Clinical Research Professional Liability Application

THIS IS AN APPLICATION FOR PROFESSIONAL LIABILITY COVERAGE WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER IN ACCORDANCE WITH SECTION V.C. OF THE POLICY. THE APPLICABLE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE POLICY WITH YOUR INSURANCE REPRESENTATIVE. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

Note: This is NOT an application for product liability insurance coverage.

Please type or print clearly.

- ➜ Answer ALL questions completely, leaving no blanks. If any question, or part thereof, does not apply, print "N/A" in the space.
- ➜ If you need more space for your responses, please continue on a separate sheet of paper and reference the specific question number.
- ➜ This application must be completed, dated and signed by the proposed insured.

SECTION I – PRODUCER INFORMATION

1.Agency Name	2.Address	
3.Contact Person	4.Telephone	5.E-Mail Address

SECTION II – APPLICANT INFORMATION

1.Name of Entity		2.Contact Person
3.Business Address		4.Telephone
5.Fax	6.E-Mail Address	7.Website
8.Risk Management Contact Person		9.Risk Management Contact Telephone
10.Risk Management Contact Address		11.Risk Management Contact E-Mail Address

12.Type of Entity: ☐ Corporation ☐ Joint Venture ☐ Non-profit ☐ Partnership, LLC
☐ Proprietorship ☐ Professional Association ☐ Other:_____

13. Date Business Established: _____

SECTION III – COVERAGE REQUESTED

1.Coverage Effective Dates From:_____ To:_____ Retroactive Date Requested: _____	2.Policy Limits Requested: ☐ $1M per claim / $1M annual aggregate ☐ $1M per claim / $3M annual aggregate ☐ Other: _____	3.Retention Requested: ☐ None ☐ $5,000 per claim ☐ $10,000 per claim ☐ $25,000 per claim ☐ Other:_____

SECTION IV – OPERATIONS AND STAFFING

A. List all other DBAs, affiliated entities, subsidiaries or parent companies associated with the Applicant within the last three years and indicate the Applicant's current percentage of ownership in such entity, if applicable:

Name	Address	Nature of Operations	% of Ownership

B. If the Applicant is providing services or has operations at more than one location, please complete the chart below:

Name of Facility	Address	% of Annual Revenues derived from this Facility

C. List the names of all owners or partners of the Applicant: If an owner or partner is insured on an individual basis for Medical Malpractice, provide the name of the malpractice carrier.

Name of Individual or Entity	Title/Position & % of ownership	Individual Insurer (if applicable) & Limits

D. Staff Profile (including subcontractors) - Please complete the chart below. Add any research-related job descriptions not included in this chart but applicable with regard to the Applicant's operations

Job Description	Specialty within Applicant organization	Number of Applicant Employees holding this Position	#Number of Applicant Subcontractors holding this Position
1. Clinical Research Associates			
2. Clinical Research Monitors			
3. Principal Investigator			
4. Sub Investigator			
5. Clinical Research Coordinators			
6. Quality/Regulatory Compliance			

7. Bioethicists			
8. Statistical Management			
9. Medical Writing			
10. Data Management			
11. Administrative			
12. Quality Assurance			
13. Other(s):			

E. Please complete the chart below for each Principal Investigator & Sub Investigator of the Applicant:

Name	Sub Investigator	Principal Investigator	County License is held in	State License is held in	Average number of hours worked (research) per week for Applicant organization

F. Check the box next to the description below that best describes the Applicant:

☐ Independent Research Site ☐ Institutional Review Board ☐ Site Management Organization
☐ Academic Medical Center ☐ Contract Research Organization ☐ Independent Review Board

☐ Other (Please describe in the space provided.):

_____

_____

G. Services - Check the box next to the services provided by the Applicant, and provide the approximate percent of annual revenue this service accounts for.

	Provide Service?	% of Annual Revenues
1. Services to entities other than a sponsor	☐ Yes ☐ No	
2. Services directly to a sponsor	☐ Yes ☐ No	
3. Manage Trials	☐ Yes ☐ No	
4. Evaluate and monitor reports and prepare materials to be submitted to the FDA	☐ Yes ☐ No	
5. Develop trial protocol and consent forms	☐ Yes ☐ No	
6. Direct patient contact services (dosing patients with study drug, drawing blood, etc.)	☐ Yes ☐ No	
7. Employ clinical research subcontractors for the purpose of monitoring data management, etc.	☐ Yes ☐ No	
8. Manage multiple sites (data management only)	☐ Yes ☐ No	
9. Product development	☐ Yes ☐ No	
10. Provide central laboratory services	☐ Yes ☐ No	
11. Subcontract central laboratory services	☐ Yes ☐ No	
12. Employ/provide Coordinators (CRCs)	☐ Yes ☐ No	
13. Employ/provide Principal Investigators (PIs)	☐ Yes ☐ No	
14. Employ/provide Contract Research Associates (CRAs)	☐ Yes ☐ No	
15. Review trial protocol and Consent Forms (for the purpose of approval and sign off)	☐ Yes ☐ No	
16. Recruitment of Study Participants	☐ Yes ☐ No	
17. Equipment Maintenance and Sterilization	☐ Yes ☐ No	
18. Sales and Marketing	☐ Yes ☐ No	
19. Billing for Services	☐ Yes ☐ No	
20. Quality Review (for other organizations)	☐ Yes ☐ No	
21. Regulatory Compliance (for other organizations)	☐ Yes ☐ No	
22. Other: _____	☐ Yes ☐ No	

