

ALTERNATIVE ENERGY APPLICATION

Please submit the following information in addition to this application:

- 1) Five years currently valued loss run for those lines of business that coverage is being requested.
- 2) Two years financials including balance sheet and income statement.
- 3) Resumes / certifications / licenses of all key personnel.
- 4) List of 10 recently completed projects – Please complete the Project Description Supplemental Page at the end of the application.
- 5) Company Standard Operating Procedures (SOP) and Power Purchase Agreement (PPA).
- 6) Brochures, copies of guarantees, warranties & hold harmless agreement furnished by the Named Insured.
- 7) Sample contracts used.

This application must be signed and dated by an authorized Owner, Partner, Director or Risk Manager of the First Named Insured.

APPLICANT INFORMATION

Named Insured(s):

Street Address:	City / State:	Zip Code:	Phone Number:	Fax Number:
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Mailing address if different from above (of named insured):	Website Address:
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FEIN:

Street Address:	City / State:	Zip Code:
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Contact E-mail:	Contact name & phone number:
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Year business started operations:

Is applicant a subsidiary of another entity? Yes No If yes, what entity?

Applicant operates as an:

Individual
 Corporation
 Partnership
 Joint Venture
 LLC
 Other (Describe):

Description of Operations:

COVERAGE REQUESTED

Check the box that applies:

<input type="checkbox"/> General Liability	<input type="checkbox"/> Contractors Pollution Liability
<input type="checkbox"/> Professional Liability	<input type="checkbox"/> Cyber Liability
<input type="checkbox"/> Microbial Matter	

Limits of Insurance Requested:	Each Occurrence/Claim \$	Aggregate \$	Deductible/SIR \$
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Proposed Effective date:	Proposed Expiration date:
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EXPIRING INSURANCE PROGRAM

General Liability		Contractors Pollution Liability		Professional Liability	
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>	
Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	Claims Made	
Carrier:		Carrier:		Carrier:	
Limits:		Limits:		Limits:	
Deductible / SIR:		Deductible / SIR:		Deductible / SIR:	
Premium:		Premium:		Premium:	
Effective Dates:		Effective Dates:		Effective Dates:	
Retroactive Date:		Retroactive Date:		Retroactive Date:	

COMPANY HISTORY

Has any Insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant have any subsidiaries or related entities not listed above? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If yes, please details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any mergers/acquisitions, consolidations or divestitures? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this account ever operated under a different name? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe any operations or services that have been discontinued, sold, or abandoned, or any operations that have been acquired:		

REVENUE HISTORY

Year	Total Gross Revenues (\$)	Payroll (\$)	Employees (#)
Projected	\$	\$	
Expiring	\$	\$	
First Prior	\$	\$	
Second Prior	\$	\$	

OPERATIONS AND SERVICES

ENVIRONMENTAL CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenue	Projected Subcontracted Revenue	Projected Payroll
Solar Panel Installation - Ground Mount on undeveloped land	\$	\$	\$
Solar Panel Installation - Ground Mount on Brownfields	\$	\$	\$
Solar Panel Installation - Car Port	\$	\$	\$
Solar Panel Installation - Commercial Rooftop	\$	\$	\$
Solar Panel Installation - Industrial Rooftop	\$	\$	\$
Solar Panel Installation - Condo/Apartment Complex	\$	\$	\$
Solar Panel Installation - Residential - Other than Condo/Apartment Complex	\$	\$	\$
Solar Panel Developers - No Construction	\$	\$	\$
Solar Panel Operations and Maintenance	\$	\$	\$
Anaerobic Digester Construction - Food Waste	\$	\$	\$
Anaerobic Digester Construction - Animal Waste	\$	\$	\$
Methane Gas Collection Systems Construction	\$	\$	\$

Natural Gas Fueling Station Construction	\$	\$	\$
Electric Car Charging Station Installation - Commercial	\$	\$	\$
Electric Car Charging Station Installation - Retail	\$	\$	\$
Electric Car Charging Station Installation - Fueling Centers or Rest Stops	\$	\$	\$
Electric Car Charging Station Installation - Residential	\$	\$	\$
Energy Storage - Vault	\$	\$	\$
Energy Storage -Batteries	\$	\$	\$
Geo-Thermal Systems Installation - Commercial/Industrial	\$	\$	\$
Geo-Thermal Systems Installation - Residential	\$	\$	\$
Biomass Plant Construction	\$	\$	\$
Biomass Plant Operation	\$	\$	\$
Wind Turbine Installation	\$	\$	\$
Other (Describe)	\$	\$	\$
Other (Describe)	\$	\$	\$
Other (Describe)	\$	\$	\$
TOTAL FOR ALL OPERATIONS	\$	\$	\$

PROFESSIONAL SERVICES <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	Projected Subcontracted Revenues	Projected Payroll
Energy Consulting	\$	\$	\$
Solar System Design	\$	\$	\$
Anaerobic Digester Design	\$	\$	\$
Natural Gas Fueling Station Design	\$	\$	\$
Methane Collection Design	\$	\$	\$
Electric Volt Charging Station Design	\$	\$	\$
Geo-Thermal System Design	\$	\$	\$
Other Professional Services (Describe)	\$	\$	\$
TOTAL FOR ALL PROFESSIONAL SERVICES	\$	\$	\$

