arising therefrom is excluded from this proposed insurance.

The undersigned authorized director or officer agrees that if the information supplied on this **Application** changes between the date the **Application** is executed and the time the proposed insurance policy is bound or coverage commenced, the **Company** will immediately notify the insurer in writing of such changes. The insurer fully reserves its rights with respect to the underwriting acceptance or denial of such changes, including the right to modify or withdraw any outstanding quotation.

The undersigned authorized director or officer declares on behalf of the **Company**, and its directors and executive officers, that to the best of his/her knowledge and belief, the statements set forth herein and attached hereto are true and that the **Company** has made reasonable good faith efforts to obtain sufficient information to accurately complete this **Application**.



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It is agreed that the statements in this **Application** or in any materials submitted herewith are representations of the **Company** and its directors and executive officers. These representations shall be deemed material to the acceptance of the risk assumed by the insurer under the policy which, if issued, will be issued in reliance upon the truth thereof.

A policy cannot be issued unless the **Application** is properly signed and dated by two of the following individuals who is authorized to sign on behalf of all assureds including the **Company** and any persons for whom the insurance is to be provided: **CEO AND CFO**.

WARNING

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

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

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

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

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

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN **APPLICATION** FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."



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NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY".

NOTICE TO OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO WEST VIRGINIA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE BENEFIT OF KNOWINGLY PRESENTS FALSE INFORMATION IN AN **APPLICATION** FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

NOTE: This Application must be signed by the CEO and CFO (or if there is no CFO, the person acting in a similar capacity such as the Treasurer).



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

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