SECTION V – RISK MANAGEMENT

1. Does the Applicant require a certificate of insurance evidencing product liability coverage and limits from each product sponsor?	☐ Yes	☐ No
2. Does the Applicant require financial information from product sponsors for the purpose of ascertaining the financial stability of each product sponsor?	☐ Yes	☐ No
3. Does the Applicant require all PIs to carry their own medical malpractice liability insurance coverage?	☐ Yes	☐ No
4. Are all of the Applicant's trials subject to oversight by an Institutional Review Board?	☐ Yes	☐ No
5. Does the Applicant require all subcontractors providing clinical research services or research-related medical services to carry their own medical malpractice/professional liability insurance coverage?	☐ Yes	☐ No
6. Does the Applicant have written procedures in place governing the conduct of research?	☐ Yes	☐ No
7. Does the Applicant have a conflict of interest policy?	☐ Yes	☐ No
8. Is Good Clinical Practice training a requirement for all clinical research personnel?	☐ Yes	☐ No
If "Yes," is documentation of such training required and maintained by the Applicant?	☐ Yes	☐ No
9.Does the Applicant have a written policy for credentialing employees and subcontractors?	☐ Yes	☐ No
10. Does the Applicant have a risk management program in place?	☐ Yes	☐ No
If "Yes," does it include background and primary source verification checks for all employees and subcontractors?	☐ Yes	☐ No
11. Is it within the scope of the Applicant's responsibilities to secure informed consent forms from study participants?	☐ Yes	☐ No
If "Yes," is there a written policy and procedure in place to obtain such informed consent forms?		
12. Does the targeted reading grade level of such informed consent forms conform to FDA guidelines?	☐ Yes	☐ No
13. Does the Applicant require Principal Investigators to test study participants on their understanding of the informed consent form?	☐ Yes	☐ No
14. Does the Applicant incorporate financial disclosures into the informed consent form or procedure?	☐ Yes	☐ No
If you answered "No" to any of the questions above (1- 14), attach an explanation with the corresponding question number on a separate sheet.		
15. Do any of the Applicant's CRAs have less than 2 years of clinical research experience?	☐ Yes	☐ No
Do any of the Applicant's CRAs have less that 5 years of clinical research experience? If "Yes," what percentage of the Applicant's CRAs have less than 5 years experience? _____%	☐ Yes	☐ No
16. In the last 5 years, has the Applicant had any clients that represent 10% or more of the Applicant's total annual revenues? If "Yes," please list the client, the applicable year and % of annual revenue:	☐ Yes	☐ No
Client _____ Year _____ % of Revenue _____%		
_____ _____ _____%		
17. Do the Applicant's PIs enroll their own study participants?	☐ Yes	☐ No
18. Do the Applicants PIs receive enrollment bonuses or participant referral fees?	☐ Yes	☐ No
19. Does the Applicant compensate study participants?	☐ Yes	☐ No
20. Does the Applicant ever act as both trial sponsor and clinical investigator?	☐ Yes	☐ No

21. Does the Applicant operate an "in-patient" facility? ☐ Yes ☐ No

22. Has the Applicant ever been audited or investigated by a governmental or regulatory agency (U.S. or otherwise)? ☐ Yes ☐ No

If "Yes," were there any negative findings? ☐ Yes ☐ No

Please attach all relevant documents.

23. Has the Applicant ever been audited or investigated by any other organization (i.e. CRO, Sponsor, SMO)? ☐ Yes ☐ No

If "Yes," were there any negative findings? ☐ Yes ☐ No

Please attach all relevant documents if any findings were negative.

