

# APPLICATION FOR A FINANCIAL INSTITUTION CRIME POLICY FOR INSURANCE COMPANIES

## I. GENERAL INFORMATION

**Name Of Insured (Applicant):**

(List all Insureds including Employee Benefit Plans you sponsor that are subject to ERISA.)

**Mailing Address:**

**Policy Period Requested:**

From 12:01 AM on:

to 12:01 AM on:

**Premium Payable:**  Annually  Three-year Prepaid  Three-year Equal Annual Installments  
 Other:

**Insured Is A:**  Life Insurance Company  Property And Casualty Insurance Company  
 Reinsurance Company  Other:  
 Title Insurance Company – principally engaged in the title insurance business

**Organizational Structure:**  Stock Company  Mutual Company

**Date Insured Was Established:**

**Name Of Current Insurance Carrier (if different):**

**Complete The Following:**

1. Assets as of latest December 31: \$

2. Assets as of latest June 30: \$

**Coverage Is Being Written:**  Primary  Excess  Concurrent  
 Coindemnity  Coinsurance

If coverage is being written on an excess, concurrent or coindemnity basis, list the names of the other carriers and policy limits:

If coverage is being written on a coinsurance basis, show your percentage participation: %

**(Note: Insured may assume a participation of between 5% and 25%.)**

Are you a direct participant in a depository for the central handling of securities?  Yes  No

If "Yes", list below the name and location of each depository:

Name	Location

Has coverage provided by a prior insurance carrier been reinstated or waived on any of your current employees?  Yes  No

If "Yes", list the name of the employee(s):

**II. COVERAGE REQUESTED**

**A.** Policy Aggregate Limit Of Insurance: \$

If this Policy is being written on a multiyear basis:

1. Do you desire having the Policy Aggregate Limit Of Insurance apply to the entire Policy Period?  Yes  No
2. Do you desire having the Policy Aggregate Limit Of Insurance apply to each consecutive one-year term of the Policy Period?  Yes  No

**B.** Complete the following for Insuring Agreements, Limits and Deductibles desired:

(**Note:** Insuring Agreement 1. is mandatory. All other insuring agreements are optional and may be written in a limit less than or equal to the Insuring Agreement 1. limit. Deductibles may be written in any amount.)

Insuring Agreements/Coverage	Yes	No	Single Loss Limit Of Insurance	Single Loss Deductible Amount
1. Fidelity			\$	\$
Is Trading excluded?	<input type="checkbox"/>	<input type="checkbox"/>		
Are Data Processors excluded?	<input type="checkbox"/>	<input type="checkbox"/>		
2. On Premises			\$	\$
3. In Transit			\$	\$
4. Forged Or Altered Instruments			\$	\$
Is extended coverage on instruments desired?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Forged, Altered Or Counterfeit Securities			\$	\$
Is extended coverage on securities desired?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Counterfeit Money			\$	\$
7. Computer Fraud			\$	\$
8. Voice Initiated Transfer Fraud			\$	\$
9. Telefacsimile Transfer Fraud			\$	\$
10. Audit And Claims Expense			\$	\$
Is extended coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>		

**By Endorsement**

Automated Teller Machines	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Total number of machines within and outside your premises:				
Fraudulent Mortgages	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Agents Fidelity	<input type="checkbox"/>	<input type="checkbox"/>	(See <b>F.</b> or <b>G.</b> below)	
Extortion – Threats To Persons Or Property	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Telephone Toll Fraud	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Fraudulent Impersonation	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Virtual Currency	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Electronic Records And Signatures	<input type="checkbox"/>	<input type="checkbox"/>		
If "Yes", coverage is desired under (check all that apply):				
<input type="checkbox"/> Insuring Agreement 4.			\$	\$
<input type="checkbox"/> Insuring Agreement 5.			\$	\$
<input type="checkbox"/> the Fraudulent Mortgages Endorsement			\$	\$

**C.** For Voice Initiated Transfer Fraud Coverage, indicate the dollar amount of the callback threshold to the originator of an instruction: \$

**D.** For Telefacsimile Transfer Fraud Coverage, indicate the dollar amount of the callback threshold to the originator of an instruction: \$

**E.** List below the name and location of each data processor to be covered, authorized by you to perform services such as data processing of your checks and accounting records related to such checks:

Name	Location

**F.** List below the name and location, function, single loss limit of insurance and single loss deductible amount of each draft-signer to be covered, who while in the service of a policyholder of the insured is authorized to sign drafts on your behalf:

