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INVESTMENT ADVISER, PROFESSIONAL LIABILITY AND DIRECTORS AND OFFICERS LIABILITY – NEW BUSINESS APPLICATION

Notice: This is an application for coverage on a claims-made and reported basis. Such coverage, if issued, will apply solely as stated in the policy and will potentially cover only those claims that are first made against you and reported to us during the policy period or extended reporting period, if applicable.

The amounts incurred as defense expenses will reduce the limit of liability available, unless the policy is amended by endorsement.

Applicant: (Full legal name of Registered Investment Adviser or Investment Adviser Representative) _____

_____

Additional Business Names: _____

Principal Business Address: _____

City: _____ State: _____ Zip Code: _____ Website: _____

Phone #: _____ Fax #: _____ Email: _____

ALL DISCLOSURES AND SUBMITTED MATERIAL MUST BE CURRENT AND ACCURATE, as required by state and federal agencies.

Please indicate (☑) the attachment of the following items:

☐ **Attached** – A separate sheet with a brief description of your investment philosophy.

☐ **Attached** – Form ADV Part 1 and Form ADV Part 2A: Firm Brochure, or
☐ **Filed electronically with IARD.**

☐ **Attached** – All Supplements, especially Form ADV Part 2B: Brochure Supplement for each IAR, or
☐ **Filed electronically with IARD.**

☐ **Attached** – Sample customer contract(s) for each professional service rendered.

☐ **Attached** – A copy of most recent Regulatory audit letter and response letters.

☐ Current Balance Sheet and Income Statement (unaudited is acceptable).

☐ Provide name of your Chief Compliance Officer and the name of your Outside Compliance Professional – attorney or consultant.

Chief Compliance Officer: _____ ☐ **NONE**

Outside Compliance Professional: _____ ☐ **NONE**

Section 1. General Information

1. Has any insurer declined, cancelled or non-renewed any Investment Adviser Professional Liability Insurance or any similar insurance on behalf of any applicant for this insurance? (Not applicable in state of Missouri) ☐ Yes ☐ No
   If yes, provide details on a separate sheet.
2. Has any Professional Liability (E&O) claim, complaint or proceeding been made against you or any other applicant or predecessor organization proposed for this insurance? ☐ Yes ☐ No
   If yes, provide details on a separate sheet.
3. Is any applicant aware of any fact, error, omission, circumstance or situation that may provide grounds for any claim under the proposed insurance? ☐ Yes ☐ No
   If yes, provide details on a separate sheet.

4. Have you or any of your directors, officers, employees, predecessors, subsidiaries, affiliates or any other applicant been involved in or have knowledge of any pending or completed governmental, regulatory, investigative or administrative proceedings? ☐ Yes ☐ No

   If yes, provide details on a separate sheet.

5. Is any advisory customer an investment company (registered or unregistered), REIT, limited partnership, collective investment trust or any other pooled investment vehicle? ☐ Yes ☐ No

   a. **If yes**, provide details on a separate sheet.

   b. **If no**, do you agree to notify us within 30 days if you start to render advisory services to such a customer? ☐ Yes ☐ No

6. Do you act as adviser or consultant for any Taft-Hartley, union or governmental employee benefit plans? ☐ Yes ☐ No

   If yes, attach a list of accounts and assets.

7. During the last 3 years, have you or any affiliate considered or been involved in any attempted or completed merger, acquisition, divestiture or significant change in principals? ☐ Yes ☐ No

   If yes, provide details on a separate sheet.

8. What percentage of your revenue is derived from professional entertainers, celebrities, athletes and musicians? _____%

   If none, check here: ☐

9. Do you provide personal management services such as sports management or bill paying or other concierge services to any customer? ☐ Yes ☐ No

10. Trading errors

    Before a trade is executed, are there procedures in place to ensure the trade does not violate the investment agreement and that the correct trade amount is being executed? ☐ Yes ☐ No

    a. Are there mechanisms or policies in place to quickly identify if a trading error has occurred? ☐ Yes ☐ No

       If yes, attach your policy and procedures.

    b. Have you ever had a trading error loss in excess of $5,000? ☐ Yes ☐ No

       If yes, provide details (i.e. dates, amounts, by whom the loss was paid).

11. Do you provide **ERISA 3(38)** Investment Manager or **ERISA 3(21)** Limited Scope Fiduciary services to your customers? ☐ Yes ☐ No

    If yes, please include the professional service contracts with the submission.

