

*Application*

*Underwritten by The Hanover Insurance Company*

**NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.**

**APPLICATION INSTRUCTIONS**

- Whenever used in this Application, the term "you", "your(s)", "firm" or "Applicant" shall mean the **Named Insured** and all predecessor firms, unless otherwise stated.
- Please type or print (in ink) clearly.
- Answer all questions completely.
- If there is insufficient space to complete an answer, continue on a separate sheet on your firm's letterhead and indicate the question number.
- This form must be completed, signed and dated by a principal or officer of the firm.

**APPLICANT INFORMATION**

**1. Applicant Firm Name** (Please specify all entities, including predecessors, for whom coverage is desired):

\_\_\_\_\_

\_\_\_\_\_

**Firm Type:**    Proprietorship(s)    Professional Corporation    Partnership(s)    Other: \_\_\_\_\_

**2. Date Current Firm Established:** \_\_\_\_\_ **Date Earliest Predecessor Firm Established:** \_\_\_\_\_

**3. Applicant Contact Information:**

Firm Mailing Address: \_\_\_\_\_

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

Firm Telephone/Fax Number: \_\_\_\_\_

Contact Name/Email: \_\_\_\_\_

Firm Website: \_\_\_\_\_

**4. Branch Offices:** Please list, and indicate percentage of billings by location:

\_\_\_\_\_

\_\_\_\_\_

**5. If the name of the applicant has ever changed, or if there has ever been an acquisition, dissolution, merger or change in business structure, please provide full details, listing each firm or organization and specifying the date of such change, acquisition, consolidation, dissolution or merger:**

Name of Firm	Firm Type (See 1., above)	Date Established (MM/DD/YYYY)	Date of Change (MM/DD/YYYY)	Reason	Assumed Liabilities
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Number of Total Staff:	Full-Time	Part-Time
a. Principals, Partners, Directors and Officers		
b. Architects, Engineers, Surveyors, Inspectors, Draftsmen, and other Technical Personnel		
c. Clerical and Accounting Employees		
Total Number		

**7. Qualifications of Staff:** Please specify the experience of all principals & key personnel. **(ATTACH RESUMES)**

Name	Professional Qualification or License Type	Years with Firm	Years in Practice

8. a. Does the applicant maintain licenses in all states where services have been rendered?  Yes  No  
If no, please explain: \_\_\_\_\_

b. Has the applicant ever been censured or had a license revoked or suspended?  Yes  No  
If yes, please explain: \_\_\_\_\_

9. **Joint Ventures:** Does the applicant desire coverage for its participation in any past or current joint venture?  Yes  No  
If yes, please complete a *Joint Venture Application* for each joint venture.

10. Is your firm controlled, owned by or associated with, or does your firm control or own any other firm, corporation or company?  Yes  No  
If yes, please provide full details including percentage of services rendered for related entity and provide evidence of applicable insurance for such related entity.  
\_\_\_\_\_  
\_\_\_\_\_

11. **Equity Interest:** \*If you answer yes to a. or b. below, please complete the *Equity Interest Application*.

a. Does your firm or any principal, owner, partner, director, or officer of the firm or a member of the immediate family of any such person have an equity or ownership interest in any project for which professional services have been or are to be rendered by the firm?  Yes\*  No

b. Does your firm render services on behalf of any other entity in which any principal of your firm or an immediate family member is an officer, manager, or owner?  Yes\*  No

12. **Is your firm or any subsidiary, parent, or other organization related to your firm engaged in:**

Actual construction, fabrication, or erection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for construction means, methods, techniques, procedures, or job site safety (including firm's sub-consultants)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Design/Build or Projects as Prime	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hiring contractors	<input type="checkbox"/> Yes <input type="checkbox"/> No
The manufacture, sale, leasing, or distribution of any product, process or patented production process	<input type="checkbox"/> Yes <input type="checkbox"/> No
The development, sale, or leasing of computer software to others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real estate development	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If the answer to any item in #12 above is yes, please provide full details on a separate attachment, including a description of the services performed, sample contract(s), construction values, and billings for professional services.**