Name And Location	Function	Single Loss Limit Of Insurance	Single Loss Deductible Amount
		\$	\$
		\$	\$
		\$	\$

**G.** List below the name or description, single loss limit of insurance and single loss deductible amount of your appointed or elected agents to be covered, whether they be persons, partnerships or corporations while performing any act or service in connection with the ordinary conduct of your business (Life Insurance Companies only):

Name Or Description	Single Loss Limit Of Insurance	Single Loss Deductible Amount
	\$	\$
	\$	\$
	\$	\$

**H.** For Extortion – Threats To Persons Or Property Coverage, list the countries where your employees travel:

**I.** For Fraudulent Impersonation Coverage, complete the following:

**1. Employees**

Yes  No

Verification is required for all transfer instructions:

Verification is required for all transfer instructions  
in excess of: \$

**2. Vendors**

Yes  No

Verification is required for all transfer instructions:

Verification is required for all transfer instructions  
in excess of: \$

**J.** For Virtual Currency Coverage, list below the name(s) of the virtual currency and the virtual currency exchange(s):

Name(s)	Exchange(s)

**K.** For Telephone Toll Fraud Coverage, list below the PBX system(s):

### III. RATING INFORMATION

- |  | No. Of   |
|--|--|
| For all Named Insureds, show the total number of:  |  |
| 1. Salaried officers, full- and part-time employees and persons provided by employment contractors:  |  |
| Are attorneys who manage or litigate claims or search or close titles on real estate or perform escrow services or related services on real estate to be excluded?<br>(Title Insurance Companies only) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are industrial agents to be excluded?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Consultants (if any) who are former employees, directors or trustees:   |  |
| 3. Locations (other than the Home Office of the first Named Insured) in the United States (including its territories and possessions), Canada and Puerto Rico:   |  |
| 4. Locations outside of the United States (including its territories and possessions), Canada and Puerto Rico:   |  |

### IV. UNDERWRITING

**(Note: Attach separate sheet to explain any "No" answers to the questions in this Section IV.)**

- |  |  |
|--|--|
| <b>A. Audit Procedures:</b>  |  |
| 1. Is there an annual audit by an independent CPA made in accordance with generally accepted auditing standards and so certified?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the audit report rendered directly to the Board?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Name and location of CPA:   |  |
| 4. Date of completion of the last audit by CPA:  |  |
| 5. Is there a continuous internal audit by an Internal Audit Department?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", are monthly reports rendered directly to the Board?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does it include EDP auditing?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>B. Internal Controls (Other Than Audit Procedures):</b>   |  |
| 1. Do you require annual vacations of at least two consecutive weeks for all officers and employees?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is there a formal, planned program requiring the rotation of duties of key personnel without prior notice thereof?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from origination to posting by one person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are bank accounts reconciled by someone not authorized to deposit or withdraw?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Is countersignature of checks required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Will endorsement of checks on your behalf be limited to endorsement for deposit and credited to your account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are official checks and drafts preprinted, sequentially numbered and under dual control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are reconciliations of official checks prepared by individuals other than those authorized to issue them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C. Change In Ownership Or Senior Management:</b>		
Has there been any change in ownership or senior management within the past three years or is change anticipated in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", explain:		
<b>D. Lending Controls:</b>		
1. Are loan proceeds issued by someone other than the approving loan officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are signatures on all notes and documents obtained in the presence of an employee on both new and renewal loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the identity of all signatures verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>E. Employee Account Controls:</b>		
1. Are employee accounts segregated and reviewed for unusual activity at least monthly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are employees' immediate family members' and household members' accounts randomly reviewed for unusual activity at least quarterly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you disclose to your employees the fact that these accounts will be reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>F. Forgery Controls:</b>		
1. Prior to opening a corporate account, is the customer required to provide a signed corporate resolution or letter authorizing certain individuals to open the corporate account and designating certain individuals to sign on the account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you prohibit the acceptance of checks made payable to corporate payees but endorsed by individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are account statements sent out on a monthly basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you prohibit cash disbursements from corporate accounts (other than for petty cash)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If statements are held for customer pickup, do you record the customer's receipt of the statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you verify endorsements on negotiable instruments upon presentment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are all transactions on dormant accounts reviewed on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**G. Computer Controls:**

