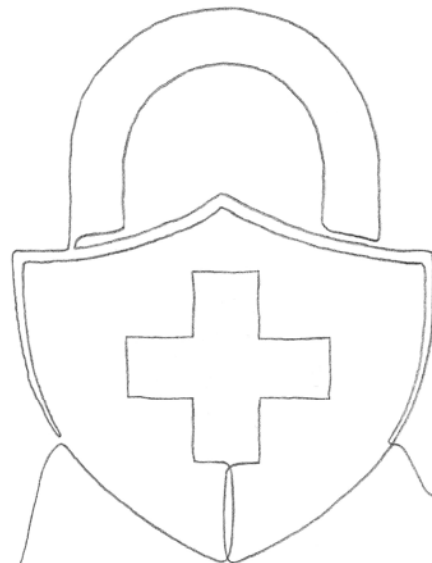


Beazley | WellTech

beazley



# Beazley WellTech Application

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE CAN BE WRITTEN ON A CLAIMS MADE AND REPORTED BASIS OR ON A CLAIMS MADE/OCCURRENCE COMBINED BASIS, WHICH MEANS THAT SOME COVERAGES UNDER THE POLICY APPLY ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE INSURANCE COMPANY DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE, OR OCCURRENCE TAKING PLACE DURING THE POLICY PERIOD. AMOUNTS INCURRED AS DEFENSE COSTS SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE READ THIS APPLICATION CAREFULLY.

## **BACKGROUND INFORMATION – PLEASE READ:**

1. Please type or print clearly.
2. Answer ALL questions completely leaving no blanks. If any questions, or part thereof, do not apply, print N/A in the space.
3. If additional space is needed to answer any questions fully, please attach a separate page.
4. This Application must be completed, dated and signed by a Principal of the Applicant.

### **Requested Attachments:**

1. Loss History for the last FIVE years.
2. Most Recent Financial Statements.
3. Sample copy of contract, used by the Applicant in the provision of professional services.
4. Copy of Human Clinical Trial Protocol(s) and Informed Consent Forms(s) (if applicable).
5. Copy of recently issued Warning Letter(s)/483's and responses.
6. Any marketing brochures or literature detailing services provided.

## Section 1 – General Information

1. First named insured:

2. Physical address (city, state, zip code):

3. Mailing address (if different from above):



4. Website address:

[Redacted]

5. Company in business since (mm/dd/yyyy) / /

6. Contact information (name, phone number, email):

[Redacted]

7. Broker firm (street, city, state, zip-code):

[Redacted]

8. Broker contact information (name, phone number, email):

[Redacted]

9. Type of entity:

Corporation  Partnership  Non-profit   
 Joint Venture  Limited Liability Company

Other (please describe): [Redacted]

10. Parent company (name and address):

[Redacted]

11. Additional named insured(s) (ownership percentage must be greater than 50%):

[Redacted]



12. Brief description of company operations:

13. Has the company filed for bankruptcy in the last seven (7) years? if 'yes', please explain. Yes  No

14. Has the company had any mergers/acquisitions in the last six (6) years and/or have any plans in the next twelve (12) months? if 'yes', please explain. Yes  No

15. Is the company/shareholders/directors/officers/partners/members thereof under any investigation for alleged criminal violations relating to business? If 'yes', please explain. Yes  No

16. Has the company ever operated under a different name? if 'yes', please explain. Yes  No

## Section 2 – Coverage Information

17. Coverage effective dates: From: (mm/dd/yyyy) / / To: (mm/dd/yyyy) / /

18. Prior insurance history: Check here is no prior coverage: New

Year	Coverage	Carrier	Limits	Deductible	Premium

19. Policy limits, deductible and retroactive dates request:

	Limits	Deductibles	Retroactive Dates
Products/Completed Operations Liability			
Healthcare Professional Liability			
General Liability			
Error and Omissions Liability			
Media Liability			
Cyber Liability			

20. Revenue history:

	U.S. Revenue	Outside U.S.	Total
Projected			
Last year			
1 <sup>st</sup> prior			
2 <sup>nd</sup> prior			
3 <sup>rd</sup> prior			

21. Please provide a breakdown of revenue by product/service for the current financial year as follows:

Products/Services	U.S. Revenue	ROW Revenue




### Section 3 –Products Completed Operations/Tech Liability

22. Does the applicant’s product contain (check all that apply):      Hardware     Software     Firmware

23. Are the products subjected to the FDA’s marketing approval? if ‘no’, please explain:      Yes  No

24. Are products or parts manufactured outside of the U.S.?      Yes  No   
if ‘yes’, what product(s) and where?

25. Are you aware of products(s) sold off-label?      Yes  No

a. If so, are off-label products tracked?      Yes  No

b. Do you have procedures in place for inhibiting employees from off-label promotions?      Yes  No

