

	877.701.0171 t 888.777.3719 f 6800 College Blvd. Suite 350 Overland Park, Kansas 66211
	OBI National Insurance Company (hereinafter referred to as the "Underwriter")
Application Renewal	MEDIA LIABILITY APPLICATION (Rhode Island Applicants Only)

NOTICE APPLICABLE TO APPLICANTS FOR THE ADVERTISER ADVANTAGE POLICY:

DEFENSE COSTS ARE PART OF AND NOT IN ADDITION TO THE LIMITS OF LIABILITY OF THE POLICY FOR WHICH THIS APPLICATION APPLIES. **DEFENSE COSTS** WILL ERODE AND MAY EXHAUST THE LIMIT OF LIABILITY. **DEFENSE COSTS** AND **LOSS** SHALL BE APPLIED AGAINST THE RETENTION. THE UNDERWRITER WILL HAVE NO OBLIGATION TO PAY JUDGMENTS, SETTLEMENTS OR **DEFENSE COSTS** ONCE THE APPLICABLE LIMIT OF LIABILITY IS EXHAUSTED BY **DEFENSE COSTS** OR **LOSS**. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING AND CONTACT YOUR PRODUCER WITH ANY QUESTIONS.

NOTICE APPLICABLE TO APPLICANTS FOR THE FOLLOWING – MEDIA ADVANTAGE POLICY, NEWSPAPER ADVANTAGE POLICY OR ADVERTISING AGENCY LIABILITY POLICY:

DEFENSE COSTS ARE IN ADDITION TO THE LIMITS OF LIABILITY OF THE POLICY FOR WHICH THIS APPLICATION APPLIES AND THE LIMITS OF LIABILITY ARE NOT REDUCED OR EXHAUSTED BY PAYMENT OF **DEFENSE COSTS**, UNLESS THE POLICY IS MODIFIED BY ENDORSEMENT. **DEFENSE COSTS** AND **LOSS** SHALL BE APPLIED AGAINST THE RETENTION. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING AND CONTACT YOUR PRODUCER WITH ANY QUESTIONS.

A. ACCOUNT INFORMATION					
1. Applicant Name					
2. Mailing Address	Street: City: State: Zip: County: Website Address: Physical Address Street: <input type="checkbox"/> Check here if same as Mailing Address City: State: Zip: County:				
3. Since the last application submitted to the Underwriter, have there been any changes to the Applicant's legal structure or tax status? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide details:					
4. List below all entities, subsidiaries, joint ventures, etc. requested to be included for coverage under the proposed insurance, including a description of operations, relationship to the Applicant, date acquired, ownership and tax status: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name & Address	Description of Operations	Relationship	Date Acquired	Ownership %	Tax Status

(Please note that coverage for these entities is not automatically included. The policy, if issued, will determine coverage.)

5. Has the Applicant had, or does the Applicant expect any changes to the Applicant's business activities since the last Application submitted to the Underwriter?

☐ Yes ☐ No

If "Yes," please provide details:

B. FINANCIAL AND EXPOSURE DETAILS

6. Annual Gross Revenues

	United States	Canada	International
Gross annual revenues from media activities	\$	\$	\$
If 'non-profit' company please provide budget from media activities	\$	\$	\$
Advertiser			
Annual Gross Advertising Budget (Expenditures)	\$	\$	\$
Advertising Agency			
Capitalized Billings (gross income + pass thru costs)	\$	\$	\$

Broadcaster (Radio and TV)

List of Stations	TV or Radio	Radio Average 60 Second Ad Rate	TV Average Hourly Ad Rate
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Cable TV System Operator

Number of Subscribers: _____

Local Access Channel

Operating Budget: \$ _____

Magazine Publisher

Please provide a list of publications, circulation and frequency or attach a list to this Application:

Publication Name	Circulation and Frequency

	United States	Canada	International
Newspaper Publisher			
Commercial Printing Services	\$	\$	\$
In-House Advertising – Annual Advertising Revenue	\$	\$	\$

