



Insurance Services Professional Liability Insurance MGA / MGU, TPA and Claims Handling Supplemental Application

CLAIMS MADE WARNING FOR APPLICATION: This Application is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

- If space provided is insufficient, include additional details on a separate attachment
- Attach a copy of standard client contracts

This Supplemental Application is to be completed with respect to the entire Applicant Firm including all subsidiaries, affiliates and predecessor firms for which coverage is requested.

Name of Applicant Firm

MGA / MGU / Program Administrator Services

If the Applicant Firm is not involved in these services, please check here and skip to Question 10.

1. Complete the following for all insurance carriers the Applicant Firm represents as an MGA, MGU or Program Administrator.

Insurance Carrier	Line(s) of Insurance	# of Years Represented	Annual Gross Written Premium	Loss Ratio Each of the Last 3 Years
			\$	___% ___% ___%
			\$	___% ___% ___%
			\$	___% ___% ___%
			\$	___% ___% ___%

2. Please describe ALL responsibilities and duties performed as an MGA, MGU or Program Administrator: _____

3. Please indicate the maximum binding authority and # of policies issued in the last 12 months for each line of business.

Line of Business	Maximum Binding Authority	Number of Policies
	\$	
	\$	
	\$	
	\$	
TOTAL NUMBER OF POLICIES		

4. Please indicate the Applicant Firm's maximum authority for reinsurance placements (other than stop loss): \$ _____

5. Please indicate the Applicant Firm's maximum authority for Stop Loss: \$ _____

6. In the last 12 months, have all insurance carrier clients conducted at least one audit? Yes No

If "No", please explain: _____

7. In the last 3 years, were ALL audits deemed satisfactory by insurance carrier clients (no major infractions? Yes No If "No", provide a copy of the audit report(s) and the Applicant Firm's response to each criticism and answer the following:

a. Has the Applicant Firm remedied all criticisms? Yes No

b. Did the insurance carrier restrict underwriting authority or any other authority as a result of the audit? Yes No If "Yes", please explain: _____

8. Please list and provide complete details of all MGA, MGU and Program Administrator contracts that have been canceled, revoked or terminated in the last 5 years (if none, please state "None"). _____
9. Indicate the number of sub agents the Applicant Firm has delegated underwriting, claim handling or any other authority: _____
Please attach details of any delegated authority and a copy of the insurance carrier contract authorizing such delegation.

TPA / Claims Adjusting / Cost Containment Services

If the Applicant Firm is not involved in any of these services, please check here and skip to Question 24.

10. Please provide a breakdown of the Applicant Firm's gross revenue derived from the following services in the past 12 months.

Type of Services	Past 12 Months Gross Revenue
Insurance Company Claims Adjusting	\$
Self-Insured / RRG Claims Adjusting	\$
Reinsurance Claims Adjusting	\$
Public Claims Adjusting	\$
Utilization Reviews / Cost Containment	\$
Medical Bill Review / Discounting	\$
Other (Describe):	\$
TOTAL	\$

11. Please indicate the % of total gross revenue (as disclosed in Question 10) derived from the following lines of insurance.

COMMERCIAL LINES		PERSONAL LINES	
Auto	%	Auto	%
Aviation	%	Homeowners	%
Commercial Liability	%	Other (Describe)	%
Commercial Property	%	LIFE AND A&H	
Medical Malpractice	%	A&H	%
Products Liability	%	HMO/PPO/DSP	%
Professional Liability / D&O / EPL	%	Life	%
Workers Compensation	%	Other (Describe)	%
Other (Describe)	%	TOTAL ALL LINES OF INSURANCE	100%

12. Complete the following for the top 3 revenue generating clients for whom the Applicant Firm provides the services disclosed in Question 10.

Client Name	Past 12 Months Gross Revenue	Description of Services
	\$	
	\$	
	\$	

13. Please list all principals, partners, officers, managing members and professional employees of the Applicant Firm engaged in TPA, Claims Adjusting or Cost Containment services.

Name	Title	# of Years with Applicant Firm	Duties Performed*	First Year Licensed	Professional Designations**

* TPA, Claims Adjusting, Cost Containment, etc.

** Memberships in professional organizations, associations or societies, advanced degrees and certifications

14. Please indicate the average number of pending claims per adjuster per week: _____

15. Please indicate the Applicant Firm's maximum draft authority: \$ _____

16. Does the Applicant Firm have authority to deny liability/coverage to a policyholder, handle litigation or handle subrogation/salvage on behalf of its clients/carriers? Yes No If "Yes", please describe the level of authority for each. _____

17. Please describe all controls in place to handle suspicious or fraudulent claims. _____

18. Please describe all controls in place to keep client information confidential including medical and social security information. _____

19. In the last 12 months, have all insurance carrier clients conducted at least one audit? Yes No
 If "No", please explain: _____
20. In the last 3 years, were ALL audits deemed satisfactory by insurance carrier clients (no major infractions)? Yes No
If "No", please provide a copy of the audit report(s) and response to each criticism and answer the following questions:
- a. Has the Applicant Firm remedied all criticisms? Yes No
- b. Did the insurance carrier restrict draft authority or any other authority as a result of the audit? Yes No If "Yes", please explain: _____