SUBCONTRACTORS AND SUBCONSULTANTS	
Indicate the percentage of work subcontracted out to others, including 1099 employees:	%
What percentage of your work is with repeat customers?	%
Are subcontractors and/or subconsultants required to have Contractors Pollution Liability and/or Professional Liability Insurance? If required by trade only, please identify trades:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the minimum limits of liability required for your subcontractors/subconsultants? General Liability \$ Contractors Pollution Liability \$ Professional Liability \$	
When hiring subcontractors and/or subconsultants, do you:	
Obtain certificates of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Require to be named as an Additional Insured on the subcontractors and/or subconsultant's policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obtain Waivers of Subrogation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obtain Hold Harmless Agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verify all hired subcontractors and/or subconsultants carry Workers Compensation coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MOLD / FUNGUS INFORMATION	
<input type="checkbox"/> Check here if this section does not apply	
Note: all policies include a mold / fungus exclusion. Mold / fungus coverage may be available for the applicant. Please provide all information requested below:	
If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) are encountered during the performance of your operations, how is this situation handled and documented?	
What mold / fungus guidelines do you adhere to in the performance of abatement and/or assessments?	
Are your subcontractors and/or subconsultants required to provide evidence of mold / fungus insurance? If yes, please provide limits required:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you state to the client, both verbally and written within your service contract that mold / fungus problems may reoccur if the moisture problem is not resolved? If yes, please provide limits required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform air quality testing prior to, during and after remediation and is testing documented? If yes, who performs the testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

Does the applicant perform operations / services in the state of New York? If yes, what percentage is performed in the 5 boroughs? %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant or any other person or organization for which the applicant is or may be liable, currently or in the past, manufacture, sell, lease or distribute any product? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant or any other person or organization for which the applicant is or may be liable, currently or in the past, develop, design, redesign, or lease computer software or equipment or provide computer consulting activities? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any one project represent more than 25% of your revenue? If so, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL NUMBER OF STAFF

Project Managers:	Draftsmen, Technicians, Inspectors, Surveyors:
Technicians:	Clerical and Accounting Employees:
Engineers:	Administrative Management:
	Other:
	Number of Principals (included in listing above):
Do you engage in any work outside of the U.S.? If yes, what percentage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS PRACTICES

Please complete the Project Description – Supplemental Page attached at end of this application.	
Do you ever perform Contracting Operations or Professional Services within 50' of a railroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have any aircraft, watercraft or drone exposures? If yes, please describe. If this exposure is covered separately, please provide a copy of the Policy/Declarations page for review.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have an in-house continuing education program? If yes, please include the table of contents with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written formal health and safety program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide written warranties for you work or a guarantee of power production?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLAIMS

Have any claims been made within the past 3 years against the applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being requested? If yes, please provide details (use additional paper if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any staff member or employee been the subject of disciplinary action by authorities as a result of Contracting Operations or Professional Services? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

CYBER EXPOSURES

Check here if this section does not apply

Limits Requested

Aggregate Sublimit(s) of Insurance	Aggregate Sublimit(s) of Insurance	
\$10,000	\$10,000	<input type="checkbox"/>
\$25,000	\$25,000	<input type="checkbox"/>
\$50,000	\$50,000	<input type="checkbox"/>
\$100,000	\$100,000	<input type="checkbox"/>
\$250,000	\$250,000	<input type="checkbox"/>
\$500,000	\$500,000	<input type="checkbox"/>

Annual revenue generated from or attributable to activities conducted on your web site(s) (If Applicable):

Summary of E-Commerce Activities Conducted Via Your Web Site(s):

Encryption

- a) Does your organization encrypt all e-mails containing sensitive information (e.g., Personally Identifiable Information [PII], Personal Health Information [PHI], Payment Card Information [PCI]) sent to external parties? Yes No
- b) Does your organization encrypt all sensitive information (e.g., PII, PHI, PCI) stored on mobile devices (e.g., phones, tablets, wearable computers, flash drives)? Yes No

Information Security Leadership

Does your organization have an individual officially designated for overseeing Information security? Yes No

Cloud

Does your organization have sensitive information (e.g., PII, PHI, PCI) stored on the cloud (e.g., Carbonite, Google Drive, Dropbox)? Yes No

If so, which provider(s) is used?:

Employee Management

Does your organization provide mandatory information security training to all employees at least annually? Yes No

If yes, are your information security personnel provided with additional training to help them understand current security threats? Yes No

Please describe:

CYBER INSURANCE COVERAGE HISTORY

1. List prior cyber/security privacy insurance for past three years, including both stand-alone policies and supplemental coverage provided under some other type of insurance.

Insurance Company	Insurance Limits	Deductible/Retention	Policy Period	Premium
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

2. Has any cyber/security privacy insurance policy listed above been canceled or nonrenewed? Yes No

3. What is the Retroactive Date of your Cyber Insurance Policy currently in effect? If you do not have a Cyber Insurance Policy currently in effect, please answer N/A.