ERISA Service	Regulatory Assets Under Management And Advisement	Number Of Accounts
ERISA 3(38) Investment Manager	$	
ERISA 3(21) Limited Scope Fiduciary	$	

12. Custodians/Trade Associations – Please indicate (☑):

☐ Fidelity	☐ TD Ameritrade	☐ National Advisors Trust
☐ Scottrade	☐ Folio Institutional	☐ Trust Company of America
☐ Pershing	☐ Shareholders Services Group	☐ Raymond James Advisory
☐ Schwab	☐ FPA	☐ NAPFA
☐ Garrett Network	☐ Fi360	☐ XYPN
☐ BAM	☐ Other: _____	

13. List all advisers who provide financial advice. Independent Contractors (1099) are not automatically covered under the policy. Refer to Question 23 for additional coverage request. *(If needed, attach a separate sheet.)*

Name Of All Individual Advisers	Professional Designations	CRD Number

14. Conflicts of Interest – Please explain any **yes** responses on a separate sheet.

    a. Do you or any of your partners, members, managers, officers, directors, employees or associated professionals:

       (1) Act as both Trustee and adviser to any customer? ☐ Yes ☐ No

       (2) Act as a director, partner, member, manager, officer, employee or any other position of control for any organization in which customers are solicited to invest? ☐ Yes ☐ No

       (3) Advise or solicit customers to invest in any enterprise in which any firm member has more than 5% ownership interest? ☐ Yes ☐ No

(4) Advise customers to invest in any enterprise in which another customer has more than 5% ownership interest? ☐ Yes ☐ No

(5) Act as adviser to an organization in which you, your members or associated persons have more than 5% ownership interest? ☐ Yes ☐ No

(6) Do you currently use performance-based fees? ☐ Yes ☐ No

If yes:

(a) Are all customers exempted from Rule 205(a) or deemed "Qualified Clients"? ☐ Yes ☐ No

(b) How many customers have performance-based fees? _____

(7) Do you use third party solicitors to generate business? ☐ Yes ☐ No

If yes:

(a) Is the arrangement in compliance with state or federal regulations? ☐ Yes ☐ No

(b) Do the solicitors evidence this arrangement to prospective customers? ☐ Yes ☐ No

(c) How many solicitors are used? _____

b. Is any applicant a director, officer, employee or in a position of control for any organization or enterprise (including all subsidiaries and affiliates) which is also an advisory customer? ☐ Yes ☐ No

c. Are you or any of your partners, officers, directors, employees or associated professionals a CPA? ☐ Yes ☐ No

If yes, do any such persons perform or attest work/consulting services for any accounting customer who is an advisory customer? ☐ Yes ☐ No

15. Disclosure Events – Please explain any **yes** responses on a separate sheet.

Have you or any associated professional ever:

a. Had a professional license or registration denied, suspended, revoked, non-renewed or restricted? ☐ Yes ☐ No

b. Been formally reprimanded by any court, administrative or regulatory agency? ☐ Yes ☐ No

c. Had a complaint filed with any consumer agency, state securities department, insurance department or your broker-dealer, SEC, FINRA or other regulatory agency? ☐ Yes ☐ No

d. Been audited by the SEC, FINRA, any state securities department or other licensing or regulatory agency? ☐ Yes ☐ No

e. Been formally accused of violating any professional association's code of ethics? ☐ Yes ☐ No

f. Been convicted of a felony or any civil proceedings? ☐ Yes ☐ No

g. Been involved in, or are aware of, any fee disputes including suits? ☐ Yes ☐ No

16. Excluding advisory fees and authorized disbursement to an account with the same registration of the customer, do you have power to withdraw or disburse funds in the account? ☐ Yes ☐ No

NOTE: Mutual Funds or ETFs in your portfolios that hold other security types shown below should be considered mutual funds or ETFs for the lower schedule. List only the portion of the below products not held within Mutual Funds or ETFs.

17. Provide the percentage of total assets you advise in each of the following categories. (Must total 100%.)

%	Classes And Types Of Assets Managed And Assets Advised	%	Classes And Types Of Assets Managed And Assets Advised
_____	Mutual Funds **(all investment styles)**	_____	Foreign Securities *(Traded 100% outside the U.S.)*
_____	Cash	_____	Certificates of Deposit
_____	Closed-End Investment Companies	_____	Unit Investment Trusts (UIT)
_____	Variable Annuities	_____	Unlisted Stocks
_____	Investment Grade Bonds	_____	Unregistered Securities
_____	Listed Stocks	_____	Index Linked Securities
_____	Exchange Traded Funds (ETF) (excluding leveraged and inverse)	_____	Junk Bonds / Below Investment Grade
_____	Leveraged Exchange Traded Funds	_____	Promissory Notes / Leases / Receivables
_____	Inverse Exchange Traded Funds	_____	Hedge Funds
_____	Municipal Securities	_____	Fund of Hedge Funds
_____	Options	_____	Guaranteed Investment Contracts (GIC)
_____	REITs Publicly Traded	_____	Collective Investment Trusts / Fund (CIT / CIF)
_____	REITs / REIFs Privately Traded	_____	Tangibles (gold, silver, collectibles, coins, etc
_____	Limited Partnership/General Partnerships or similar Pooled Investment Vehicles	_____	Asset-Backed Securities, Mortgage-Backed Securities, CMO, CDOs.
_____	Exchange Traded Notes (ETN)	_____	Church Bonds
_____	Other: _____	_____	Other Derivatives or Structured Products

