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Dear Applicant,

Thank you for your interest in Intellectual Property (IP) Infringement Abatement Insurance, we sincerely appreciate your time and effort.

Enclosed is the application for Abatement Insurance. Please complete the application in its entirety and fax or email to our attention. Included is a checklist to assist you. The first page requiring your attention is Appendix I, on which you are asked to list the specific IP you wish to insure. Please include the application or registration number, date and country.

Several questions may require answers to be submitted on a separate sheet. Please fax or email these and any other extended answers for which you may not have enough room to 502-491-8888 or info@ipisc.com with a cover page including the date, your name and contact information.

If you need any assistance with the application or would like a copy of the specimen policy, please contact an IPISC Representative. Please review the policy specimen with your professional advisor.

Regards,

IPISC Underwriting Team

APPLICATION (ENFORCEMENT) CHECKLIST:

- 1) Are all Questions answered? We must have all questions completed. If the question doesn't apply, then please answer "N/A"; however, "N/A" cannot apply to any of the questions on pages 10 thru 14. If you are not insuring all three types of IP, you may discard the inapplicable pages. For example, if you are applying for insurance for PATENTS only, you do not need to complete the pages for "TRADEMARKS" or "COPYRIGHTS".
- 2) Are full details given for the "yes" answers to Questions?
Do we have copies of all warning letters; and, do we have names of all "Suspects"?
- 3) Is Appendix I completed with respect to the Intellectual Property (IP) you wish to insure?
- 4) If you have more than 10 U.S. IP to be insured, are the top 10 "SIGNIFICANT" IP indicated on Appendix I?
- 5) Do we have copies of all U.S. and foreign IP listed that are not available online?
- 6) If U.S. PATENT applications are listed, do we have copies of the same (if they are not available online)?
Need: *Filing receipt (showing serial number; filing date; & preliminary class);
Specification; Abstract; claims; and drawings
All amendments which have been filed since the original filing of the PATENT application.*
- 7) If U.S. Provisional Patents are to be insured, make certain the provisional is not over a year old. If so, we need the formally filed patent application as listed in "6." above.
- 8) If foreign PATENTS are listed, are they equivalents to the U.S. PATENT/PATENT applications on the Appendix I?
- 9) If PCTs are listed and are over 30 months old, we need the national phase countries & their respective serial numbers.
- 10) Is a working copy of any software to be insured included with the application? If it's not possible to include the software, are the first and last 10 pages of the source code and all relevant promotional material regarding the software included?
- 11) Do we have a copy of your current financial statements (audited, if available)?

APPENDIX I:

Identify below all PATENTS, PATENT applications, TRADEMARKS, TRADEMARK applications, and COPYRIGHTS, including foreign equivalents, which Applicant wishes to insure. (Attach additional sheets if necessary). If you wish to insure your entire Intellectual Property (IP) portfolio, please list them below. We must have the IP numbers, filing/issue/registration dates and countries in order to list them on the Intellectual Property Schedule in your quotation.

Please complete the last column if the IP listed is considered to be a "SIGNIFICANT IP." "SIGNIFICANT IP" is defined as a PATENT or PATENT application, TRADEMARK or TRADEMARK application, or COPYRIGHT covering a product(s) or process or works (or components thereof), the use and/or sale of which: (1) currently generates 5% or more of the company's gross revenues; or (2) currently generates a greater percentage of the company's gross revenue (in combination with other IP or standing alone) than a majority of the other IP to be insured; or (3) is expected to generate revenue in the future which will fall within Categories 1 or 2 above; or (4) currently generates little or no revenue but has been the result of an extensive research and development effort over the last 5-10 years.