26. Are any products repackaged or relabeled? If yes, what product(s)?      Yes  No



27. Are product(s) sold as components of other products? if 'yes', please explain: Yes  No

28. Have any product(s) ever been associated with death/permanent injury or hospitalization? if 'yes', please explain: Yes  No

29. Has any product(s) been recalled in the past five (5) years? Yes  No

a. Are you considering recalling any known or suspected defective products from the market? if 'yes', please explain: Yes  No

30. Are any product(s) specifically approved for, and used by: minors, pregnant women, cognitively impaired and/or prisoners? If 'yes', what product(s)? Yes  No

31. Have you discontinued any product(s) or service(s) in the last five (5) years? Yes  No

a. Are you considering discontinuing any product(s) or service(s)? Yes  No

If 'yes', please explain:

32. Is applicant considering introducing any new products or services in the next twelve (12) months? If 'yes', please explain: Yes  No





33. Do you rent/lease medical equipment? If 'yes', please explain: Yes  No



34. Do you repair/install/or service medical equipment? Yes  No

a. If so, are you or your employees factory trained? Yes  No

35. Do you comply with the U.S. Food & Drug Administration's Current Good Manufacturing Practices (CGMP) standards or equivalent manufacturing for your product(s)? Yes  No

36. Do you maintain the following records:

a. When and where product was manufactured? Yes  No

b. To whom the product was sold and date of sale? Yes  No

c. Who supplied the materials/components for the product? Yes  No

d. Change in design/change in advertising? Yes  No

37. In the event of a cybersecurity issue would the insured's product(s):

a. impact the functionality, continuity of clinical operations, and/or patient safety? Yes  No

b. have potential of multi-patient impact/safety concern? Yes  No

c. can be safely used in a reduced/limited capacity? Yes  No

38. Does the applicant have a medical device cybersecurity response plan, including:

a. Spare/extra device/loaner devices are available? Yes  No

b. Diverting patients to a facility with operational devices? Yes  No

c. Sharing cybersecurity advisories and alerts if primary means are compromised? Yes  No

d. Conducting/participating in clinical simulations? Yes  No

e. Tracking incidents? Yes  No

39. Does the applicant have support team, regional or organizational partners with resources and expertise in preparedness and response





before/during/after a cybersecurity incident? Yes  No

a. If 'yes', who are their trusted relationships?

40. Does the applicant participate in the healthcare delivery organizations (HDO) cybersecurity exercises? Yes  No

a. Do they also provide support/fulfill service level agreements during an incident? Yes  No

41. Does the product have a Software Bill of Materials (SBoM), which identifies and addresses vulnerable device components? If 'yes', please provide a copy. Yes  No

42. Does the applicant maintain a centrally managed set of information about each medical device? Yes  No

a. How often is this information updated?

b. Does the information include device name and description? Yes  No

c. Does the information include device physical location? Yes  No

43. Does the applicant conduct a Hazard Vulnerability Analysis (HVA)? Yes  No

44. Are any medical devices/legacy devices that cannot be easily secured, put on their own dedicated and protected network segment, separate from general IT asset? Yes  No

45. Does the applicant have an intrusion detection and/or security information and event management resource/capabilities? Yes  No

46. Does the applicant hire skilled cybersecurity incident responders or allocate resources to training of designated staff? Yes  No

47. Does the applicant have a product security and privacy webpage, which includes contact information for reporting incidents and incident-specific alerts? If 'yes', please provide URL: Yes  No

48. Does the applicant employ any of the following:

a. Information Security Officer (ISO)? Yes  No

b. Chief Medical Information Officer (CMIO)? Yes  No

c. Specialized Technical Experts? Yes  No



d. Medical Device Cybersecurity Liaison? Yes  No

e. Other HDO Support Staff (please describe):

49. How often are the users trained on the device and the potential for cybersecurity incident?

50. Does the applicant have an Emergency Operations Plan (EOP)? Yes  No

51. How often are plans reviewed/updated?

## Section 4 – Human Clinical Trials

N/A- Coverage not selected

52. Test subjects enrollment history:

	Clinical trials participants (U.S.)	Outside the U.S.	Number of minor participants	Total
<b>Projected</b>				
<b>Last Year</b>				
<b>Prior</b>				

53. Sponsored human clinical trial(s):

Please provide copy of Protocol and Information Consent Form for each trial (use attachment if necessary).