Insuring Agreement	Retroactive
a) Security Agreement	
b) Extortion Threats	
c) Replacement or Restoration of Electronic Data	
d) Business Income and Extra Expense	
e) Public Relations Expense	
f) Security Breach Liability	

During the last three years has your organization suffered a security breach requiring customer or third-party notification according to state or federal regulations? Yes No

If Yes, please describe both the cause of the security breach and the economic loss to your organization:

If Yes, how did your organization respond to the security breach?

VEHICLE EXPOSURES

Number of company owned vehicles (list below)		Number of drivers	
Private Pass:		Light Trucks:	
Heavy Trucks:		Medium Trucks:	
Extra-Heavy Truck Tractors:		Heavy Truck Tractors:	
		Trailers:	
Do you have a written procedure for the screening and hiring of drivers? If yes, please provide details:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are MVR's pulled on all drivers? If yes, please provide details:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
As part of a formal driver qualification program are MVR's reviewed using set criteria at least annually by the insured? If MVR's are reviewed but not by the insured, please identify who reviews them:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a vehicle maintenance program in place? If yes, please provide details:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees use personal vehicles in business? If yes, list percentage of employees who use their own vehicles and what are the minimum limits they are required to carry on their personal auto insurance:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use owner/operators? If yes, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you allow employees to take company vehicles home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you allow employees to take company vehicles home, are they allowed to drive the vehicles during non-work hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a written policy regarding the use of cell phones while operating vehicles? If yes, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYEE JOBSITE EXPOSURES

Number of employees		Employee turnover rate	
Percent union employees		Percent non-union employees	
Do you use temporary employees? If yes, please provide details:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is job training provided? If yes, please provide details:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you obtain a written employment application?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you obtain pre/post-employment physicals? If yes, which one (pre or post-employment)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you perform drug/substance abuse tests? If yes, for all employees or just CDL drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate what testing is done: pre-hire, post-accident, random and/or for-cause?	
Do you use a specific medical provider to treat injured employees? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a full time Safety Director? If yes, please provide their name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are safety/tailgate meetings conducted? If yes, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written fall protection program? If yes, indicate at what height 100% fall protection is required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any work performed above 2 stories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a formal procedure for reporting a claim? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal accident investigation report? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is modified light duty offered to injured employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Return to Work Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SOLAR CONTRACTORS			
<input type="checkbox"/> Check here if this section does not apply			
What percentage of work is residential/commercial?	Residential: %	Commercial: %	
What is the average and maximum number of stories solar panels are installed?	Average:	Maximum:	
If panels are roof mounted are roofs tested and certified to withstand the extra weight of the panel? Is the testing performed by a qualified third party? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are Energy Storage units installed in conjunction with solar installations? Please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are panels UL 1703 certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you manufacture any of the panels? If yes, are the panels manufactured in the U.S.? Please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you offer service or maintenance agreements? If yes, please detail which is offered and who performs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are panels designed to withstand hail and hurricane? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you install panels or is installation subcontracted? Please provide percentage of each. If yes, please provide a copy of the subcontract agreement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PARTIES INVOLVED				
	Name:	Self	Other: Describe	N/A
Owner		<input type="checkbox"/>		<input type="checkbox"/>
Developer		<input type="checkbox"/>		<input type="checkbox"/>
Contractor		<input type="checkbox"/>		<input type="checkbox"/>
Operation & Maintenance		<input type="checkbox"/>		<input type="checkbox"/>

GROUND MOUNTED SOLAR SYSTEMS

Solar Type	Number of Panels	Max Generation in Kilowatts	Total Est. Annual Kilowatt Hours
Solar PV (including thin film)			
Passive Solar			
Concentrated PV			

BIO-DIGESTERS

Check here if this section does not apply

	Unit of Measurement Used (GGE, kWh, CFM)	Revenues
Projected		
Expiring		
First Prior		
Second Prior		
Type of feedstock/fuel used in the process?		
Where is the feedstock/fuel sourced?		
What conditioning measures are in place to improve fuel quality before entry into power generation?		
Who is responsible for waste removal?		
What controls or protections are in place to mitigate over/under pressure or foaming events?		
What is the construction of the system? Is there spill prevention in place?		
How often is equipment maintained and what documentation and record retentions are utilized?		
How is odor controlled?		
How is water supplied to the facility? Well water vs. public?		
Is facility located in rural/city/suburbs?		
Is the facility secured? If so, how? (i.e. fence)		
Is the facility leased or owned by the Named Insured?		

COMPLIANCE HISTORY AND FUTURE PLANS

During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, please provide details: Yes No

Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If yes, please provide details: Yes No

Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If yes, please provide details: Yes No

Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services? If "yes", please provide: Yes No

Name of Firm		Contact	
Phone Number		E-mail	

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Berkley Environmental (a W. R. Berkley Company)

PROJECT DESCRIPTION - SUPPLEMENTAL PAGE

1 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

2 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

3 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

4 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

5 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

6 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

7 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

8 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

9 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

10 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: 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: 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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

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 insurance company 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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a 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 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.

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.

FRAUD WARNING

NOTICE TO RHODE ISLAND: 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: 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: 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: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

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.