



BERKLEY
SERVICE PROFESSIONALS

a division of Berkley Managers
Insurance Services, LLC

a W. R. Berkley Company

Miscellaneous Professional Liability Insurance 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 copies of standard client contracts
- Attach a copy of the expiring Declarations Page, if available

This Application is to be completed with respect to the entire Applicant Firm. "Applicant Firm" means the entity named in item 1 of this Application and all Related Party Applicants. "Related Party Applicant" means any other entity (including subsidiaries, affiliates and predecessor firms) for which coverage is requested and named in Question 6 of this Application.

Requested Coverage:

Limits: \$ _____

Retroactive Date: _____

Deductible: \$ _____

Effective Date: _____

General Information

1. Name of Applicant Firm proposed as the first Named Insured: _____
 2. a. Business Address: _____
City, State, Zip: _____
 - b. Mailing Address (if different from 2.a.): _____
City, State, Zip: _____
 - c. Business Phone: _____
 - d. Website Address: _____
 - e. Contact Name, Title and E-mail: _____
 3. Date business was established: _____
 4. Applicant Firm is a: Corporation LLC Partnership Other: _____
 - a. Associations of which Applicant Firm is a member: _____
 - b. States in which Applicant Firm is licensed or does business: _____
 - c. Branch offices or additional locations: _____
 - d. Is the Applicant Firm a successor-in-interest to any predecessor entity? Yes No
 - e. Is the Applicant Firm owned or controlled by, or affiliated with, any other entity? Yes No
 - f. Has the name of the Applicant Firm changed in the past 5 years? Yes No
- If "Yes" to Questions 4.d., 4.e. or 4.f., please explain: _____

5. During the past 5 years has the Applicant Firm been involved in any merger, acquisition, consolidation, divestiture, bankruptcy or dissolution, or in the next 12 months does it have any plans for any merger, acquisition, consolidation, divestiture, bankruptcy, dissolution or creation of a new business, subsidiary or division? Yes No If "Yes", please explain: _____

6. Please provide the following information for all Related Party Applicants for which coverage is desired:

Entity Name	Relationship to Applicant Firm	Nature of Business	Applicant Firm's % of Ownership
			%
			%
			%

7. During the past 5 years has any principal, partner, member, officer, director or professional employee of the Applicant Firm provided, or in the next 12 months does any principal, partner, member, officer, director or professional employee of the Applicant Firm plan to provide, professional services for any entity (other than the Applicant Firm) in which he, she or the Applicant Firm has an ownership interest? Yes No If "Yes", please explain: _____

Professional Services and Clients

8. Please provide total gross revenue for each of the past 3 fiscal years and the next 12 months.

	U.S. Revenue	Foreign Revenue	Total Revenue
Projected 12 Months	\$	\$	\$
Most recent fiscal year	\$	\$	\$
Prior fiscal year	\$	\$	\$
2 nd prior fiscal year	\$	\$	\$

9. Please describe the nature and type of services the Applicant provided and any products developed, manufactured, licensed or sold in the last fiscal year and the percentage of revenue derived from each.

Service / Product	% of Revenue
	%
	%
	%
	%

10. During the past 5 years has the Applicant Firm engaged in, or within the next 12 months does the Applicant Firm plan to engage in, any services or business activities other than those indicated in Question 9 above? Yes No If "Yes", please explain: _____

11. Please complete the following for the five largest clients of the Applicant.

Client Name	Professional Services/Product Provided	Annual Revenue Derived
		\$
		\$
		\$
		\$
		\$

Operations and Risk Management

12. Please provide the following staffing information for all employees and independent contractors

	Total Number	Average Years of Experience	Average Years with Applicant	Turnover Rate Past 12 Months
Principals, Partners and Officers				%
Licensed Professionals (not included above)				%
Non-Licensed Professionals (not included above)				%
All other staff				%
TOTAL STAFF				%