Product/Protocol Name & Number	Number of Test Subjects enrolled last year	Number of Test Subjects newly enrolled this year	Phase of trial and indication/disease tested	Country of trials	Ongoing/completed




54. Human clinical trials supplemental questions:

a. Are all of your clinical trials approved and subject to oversight by an Institutional Review Board? If 'no', please explain: Yes  No

b. Do you operate an in-patient facility? If 'yes', how many beds? Yes  No

c. Do you or your employees ever act as both the Trial Sponsor and Clinical Investigator? Yes  No

d. Do your employees participate on an Institutional Review Board? Yes  No

e. Has any of your trials been suspended/place on hold because of safety concerns? If 'yes', please explain: Yes  No

f. Are any of the following incentives provided to the Clinical Investigator:

Money     Stock position     Other

g. Have any clinical investigators been cited for regulatory violations in connection with your trials? If 'yes', please explain: Yes  No

h. In the past 12 months have there been any AER's or SAER's filed? Yes  No   
If 'yes', please explain:

i. Have any warning letters been issued against you or your Investigators? Yes  No   
If 'yes', please explain:

j. Have there been any clinical trial "For Cause Audits" conducted in the last 5 years? Yes  No   
If 'yes', please explain:

k. Do any clinical trials involve minors (under the age of 18)? Yes  No

l. Are any subjects approved for expanded access/compassionate use? Yes  No   
If 'yes', how many?

m. Do you publish all clinical trial results? Yes  No

n. Do you ever provide material/product for another organization's clinical trial? Yes  No   
If 'yes', please explain:

## Section 5 – Healthcare Professional Services

N/A- Coverage not selected

55. Healthcare professional staff:



Name	Specialty	Board certification	Hours worked	Full-time/part-time	Own malpractice insurance? Limits

56. Has applicant or any of its staff's license to practice medicine or license to prescribe or dispense drugs ever been limited, suspended, revoked, placed on probation or been voluntarily surrendered in any state? Yes  No   
 If 'yes', please explain:

57. Are any of the above-listed physicians to be listed under applicant's policy? Yes  No   
 If 'yes', please provide CV for each physician.

58. Do any of the physicians have direct patient care responsibilities? Yes  No

59. Prior to hiring any employee, do you verify the following:
- a. Education background/training? Yes  No
  - b. Employment references with at least two previous employers? Yes  No
  - c. Criminal record on Local/State/National? Yes  No
  - d. Driving record? Yes  No
  - e. Drug Test? Yes  No

60. Are all health professionals credentialed prior to hiring? Yes  No



a. If 'yes', how often are physicians re-credentialed? Yes  No

61. Has the applicant or any staff ever been the subject of disciplinary/investigative proceedings or reprimand by a governmental/administrative agency, hospital, or professional association? If 'yes', please explain: Yes  No

62. Does the applicant provide remote patient monitoring? If 'yes', please explain: Yes  No

## Section 6— Tech Errors and Omissions

N/A- Coverage not selected

63. Do you have formal written contracts/agreements in place with all clients/customers? Yes  No

64. Who are their top five largest customers/contracts?

Client	Product/Service	Revenue	Duration of Contract

65. Do you ever assume liability of others in your contract? Yes  No

66. Do the contracts include the following provisions:

a. all duties and responsibilities of each party? Yes  No

b. arbitration clause? Yes  No

c. choice of law or jurisdiction? Yes  No

d. force majeure? Yes  No

e. guarantees/warranty disclaimers? Yes  No

f. hold harmless agreements/indemnification? Yes  No

g. limitation of consequential damages? Yes  No



- h. limitation of liabilities/capping of limits? Yes  No
- 67. Are any contracts past due, customers stopped payments or requested refunds? Yes  No   
If 'yes', please explain:

- 68. Does an attorney review all contracts or agreements including changes prior to use? Yes  No
- 69. Do you contract out product development, manufacturing, packaging, sales, distribution, sterilization and/or validation? Yes  No
- 70. Do you receive a hold harmless agreement from each contractor? Yes  No
- 71. Do you obtain Certificate of Insurance from all manufacturers/suppliers evidencing Product Liability insurance? If 'yes', what are the minimum limits required? Yes  No

