



Hartford Fire Insurance Co.

# The Hartford Design Professionals Liability Policy Application

**NOTICE: LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

New Business (Newly established firms should complete the application as projected in the next 12 months.)

Renewal - Expiring Policy Number: \_\_\_\_\_

1. **Name of Applicant Company:** \_\_\_\_\_

Additional entities for which coverage is desired: \_\_\_\_\_  
 \_\_\_\_\_

2. **Applicant's Contact Information:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Date Established: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

3. **Type of Company:** Sole Proprietor  Partnership  Corporation  Other: \_\_\_\_\_

4. **Number of Total Staff:**

Staff Composition	Number of Employees			Number Registered/Licensed
	Full Time	Part Time	Temporary	
Principals, Directors, Officers:				
Design Professionals:				
Draftsmen and Other Technical Personnel:				
Non-professional Employees:				
Total Staff:				

a. How many professional employees have left the Applicant in the past 12 months? \_\_\_\_\_

b. Have there been any senior management changes in the past 12 months?  Yes  No

5. Provide the Applicant's annual billings for the time periods below:

	Most Recently Completed 12 Month Period From To (MM/YY)	Second Most Recently Completed 12 Month Period From To (MM/YY)	Projected for the Next 12 Month Period From To (MM/YY)
Direct Reimbursable Expenses:*	\$	\$	\$
Fees Passed through to Subconsultants:	\$	\$	\$
All Other Billings:	\$	\$	\$
Total Billings:	\$	\$	\$

\*Direct reimbursable expenses are non-professional expenses that are contractually reimbursed, e.g. travel and administrative costs.

- a. What percentage of the Applicant's subconsultants are insured for professional liability? \_\_\_\_\_ %
- b. Are certificates of insurance obtained from subconsultants?  Yes  No

6. Provide the percentage of the Applicant's annual billings derived from the following:

- a. Feasibility Studies, Master Plans, Reports, Opinions: \_\_\_\_\_ %
- b. Abandoned Projects: \_\_\_\_\_ %
- c. Design with Construction Observation: \_\_\_\_\_ %
- d. Design without Construction Observation: \_\_\_\_\_ %
- e. Construction Observation without Design: \_\_\_\_\_ %

7. Provide the percentage of the Applicant's annual billings derived from the following areas of practice performed by your firm (should total 100%):

**Architects/Engineers**

%	Architect	%	Interior Designer - Non-Structural
%	Civil Engineer	%	Interior Designer - Structural
%	Construction Manager - Agency/Owner's Representative	%	Land Surveyor
%	Construction Manager - At Risk	%	Landscape Architect
%	Electrical Engineer	%	Mechanical Engineer
%	Environmental Consultant*	%	Process Engineer
%	Forensic Engineer	%	Structural Engineer
%	Geotechnical Engineer	%	Other - Describe:

**Construction/Design Consultants**

%	Acoustical Consulting	%	Food Handling/Kitchen Consulting
%	Agricultural Engineering	%	Signage Design
%	Audio Visual Consulting	%	Instrumentation/Controls Engineering
%	Biological Consulting	%	Irrigation Design
%	Commissioning	%	Lighting Design
%	Construction and Site Safety Consulting	%	Phase I & II Environmental Site Assessment*
%	Drafting Services	%	Photogrammetry
%	Elevator Consulting	%	Telecommunications/Communications Consulting
%	Environmental Laboratory Services*	%	Traffic/Transportation Engineering
%	Facilities Operations Management	%	Urban Planning
%	Fire Prevention Consulting	%	Other - Describe:

\*Please Complete Environmental Questionnaire.

**8. Provide the percentage of the Applicant's annual billings that were derived from each of the following project types (should total 100%):**

%	Airports	%	Office Buildings/Banks
%	Amusement Park Rides	%	Oil Refineries/Oil and Gas Pipelines
%	Apartments - Rental	%	Parking Structures
%	Arenas/Stadiums	%	Pharmaceutical/Chemical Plants
%	Bridges ≤ 500 ft.	%	Playgrounds/Parks
%	Bridges > 500 ft.	%	Potable Water Systems
%	Colleges/Universities	%	Power Generation Plants
%	Condominiums - Commercial*	%	Recreation Facilities
%	Condominiums - Residential*	%	Religious Facilities
%	Convention Centers	%	Retail/Shopping Centers/Restaurants
%	Cooperatives - Residential*	%	Roads/Highways
%	Dams/Tunnels/Levees	%	Schools (Grades K – 12)
%	Harbors/Piers/Ports	%	Single Family Homes
%	Hospitals/Assisted Living Facilities	%	Site Development - Non-Residential
%	Hotels/Motels	%	Site Development - Residential
%	Jails/Prisons/Courthouses	%	Storm Water/Sewer Systems
%	Laboratories/Clean Rooms	%	Swimming Pools
%	Landfills	%	Townhouses/Subdivisions
%	Libraries/Museums	%	Underground Storage Tanks
%	Manufacturing and Production Facilities	%	Utilities
%	Military Facilities	%	Warehouses
%	Mines/Quarries	%	Wastewater Systems - Industrial
%	Nuclear/Atomic Facilities	%	Wastewater Systems - Municipal
		%	Other - Describe:

\* Please Complete Condominium Questionnaire.

