

\_\_\_\_\_  
Name Of Insurance Company To Which Application is Made:  
(herein called the Company)

## THIRD PARTY ADMINISTRATORS PROFESSIONAL LIABILITY APPLICATION

**NOTICE: IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS. THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

1. NAME OF APPLICANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
  
2. APPLICANT IS:  
  
A) \_\_\_CORPORATION \_\_\_PARTNERSHIP \_\_\_INDIVIDUAL  
B) \_\_\_NONPROFIT \_\_\_FOR PROFIT
  
3. EFFECTIVE DATE DESIRED: \_\_\_\_\_
  
4. YEAR ESTABLISHED: \_\_\_\_\_
  
5. A) IS THE APPLICANT FIRM CONTROLLED BY, OWNED BY OR ASSOCIATED WITH, OR DOES THE APPLICANT FIRM OWN OR CONTROL ANY OTHER FIRM, CORPORATION OR COMPANY?  
  
\_\_\_YES \_\_\_NO IF YES, PLEASE ATTACH A DETAILED EXPLANATION.  
  
B) ARE ANY SERVICES LISTED IN QUESTION 9 PROVIDED TO SUCH ORGANIZATIONS DESCRIBED IN A)?  
  
\_\_\_YES \_\_\_NO
  
6. A) NUMBER OF PRINCIPALS, PARTNERS, OFFICERS AND PROFESSIONAL EMPLOYEES DIRECTLY ENGAGED IN PROVIDING SERVICES TO CLIENTS:  
  
\_\_\_\_\_  
  
B) NUMBER OF CLAIMS ADJUSTERS: \_\_\_\_\_  
  
C) NUMBER OF NON-PROFESSIONAL EMPLOYEES (clerks, secretaries, etc):  
  
\_\_\_\_\_
  
7. LIMITS OF LIABILITY DESIRED:  
  
\_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ \$3,000,000 each wrongful act or series of continuous, repeated or related wrongful acts  
  
\_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ \$3,000,000 Aggregate

8. DEDUCTIBLE:  
 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ \$50,000  
 \_\_\_\_\_ Other, Specify \$ \_\_\_\_\_

9. GIVE APPROXIMATE PERCENTAGE OF REVENUES DERIVED FROM ALL OPERATIONS ENGAGED IN:

OPERATION DESIRED	PERCENTAGE of 12A) RECEIPTS	IF COVERAGE DESIRED (CHECK HERE)
Providing Actuarial Services	_____ %	_____
Administration of Health and Welfare Plans (specify type of plan)		
Single Employer Plans	_____ %	_____
Multiple employer benefit plans (Taft-Hartley Trusts)	_____ %	_____
Multiple Employer Welfare Arrangements (MEWAS)	_____ %	_____
Multiple Employer Trusts (METS)	_____ %	_____
Administration of Pension Plans	_____ %	_____
Computer Services		
Electronic data processing/collection	_____ %	_____
Electronic data consulting	_____ %	_____
Software design, development or customization	_____ %	_____
The design development or customization of computer software sold or provided to third party outside the normal operations of the applicant as a TPA	_____ %	_____
Employee Assistance Programs		
Administrator	_____ %	_____
Provider	_____ %	_____
Providing Utilization Review Services	_____ %	_____
Insurance Related Services		
Acting as an Insurance agent or Broker	_____ %	_____
Acting as an advisor/consultant	_____ %	_____
Premium collection and billing	_____ %	_____
Hold any underwriting authority/policy issuance	_____ %	_____
Providing Cost Containment services	_____ %	_____
Providing Case Management services	_____ %	_____
Providing employee "wellness" or other health related program literature or correspondence	_____ %	_____
Acting as an Administrator for Credentialing services (verification of a health care provider's credentials)	_____ %	_____
Acting as a Notary Public	_____ %	_____
Other _____	_____ %	_____
Total	_____ %	_____
Must equal 100%		

10. WHAT TYPES OF CLIENTS DOES YOUR FIRM SERVICE?

Health And Welfare Plans	Pension Plans	Profit Sharing	Other (Please Specify)
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Single  
Employer

METS/MEWAS

HMO's

PPO's

PUBLIC/  
GOV'T  
PLANS

TAFT  
HARTLEY

INSURANCE  
COMPANY

11. IS THE APPLICANT ENGAGED IN ANY BUSINESS OR PROFESSION OTHER THAN AS DESCRIBED IN QUESTION 9?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE ATTACH AN EXPLANATION AND ESTIMATED REVENUES.