	IP Number:	Issue/Filing/Regis. Date:	Country:	Check here if IP qualifies as a SIGNIFICANT IP & give estimate of Percentage of Sales the IP contributes:
1.				%
2.				%
3.				%
4.				%
5.				%
6.				%
7.				%
8.				%
9.				%
10.				%
11.				%
12.				%
13.				%
14.				%
15.				%
16.				%
17.				%
18.				%
19.				%
20.				%

NOTE: Please attach to this application a copy of the above IP (U.S. only) (if they are not available on line). If more than 10 U.S. IP, then attach copies (if not available on line) of your top 10 most SIGNIFICANT IP as defined above. If you submit copies of PATENT applications, we will need copies of (1) the filing receipt from the USPTO (if available), (2) specification, (3) abstract, (4) claims, (5) drawings, and (6) any amendments that have been filed with the USPTO. If you are insuring more than (10) IP, please be aware that we may require copies (U.S. version) and will advise you later.

**APPLICATION FOR
INTELLECTUAL PROPERTY
INFRINGEMENT ABATEMENT (ENFORCEMENT) POLICY**

The Infringement Abatement (Enforcement) Insurance Policy reimburses you for your LITIGATION EXPENSES should you elect to enforce your PATENT, TRADEMARK OR COPYRIGHT rights (depending upon the coverage taken) against an alleged infringer. The Policy responds to infringement enforcement of your Insured Intellectual Property which are listed and/or described on the Declarations Page of your Policy.

INTELLECTUAL PROPERTY (hereinafter referred to throughout this application as "IP") shall mean:

PATENT(S), TRADEMARK(S), and COPYRIGHT(S), and existing applications therefor all of which the Applicant represents to the best of its knowledge and belief were legally and/or are being legally procured and as to which the Applicant warrants it has no knowledge of any facts or circumstances adversely affecting their validity.

Except for amendments of PATENT applications during prosecution (and continuations whereunder the parent application is abandoned), no revisions, modifications, continuations, continuations-in-part, divisions, extensions, renewals, reissues, or the like of any PATENT, TRADEMARK, COPYRIGHT, and/or application therefor is included in the INSURED INTELLECTUAL PROPERTY unless specifically enumerated in Item 3 of the Declarations Page of the Policy.

In completing this application, Applicant understands that the information provided in the answers to the questions is not privileged. This document and/or its contents may be required to be disclosed during litigation, or as a result of statutory or regulatory action.

The Company agrees to use all information provided hereon and herewith solely for evaluating the feasibility of issuing an insurance policy on the IP described herein. NOTE: PLEASE ANSWER ALL QUESTIONS IN DETAIL AND ATTACH ADDITIONAL SHEETS AS NECESSARY.

1.	Applicant Name:	Telephone No.:
	Company:	Fax No.:
	Street:	Website Address:
	City, State, Zip:	

Please state below the name of the person we may contact to discuss this application:

Contact Name:	Contact Phone No.:
	Contact Fax No:

Contact Address (if different from above):

Street:	E-Mail:
City, State, Zip:	

2a. Are you a(n): Corporation: Individual: Partnership: Other:

2b. Date of incorporation (formation):

2c. Continuously operating since:

3a. List names of all companies and individuals under which IP owned or controlled by you can be found:

3b. Please describe the nature of your business (e.g. manufacturer, inventor, licensor, etc.)

3c. Is your business primarily:
Retail Mostly retail/some wholesale
Mostly wholesale/some retail Exclusively wholesale

3d. Are there any additional parties having rights in any of the IP to be insured?
(Check One) Yes No If "yes", please list them.

3e. Who are the principal customers served by your business?

3f. Does your business involve "aftermarket supply" or re-seller market (e.g., automotive replacement parts, printer ink replacement, long distance telephone re-seller).
(Check one) Yes No If "yes", please give details.

3g. Are you now planning, or in the last five (5) years have you or anyone representing you, your Company or any related company been involved in, any merger, acquisition, joint venture or purchase of business assets, including communications, discussions or negotiations which did not lead to a transaction?
(Check one) Yes No
If "yes", please provide details:

4. Please indicate your future Requested Effective Date should coverage be offered:

5. Requested Policy Limit (Per Claim/Aggregate). Per Claim Limits available are:

Aggregate Limits available are the same as per Claim Limits or higher. Please indicate your interest.

6a. Have you had IP Abatement insurance before? (Check One) Yes No
If "yes", please provide name of carrier, limits, premium, and expiration date.