## Section 7 – Regulatory/Risk Management

(NOTE: Underwriters may request to review copies of QC/QA, Product Recall, Contract Agreements as part of the submission)

- 72. To the best of your knowledge, are you in compliance with the FDA regulations and if applicable, the foreign agency equivalent? Yes  No 
  - a. Have there been any incidents of non-compliance (including sales and marketing practices) in the past 5 years? If 'yes', please explain: Yes  No
  - b. Do you have a formal Quality Control program? Yes  No
  - c. Do you have a formal Loss Control/Risk Management program? Yes  No
  - d. Do you have a formal written Product Recall plan? Yes  No
  - e. Do you have a Records Retention Plan? Yes  No
  - f. Do you require all sales personnel to participate in a formal training program that instructs them on all applicable company policies and procedures? Yes  No
  - g. Do you have any products that do not have a formal FDA approval for marketing? If 'yes', please explain: Yes  No



h. When was your last FDA inspection (if relevant)? (mm/dd/yyyy) / /

Were you issued a 483? Yes  No

i. Do you audit foreign/domestic suppliers? Yes  No   
 If 'yes', when was the last audit and result:

j. Do your product(s) require a Risk Evaluation & Mitigation Strategy (REMS)? Yes  No   
 If 'yes', when was the last audit and result:

## Section 8 – Privacy Exposure

73. Does the Applicant collect, process, or maintain private or personal information as part of its business activities? Yes  No

a. Is any of this information regulated by HIPAA, GLB, the Data Protection Act or other laws or legislation protecting private or personal information? Yes  No

b. Does the Applicant have written procedures in place to comply with laws governing the handling and/or disclosure of such information? Yes  No

c. Does the Applicant have an appointed privacy officer? Yes  No

d. Does the Applicant have a legally reviewed privacy policy? Yes  No

e. Does the Applicant share private or personal information gathered from customers (by the Applicant or others) with third parties? Yes  No

74. Please identify the types of personal information of individuals that you collect, process, or store (check all that apply) along with an estimate of number of records held for each type of information:





Type of Information	Number of Records (estimated)					
Social Security Numbers	<100k <input type="checkbox"/>	100k-500k <input type="checkbox"/>	500k-1M <input type="checkbox"/>	1M-2M <input type="checkbox"/>	2M-5M <input type="checkbox"/>	>5M <input type="checkbox"/>
Consumer Financial Information	<100k <input type="checkbox"/>	100k-500k <input type="checkbox"/>	500k-1M <input type="checkbox"/>	1M-2M <input type="checkbox"/>	2M-5M <input type="checkbox"/>	>5M <input type="checkbox"/>
Payment Card Information	<100k <input type="checkbox"/>	100k-500k <input type="checkbox"/>	500k-1M <input type="checkbox"/>	1M-2M <input type="checkbox"/>	2M-5M <input type="checkbox"/>	>5M <input type="checkbox"/>
Protected Health Information	<100k <input type="checkbox"/>	100k-500k <input type="checkbox"/>	500k-1M <input type="checkbox"/>	1M-2M <input type="checkbox"/>	2M-5M <input type="checkbox"/>	>5M <input type="checkbox"/>
Biometric Information	<100k <input type="checkbox"/>	100k-500k <input type="checkbox"/>	500k-1M <input type="checkbox"/>	1M-2M <input type="checkbox"/>	2M-5M <input type="checkbox"/>	>5M <input type="checkbox"/>

75. Does the Applicant require third parties with which it shares personally identifiable or confidential information to indemnify the Applicant for legal liability arising out of the release of such information due to the fault or negligence of the third party? Yes  No

## Section 9 – Media

N/A- Coverage not selected

(NOTE: If purchasing General Liability, this section must be completed)

76. Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Applicant is libelous, infringing, or in violation of a third party’s privacy rights? Yes  No

77. Does the Applicant have a qualified attorney review all content prior to posting? If ‘yes’, does the review include screening the content for the following: Yes  No

a. Copyright Infringement? Yes  No

b. Trademark Infringement? Yes  No

c. Invasion of Privacy? Yes  No

78. Has the Applicant ever received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation with regard to any content published, displayed or distributed by or on behalf of the Applicant? Yes  No

79. Is your practice compliant with the HIPAA privacy rules regarding data security and electronic transmission of protected health information? Yes  No

## Section 10 – Network Security

80. Has the Applicant suffered any known intrusions (i.e., unauthorized access) of its Computer Systems in the most recent past twelve (12) months? Yes  No

a. If ‘yes’, how many intrusions occurred?