Please provide a list of publications, circulation and frequency or attach a list to this Application:

Publication Name	Circulation and Frequency

7. Within the past 12 months or within the next 12 months, has the Applicant or does the Applicant expect to:

- a. Merge, acquire or consolidate with another entity? ☐ Yes ☐ No
- b. Sell or divest another entity or facility? ☐ Yes ☐ No
- c. Discontinue any operations or services? ☐ Yes ☐ No
- d. Enter into any new business activities or services (including new procedures or products being offered)? ☐ Yes ☐ No

8. In the past 12 months, has the Applicant or any entity or individual proposed for coverage under this insurance become aware of any fact, circumstance, situation, transaction, event, act, error or omission that the Applicant, any such entity, or any such individual has reason to believe may, or could reasonably be foreseen to, give rise to a claim that may fall within the scope of the proposed insurance? ☐ Yes ☐ No

If "Yes," have such facts, circumstances, situations, transactions, events, acts, errors or omissions already been reported? ☐ Yes ☐ No

If "No," please complete a Claims Supplement for each such matter.

C. FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

ALABAMA AND 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.

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.

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.

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.

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.

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.

LOUISIANA, NEW MEXICO AND RHODE ISLAND 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.

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.

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.

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.

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.

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.

PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

D. SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida accounts, the preceding sentence is replaced with the following: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by us. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

We will maintain the information contained in and submitted with this Application on file and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued. For North Carolina, Utah and Wisconsin accounts, this Application and the materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

We are authorized to make any inquiry in connection with this Application. Our acceptance of this Application or the making of any subsequent inquiry does not bind you or us to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to us under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, you must notify us immediately and we may modify or withdraw any quotation or agreement to bind insurance.

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.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	
NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.	

Produced By (Insurance Agent)	
Insurance Agency	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State: Zip:
Email Address	

Submitted By (Insurance Agency)	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State: Zip:
NOTE: FOR NEW HAMPSHIRE APPLICANTS, PRODUCER'S NAME AND SIGNATURE ARE REQUIRED.	



MEDIA LIABILITY CLAIM INFORMATION SUPPLEMENT

THIS SUPPLEMENT IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT.

Instructions:

1. This supplement must be completed if any Applicant proposed for this insurance has knowledge of any claim, suit or potential claim in which he/she/it is named or may become involved. Please complete one Media Liability Claim Information Supplement for each such claim, suit or potential claim.
2. Please provide enough information to allow for evaluation. Do not attach copy of complaint.

A. ACCOUNT INFORMATION

- | | |
|--|--|
| 1. Applicant Name (as identified in the application submitted for the proposed insurance): | |
|--|--|

B. CLAIM INFORMATION

- | | |
|--|--|
| 2. Full name(s) of Individuals(s) involved and state so if currently employed: | |
|--|--|

- | | |
|---|--|
| 3. Full name of claimant or potential claimant: | |
|---|--|

- | | |
|-------------------------|--|
| 4. This matter is a/an: | <input type="checkbox"/> Claim <input type="checkbox"/> Suit <input type="checkbox"/> Incident |
|-------------------------|--|

- | | |
|-------------------------------------|--|
| 5. Date of Claim, Suit or Incident: | |
|-------------------------------------|--|

- | | |
|---|--|
| 6. To what insurer was this claim, suit or incident reported? | |
|---|--|

- | | |
|-----------------------------------|--|
| 7. Date reported to such insurer: | |
|-----------------------------------|--|

- | | |
|---|--|
| 8. Name and address of the attorney assigned to the case: | |
|---|--|

- | | |
|---|--|
| 9. Description of alleged act, error or omission upon which claim is based: | |
|---|--|

- | | |
|---|--|
| 10. Description of the type and extent of injury or damage which is or may be alleged to have been sustained: | |
|---|--|