**13. Are any principals, officers, owners, or employees of your firm engaged in any activities described in #12 above?**

Yes  No

If **yes**, please provide full details and relationship of such persons to the firm:

**FIRM PROFILE**

**NOTE: QUESTIONS 14 THROUGH 16 BELOW REFER TO GROSS BILLINGS FOR PROFESSIONAL SERVICES FOR YOUR PAST FISCAL YEAR. (NEWLY FORMED FIRMS SHOULD USE ESTIMATED BILLINGS FOR THE NEXT TWELVE MONTHS).**

**14. Professional Services:**

a. Please indicate percentage of professional services rendered in-house by applicant, by current percentage of billings. (Percentages to equal 100%):

___% Acoustical Engineering	___% Electrical Engineering	___% Geotechnical/Soils Engineering	___% Structural Engineering
___% Architecture	___% Environmental Engineering	___% HVAC Engineering	___% Testing Lab
___% Civil Engineering		___% Interior Design	___% Traffic Engineering
___% Construction Management Agency: ___% At Risk: ___%	___% *Forensic/Expert Witness (specify discipline below)	___% Land Surveying	___% *Other (describe and provide % for each service described)
		___% Landscape Architecture	
		___% Mechanical Engineering	
		___% Process Engineering	

\* Please provide details from above: \_\_\_\_\_

b. If there has been any substantial change in the services offered in the past five (5) years, or if you anticipate any service changes in the next twelve (12) months, please provide details (dates, types, reasons):

**15. a.** Please provide **EXACT** Gross Billings.

IF THE FIRM IS RENDERING DESIGN/BUILD SERVICES (in-house contractors or hiring contractors), PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION #17 BELOW INSTEAD.

<b>Dates: e.g. MM/DD/YYYY</b> From _____ To _____	<b>Immediate Past Fiscal Year</b>	<b>Projected for Current Fiscal Year (20__)</b>	<b>Projected for Next Fiscal Year (20__)</b>
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TOTAL OPERATIONS	Total Gross Billings	Construction Values	Total Gross Billings	Total Gross Billings
i. Joint Venture Projects Applicant's Portion Only	\$	\$	\$	\$
ii. Projects Insured Under Separate Project Policies (Provide Copy of Declarations Page Including ERP, if applicable)	\$	\$	\$	\$
iii. Permanently Abandoned Projects	\$	\$	\$	\$
iv. Contracts solely for Feasibility Studies, Master Plans or Space Planning	\$	\$	\$	\$
v. Direct Reimbursables (e.g. travel per diem, etc.)	\$	\$	\$	\$
vi. Sub-consultants	\$	\$	\$	\$
vii. All Other Billings	\$	\$	\$	\$
<b>TOTAL BILLINGS (i. through vii.)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**b. Provide gross billings for each of the past five (5) years (excluding years shown above).**

\$ \_\_\_\_\_ (20 )      \$ \_\_\_\_\_ (20 )      \$ \_\_\_\_\_ (20 )      \$ \_\_\_\_\_ (20 )      \$ \_\_\_\_\_ (20 )

**16. Sub-consultants:**

- a. Indicate the type of professional services sublet: \_\_\_\_\_
- b. What percentage does firm obtain evidence of insurance from sub-consultants? \_\_\_\_\_%

**17. DESIGN / BUILD – Please provide CONSTRUCTION VALUES for the below.**

COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD PROJECTS (in-house contractors or hiring of contractors)

DESIGN / BUILD	Construction Value Projected Fiscal Year	Construction Value Current Fiscal Year	Construction Value Immediate Past Fiscal Year
<b>Specify Fiscal Year End Dates (MM/DD/YYYY)</b>	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
<b>a. Design/Construct</b>	\$ _____	\$ _____	\$ _____
<b>b. Design Only – No Construction</b>	\$ _____	\$ _____	\$ _____
<b>c. Construction Only – No Design</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL ALL OPERATIONS (a thru c)</b>	\$ _____	\$ _____	\$ _____

**18. Scope of Services** (please provide percentages, to equal 100%).      **Or check N/A, if not applicable:**       N/A

____%	Feasibility studies, opinions, forensic, expert witness, or reports that will not result in construction.
____%	Surveys, resulting in construction.
____%	Design only with no construction phase services.
____%	Design with responsibility for periodic observation during the construction phase to ensure design compliance.
____%	Design with direct responsibility for <b>supervising</b> construction contractors.
____%	Construction phase services without responsibility for preparing the drawings and specifications.