**9. Has the Applicant undergone any substantial change in services offered or projects in the past year, or do you anticipate any significant changes in the next 12 months?**  Yes  No

If yes, please attach details.

**10. Provide the percentage of the Applicant's annual billings, if any, that were derived from each of the following categories:**

- a. Asbestos Remediation/Lead Abatement and/or Related Services: \_\_\_\_\_ %
- b. Building Envelope/Roof Consulting: \_\_\_\_\_ %
- c. Falsework/Temporary Construction/Underpinning/ Shoring: \_\_\_\_\_ %
- d. Foundations/Substructures: \_\_\_\_\_ %
- e. Ground Testing/Soils/Surveys of Subsurface Conditions: \_\_\_\_\_ %
- f. Machinery/Equipment/Product Design: \_\_\_\_\_ %
- g. Phase III/Environmental Remediation Services: \_\_\_\_\_ %
- h. Pre-purchase Property Inspections: \_\_\_\_\_ %
- i. Software Development/Sales: \_\_\_\_\_ %

11. Provide the percentage of the Applicant's annual billings that were derived from each of the following client types (should total 100%):

%	Contractors	%	Institutional Entities
%	Design Professionals	%	Private Owners
%	Developers	%	State and Local Government
%	Federal Government	%	Other - Describe:

12. What percentage of the Applicant's annual billings was derived from repeat clients? \_\_\_\_\_ %

13. Does a single client represent more than 50% of the Applicant's annual billings?  Yes  No

If yes, please explain: \_\_\_\_\_

14. Does the Applicant have any separately insured projects?  Yes  No

If yes, please attach project and coverage details.

15. What percentage of the Applicant's annual billings, if any, was derived from projects located outside the United States, its territories or Canada? \_\_\_\_\_ %

List Countries: \_\_\_\_\_

16. What percentage of the Applicant's annual billings was derived from projects utilizing model based technology linked to a database of project information? \_\_\_\_\_ %

17. What percentage of the Applicant's annual billings was attributable to the design of projects that meet the United States Green Building Counsel's LEED certification? \_\_\_\_\_ %

18. What percentage of the Applicant's total billings was derived from the following project delivery methods?

- a. Design-Bid-Build: \_\_\_\_\_ %
- b. Design-Build – Contractor Led: \_\_\_\_\_ %
- c. Design-Build – Designer Led: \_\_\_\_\_ %
- d. Fast Track/Turnkey: \_\_\_\_\_ %

19. In the past three years, has the Applicant, any principal or related entity:

- a. Engaged in actual construction, installation, fabrication or erection:  Yes\*  No
- b. Hired a contractor to perform construction work:  Yes\*  No
- c. Acted as a Real Estate Developer:  Yes  No
- d. Designed, manufactured, sold, leased or distributed any product, process or patented design:  Yes  No

\*Please Complete Design-Build Questionnaire.

20. Ownership and Equity Interest Information\*:

- a. Is the Applicant controlled, owned by or associated with any other entity or individual not employed by the firm?  Yes  No
- b. Does the Applicant control, or own, any other entity for which professional services are being rendered?  Yes  No
- c. Does any partner, principal, member, officer, director, shareholder, or immediate family member have equity interest in any project for which professional services are rendered?  Yes  No
- d. Has the Applicant or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy?  Yes  No
- e. Have any principals, partners, directors or officers ever been subject to disciplinary action as a result of their professional activities?  Yes  No

\*If the answer to any of these questions is yes, please attach additional details.

**21. Provide the percentage of each type of agreement used on projects in the past 12 months (should total 100%):**

%	Professional Association Contract	%	Letter Agreement
%	Client Drafted Contract	%	Purchase Order
%	Your Standard Contract	%	Verbal Agreement
%	Other - Describe:		

- a. If non-standard agreements are used, are they reviewed by the Applicant's legal counsel for liability implications prior to signing?  Yes  No
- b. Does the Applicant successfully implemented the use of a limitation of liability provision in contracts limiting liability to less than \$250,000?  Yes  No
- If yes, please indicate the percentage of contracts containing this provision: \_\_\_\_\_ %

**22. What percentage of the Applicant's written agreements contain specified payment terms?** \_\_\_\_\_ %

- a. In the past three years, have you brought suit against any client to collect fees?  Yes  No
- b. Do you currently have any unresolved fee disputes?  Yes  No

**23. Does the Applicant follow written in-house quality control procedures?**  Yes  No

If yes, when were they last updated? \_\_\_\_\_

**24. Does the Applicant have a client and/or project selection process?**  Yes  No

If yes, please describe: \_\_\_\_\_

**25. Do the Applicant's risk management practices include the following:**

- a. A pre-project planning process?  Yes  No
- b. A documented constructability review process during project design?  Yes  No
- c. Internal or external peer review of deliverables prior to delivery?  Yes  No
- d. Construction administration services?  Yes  No
- e. Risk management, continuing education and training programs for your personnel?  Yes  No

**26. Does the Applicant currently have general liability insurance?**  Yes  No

Carrier	Policy Term	Limits of Liability

**27. Does the Applicant maintain any policies with The Hartford other than professional liability?**  Yes  No

**28. Provide the Applicant's five largest projects in the past three years:**

Project Name and Type	Location	Services	Project Billings

**New Applicant Information Only (Questions 29 through 32):**

**29. Does the Applicant currently carry professional liability insurance?**  Yes  No

If yes, please provide the Applicant's professional liability insurance information for the past five years.