11. Provide applicable details:

<input type="checkbox"/> Open claim	<input type="checkbox"/> Closed claim
a. <input type="checkbox"/> Incident/circumstance <input type="checkbox"/> In suit <input type="checkbox"/> Claim	a. <input type="checkbox"/> Closed without payment <input type="checkbox"/> Closed with payment
b. Amount asked in complaint \$ _____	b. Defense costs paid by Applicant \$ _____
c. Claimant's settlement demand \$ _____	c. Defense costs paid by Insurer \$ _____
d. Defendant's offer for settlement \$ _____	d. Damages/settlement paid by Applicant \$ _____
e. <input type="checkbox"/> Awaiting mediation <input type="checkbox"/> Awaiting court action	e. Damages/settlement paid by Insurer \$ _____
f. Defense costs paid to date \$ _____	f. Date of settlement _____
g. Total defense costs reserved \$ _____	g. Date closed _____
h. Damages paid to date \$ _____	h. If closed with payment <input type="checkbox"/> Jury Verdict <input type="checkbox"/> Directed Verdict
i. Total damages reserved \$ _____	i. <input type="checkbox"/> Summary judgment in your favor <input type="checkbox"/> Suit threatened, no action taken <input type="checkbox"/> Suit filed, dropped by claimant <input type="checkbox"/> Suit settled out of court If checked, Did you want to settle? <input type="checkbox"/> Yes <input type="checkbox"/> No
	j. To your knowledge, was any settlement <input type="checkbox"/> Yes <input type="checkbox"/> No paid by another party involved (i.e., your P.A., P.C., partners, employees, etc.)?

12. Explain what actions have been taken to prevent recurrence of same or similar claims or incidents.
Attach separate sheet if necessary.

C. SIGNATURE AND AUTHORIZATION

The undersigned declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement and any attachments or information submitted with this Supplement are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement and any attachments or information submitted with this Supplement are true and complete. The undersigned understands that this Supplement and any such attachments or information submitted herein are part of the application submitted by or on behalf of the Applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	



NETWORK SECURITY & PRIVACY SUPPLEMENT

THIS SUPPLEMENT IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT.

Instructions:

Whenever used in this Supplement, the term "Applicant" shall mean the organization identified in response to Question 1 of Section A. Account Information.

A. ACCOUNT INFORMATION

1. Applicant Name (as identified in the application submitted for the proposed insurance):

B. MANAGEMENT OF INFORMATION

2. Does the Applicant employ a chief information officer? ☐ Yes ☐ No
3. Does the Applicant employ a chief security officer? ☐ Yes ☐ No
4. Do the above positions report to the board of directors? ☐ Yes ☐ No
5. Does the Applicant have a corporate-wide privacy policy? ☐ Yes ☐ No
6. Have the Applicant's privacy policies been reviewed and approved by an attorney? ☐ Yes ☐ No
7. How often are the Applicant's policies reviewed and updated? _____
8. Does the Applicant maintain formal employee on-boarding and off-boarding procedures? ☐ Yes ☐ No
9. Does the Applicant have restricted employee access to private information? ☐ Yes ☐ No
10. Does the Applicant have internal training for employees concerning the handling of data security and private, personal and sensitive information? ☐ Yes ☐ No
11. Are employee background checks, including criminal background, completed on employees who will have access to Personally Identifiable Information? ☐ Yes ☐ No
12. In the past twenty-four (24) months, has the Applicant undergone an internal or external privacy or network security audit or assessment? ☐ Yes ☐ No
13. Have all recommendations been implemented? ☐ Yes ☐ No
If No, please explain:

14. Does the Applicant collect, receive, process, transmit, or maintain private, sensitive, or personal information as part of its business activities? ☐ Yes ☐ No

If "Yes,"

- a. Is any of this information regulated by HIPAA, GLB, the Data Protection Act or any other law or regulation protecting private, sensitive, or personal information? ☐ Yes ☐ No
- b. Does the Applicant have written procedures in place to comply with laws governing the handling or disclosure of such information, including any Red Flag Rules? ☐ Yes ☐ No
- c. Does the Applicant share private, sensitive or personal information gathered from customers with third parties? ☐ Yes ☐ No