18. Provide approximate percentages of professional services. Must total 100%. Indicate all services that you provide.
(Note: LPOA = Limited Power of Attorney)

%	Nature Of Practice	%	Nature Of Practice
_____	Modular / Comprehensive Financial Planning / Preparation / Advising	_____	Investment Management or Pension / Benefit Consulting
_____	Divorce Financial Consulting	_____	Hourly Advice
_____	Discretionary Asset Management (LPOA)	_____	Wrap Accounts
_____	Non-Discretionary Asset Management (LPOA with Prior Consent)	_____	Tax Preparation
_____	Asset Monitoring (No LPOA to Direct Trades)	_____	Seminars / Education
_____	Product Sales Based On Financial Plan	_____	Third Party Pension Administration
_____	Product Sales Not Based On Financial Plan	_____	Timing Services
_____	Publish Newsletters for Subscription or Fee	_____	Third Party Money Managers
_____	Other: _____		

19. Sources of revenue: Provide gross annual revenues from financial planning, advisory activities, and commissions from the sales of securities and/or life and health insurance received by all covered individuals and entities.

Year	Annual Total Gross Revenues (100%)	% Fee Only Revenues	% Commission Revenues	# Of Financial Advisors
Last Year:	$	%	%	
Projected for Current Year:	$	%	%	
Projected for Next Year:	$	%	%	

20. Value of Regulatory Assets Under Management (AUM) or Assets Under Advisement (AUA)

AUM – Discretionary Accounts	Market Asset Value	Value Of Largest Account	# Of Customers
Discretionary AUM accounts	$	$	

AUM – Non-Discretionary Accounts	Market Asset Value	Value Of Largest Account	# Of Customers
Non-Discretionary AUM accounts	$	$	

AUA – Investment Consulting, Monitoring Or Referral	Market Asset Value	Value Of Largest Account	# Of Customers
Total Asset Monitoring (No LPOA to Direct Trades)	$	$	
Total Referral to Third Party Money Manager Accounts (no Direct Management)	$	$	

TOTALS FOR <u>ALL AUM AND AUA</u> ACCOUNTS: $ _____

21. Requested limits and deductibles: *WE DO NOT GUARANTEE TO OFFER ANY OF THE BELOW LIMITS OR DEDUCTIBLES.*

Please indicate (☑) Limits Requested:

☐ $100,000 / $200,000 ☐ $250,000 / $500,000 ☐ $500,000 / $1,000,000
☐ $1,000,000 / $1,000,000 ☐ $1,000,000 / $2,000,000 ☐ $2,000,000 / $2,000,000
☐ Other: $ _____ / $ _____

Please indicate (☑) Deductible Requested:

☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $15,000
☐ $20,000 ☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000

Section 2. Supplemental Coverages

SUPPLEMENTAL QUESTIONNAIRE TO BE COMPLETED FOR ADDITIONAL COVERAGE

– If completed, this will become part of the application –

If you desire coverage for the below activities, please complete the corresponding questions:

Tax preparation	☐ Decline coverage	☐ Requested. Complete Question 22.
Independent contractors	☐ Decline coverage	☐ Requested. Complete Question 23.
Product sales	☐ Decline coverage	☐ Requested. Complete Question 24.
Directors & Officers Liability	☐ Decline coverage	☐ Requested. Complete Question 25.
Employment Practices Liability	☐ Decline coverage	☐ Requested. Complete Question 26.
Specified Professions Professional Liability	☐ Decline coverage	☐ Requested. Complete Question 27.

NOTE: If you **decline** all supplemental coverage you may proceed to the **NOTICE TO THE APPLICANT** section below.