Policy Dates	Carrier	Limits of Liability		Deductible	Premium
		Per claim	/ Aggregate		
To		\$	/ \$	\$	\$
To		\$	/ \$	\$	\$
To		\$	/ \$	\$	\$
To		\$	/ \$	\$	\$
To		\$	/ \$	\$	\$

Current Retroactive Date: \_\_\_\_\_

Full Prior Acts:  Yes  No

**30. Have you or any principal, partner, officer, director or shareholder of the Applicant ever been declined for professional liability insurance or had such coverage canceled or non-renewed? (Not applicable in Missouri)**  Yes  No

**31. Do you or any principal, partner, member, officer, director or shareholder of the Applicant have knowledge of any error, act, omission, unresolved job dispute, accident or any other circumstance that is or could be the basis for a claim under the proposed professional liability insurance policy?\***  Yes  No

If yes, please provide the following information on a separate sheet and attach to this application (The Hartford Claim Questionnaire may be utilized):

- a. Name of Project
- b. Date of Incident
- c. Type of Project
- d. Claimant
- e. Allegations/Circumstances
- f. Demand/Amount of Damages

**32. Have any professional liability claims been made, incidents reported or legal action brought in the past five years (ten years for firms with gross annual billings greater than \$5 million), or earlier if still pending, against the Applicant, its predecessors, or any past and/or present principal, partner, officer, director, shareholder or employee?\***  Yes  No

If yes, please provide the following information on a separate sheet and attach to this application (The Hartford Claim Questionnaire may be utilized) along with currently valued loss runs from all carriers for the past five years (ten years for firms with gross annual billings greater than \$5 million):

- a. Name of Project
- b. Date of Incident
- c. Type of Project
- d. Claimant
- e. Allegations/Circumstances
- f. Demand/Amount of Damages

**\*Note: The policy for which you are applying will not respond to any claim, circumstance identified, or any other matter that should have been identified in the above questions.**

**All Applicants:** Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Insurer shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Insurer will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Insurer in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and

3. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Insurer during the policy period. Claims expenses are within and reduce the limit of liability.

**New Business Applicants Only:** Applicant further understands that failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.

**AGENT OR BROKER INFORMATION**

PRODUCED BY (Insurance Agent or Broker contact):		AGENCY OR BROKERAGE NAME:	
AGENCY OR BROKERAGE FEDERAL TAXPAYER ID		AGENT OR BROKER LICENSE NUMBER/EXPIRATION DATE	
ADDRESS (No., Street, City, State, and Zip):			
E-MAIL ADDRESS:		PHONE NUMBER:	FAX NUMBER:
LICENSED AGENT/BROKER SIGNATURE			

**Maryland Applicants Only** - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

**FRAUD WARNING STATEMENTS**

**ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**ATTENTION 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.

**ATTENTION 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.

**ATTENTION KANSAS APPLICANTS:** INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A "FRAUDULENT INSURANCE ACT" MEANS AN ACT COMMITTED BY 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. IN THE STATE OF KANSAS, COVERAGE FOR LOSS RESULTING FROM ILLEGAL ACTIVITY IS SUBJECT TO KANSAS LAW (AND SUBJECT TO FEDERAL LAW, WHERE APPLICABLE). COVERAGE MAY THEREFORE BE LIMITED TO DEFENSE COSTS RELATED THERETO.**

**ATTENTION KENTUCKY AND 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.**

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

**ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

**ATTENTION 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.**

**ATTENTION 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.**

**ATTENTION 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.**

**ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.**



**ATTENTION TEXAS 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE<sup>1</sup>. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE<sup>2</sup>. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY<sup>3</sup>. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

*1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.*

*2- In Maine this sentence ends at the word "quotations."*

*3- The application shall actually attach in the following states: North Carolina*

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, PRESIDENT OR BOARD CHAIRMAN.

**ATTENTION 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.**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Additionally required of applicants in Florida, Iowa & New Hampshire**

Name of Agent \_\_\_\_\_ Agent License #: \_\_\_\_\_  
(Required: Florida, Iowa & New Hampshire only) (Required: Florida only)

Print Name: \_\_\_\_\_ Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Agent Signature: \_\_\_\_\_  
(Required: Florida & New Hampshire only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

*One Penn Plaza  
New York, New York 10119  
860-547-5000*