15. Approximate number of individual records and client files stored on Applicant's network: _____

16. Does the Applicant have a vendor approval process? ☐ Yes ☐ No

17. Does the Applicant require that contracts with outside companies and vendors require they defend and indemnify the Applicant in the event there is any loss arising out of the release or disclosure of private, sensitive or personal information due to the outside company's or vendor's negligence? ☐ Yes ☐ No

18. Does the Applicant have a written and tested:
- a. Disaster recovery plan? ☐ Yes ☐ No
- b. Business continuity plan? ☐ Yes ☐ No
- c. Computer security policy? ☐ Yes ☐ No
- d. Procedure to change default credentials? ☐ Yes ☐ No

19. Does the Applicant store sensitive data on web servers? ☐ Yes ☐ No
- If "Yes," is the data encrypted? ☐ Yes ☐ No
- If "No," please describe any off setting measures:

20. Does the Applicant store personally identifiable or other confidential information on laptops, smart phones, memory sticks or other mobile devices? ☐ Yes ☐ No

21. Is the Applicant's data below encrypted? ☐ Yes ☐ No
- a. If "Yes," please describe the encryption technologies used for each:

At-rest:	
In-Transit:	
Mobile Devices:	

b. If "No," please describe any off setting measures:

22. Does the Applicant use third-party technology service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please indicate for which of the following services:	
a. Hosting of the Applicant's network	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Website hosting	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Storage and back-up of electronic data	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Storage and back-up of sensitive data	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other (describe): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does the Applicant use security and firewall technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is it the Applicant's policy to up-grade all security software as new releases/improvements become available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is a patch management solution in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes,"	
a. Is the patch management solution capable of patching Microsoft as well as third-party application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. How quickly are upgrades installed? _____	
26. Is there a managed anti-virus solution in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes,"	
a. Is anti-virus software installed on all of the Applicant's computer systems, including laptops, personal computers, and networks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. How often are updates applied? _____	
27. Does the Applicant use intrusion detection software to detect unauthorized access to Internal networks and computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Does the Applicant have a formal documented user and password procedure in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Does the Applicant limit access to network servers and hardware?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Does the Applicant provide remote access to its network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," is remote access restricted to Virtual Private Networks (VPNs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. How often is private / personal / sensitive / valuable information archived? _____	
a. How long is the information stored? _____	
b. Is the information stored in an off-premises secondary site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Does the Applicant terminate all associated computer access and user accounts when an employee leaves the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

33. Are the Applicant's internal networks and computer systems subject to third party audit and monitoring?

☐ Yes ☐ No

a. If "Yes,"

i. When was the last audit? _____

ii. Have all improvements and recommendations been implemented? _____

b. If "No," please explain:

34. Does the Applicant collect, receive, process, transmit, or maintain private, sensitive, or personal information as part of its business activities?

☐ Yes ☐ No

If Yes, please indicate what type:

☐ Credit/debit card data

☐ Medical records

☐ Social security numbers

☐ Employee/HR information

☐ Bank accounts and records

☐ Intellectual property of others

☐ Customer information

☐ Medical information

☐ Confidentiality agreements

☐ Trade secrets

☐ Other (please describe): _____

C. LOSS HISTORY SECTION

35. Has the Applicant suffered any known intrusions, unauthorized access, or been a target of a security or virus incident of its computer systems?

☐ Yes ☐ No

If "Yes", how many intrusions occurred? _____

If any damage was caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to systems or to reconstruct data or software, describe the damage that occurred, and state value of any lost time, income and the costs of any repair or reconstruction:

36. Is the Applicant or any entity or individual proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error, or omission that the Applicant, any such entity, or any such individual has reason to believe may, or could reasonably be foreseen to, give rise to a claim for or in any way involving any network security or privacy incident or event, right to privacy, use or disclosure of personal or confidential information, or any violation of any network security or privacy policy, statute, regulation, law or other requirement, regardless of whether or not such claim may fall within the scope of the proposed insurance?

☐ Yes ☐ No

If "Yes," please explain:

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Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	