22. **IF COVERAGE FOR TAX PREPARATION IS DESIRED, PLEASE COMPLETE THE FOLLOWING:**

Provide gross annual tax preparation revenue: $_____

23. **IF COVERAGE FOR INDEPENDENT CONTRACTORS IS DESIRED, PLEASE COMPLETE THE FOLLOWING:**

List the **CRD numbers** and **names** of any independent contractors (non-employees) giving investment advice on your behalf: *(If needed, attach a separate sheet.)*

a. _____

b. _____

24. **IF COVERAGE FOR PRODUCT SALES IS DESIRED, PLEASE COMPLETE THE FOLLOWING:**

a. List professionals that provide sales, and include commissions paid directly to that professional in Question 19 (sources of revenue): *(If needed, attach a separate sheet.)*

Name Of Financial Advisers	Life / Health	Security Sales

b. Commission Revenue – Must total 100%

%	Types Of Products	%	Types Of Products
_____	Life / Health / Disability / Accident / Long Term Care / Fixed annuities	_____	Asset-Backed Securities, Mortgage-Backed Securities, CMO, CDOs
_____	Variable annuities	_____	Unlisted stocks
_____	Mutual funds	_____	Unregistered securities
_____	Investment grade bonds	_____	Index Linked Securities
_____	Listed stocks	_____	Junk bonds / Below investment grade
_____	Exchange Traded Funds (non-leveraged or inversed)	_____	Promissory Notes / Leases / Receivables
_____	Leveraged Exchange Traded Funds	_____	Hedge funds
_____	Inverse Exchange Traded Funds	_____	Fund of hedge funds
_____	Municipal securities (**not** in mutual funds or ETFs)	_____	Guaranteed Investment Contracts (GIC)
_____	Options	_____	Collective Investment Trusts / Fund (CIT / CIF)
_____	REITs Publicly Traded	_____	Tangibles (gold, silver, collectibles, coins, etc.)
_____	REITs / REIFs Privately Traded	_____	Foreign securities
_____	General or limited partnership	_____	Other derivatives or structured products / Notes
_____	Exchange Traded notes	_____	Other: _____

25. **IF COVERAGE FOR DIRECTORS & OFFICERS LIABILITY IS DESIRED, PLEASE COMPLETE THE FOLLOWING:**

a. Please provide the following information about your current insurance coverage:

Type Of Coverage	Insurer	Limits	Deductible	Expiration	Retro Date
Investment Advisor E&O		$	$		
Directors & Officers Liability		$	$		
Fiduciary Liability		$	$		
ERISA Bond		$	$		
Fidelity Bond		$	$		

b. List of entities for which coverage is desired:

Business Name	Type Of Operation	Owned By	% Ownership	Date Acquired	Total Assets	Total Revenue

c. Organization has been continually operating since: _____

d. Stock ownership:

(1) Total number of common shares outstanding: _____

(2) Total number of common stock shareholders: _____

(3) Total number of common shares owned by its Directors and Officers (direct and beneficial): _____

(4) List any shareholder(s) owning 5% or more of the common shares directly or beneficially of the applicant:

Name	Title	Ownership

e. Has the applicant been involved in any actual or proposed merger, acquisition, consolidation, tender offer or divestment during the past 3 years? ☐ Yes ☐ No

If yes, provide details on a separate sheet.

f. Does the applicant have a current Social Media policy? ☐ Yes ☐ No

g. Does the applicant have a current Pay-to-Play policy? ☐ Yes ☐ No

h. Does the applicant have a Whistleblower policy in the firm's compliance manual **and** is it circulated and well known among staff? ☐ Yes ☐ No

i. Have there been any claims, or are there any claims now pending, against any person proposed for insurance in their capacity as owner, director, officer, partner or trustee of an organization? ☐ Yes ☐ No

If yes, provide details on a separate sheet.

Note: The policy, if issued, will not cover any such prior or pending claims.

j. Has the Organization or any of its owners, directors, officers, partners or trustees been involved in, charged with, or have any knowledge of any fact or circumstance involving any of the following which may give rise to a claim under the proposed insurance?

(1) Antitrust, copyright or patent litigation? ☐ Yes ☐ No

(2) Civil action, criminal action or administrative proceeding arising from an alleged or actual violation of any federal or state securities law or regulation? ☐ Yes ☐ No

(3) Civil action, criminal action or administrative proceeding arising from an alleged or actual violation of any federal or state antitrust or fair trade law? ☐ Yes ☐ No

(4) Unfair competition? ☐ Yes ☐ No

(5) Raiding a competitor's employees? ☐ Yes ☐ No

(6) Representative actions, class actions, or derivative suits? ☐ Yes ☐ No

(7) A lawsuit brought by any self-regulatory body or government agency? ☐ Yes ☐ No

(8) A fine or sanction levied by any self-regulatory body or government agency? ☐ Yes ☐ No

If yes to any question asked in j.(1) – j.(8) above, please provide details on a separate sheet.