- b. If any damage was caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to systems or to reconstruct data or software, describe the damage that occurred, state value of any lost time, income and the costs of any repair or reconstruction:

- c. Describe the response taken by the Applicant to the intrusions:

81. Does the Applicant have network intrusion detection systems that provide actionable alerts if an unauthorized computer system intrusion occurs? Yes  No

82. Please indicate which of the following written information systems Policies and Procedures the Applicant has published and distributed to employees:

a. information system access regulations and controls Yes  No

b. "acceptable use" standards Yes  No

c. the company's right to monitor employee computer use and activity, including reading e-mails and monitoring website activities Yes  No

d. acceptable e-mail use Yes  No

e. acceptable internet use Yes  No

f. password discipline Yes  No

g. remote access Yes  No

h. incident response, handling, and reporting Yes  No

i. standards of communication for proprietary, sensitive, and confidential materials, and responses to threatening, malicious, or unprofessional communications Yes  No

j. phishing Yes  No

83. Does the Applicant conduct training for every employee user of the information systems in security issues and procedures for its Computer Systems? Yes  No   
If 'yes', indicate how frequent such training is provided:

84. Are the Applicant's internal networks and/or Computer Systems subject to third party audit or monitoring (including ethical hacking for security purposes)? Yes  No   
 If 'yes', please summarize the scope of such audits and monitoring:

85. Has the Applicant undergone any business merger or acquisition that resulted in the merger of information systems in the most recent past three (3) years? Yes  No   
 If 'yes', please provide details:

## Section 11 – Computer System Access Protection

86. Does the Applicant provide remote access to its Computer Systems? Yes  No   
 If 'yes':

a. How many users have remote access?

b. Is remote access restricted to Virtual Private Networks (VPNs)? Yes  No

c. Do you require multi-factor authentication for remote connections to your computer systems? Yes  No

If 'no', describe the extent to which other remote access is allowed, such as modem dial-in accounts, Remote access Servers (RAS), or dedicated Frame Relay (FR) communications:

87. Please indicate which of the following password disciplines the Applicant enforces via automated system or software settings:

a. Passwords must contain at least eight (8) characters. Yes  No   
 If not, what is the minimum number of characters?

b. Passwords must contain a mix of letters and one or more numbers and/or special characters (\*())&%\$#. Yes  No

c. Passwords must be changed at least every thirty (30) days. If not, how often? Yes  No

d. Old passwords may not be re-used. Yes  No

e. Passwords may not be a word found in a standard dictionary of the English language. Yes  No

88. Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company? Yes  No

89. Does the Applicant regularly compare all associated computer access and user accounts with some comprehensive employee record, such as payroll lists, to identify unauthorized or "extra" user accounts? If 'no', describe any procedures used to assure that user accounts are valid: Yes  No

90. Does the Applicant use commercially available firewall protection systems to prevent unauthorized access to internal networks and computer systems? Yes  No

91. Does the Applicant use intrusion detection software to detect unauthorized access to internal networks and Computer Systems? Yes  No

## Section 12 – Loss Information

92. Please provide details of applicant's total aggregate losses, from the 1st dollar, including expenses (and please also attach hard copy loss runs for the last 5 years): If None, check here

Policy Period	Insurer	Number of claims	Total cost incurred

a. Any claim(s)/known occurrence(s) not yet reported? If 'yes', please explain: Yes  No



b. Does the applicant handle claims in-house or utilize the services of a third party administrator? If 'yes', please explain: Yes  No

c. Has any claim or suit for an error, omission or malpractice ever been made against applicant or any employees/staff working on its behalf? If 'yes', please explain: Yes  No

d. Any product or service has been/is involved with any certified/attempted class action or multi-national litigation? If 'yes', please explain: Yes  No

e. Has your insurance ever been cancelled or non-renewed by a carrier? If 'yes', please explain: Yes  No

**SIGNATURE SECTION**

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDERWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY. FOR NORTH CAROLINA APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

**FRAUD WARNING DISCLOSURE**

**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.**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, AND 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.

**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 KANSAS APPLICANTS:** 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

**NOTICE TO MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR 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 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 KENTUCKY, NEW JERSEY, OHIO, AND 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 CLAIMS 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 VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**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 CLAIMS 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. IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED



FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signed\*: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Owner, Partner, Authorized Officer)

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

Agent's Printed Name:

Florida Agent's License Number:

Agent's Signature:

\*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a keypad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance - Producer