12. LIST THE TOTAL GROSS RECEIPTS FOR THE PAST THREE YEARS DERIVED FROM THOSE ACTIVITIES IN QUESTION 9. IN ADDITION, PLEASE LIST PROJECTED RECEIPTS FOR THE CURRENT YEAR AND THE NEXT YEAR.

	YEAR	AMOUNT
A)	NEXT YEAR PROJECTED	\$
B)	CURRENT	\$
C)	_____	\$
D)	_____	\$
E)	_____	\$

13. (A) NUMBER OF PLAN SPONSORS \_\_\_\_\_

(B) NUMBER OF PARTICIPANTS FOR PLANS ADMINISTERED BY THE APPLICANT: \_\_\_\_\_

(C) TOTAL ANNUAL CONTRIBUTIONS TO THE PLANS ADMINISTERED BY THE APPLICANT: \_\_\_\_\_

(D) TOTAL ANNUAL BENEFIT PAYMENTS ISSUED IN THE ADMINISTRATION OF ALL SUCH PLANS: \_\_\_\_\_

(E) NUMBER OF PLAN SPONSORS ADDED AND DELETED IN THE PAST YEAR: \_\_\_\_\_

(F) WHAT PERCENTAGE OF ALL PLANS ARE:  
SELF FUNDED WITH STOP LOSS \_\_\_\_\_  
SELF FUNDED WITH NO STOP LOSS \_\_\_\_\_  
FULLY INSURED \_\_\_\_\_

(G) LIST CARRIERS THAT STOP LOSS COVERAGES ARE PLACED WITH:  
\_\_\_\_\_  
\_\_\_\_\_

14. DOES THE APPLICANT FIRM, ITS PARTNERS, DIRECTORS, OFFICERS OR EMPLOYEES ACT AS TRUSTEE FOR ANY CLIENTS OR NON CLIENTS?  
\_\_\_YES \_\_\_NO

IF YES, PLEASE EXPLAIN IN DETAIL

15. DOES YOUR FIRM ADMINISTER ANY SELF-FUNDED MULTIPLE EMPLOYER TRUSTS (METS) OR MULTIPLE EMPLOYER WELFARE ARRANGEMENTS (MEWAS)?  
\_\_\_YES \_\_\_NO IF YES, PLEASE EXPLAIN IN DETAIL ON SEPARATE SHEET.

16. A) NAME AND ADDRESS OF LAW FIRMS ACTING AS COUNSEL TO THE APPLICANT FIRM AND NATURE OF SERVICES PROVIDED:  
\_\_\_\_\_  
\_\_\_\_\_

B) NAME AND ADDRESS OF ALL FIRMS PROVIDING ACCOUNTING SERVICES TO THE APPLICANT AND THE NATURE OF SERVICES PROVIDED:  
\_\_\_\_\_  
\_\_\_\_\_

17. PLEASE PROVIDE THE FOLLOWING Information Regarding Your Firm (or detailed resumes may be substituted):

NAME IN FULL OF ALL PARTNERS/ PRINCIPALS/ OFFICERS/ DIRECTORS	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER/ PRINCIPAL/ OFFICER/ DIRECTOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. TO WHAT PROFESSIONAL ASSOCIATION(S) DOES THE APPLICANT FIRM BELONG?  
\_\_\_\_\_

19. TO WHICH PROFESSIONAL AND GOVERNMENT PUBLICATIONS DOES THE APPLICANT FIRM SUBSCRIBE? \_\_\_\_\_

20. A) DOES THE APPLICANT HAVE PROFESSIONAL LIABILITY ERROR AND OMISSIONS INSURANCE IN FORCE?

\_\_\_\_\_ YES \_\_\_ NO

(if yes, please provide coverage details)

Name of Carrier: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_

Policy Period: \_\_\_\_\_

Premium: \_\_\_\_\_

Claims Experience: On the supplemental claims form please attach full details of claims history for the past 5 years. If no claims, check here. \_\_\_\_\_

B) DOES THE APPLICANT HAVE DIRECTORS & OFFICERS INSURANCE IN FORCE?

\_\_\_\_\_ YES \_\_\_\_\_ NO

(if yes, please provide coverage details)

Name of Carrier: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_ Retention \_\_\_\_\_

Policy Period: \_\_\_\_\_

Premium: \_\_\_\_\_

Claims Experience: On supplemental claims form please attach full details of claims history for the past 5 years.

If no claims, check here. \_\_\_\_\_

Claims Experience:

C) DOES THE APPLICANT HAVE A FIDELITY BOND?

\_\_\_ YES \_\_\_\_\_ NO

(if yes, please provide coverage details)

Name of Carrier: \_\_\_\_\_

Amount of Insurance: \_\_\_\_\_ Deductible: \_\_\_\_\_

Policy Period: \_\_\_\_\_

Premium: \_\_\_\_\_

Claims Experience: On the supplemental claims form please attach full details of claims history for the past 5 years.

If no claims, check here. \_\_\_\_\_

D) DOES THE APPLICANT HAVE ERISA FIDUCIARY LIABILITY COVERAGE IN FORCE?

\_\_\_ YES \_\_\_ NO

(if yes, please provide coverage details)

Name of Carrier: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_ Retention: \_\_\_\_\_

Policy Period: \_\_\_\_\_

Premium: \_\_\_\_\_

Claims Experience: On a supplemental claims form, please attach full details of claims history for the past 5 years.

If no claims, check here. \_\_\_\_\_

21. PLEASE INCLUDE A LIST OF APPLICANT FIRM'S FIVE (5) LARGEST CLIENTS DURING THE PAST THREE (3) YEARS. PLEASE GIVE, IN DETAIL: 1) client name; 2) the nature of the services provided (type of plan administered); 3) number of lives; 4) the revenues obtained from those services.
22. DESCRIBE HOW YOUR FIRM SCREENS AND QUALIFIES PLAN SPONSORS.
23. PLEASE OUTLINE BELOW THE APPLICANT FIRM'S STANDARDS OF PRACTICE (PROCEDURAL PROTOCOLS).
- A) HOW DO YOU COMPLY WITH INDIVIDUAL PLAN ADMINISTRATION GUIDELINES?
- B) HOW DO YOU DETERMINE DENIAL OF BENEFITS?
- C) WHAT PERCENTAGE OF INQUIRIES ARE REFERRED TO A PHYSICIAN?  
\_\_\_\_\_ %
- D) WHAT PERCENTAGE OF CLAIMS ARE DENIED? \_\_\_\_\_ %
- E) WHAT PERCENTAGE OF DENIALS ARE APPEALED? \_\_\_\_\_ %
- F) WHAT IS THE PROTOCOL FOR DENYING BENEFITS OR COVERAGE? \_\_\_\_\_
- G) HOW ARE CLAIMANTS INFORMED OF DENIAL OF BENEFITS? \_\_\_\_\_ %
- H.) WHAT IS THE APPEAL PROCESS FOR DENIAL OF CLAIMS? \_\_\_\_\_ %
- I) WHAT IS THE AVERAGE ERROR RATE OF YOUR CLAIMS HANDLERS? \_\_\_\_\_
- J) PLEASE PROVIDE A COMPLETED COPY OF YOUR STANDARDS OF PRACTICE IF AVAILABLE..
24. A) WHICH OF THE FOLLOWING ARE FUNCTIONS OF YOUR FIRM'S ELECTRONIC DATA PROCESSING SYSTEM?
- \_\_\_\_\_ Calculation of Co-payments
  - \_\_\_\_\_ Calculation of Deductibles
  - \_\_\_\_\_ Claim Eligibility
  - \_\_\_\_\_ Confidentiality Safeguards
  - \_\_\_\_\_ Enrollment Information
  - \_\_\_\_\_ Monitoring of Duplicate Claims
  - \_\_\_\_\_ Management Reports
  - \_\_\_\_\_ Appeal Tracking
  - \_\_\_\_\_ Adjustors Accuracy
  - \_\_\_\_\_ Check Registers (weekly and monthly)
  - \_\_\_\_\_ Details on Large Claims
  - \_\_\_\_\_ Detailed Payment Registers/Analysis
  - \_\_\_\_\_ Independent Stop Loss Information
  - \_\_\_\_\_ Monthly Aggregate reports by case (claim or aggregate specific)
  - \_\_\_\_\_ Summaries by Policy Year



- 31. PLEASE ATTACH COPIES OF MARKETING BROCHURES.
- 32. PLEASE ATTACH COPIES OF MOST RECENT AUDITED FINANCIAL STATEMENTS.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

PRODUCER: _____ ADDRESS: _____ _____ _____	APPLICANT'S SIGNATURE: _____ TITLE: _____  DATE: _____
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**IF A POLICY IS ISSUED THE APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.**

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.**

THE INSURED HEREBY ACKNOWLEDGES THAT HE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.

THE INSURED HEREBY FURTHER ACKNOWLEDGES THAT HE IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

INSURED: \_\_\_\_\_  
 BY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

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

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUTHORITIES.

**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 IN THE THIRD DEGREE.

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

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

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

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 MINNESOTA APPLICANTS:** 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 JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR

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

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

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

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

**NOTICE TO TENNESSEE, 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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