- 6b. Indicate if Applicant has been involved in any of the following: (Check one for each)
- a. International Trade commission actions?
 - b. Declaratory judgment actions?
 - c. Patent, trademark, or copyright related CIVIL PROCEEDINGS or settlements?
 - d. Other post grant procedures (oppositions, reissue, re-exams, etc.)?
 - e. Other litigation of any kind filed by or against you in the past 3 years, including state actions?
- If your answer to any of the above is "yes," briefly give details and outcome on separate sheet.

6c. What are your average Abatement/Enforcement costs for the last three years?

Year:	Costs: \$
Year:	Costs: \$
Year:	Costs: \$

7. Are any IP to be insured licensed by you to others (i.e. you are the licensor)?

(Check One) Yes No If "yes" to whom?

8. Are any IP to be insured licensed by you from others (i.e. you are the licensee)?

(Check One) Yes No If "yes" from whom?

9a. Are you currently in business selling product(s) falling within the scope of the IP for which insurance is sought?

(Check One) Yes No

9b. What SIC codes apply to your IP?

9c. If 9a. is "yes" does anyone manufacture, print or publish these products for you?

(Check One) Yes No

10. Have you received any notices of infringement from anyone concerning the products/processes, marks, symbols, slogans or works of authorship covered by the PATENTS, TRADEMARKS, or COPYRIGHTS for which insurance is sought suggesting they infringe the patents, trademarks or copyrights of others?

(Check One) Yes No If "yes", please provide details.

11. Do the products/processes covered by your IP: (Check one for each)

- A. Involve the use of relatively scarce raw materials?
- B. Require special manufacturing equipment?
- C. Involve the use of extraordinary or scarce labor skills?
- D. Have any special power, fuel, energy, water or environmental requirement?
- E. Generate toxic wastes or involve hazardous conditions?

12. Estimate the average % net profit (before interest and taxes) experienced by companies on the product/processes to which the IP to be insured relate. (Check One)

Less than 5%	5% - 10%	More than 40%
	10% - 20%	20% - 40%

13a. Estimate the number of companies that directly compete with your IP in the marketplace. Please check one:

None	Less than 5	5-10	10-20	More than 20
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13b. Indicate the names of your top five (5) closest competitors and their geographic market.

Company Name:	U.S.	Foreign:	(13C) Estimated Total Annual Sales
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- 1.
- 2.
- 3.
- 4.
- 5.
6. Applicants Company

13c. Your Sales:

	<u>U.S. Sales</u>	<u>Foreign Sales</u>	<u>Total Sales</u>
a. Previous Year	\$	\$	\$
b. Current Year	\$	\$	\$
c. Next Year	\$	\$	\$

13d. Please attach a current financial statement, audited if available and/or Form 10K, if publicly traded.

14. Indicate number of U.S. and Foreign IP owned or controlled by Applicant which are either issued/registered or pending.

No. of US PATENTS issued or pending:	No. of Foreign PATENTS issued or pending:
No. of US TRADEMARKS registered or pending:	No. of Foreign TRADEMARKS registered or pending:
No. of US COPYRIGHTS registered or non-registered:	
No. of Foreign COPYRIGHTS registered or non-registered:	

15. Do you have an obligation to a third party to enforce the IP to be insured?
(Check One) Yes No If "yes", please provide details.