24. Has the Applicant ever:

(a) Entered into a Corporate Integrity Agreement (CIA) with the Health and Human Services Office of Inspector General of the United States (the "OIG")? ☐ Yes ☐ No

(b) Entered into a settlement agreement with the OIG or any other governmental agency? ☐ Yes ☐ No

(c) Been sanctioned or assessed any penalty, CMP or other assessment by the OIG or any other governmental agency? ☐ Yes ☐ No

(d) Been excluded from participation in federally regulated healthcare programs, even temporarily? ☐ Yes ☐ No

25. Has the Applicant ever made a voluntary self-disclosure of misconduct to the OIG or any other governmental agency in connection with any clinical research related activities? ☐ Yes ☐ No

26. Is the Applicant accredited by any industry body or regulatory entity? ☐ Yes ☐ No
If "Yes," please attach a list of the accrediting organizations and the effective period of accreditation (if applicable).

27. Has the Applicant ever been involved in any clinical trial where the study drug has received a "Black Box warning" from the FDA? ☐ Yes ☐ No

28. Have any of the Applicant's research related operations or services changed in any material way in the past 10 years (i.e. the type of research operations or services being provided by Applicant)? ☐ Yes ☐ No

If "Yes" please attach an explanation/description of how the operations or services have changed.

29. Are any of the research-related activities in which Applicant is engaged specifically excluded from coverage under its current professional liability insurance coverage? ☐ Yes ☐ No

If "Yes," please provide details on a separate attachment.

If you answered "Yes" to any of the questions above (15-29) attach an explanation and include the corresponding question number next to the explanation on a separate sheet.

30. What percentage of the Applicant's current business is related to the following therapeutic areas:

a. Biomedical Sciences _____%
b. Social Sciences _____%
c. Other: _____ _____%

31. Please indicate for which phases of research coverage is being sought:

☐ Phase I ☐ Phase II ☐ Phase III ☐ Phase IV

☐ Other (i.e.pre-clinical, non biomedical research, social sciences research, government sponsored research, etc.)

If "other" please describe:

_____
_____

32. Please check the corresponding box below if the clinical trials engaged in by the Applicant are for:

☐ Pharmaceuticals ☐ Biologics ☐ Medical Devices ☐ Other (please describe) _____

SECTION VI – CONTRACTS

1. Does the Applicant enter into written contracts with all trial sponsors?	☐ Yes ☐ No
(a) Does the Applicant require that such contracts include contractual indemnification from the sponsor to the Applicant, including but not limited to indemnification for product liability?	☐ Yes ☐ No

NOTE: ANY CLAIMS BROUGHT BY STUDY PARTICIPANTS IN PRODUCT TRIALS CONDUCTED WITHOUT INDEMNIFICATION FOR PRODUCTS LIABILITY FROM A TRIAL SPONSOR WILL BE EXCLUDED FROM COVERAGE.

2. Does the Applicant enter into written contracts with parties other than trial sponsors?	☐ Yes	☐ No
(a) If so, does the Applicant require such other party to indemnify the Applicant pursuant to such contract?	☐ Yes	☐ No
3. Does the Applicant provide services by contract to third parties?	☐ Yes	☐ No
(a) If so, does the Applicant agree, pursuant to such contracts, to indemnify and hold harmless such third parties?	☐ Yes	☐ No
4. Does the Applicant require a written contract with any subcontractors providing services to Applicant related to research activities?	☐ Yes	☐ No
5. Does an attorney review all of Applicant's contracts or agreements including any subsequent changes thereto, prior to entering into such contract or agreement?	☐ Yes	☐ No

6. Do Applicant's contractual agreements contain the following provisions?

Description of Provision	Indicate "Yes" or "No"	If "No," provide an explanation
(a) Duties and responsibilities of each party are clearly defined.		
(b) Arbitration Clause		
(c) Choice of law or jurisdiction		
(d) Force Majeure		
(e) Limitation of consequential damages		
(f) Limitation of Liability		
(g) Warranty Disclaimers		

SECTION VII - FINANCIAL INFORMATION

	Previous Year	Current Year or Year to Date	Projected for next fiscal year or the next 12 months
1. Total Gross Revenues			
2. Pass Through Revenues			
3. Total Assets			
4. Total Liabilities			
5. Long Term Debt			
6. Equity			
7. Net Income or Loss			

SECTION VIII - DATA COLLECTION & /MANAGEMENT

1. Does the Applicant provide data management services?	☐ Yes	☐ No
2. Does the Applicant outsource data management services?	☐ Yes	☐ No
3. Does the Applicant keep electronic records (case report forms, patient recruitment records)?	☐ Yes	☐ No
4. Does the Applicant use electronic records for billing?	☐ Yes	☐ No
5. Does the Applicant aggregate subject data in its networks?	☐ Yes	☐ No
6. Does the Applicant offer any information-based services to its study participants or business partners (newsletters, reports, emails, advice, tips, etc.)?	☐ Yes	☐ No

SECTION IX – ACTIVE STUDIES

Please complete the chart below for all of Applicant's studies which are currently in the human clinical trial phase ("active studies"). If additional space is needed, please attach a separate sheet.