21. Please list and provide complete details of all contracts with insurance carrier clients that have been canceled, revoked or terminated in the last 5 years (if none, please state "None"). _____

22. Please indicate the total number of sub agents the Applicant Firm has delegated claim handling or any other authority: _____
Please attach details of any delegated authority and a copy of the insurance carrier contract authorizing such delegation.
23. Does the Applicant Firm provide utilization/cost containment services? Yes No **If "Yes", please answer the following:**
- a. Do all utilization review/cost containment procedures implemented by or on behalf of the Applicant Firm comply with URAC and NCQA guidelines? Yes No If "No", please explain: _____

- b. # of cases handled over the past 12 months: _____
- c. # of cases denied based on medical necessity criteria: _____
- d. # of cases denied for other reasons: _____
 Please provide details of the basis of other denials and # of cases denied on each basis: _____

- e. Details of the Applicant Firm's appeals procedures for decisions to deny benefits or coverage for medical care: _____

Claims Experience and Warranty Statements

24. During the past five years, has any professional liability claim or suit been made against the Applicant Firm or any past or present principal, partner, officer, director, managing member or employee of the Applicant Firm or any past or present sub-agent, sub-producer or independent contractor of the Applicant Firm? Yes No
25. Is the Applicant Firm or any principal, partner, officer, director, managing member or professional employee in the Applicant Firm aware of any fact, circumstance, or situation that might result in any professional liability claim or suit against the Applicant Firm or any past or present principal, partner, officer, director, managing member, or employee in the Applicant Firm or any past or present sub-agent, sub-producer or independent contractor of the Applicant Firm? Yes No

If "Yes" to any part of question 24 or 25, Complete the Claim / Incident Supplemental Application.

IT IS UNDERSTOOD AND AGREED THAT THE COMPANY SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIM EXPENSES IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO ANY PART OF QUESTIONS 24 OR 25.

Please Read Carefully

The undersigned, acting on behalf of all proposed Insureds, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each Insured proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned agree that the particulars and statements contained in this application and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that this application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with this application shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached. It is further agreed that: (1) if any significant change in the condition of the applicant is discovered between the date of this application and the Policy inception date, which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately and, upon receipt of such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance; (2) any Policy, if issued, will be in reliance upon the truth of such representations and any misrepresentation by the Insured or the Insured's agent that is material to the acceptance of the risk will render the Policy null and void and relieve the Insurer from all liability herein; (3) this application has been completed as respects the entire Applicant Firm; (4) the signing of this application does not bind the undersigned to purchase the insurance.

I understand that the information submitted herein becomes a part of the Applicant Firm's Professional Liability Insurance Application and is subject to the same representations and conditions.

_____	_____
Dated	Signature of Partner, Officer or Principal
_____	_____
Title	Partner, Officer or Principal (Print Name)

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

**RETURN APPLICATION VIA EMAIL: mpisubmissions@berkleysp.com
Berkley Service Professionals, a division of Berkley Managers Insurance Services, LLC
1455 Frazee Road, Suite 500, San Diego, CA 92108 | CA License Number 0H05115**

FRAUD NOTICE

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.

NOTICE TO ALABAMA APPLICANTS AND CLAIMANTS: 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 ALASKA CLAIMANTS: A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW.

NOTICE TO ARIZONA CLAIMANTS: FOR YOUR PROTECTION ARIZONA LAW REQUIRES THAT THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS APPLICANTS AND CLAIMANTS: 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 CALIFORNIA CLAIMANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. 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 COLORADO APPLICANTS, POLICYHOLDERS AND CLAIMANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DELAWARE CLAIMANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS AND CLAIMANTS: 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 APPLICANTS OF FLORIDA AND CLAIMANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFAUD 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 IDAHO CLAIMANTS: ANY PERSON WHO KNOWING, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO INDIANA CLAIMANTS: A PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION COMMITS A FELONY.

NOTICE TO APPLICANTS OF 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.

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

NOTICE TO LOUISIANA APPLICANTS AND CLAIMANTS: 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 AND CLAIMANTS: 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 MARYLAND APPLICANTS AND CLAIMANTS: 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 MASSACHUSETTS APPLICANTS AND CLAIMANTS: 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 MINNESOTA CLAIMANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW HAMPSHIRE CLAIMANTS: ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638.20.

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

NOTICE TO NEW MEXICO APPLICANTS AND CLAIMANTS: 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 AND CLAIMANTS: 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.

NOTICE TO OHIO APPLICANTS AND CLAIMANTS: 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 APPLICANTS, POLICYHOLDERS AND CLAIMANTS OF OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OREGON APPLICANTS AND CLAIMANTS: 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 MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS AND CLAIMANTS: 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 RHODE ISLAND APPLICANTS AND CLAIMANTS: 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 TENNESSEE APPLICANTS AND CLAIMANTS: 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 VIRGINIA APPLICANTS AND CLAIMANTS: 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 AND CLAIMANTS: 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 WEST VIRGINIA APPLICANTS AND CLAIMANTS: 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.