**19. Special Services** (please provide percentages; total need not equal 100%):

____% Alternative Energy	____% Financial, Investment, Tax, Economic Studies or Municipal Advisor	____% Precast/Prestressed, or Post-Tension Design
____% Approval or signing of other than your own work product	____% Forensic/Expert Witness	____% Prototype Design
____% Asbestos Related Services	____% Hydrology/Water Studies	____% Rehabilitation/Restoration
____% Building/Home Inspections	____% LEED Certified	____% Seismic Related Services
____% Design of Scaffolding, Supporting, or Shoring	____% Machine, Equipment, or Product Design	____% Site Design
____% Environmental Audits or Assessments	____% Materials Testing/Handling	____% Soils Analysis
____% Exterior Insulation & Finish (EIFS)	____% Nuclear or Atomic Related	____% Subsurface Conditions/Survey
____% Equipment Retrofitting	____% Pollution Control/Abatement Services Superfund Pollution	____% Turn-Key or Fast-Track Projects
____% Façade Restoration	____% Percolation Testing	____% Other (describe) _____

**20. Ownership of Project** (please provide percentage, to equal 100%):

___% Contractor	___% Lending Institutions	___% Private Clients/Businesses
___% Federal, State, or Local Government	___% Other Design Professionals	___% Real Estate Developers
___% Industrial (Manufacturing Process, etc.)	___% Owners Acting as Own Buil	___% Other (specify) _____ _____

**21. Clients:**

- a. Please indicate percentage of billings derived from repeat clients: \_\_\_%
- b. Were 50% or more of firm's gross billings derived from a single client or contract?  Yes  No
- If **yes** to 21.b. above, please specify client name, project name, percentage of billings, and services rendered.

\_\_\_\_\_

\_\_\_\_\_

**22. a. Project Type** (please provide percentages, to equal 100%):

___% Airports (indicate %) Runways/Taxiways ___% Terminals ___%	___% Hotels/Motels (High-Rise)	___% Recreational (Parks/Golf Courses)
___% Amusement Parks	___% Hotels/Motels (Low-Rise)	___% Refineries, Chemical Plants
___% Apartments	___% *Industrial (describe)	___% Religious
___% *Bridges/Tunnels/Dams (specify size & type) _____	___% Jails/Prisons	___% Residential Subdivisions/Tract Homes
___% Commercial (Under 50,000 Sq Ft)	___% Library/Museums	___% Retirement Homes/ Convalescent Hospitals
___% Commercial (50,000 Sq Ft or Greater)	___% *Marine	___% Sewer/Water Systems
___% **Condominiums (indicate %) Residential ___% Commercial ___%	___% *Mass transit	___% Stadiums/Arenas/ Convention Centers
___% Custom Single Family Dwellings	___% Offices	___% Swimming Pools
___% Educational	___% Parking Garages	___% Toxic/Hazardous Waste Systems
___% FHA or Other Subsidized Housing	___% *Pipelines (Please Specify Type)	___% Warehouses
___% Governmental	___% Playground Equipment	___% Waterslides
___% Highways/Roads	___% Power Plants	___% *Other (describe) _____ _____
___% Hospitals/Health Care	___% Recreational (Other Excluding Swimming Pools/Waterslides)	_____ _____

\*Please provide details from above: \_\_\_\_\_

\_\_\_\_\_

b. **\*\*Condominiums:** In the past ten years, has any applicant for insurance provided professional services on any type of residential condominium project?  Yes  No  
If **yes**, provide details of dates of services, number of projects, and total construction values for these projects.