1. Is computer usage preauthorized?  Yes  No
2. How often are employees required to change their computer passwords:
3. Do you change passwords when employees leave the company?  Yes  No
4. Is computer output reconciled by persons who do not prepare the input or process it?  Yes  No
5. Is data encrypted?  Yes  No
6. Do you utilize port security that detects unusual activity?  Yes  No
7. Do you require digital certificates when making an online transaction?  Yes  No
8. Do you have documented Internet guidelines for employees?  Yes  No
9. Do you have documented emergency procedures?  Yes  No
10. Is your computer system protected by firewalls?  Yes  No
11. Do you maintain a firewall log?  Yes  No
12. Is your computer system supported by intrusion detection software?  Yes  No
13. Is your computer system supported by antivirus software?  Yes  No
14. Do any of your employees telecommute?  Yes  No  
If "Yes", do you provide these employees with remote access to your computer systems?  Yes  No  
Number of employees with remote access:
15. Do you provide access to your proprietary computer system to any third parties?  Yes  No  
If "Yes", to whom?  
  
For what reason?
16. Do you provide these third parties with IDs and passwords for accessing your web site?  Yes  No  
Are these passwords changed when they finish their work?  Yes  No  
What steps are taken to protect the IDs and passwords from unauthorized use?
17. How often are security audits performed?  Yes  No  
Have you complied with all recommendations?  Yes  No
18. Has your computer system ever been invaded by a hacker or virus?  Yes  No  
If "Yes", what controls have been implemented to prevent further incidences:

**H. Wire Transfer Controls:**

1. Do you transmit or receive data by:
- a. Telegraph?  Yes  No
- b. Teletype?  Yes  No
- c. Computer link?  Yes  No

- 2. Do you maintain a documented procedures manual covering all wire transfers under dual control?  Yes  No
- 3. Do you independently verify a teletype or telegraph authorization for the payment or transfer of funds over a different wire or circuit, other than that used to transmit a request?  Yes  No
- 4. Are all payment instructions executed under a sequential numbering system?  Yes  No
- 5. Do independent employees review and reconcile all wire transfers used to transmit a request?  Yes  No
- 6. What is the average monthly volume of funds transferred? \$
- 7. What is the largest amount an employee can transfer? \$
- 8. What is the average size of transfers? \$
- 9. Are there specific employees authorized to:
  - a. Transfer funds?  Yes  No
  - b. Request changes in procedures?  Yes  No
  - c. Obtain records?  Yes  No
- 10. Is there controlled access to the wire room?  Yes  No
- 11. Are all telephone instructions confirmed in writing within 24 hours?  Yes  No
- 12. Are all wire transfer transactions confirmed in writing within 24 hours?  Yes  No
- 13. Do you authenticate the identity of the caller before acting upon his/her instructions?  Yes  No

- I. Vendor Controls:**
- 1. Are background checks performed on vendors in order to determine ownership and financial capability?  Yes  No
  - 2. Is all vendor bank information verified by a direct call to the receiving bank prior to the account being established in your accounts payable system?  Yes  No
  - 3. Are there procedures in place to verify invoices and other payment requests received from the vendor prior to making payment?  Yes  No
  - 4. Are all changes requested by the vendor (including bank account, invoice changes, telephone or FAX numbers, address and other contact information) verified by you by a direct call to the vendor using only the telephone number that was provided to you by the vendor before the change request was received?  Yes  No
- If "Yes", complete the following:
- a. Is the callback made by an employee other than the employee who received the change request?  Yes  No
  - b. Are change requests initiated by the vendor verified by you with someone other than the person requesting the change?  Yes  No



<p>If "Yes", do you refrain from implementing such change requests until after the vendor has had the opportunity to respond to your inquiry regarding the validity of the change requested?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>c.</b> Do you require all change requests by a vendor to be approved by a supervisor of the employee receiving the change request before it is acted upon?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5.</b> Do you transfer funds to the vendor according to a pre-arranged procedure established between you and the vendor before making such transfers?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "Yes", describe the procedure:</p>	
<hr/>	
<b>J. Virtual Currency Controls:</b>	
<p><b>1.</b> Do you have a wallet and is it encrypted?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>2.</b> Is the wallet backed up on a periodic basis?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "Yes", how often:</p>	
<p><b>3.</b> Do you use a third-party currency payment processor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "Yes", provide the name of the processor:</p>	
<p><b>4.</b> Do you have a detection system in place to authenticate virtual currency transactions?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5.</b> Do you provide a vault for customers to store virtual currency?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>K. Telephone Controls:</b>	
<p><b>1.</b> How often are PBX system passwords changed:</p>	
<p><b>2.</b> How often are voice mail passwords changed:</p>	
<p><b>3.</b> Do passwords require a combination of alpha/numeric characters?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>4.</b> Are invalid password attempts limited?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "Yes", how many attempts are allowed:</p>	
<p><b>5.</b> Is the PBX system monitored to detect abnormal call activity?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
<b>L. Electronic Signature And Record Controls:</b>	
<p><b>1.</b> Do you engage in business transactions using electronic signatures from:</p>	
<p><b>a.</b> Your customers?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>b.</b> Your vendors?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>c.</b> Other financial institutions?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>d.</b> Others?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "Yes" to <b>a.</b>, <b>b.</b>, <b>c.</b> or <b>d.</b>, explain:</p>	