Note: The policy, if issued, will not cover any claim or action arising from such knowledge, charges, information or involvement.

26. **IF COVERAGE FOR EMPLOYMENT PRACTICES LIABILITY IS DESIRED, PLEASE COMPLETE THE FOLLOWING:**

a. Number of employees: Full Time: _____ Part Time: _____

b. Has employee turnover exceeded 25% in any of the last 3 years? ☐ Yes ☐ No

If yes, provide details on a separate sheet.

c. Does the applicant have formal written policies or an employee handbook to address the following:

(1) Anti-Discrimination ☐ Yes ☐ No

(2) Anti-Sexual Harassment ☐ Yes ☐ No

(3) Employment At Will ☐ Yes ☐ No

If yes to any question in c.(1) – c.(3) above, please answer the following:

(a) When were the formal written policies that address the above last updated and distributed to staff? _____

(b) Are all employees required to acknowledge receipt and that they have read the above policies? ☐ Yes ☐ No

(c) Are all formal written policies reviewed by an employment law attorney? ☐ Yes ☐ No

d. Does the applicant conduct employee training on subjects of discrimination and workplace harassment? ☐ Yes ☐ No

e. Percentage of current employees with annual total compensation (salary + bonuses) greater than $100,000: _____%

f. Is any reduction of employees or change of status anticipated or being contemplated in the next 18 months or has any such reduction or change occurred in the past 18 months? ☐ Yes ☐ No

If yes, please answer the following:

(1) How many employees will be affected? _____

(2) Will outside counsel be utilized? ☐ Yes ☐ No

(3) Will severance be offered to all affected employees? ☐ Yes ☐ No

(4) Are procedures in place to assist affected employees in finding work? ☐ Yes ☐ No

27. **IF COVERAGE FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY IS DESIRED, PLEASE COMPLETE THE FOLLOWING:**

a. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
	%
	%
	%
	%
	%
	%

b. (1) Estimated annual gross revenues for the coming year: $_____

(2) Percentage of annual gross revenues for the coming year:

Domestic: _____%

Foreign: _____%

(3) Annual gross revenues for the last 3 years:

Last 12 months: Year: _____ $_____

1st prior year: Year: _____ $_____

2nd prior year: Year: _____ $_____

c. Describe the applicant's 5 largest jobs in the past 3 years:

Customer Name	Professional Services	Gross Revenues
		$
		$
		$
		$
		$

d. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one contract? ☐ Yes ☐ No

If yes, specify customer, professional services and duration of contract.

_____

e. Provide the following:

(1) A list of owners, partners and officers and percentage of ownership of each of the Applicant(s) named above.

(2) Latest annual financial statements.

(3) Advertisements, brochures, and descriptive literature on the applicant's business.

(4) Sample contract for services between the applicant and its customers.

(5) A list of and description of affiliations with any organization owned by any owner, partner or officer of any applicant.

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

If we agree to issue a policy, we will rely upon all information contained in the application and the truth and accuracy of the representations contained in the application.

This application warrants that:

1. The statements within and any attachments to the application are true and accurate to your best knowledge and belief, or to the best knowledge and belief of your authorized agent.

2. Neither you nor any other person or organization applying for coverage with us has knowledge of any fact, circumstance or situation which is not disclosed on the application and may result in a claim. Any claim subsequently arising from such a fact, circumstance or situation will not be covered by the proposed insurance.

3. You are applying for coverage on a claims-made and reported basis. You understand that such coverage, if issued, will apply SOLELY AS STATED IN THE POLICY and will potentially cover ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST YOU AND REPORTED TO US DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. The policy, if issued, will have specific provisions detailing claim reporting requirements.

4. We are authorized to make any reasonable inquiries we deem necessary in connection with the application.

Fraud Warning: Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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 Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

WARRANTY

By signing this application, you warrant that:

1. You understand and accept the items shown in this application;
2. You authorize any prior insurer of yours to release claim information to us;
3. You hereby agree to notify us of any change to facts presented in the application between the date of application and the effective date of coverage; and
4. You understand that the information you provide to us shall be the basis of the policy and deemed incorporated into the policy, should we evidence our acceptance of the application by issuance of a policy.

The undersigned represents that to the best of his/her knowledge and belief the statements set forth in this application and in any attachments herein are true and complete. Signing this application does not bind us to provide or you to purchase the insurance. This application must be signed by a director, executive officer, partner or equivalent within 60 days of the proposed effective date.

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Name of Applicant	Title
Signature of Applicant	Date

(Florida only) Agent license number: _____

Thank you for choosing Markel!