\_\_\_\_\_

\_\_\_\_\_

23. a. **Location of Projects** (please list the percentage of billings for each state; percentages to equal 100%):

State %	State %	State %	State %	State %	State %

b. **Project Size.** List by construction value for projects in past twelve (12) months.  
(Provide percentages, to equal 100%):

\_\_\_\_\_ % Up to \$500,000      \_\_\_\_\_ % Over 1M up to 5M      \_\_\_\_\_ % Over 10M up to 25M  
 \_\_\_\_\_ % Over \$500,000 Up to 1M      \_\_\_\_\_ % Over 5M up to 10M      \_\_\_\_\_ % Over 25M up to 50M      \_\_\_\_\_ % Over 50M

24. **Largest Projects:** Please provide the following on the firm's five (5) largest projects.

Project Name/ Location	Client	Project Type	Services	Billings (Current Year Total)	Construction Value	Start Date/ End Date

25. **Foreign Work?**  Yes  No

If **yes**, please indicate the percentage of foreign projects, and provide list with project location, services, billings, and construction value: \_\_\_\_\_

\_\_\_\_\_

**INTERNAL PROCEDURES**

26. **Contract Forms:**

a. Please provide percentages, to equal 100%:

\_\_\_\_\_ % Standard industry forms (national, state, local; other approved)  
 \_\_\_\_\_ % Non-standard forms approved by an independent authority  
 \_\_\_\_\_ % Other non-standard forms  
 \_\_\_\_\_ % Verbal contracts. Please advise under what situations are verbal agreements utilized by the firm.

\_\_\_\_\_

b. What percentage of firm's professional service agreements includes the following:

Limitation of Liability clauses: \_\_\_\_\_ %  
 Waiver of Consequential Damages: \_\_\_\_\_ %

27. **Internal Loss Prevention:** Does the firm have written procedures for the following:

In House quality control procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Change Order procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
BIM quality control procedures or guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Green Design and sustainability quality control procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk Management Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening/pre-qualification of clients, consultants, and contractors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure for monitoring and collecting outstanding fees	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. Does the firm participate in Peer Review sponsored by AIA, NSPE, or other organizations? Yes No

**29. Continuing Education:**

a. Does the firm have an in-house Continuing Education Program for Employees? Yes No

b. In the last twelve (12) months, what percentage of your firm's licensed professionals have:

Completed six or more hours of continuing education: \_\_\_\_\_%

Attended a Risk Management Seminar: \_\_\_\_\_%

30. **Professional Membership:** Specify the professional organizations or societies of which the applicant is a member: None

\_\_\_\_\_

\_\_\_\_\_

**CURRENT INSURANCE INFORMATION**

**31. Professional Liability Coverage:**

a. Has any applicant for insurance had professional liability coverage in the past? Yes No

b. Please provide Retroactive date of current policy (MM/DD/YYYY): \_\_\_\_\_

c. Please provide the following information regarding the Applicant's most recent professional liability insurance policies.

If no coverage is currently in force please check N/A: N/A

Carrier	Expiration Date	Limit of Liability (Per Claim/Aggregate)	Deductible	Premium (needed to calculate loss ratio)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

d. Do you currently have First Dollar Defense deductible coverage? Yes No

e. Does any applicant for insurance have any outstanding deductible obligations? Yes No

If **yes**, please provide details on a separate sheet, including exact amount owed, payment schedule, if any, and the amounts and dates of repayment.

f. Has the firm ever purchased an Extended Reporting Period Endorsement? Yes No

If **yes**, provide details on a separate sheet, including the reason, date purchased, and expiration date of the endorsement.

**32. Project Policy:**

a. Has the firm ever been insured under a separate project policy? Yes No

If **yes**, please include a copy of the policy.

b. Does the firm have a Specific Project Excess Limit Endorsement on its current policy? Yes No

If **yes**, please complete *Specific Project Excess Questionnaire*.

33. **General Liability Coverage:** Please provide the following information regarding the Applicant's most recent General Liability insurance policy. If no coverage is currently in force please check N/A: N/A

Carrier	Expiration Date	Limit of Liability	Deductible	Premium
		\$	\$	\$

(Multi-policy discount may apply if General Liability Coverage is with a Hanover Company).

**34. (Not Applicable In Missouri)** Within the past 5 years has any professional liability insurance policy of yours been canceled or non-renewed?

\*Yes  \*No \*Question Not Applicable in Missouri

If **yes**, please provide full details: \_\_\_\_\_  
\_\_\_\_\_

**CYBER PRIVACY AND SECURITY INFORMATION**

- 35.** Are your portable electronic devices and removable electronic media protected by encryption?  Yes  No
- 36.** Are your computer systems protected with regularly updated firewall, anti-virus, and anti-malware software?  Yes  No
- 37.** Do you require annual training on information security for all personnel?  Yes  No
- 38.** Do you back up your computer systems at least weekly?  Yes  No
- 39.** Within the past three (3) years, has the applicant had any security breaches including unauthorized access/use/disclosure, virus, denial of service, theft of data, fraud, electronic vandalism, sabotage or any other security event?  Yes  No

If the answer to Questions 35, 36, 37 or 38 is **no** or if Question 39 is **yes**, please provide full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOSS INFORMATION**

- 40.** During the past 5 years (10 years for firms with billings of \$5,000,000 and greater), or earlier if still pending, has any suit ever been filed, or any claim otherwise made, against the applicant or the applicant's predecessors in business, or any of the past or present partners, owners, officers or employees, or against any person, firm, or entity on whose behalf the applicant has assumed liability?  Yes  No
- 41.** Awareness: Is the applicant, after inquiry of each person or entity proposed for insurance, aware of any facts, circumstances, incidents, situations, or accidents (including, but not limited to: faulty or defective workmanship, product failure, construction dispute, fee dispute, roof failure or leakage, construction worker injury or construction delays) that may give rise to a claim, whether valid or not, which might directly or indirectly involve the applicant?  Yes  No
- 42.** Has the applicant, after inquiry of each person or entity proposed for insurance, been deposed or had your records subpoenaed?  Yes  No
- 43.** Is the applicant, after inquiry of each person or entity proposed for insurance, aware of any fee disputes (including fees being withheld, late payments, or fees uncollected) or has any legal action been instituted by the applicant or others in regards to such fee disputes?  Yes  No
- 44.** In addition to Questions 40, 41, 42 & 43, has the applicant, or any predecessors in business, or any of the past or present partners, officers, owners, or employees, or any person, firm, or entity on whose behalf the applicant has assumed liability, ever reported to any professional liability carrier any fact, circumstance, incident, situation, or accident that was not a suit or otherwise a claim at the time of reporting?  Yes  No

If the answer to any of the above questions is **yes**, please provide full details on *Claim Information Form*.

**Report knowledge of all such incidents to your current carrier prior to your current policy expiration. The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or potential claim identified or that should have been identified in Questions 40, 41, 42, 43 or 44 of this application.**



## DECLARATIONS AND NOTICE

The undersigned, acting on behalf of all Applicants, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and that they are material and are the basis for issuance of the insurance **policy** provided by **us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **us**.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the **policy** inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us as soon as practicable;
- Any **policy** issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled if such information was material to issuance of the **policy**. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled if such information was material to issuance of the **policy**;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARIZONA AND MISSOURI APPLICANTS:** Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

**NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA 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 fines and confinement in prison.

**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 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.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO IDAHO AND 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 KANSAS APPLICANTS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. 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 there.

**NOTICE TO KENTUCKY 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.

**NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** 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.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to defraud an 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, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO NEW HAMPSHIRE 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.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state 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 VERMONT APPLICANTS:** 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.

**This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.**

\_\_\_\_\_  
Dated (Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

\_\_\_\_\_  
(Print Name)

Agent's Signature: \_\_\_\_\_

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.**

Please submit this Application including appropriate documentation to:

The Hanover Insurance Company  
333 W. Pierce Road, Suite 300  
Itasca, IL 60143