2. What types of documents do you accept using electronic signatures (such as, but not limited to, changes in beneficiaries, policy applications, annuity applications and loan applications)?

3. What is the average daily number of transactions using electronic signatures?

4. Do you use the services of a third-party authentication vendor to process digital signatures?  Yes  No  
If "Yes", provide the name of the vendor:

5. Do you have a policy manual of electronic record/signature procedures?  Yes  No

6. Are electronic signatures and handwritten signatures executed to electronic records and linked to their respective electronic records to ensure that the signatures cannot be excised, copied or otherwise transferred to falsify an electronic record?  Yes  No

7. What protocols are used to authenticate the identity of the sender of the electronic record?

8. What technology is used to safeguard the transmission of electronic records?

**V. PRIOR INSURANCE**

**(Note: Not applicable in Missouri.)**

Has any insurance, similar to the kinds provided under this Policy, been declined or cancelled during the past three years?  Yes  No  
If "Yes", explain:

**VI. LOSS HISTORY**

Complete the following for all losses sustained, whether or not claimed, and if claimed, whether or not reimbursed, during the past three years from the completion date of this application for any insurance similar to the kinds provided under this Policy:

Check if none

Date Of Loss:  
Type Of Loss:  
Amount Of Loss: \$  
Amount Of Loss Pending: \$  
Amount Received From Insurance: \$  
Amount Recovered From Other Than Insurance: \$  
Describe remedial action taken to prevent similar losses in the future:

Date Of Loss:  
Type Of Loss:  
Amount Of Loss: \$  
Amount Of Loss Pending: \$  
Amount Received From Insurance: \$  
Amount Recovered From Other Than Insurance: \$  
Describe remedial action taken to prevent similar losses in the future:

Date Of Loss:  
Type Of Loss:  
Amount Of Loss: \$  
Amount Of Loss Pending: \$  
Amount Received From Insurance: \$  
Amount Recovered From Other Than Insurance: \$  
Describe remedial action taken to prevent similar losses in the future:

#### VII. ADDITIONAL REQUIRED APPLICATION MATERIALS

As attachments to this Application, please include the following (where applicable):

- Computer control security audit and response
- Latest year-end audited financial statements
- CPA management letters and response

**The Insured (Applicant) represents that all information and statements contained in this application are true, accurate and complete. This application shall constitute part of the Policy, if issued. Any intentional misrepresentation, intentional omission, intentional concealment or intentional misstatement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued in reliance upon such information.**

#### FRAUD STATEMENTS

##### All Jurisdictions Other Than Those Shown Below

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.

##### Alabama

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.

### **Colorado**

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.

### **District Of Columbia**

**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.

### **Florida**

Any person who knowingly and with intent to injure, defraud, or deceive an 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**

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

### **Kansas**

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

### **Kentucky**

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**

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**

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.

### **New Jersey**

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**

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**

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**

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**

**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**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A.** The misinformation is material to the content of the policy;
- B.** We relied upon the misinformation; and
- C.** The information was either:
  - 1.** Material to the risk assumed by us; or
  - 2.** Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

### **Pennsylvania**

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**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of 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 not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

### **Tennessee**

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**

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 may be guilty of a crime and may be subject to fines and confinement in prison.

**Virginia**

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.

**Washington**

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.

<b>Person Authorized To Complete This Application For The Insured (Applicant):</b>
<b>Name (Print):</b> <b>Signature:</b> <b>Title:</b> <b>Date:</b>
<b>Producer Information (Required in Florida, Iowa and New Hampshire):</b>
<b>Producer Name (Print):</b> <b>Producer Signature:</b> <b>Agency Name:</b> <b>Agency Code:</b> <b>License Number:</b>



ProSurance Group

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