



GENERAL SUMMARY SECTION

(ALL APPLICANTS MUST COMPLETE THIS SECTION.)

A. PRIOR INSURANCE AND CONTINUITY WITH PRIOR COVERAGE (APPLICANTS: Please complete this section only if requesting any of the applicable liability coverage section(s))

- 1. Please complete the following information about the Applicant's current insurance. If the Applicant checks "Yes" to any of the below coverages and is requesting continuity of coverage in the policy for which this Application is made, please complete the continuity date requested in the last column below. If continuity of coverage is requested, attach a copy of all prior applications with any prior insurers from which continuity of coverage is sought to be maintained. The Company will rely upon the declarations and statements contained in such prior application(s) and the Applicant understands and agrees that those declarations and statements shall be considered to be incorporated in and form part of any policy issued by the Company based on this Application.

Table with 7 columns: Coverage Type, Yes, No, Insurer, Limits, Policy Period, Continuity Date. Rows include D&O Liability Insurance, Corporate Liability Insurance (Private Company), Employment Practices Liability Insurance, Third Party Liability Insurance, Fiduciary Liability Insurance, Miscellaneous Professional Liability Insurance, and Internet Liability Insurance.

- 2. Has the Applicant given written notice under the provisions of the policies listed above or any prior policies providing similar insurance of claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity proposed for this insurance? If "Yes", provide details. [ ] Yes [ ] No



**B. PRIOR KNOWLEDGE**

**(APPLICANTS: Please complete this section only if requesting any of the applicable liability coverage section(s))**

If the **Applicant** said "No" in Section (A) question (1) above for any of the coverage types for which this Application is made, or if the **Applicant** requests limits of liability for any coverage types for which this Application is made that are larger than the limit(s) set forth in Section (A) question (1), the **Applicant** must complete the following statement, which applies to: (i) those coverage types for which no coverage is currently maintained; and (ii) such larger limits of liability.

**It is important that the Applicant fill in the blank in this paragraph.** No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the **Applicant** does not currently maintain insurance, or within such larger limits of liability, except: None  or

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The **Applicant** understands and agrees that if any such facts or circumstances exist, whether or not disclosed, any claim or action arising from them is excluded under any policy issued by the **Company**.

**C. IMPORTANT INFORMATION**

The **Applicant's** submission of this Application does not obligate the **Company** to issue a policy. The **Applicant** will be advised if the Application for coverage is accepted. The Applicant authorizes the Company to make any inquiry in connection with this Application.

**D. FALSE INFORMATION**

**Notice to Arkansas, Minnesota and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

**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 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 District of Columbia, Maine and 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 may include imprisonment, fines, or a denial of insurance benefits.

**Notice to Florida Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false 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 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 and 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 Maryland Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**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 Oklahoma Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false incomplete or misleading information is guilty of a felony.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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.

## **E. MATERIAL CHANGE**

If there is any material change in the answers to the questions prior to the policy inception date the **Applicant** must notify the Company in writing and any outstanding quotation may be modified or withdrawn.



**F. DECLARATION AND SIGNATURE**

The undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that such person(s) and entity(ies) understand that the Liability Coverage Sections of such insurance:

- (1) apply only to "Claims" first made or deemed made during the "Policy Period" or any Extended Reporting Period;
- (2) unless otherwise stated in any Coverage Section, provide that "Defense Costs" will reduce and may exhaust the applicable Limit(s) of Liability and the Company has no responsibility for that part of "Defense Costs" or damages that exceeds such Limit(s) of Liability; and
- (3) provide that "Defense Costs" will be applied against any applicable deductible amount.

For the purposes of this Application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his or her knowledge and belief, after reasonable inquiry, the statements set forth herein and in any attachments hereto or information submitted with this Application are true and complete. The signing of this Application does not bind the **Applicant** to effect insurance. The undersigned agrees that this Application and its attachments shall be the basis of the contract should a **Power Source<sup>SM</sup>** or any other policy providing one or more of the requested coverages be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application in issuing any policy.

This Application must be signed by the Chairman of the Board or President, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title

Produced By:

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Submitted By:

Agency: \_\_\_\_\_

Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_