Study	Description	Number of Subjects	Trial Phase	Trial Length	Trial Location(s)

SECTION X – INSURANCE INFORMATION & HISTORY

Provide the Applicant's professional liability insurance history for the last five years. Start with the most recent Insurer and attach an additional sheet if necessary.

Insurer	Policy Period	Limits of Liability	Coverage Type	Claims Trigger	Retroactive Date	Deductible Amount	Tail Purchased	Policy Premium
			☐ Claims Made ☐ Occurrence	☐ Incident Driven ☐ Written Demand			☐ Yes ☐ No	
			☐ Claims Made ☐ Occurrence	☐ Incident Driven ☐ Written Demand			☐ Yes ☐ No	
			☐ Claims Made ☐ Occurrence	☐ Incident Driven ☐ Written Demand			☐ Yes ☐ No	
			☐ Claims Made ☐ Occurrence	☐ Incident Driven ☐ Written Demand			☐ Yes ☐ No	
			☐ Claims Made	☐ Incident Driven			☐ Yes	

☐ Yes ☐ No

1. Has any insurance company ever declined, failed to renew, restricted or canceled Applicant's professional liability insurance?

If "Yes," please complete the following:

Insurer	Date	Reason

2. Has the Applicant ever operated without professional liability insurance? ☐ Yes ☐ No

SECTION XI – CLAIMS INFORMATION

Claims Information Questions:

1. Has there ever been, or is there now pending, any claims, suits, judgments, settlements against the Applicant? ☐ Yes ☐ No

   If "Yes," please provide by attachment a description of each matter. Include any pertinent details, including the date brought, date resolved, nature of the allegations, nature of the relief sought, the amount of any damages sought, any amounts paid (include amounts paid as attorneys fees and costs), and the current status. Also provide currently valued carrier loss runs.

2. Is the Applicant, or any proposed insured, aware of any fact, situation, incident or circumstance which he or she has reason to believe might result in a Claim under the coverage being sought by the Applicant? ☐ Yes ☐ No

   If "Yes," please provide by attachment a detailed description of each matter.

   If "Yes," have these matters been reported to your current or any previous insurance carrier? ☐ Yes ☐ No

3. Has there ever been any governmental or regulatory investigation or proceeding against or involving the activities of the Applicant or any proposed insured, or has the Applicant or any proposed insured been sanctioned by or entered into a settlement agreement with any governmental or regulatory agency, involving services for which coverage is being sought? (Include currently pending investigations or proceedings.) ☐ Yes ☐ No

   If "Yes," please provide by attachment a detailed description of each matter.

4. Has any allegation, claim or suit ever been made against the Applicant, or any proposed insured, regarding sexual harassment, sexual intimacy, exploitation or sexual assault, in the performance of services for the Applicant or otherwise? ☐ Yes ☐ No

   If "Yes," please provide by attachment a detailed description of each matter.

PLEASE NOTE, WITHOUT PREJUDICE TO ANY OTHER RIGHTS OF THE UNDERWRITER/INSURER, IT IS UNDERSTOOD AND AGREED THAT, ANY CLAIM OR RELATED CLAIM THAT ARISES OUT OF ANY CLAIM, SUIT, FACT, SITUATION, INCIDENT, CIRCUMSTANCE, INVESTIGATION OR PROCEEDING, THAT IS OR REASONABLY SHOULD HAVE BEEN DISCLOSED IN RESPONSE TO THE ABOVE QUESTIONS IS EXCLUDED FROM THE PROPOSED COVERAGE.

The Following Must Be Included With This Application:

1. Copy of the Applicant's current professional liability insurance policy declarations page.
2. Curriculum Vitae for each employee who has direct (hands on) contact with study participants.
3. Financial statements.
4. Copies of sample or standard contracts, including contracts between the Applicant and the trial sponsors, service contracts or contracts between the Applicant and any subcontractors providing services related to research activities.
5. Attach a detailed description of the Applicant's operations. (This information can be provided via a website or marketing materials.)

THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN OMITTED OR MISSTATED. THIS APPLICATION IS MATERIAL TO AND RELIED UPON BY THE COMPANY. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED BEFORE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

THE APPLICANT AGREES TO COOPERATE WITH THE COMPANY IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS-CONTROL AND WILL ALLOW THE COMPANY TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS MEDICAL PROFESSIONALEXPOSURES.

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, TENNESSEE, 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 DECIEVE 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.

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 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 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 AN 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.

NOTICE TO 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 INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Signature of Applicant:_____

Printed Name:_____

Title:_____

Date: _____