16. Would you consider licensing any of the IP to be insured in an effort to resolve a dispute?
(Check One) Yes No
17. Are confidential trade secrets or know-how used in any process/invention/device to be insured?
(Check One) Yes No If "yes", please provide details.
- 18a. Do you routinely apply "PATENT," "TRADEMARK," or "COPYRIGHT" markings to your products, as applicable?
(Check One) Yes No
- 18b. Do you have an intellectual property attorney on staff with full time responsibilities for filing PATENTS, TRADEMARKS, or COPYRIGHTS, giving advice about potential infringements and other intellectual property legal advice? (Check one) Yes No If "yes", please provide the name of the attorney(s).
- 18c. Do you have an outside, independent law firm that regularly provides you intellectual property legal advice?
(Check one) Yes No If "yes", please provide the name of the law firm, its address, and the attorney who is your contact.
19. Do you use confidentiality/non-compete agreements in all your IP negotiations?
(Check One) Yes No
20. Is the insurance being applied for required by License Agreement or other contract?
(Check One) Yes No If "yes", please provide details.
- 21a. Are there any circumstances of which the Applicant is aware (including existing or threatened lawsuits) that could reasonably be expected to give rise to IP litigation against the Applicant?
(Check one) Yes No If "yes", please provide details.
- 21b. Is this policy being sought to cover any "IP to be insured" loss costs or expenses vis-à-vis filing an abbreviated or new drug application (ANDA or NDA) with the FDA under the Hatch Waxman Act?
(Check one) Yes No If "yes", please provide details.
- 21c. Has the IP ever been included in any Hatch Waxman proceedings?
(Check one) Yes No If "yes", please provide details
22. Are you aware of any facts or circumstances not otherwise disclosed on this application which could reasonably increase the likelihood that you might accuse another party of infringing upon your intellectual property?
Yes No If yes, please provide details

The questions on the following pages pertain to the specific IP you wish to insure. Please complete only those pages that apply (e.g. if you are insuring PATENTS only, then answer ALL of the questions which relate to "PATENTS" and skip the ones which are for TRADEMARK and COPYRIGHTS).

**QUESTIONS FOR INSURING
PATENTS OR PATENT APPLICATIONS:**

The questions below may use the term "PATENT(S)." When this term is used, you should answer the question with respect to any PATENTS and PATENT applications you are wishing to insure and which are listed on the attached Addendum. With respect to the use of the word "Infringing Part(ies)", in applying this term, it means parties whose activities of making, using, selling or offering for sale items falling within the scope of the claims of the application(s) or patent(s).

- P1. With respect to the PATENTS to be insured, specify in detail your knowledge of: (Attach additional sheets as necessary).
- A. Existing INFRINGING PARTY(IES) either in the United States, in foreign countries or on the internet. For example, is someone currently "knocking off" your PATENTED or PATENT pending products/processes?
(Check one) Yes No
If "yes", please provide name(s) and details. Also indicate date applicant first learned of the INFRINGING PARTY(IES).
- B. Suspected or anticipated INFRINGING PARTY(IES). For example, do you have any suspicions that someone is about to "knock-off" your PATENTED or PATENT pending products/processes?
(Check one) Yes No
If "yes", please provide name(s) and details. Also indicate date applicant first learned of suspected/anticipated INFRINGING PARTY(IES).
- C. Activities outside the U.S. which if conducted by a third party in the U.S. would make that party an INFRINGING PARTY(IES). For example, is anyone overseas "knocking off" your PATENTED or PATENT pending products/processes?
(Check one) Yes No
If "yes", please provide name(s) and details. Also indicate date applicant first learned of these activities outside the U.S.
- P2. Have you sent any warning letters or suggested to anyone that they INFRINGE your PATENTS?
(Check One) Yes No
If "yes", please **provide copies of letters or notices.**
- P3. Indicate if you have received any requests for license under any of your PATENTS which you have refused or declined. (Check One) Yes No If "yes", please provide details.
- P4. Have you previously or are you now engaged in any disputes with any of your licensees or product suppliers (manufacturers)? (Check One) Yes No If "yes", please **submit details on separate sheet.**
- P5. Give the numbers of your ten (10) most important PATENTS.
- | | | |
|----|----|-----|
| 1. | 5. | 9. |
| 2. | 6. | 10. |
| 3. | 7. | |
| 4. | 8. | |

**QUESTIONS FOR INSURING
TRADEMARKS OR TRADEMARK APPLICATIONS:**

The questions below may use the term "TRADEMARK(S)." When this term is used, you should answer the question with respect to any TRADEMARKS and TRADEMARK applications you are wishing to insure and which are listed on the attached Addendum. With respect to the use of the word "INFRINGEMENT PARTY(IES)" please refer to the Definitions section of the Policy. This term will also apply to TRADEMARK applications.