13. How many staff members are independent contractors? _____

a. Is the insurance to which this Application applies intended to cover all independent contractors? Yes No

b. If "No" to Question 13.a, are all independent contractors required to carry professional liability insurance? Yes No

c. If "Yes" to Question 13.b., please indicate the minimum professional liability limits: \$ _____

14. Does the Applicant Firm subcontract out work to others? Yes No

If "Yes", please attach copies of standard subcontractor contracts and answer the following additional questions.

a. Please indicate the % of work subcontracted to others: _____%

- b. Details of work subcontracted to others: _____

- c. Details of procedures for screening subcontractors: _____

- d. Please indicate the minimum E&O limits subcontractors are required to carry: \$ _____
- e. Are certificates of insurance required from each subcontractor? Yes No
15. Complete the following for all principals, partners, officers, managing members and licensed professionals of the Applicant Firm.

Name	Title	License Number	Type of License	First Year Licensed	Professional Qualifications*

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

16. Does any principal, partner, officer or other professional employee of the Applicant Firm hold any license or designation (i.e. law license, real estate license, insurance license, C.P.A., etc.)? Yes No If "Yes", please explain and provide details of any services performed in such capacity for clients of the Applicant Firm: _____

17. Please indicate the types of contracts used in the last fiscal year.
 Applicant Firm's Own Contract: _____% Client Contract: _____%
 Standard industry Contract: _____% Verbal: _____%
 Other: _____% Describe Other: _____
18. Please indicate if standard contracts contain the following provisions:
- a. Limitation of Liability to the benefit of the Applicant Firm: Yes No
 - b. Hold harmless or indemnity agreements in favor of the Applicant Firm: Yes No
 - c. Disclaimer of the Applicant Firm's warranties: Yes No
19. Are standard contracts, modifications to standard contract, and non-standard contracts (i.e. client contracts, vendor agreements and other contracts) always reviewed by the Applicant Firm's legal counsel before they are implemented? Yes No If "No", please explain: _____

20. Does the Applicant Firm have:
- a. A formal training program for all employees and independent contractors? Yes No
 - b. An in-house office manual? Yes No
21. Please describe risk management policies and procedures put in place to avoid or reduce professional liability claims: _____

22. Please describe your procedures for resolving fee disputes with clients: _____

Prior and Current Insurance

23. List the Professional Liability Insurance carried for each of the past 5 years:

Insurance Company	Policy Period	Limit of Liability	Deductible/SIR	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

		\$	\$	\$
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24. Current policy prior acts limitation or retroactive date: _____
25. Has any insurance carrier ever rescinded, cancelled or non-renewed the professional liability insurance of the Applicant Firm or any predecessor entity? Yes No If "Yes", please explain: _____

Claims Experience and Warranty Statements

IMPORTANT NOTICE: All known claims and/or circumstances that could result in a Professional Liability claim are specifically excluded from coverage. Report all such claims and/or circumstances to your current insurer. Failure to disclose such claim or circumstance may result in the proposed insurance being void or subject to rescission.

26. Has any past or present principal, partner, officer, director, managing member, employee or independent contractor of the Applicant Firm ever been investigated or convicted of a felony? Yes No
If "Yes", please provide complete details on a separate sheet, including the present status of any individuals involved.
27. During the past five years, has any past or present principal, partner, officer, director, managing member, employee or independent contractor of the Applicant Firm ever been the subject of any disciplinary action by any administrative, disciplinary, governmental or regulatory agency, board or body or had his or her license revoked or suspended? Yes No
If "Yes", please provide complete details on a separate sheet, including the present status of any individuals involved.
28. 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, employee or independent contractor of the Applicant Firm?
 Yes No **If "Yes", please complete a Claim Supplement for each claim or suit.**
29. 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, employee or independent contractor of the Applicant Firm? Yes No **If "Yes", please complete a Claim Supplement describing the potential claim.**

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: mplsubmissions@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 KNOWINGLY, 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 COMMITS 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.