T1. With respect to the TRADEMARKS for which you have applied to be insured, specify in detail your knowledge of: (Attach additional sheets as necessary).

A. Existing INFRINGING PARTY(IES) either in the United States, in foreign countries or on the internet. For example, is someone currently using your TRADEMARK(S) or a confusingly similar mark without your permission?

(Check one) Yes No

If "yes", please provide name(s) and details. Also indicate date applicant first learned of this INFRINGING PARTY(IES).

B. Suspected or anticipated INFRINGING PARTY(IES). For example, do you have any suspicions that someone is about to use your TRADEMARK or a confusingly similar mark without your permission?

(Check one) Yes No If "yes", please provide name(s) and details. Also indicate date applicant first learned of suspected/anticipated INFRINGING PARTY(IES).

C. Activities outside the U.S. which if conducted in the U.S. by a third party would make that party an INFRINGING PARTY(IES). For example, is anyone overseas using your TRADEMARKS or a confusingly similar mark without your permission? (Check one) Yes No

If "yes", please provide name(s) and details. Also indicate date applicant first learned of activities outside the U.S.

T2. Have you sent any warning letters or otherwise suggested to anyone that they INFRINGE your TRADEMARKS?

(Check One) Yes No If "yes", please **provide copies of letters or notices.**

T3. Indicate if you have received any requests for license under any of your TRADEMARKS which you have refused or declined.

(Check One) Yes No If "yes", please provide details, including name of party(ies).

T4. Have you previously or are you now engaged in any disputes with any of your licensees or product suppliers?

(Check One) Yes No If "yes", please **attach/submit details on separate sheet**, including name of party(ies).

T5. Has anyone else registered the same or a similar mark in a different class?
(Check One) Yes No If "yes", list classes and Trademark Owner(s):

T6. Is any part of the Product/Material to which the TRADEMARKS to be insured are applied covered by
COPYRIGHT(S) or PATENT(S)?

COPYRIGHTS?	(Check One)	Yes	No
PATENTS?	(Check One)	Yes	No

T7. Are any of your TRADEMARKS famous?
(Check One) Yes No
If "yes", please list the TRADEMARKS and describe their fame.

T8. Are you aware of any famous trademarks that are similar to any of your TRADEMARKS, even if they are in a
different area of commerce?
(Check One) Yes No If "yes", please list and describe those trademarks and their relationship
to your area of commerce.

**QUESTIONS FOR INSURING
COPYRIGHTS:**

The questions below may use the term "COPYRIGHTS(S)." When this term is used, you should answer the question with respect to any registered or unregistered COPYRIGHTS you are wishing to insure and which are listed on the attached Addendum. With respect to the use of the words "INFRINGING PARTY(IES)" please refer to the Definitions section of the Policy.

C1. With respect to the COPYRIGHT(S) to be insured, specify in detail your knowledge of: (Attach additional sheets as necessary).

A. Existing INFRINGING PARTY(IES) either in the United States, in foreign countries or on the internet. For example, is someone currently copying/"knocking off" your COPYRIGHTED works?

(Check One) Yes No

If "yes", please provide name(s) and details. Also indicate date applicant first learned of this INFRINGING PARTY(IES).

B. Suspected or anticipated INFRINGING PARTY(IES). For example, do you have any suspicions that someone is about to copy/"knock off" your COPYRIGHTED works? .

(Check One) Yes No

If "yes", please provide name(s) and details. Also indicate date applicant first learned of suspected/anticipated INFRINGING PARTY(IES).

C. Activities outside the U.S. which if conducted by a third party in the U.S. would make that third party an INFRINGING PARTY(IES). For example, is anyone overseas copying/"knocking off" your COPYRIGHTED works?

(Check One) Yes No

If "yes", please provide name(s) and details. Also indicate date applicant first learned of activities outside the U.S.

C2. Have you sent any warning letters or suggested to anyone that they infringe your COPYRIGHTS?

(Check One) Yes No If "yes", please **submit copies of letters or notices.**

C3. Indicate if you have received any requests for license under any of your COPYRIGHTS which you have refused or declined.

(Check One) Yes No If "yes", please provide details.

C4. Have you previously or are you now engaged in any disputes with any of your licensees or works suppliers (manufacturers, printers or publishers)?

(Check One) Yes No If "yes", please submit details on separate sheet.

C6. In originating your Product/Material, did you copy or refer to any third party material?

(Check One) Copy? Yes No

(Check One) Refer to? Yes No

C7. Does anyone else have a right in the COPYRIGHT(S) to be insured?

(Check One) Yes No if "yes", please identify party(ies).

C8. What revenues, if any, are being generated by the COPYRIGHT works?

Please give an estimate: \$

C9. Is any part of the Product/Material covered by the copyrights to be insured also covered by TRADEMARK(S) or PATENT(S)?

TRADEMARKS? (Check One) Yes No

PATENTS? (Check One) Yes No

C10. Is the COPYRIGHTED material a derivative work? If so, please describe new material covered by the COPYRIGHT upon which registration has been obtained or is sought.

(Check One) Yes No If "yes", please provide a description:

CERTIFICATION TO INSURANCE APPLICATION FOR COPYRIGHT COVERAGE

I hereby certify under penalty of law, including 18 U.S.C. Section 1001, that: The work(s) of authorship which by this Application I apply to insure are my original, independent creation, or are controlled or licensed by me from the original author. The work(s) of authorship to be insured have not been copied in whole or in part from another existing work or copyrighted material of another without written permission. If I am not the original author, I have used and will continue to use the work(s) of authorship only in a manner specifically granted in the licenses(s) or written permission(s), and copies of such license(s) or written permission(s) authorizing my use are attached hereto.

Applicant's Signature:

Date:

Printed Name/Company/Title

In connection with this application for Intellectual Property Infringement Abatement (Enforcement) Insurance, applicant and/or its authorized representative hereby represents and warrants as follows:

1. That to the best of its information, knowledge and belief, the Intellectual Property(ies) identified in APPENDIX I for which this application for insurance is made, was legally procured and Applicant has no knowledge of any facts or circumstances adversely affecting their validity.
2. Applicant is the registered owner or exclusive licensee of the Intellectual Property(ies) identified in APPENDIX I.
3. Applicant understands that the statements and answers furnished to the Company **are representations of Applicant and on behalf of all persons and entities related to Applicant's company and the person signing this application represents that he has the authority to make these representations and sign this application.**
4. Applicant has requested and been provided with a specimen copy (or, if not, will request a copy) of the Infringement Abatement Insurance Policy, **understands that the INFRINGEMENT must begin during the Policy Period**, has read and understands the terms, conditions and exclusions of said policy, and has had the opportunity to discuss same with an intellectual property attorney.
5. The answers to the questions in this Application are true, accurate, and complete to the best of the Applicant's knowledge, information and belief. Applicant acknowledges and understands that any Intellectual Property Policy issued is issued in reliance on the information and statements contained herein, and that any material misrepresentation or inaccurate statement may result in voiding of coverage or rescission of the Policy. After the exercise of due diligence, the Applicant is not aware of any current infringing act, nor has he awareness of any suspected or anticipated infringements of any Intellectual Property(ies) that are subject of this application except as noted in the answers above.
6. Applicant understands that while the insurer, its agents, servants, and employees will endeavor to keep this information confidential, this Application may not be a privileged document and its contents may be required to be disclosed during litigation, or as a result of statutory or regulatory action.
7. The Applicant understands that the Intellectual Property Infringement Abatement Insurance Policy only applies to those CLAIMS that are made during the POLICY PERIOD or any Extended Reporting Period.

WARNING

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presets a false or fraudulent claim for payment for 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 policy holder or claimant for the purpose of defrauding to 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 D.C. APPLICANTS: 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 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 MICHIGAN APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or 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 MEXICO 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 civil fines and criminal 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 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 be also 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: 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 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 ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicant's Signature:

Date:

Applicant's Name & Title: