



MEDIA LIABILITY COVER PROSM APPLICATION

Film and Program Producer

Film, Program, Video and Home Entertainment Distributor

NOTICE: This Media Liability coverage may be provided on an occurrence or claims-made basis.

If coverage is requested for Media Liability exposures, please complete the **Media Content Liability Application**

If coverage is requested for Network Security, please complete the **Cyber Security Liability Application**

Whenever used in this Application the term **Applicant** shall mean the **named entity**, any **subsidiary**, any independent contractor while acting on **your** behalf, but solely as respects **media activities** and any **individual insured**.

SUBMISSION REQUIREMENTS

Distributor Attachments

- Most recent financial statement or corporate annual report
- List of titles to be distributed
- Sample contract used with producers and exhibitors

Producer Attachments

- Most recent financial statement or corporate annual report
- Resumes of principals identifying other works
- DVD or script of work
- A clearance letter from counsel, if one exists

ACCOUNT INFORMATION

Applicant's name:

Applicant's principal location:

Address:

City:

State:

Zip:

Telephone:

E-mail address:

Website: www.

Date established:

SECTION I – GENERAL INFORMATION

1. Identify all media activities for which the Applicant is seeking coverage:

Film, Program, Video, Home Entertainment Distribution

Film or Program Production

Other:

2. Is the Applicant controlled, owned, affiliated or associated with any other corporation or company?

Yes

No

If yes, please advise:

3. Please list the name(s) and address(es) of any branch offices, joint ventures, affiliates, subsidiaries or other related entities. Include a brief description of their operations and indicate if coverage is requested:

4. During the past five (5) years, has the name of the Applicant been changed or has(have) any other media business(es) been acquired, merged into, or consolidated with the Applicant? Yes No
If yes, provide a complete explanation detailing any liabilities assumed.

5. Geographic area(s) of media operations:
 Local State Multi-State National International
6. Does the Applicant belong to any professional societies / associations? Yes No
If yes, provide the designation/affiliation:

7. Dates of the Applicant's current fiscal period: From: _____ To: _____
- | | PAST FISCAL YEAR | CURRENT FISCAL YEAR | ESTIMATE NEXT YEAR |
|--|------------------|---------------------|--------------------|
| Total Gross Annual Revenue: | \$ | \$ | \$ |
| Revenue from Media Operations for which coverage is requested: | \$ | \$ | \$ |

SECTION II – MEDIA OPERATIONS
MARK ALL SECTIONS FOR WHICH COVERAGE IS REQUESTED

FILM, PROGRAM, VIDEO AND HOME ENTERTAINMENT DISTRIBUTOR

1. Has the Applicant produced any of the films being distributed? Yes No
If yes, please advise:
2. Identify the type of films distributed:
3. Are any of the films or programs:
 Adult/pornographic Yes No
 Foreign Yes No
 Reality (unscripted situations with non-actors) Yes No
If yes, please explain:
4. Identify percentage of film produced in foreign countries and identify country: _____ %
5. Will any of the films or other works be distributed outside the U.S.? Yes No
If yes, have all foreign rights been negotiated? Yes No
6. Are all of the films or works distributed pursuant to a contractual agreement? Yes No
If no, please explain:
7. Does the Applicant own any of the works? Yes No
If yes, please explain:
8. Are all producers contractually required to defend and indemnify the Applicant? Yes No
9. Does the Applicant require producers to maintain errors and omissions insurance and provide proof of insurance? Yes No
If no, please explain:
10. Are contractual agreements utilized with film exhibitors? Yes No
If no, please explain:
11. Does the Applicant exhibit any films or works? Yes No
If yes, please explain:

FILM AND PROGRAM PRODUCER

1. Title of production (“work”) to be insured:
2. Type of work – check all that apply:

Play	Motion Picture (full release)	Motion Picture (limited)	Film Festival
Live Event	Television/Cable Series	Television Special	DVD/On Demand
Music Video	Webisode	Animated	
Documentary/Industrial/Commercial/Educational		Previously Released (Identify):	
Other (describe):			
3. Geographic distribution of work:
4. If television, cable, or radio production, number of episodes:
5. Is work based upon actual events? Yes No
- If yes, please advise if the portrayal is accurate or fictionalized:**
6. Production budget: \$
7. Producer:
8. Author or writer:
9. Synopsis of work and its genesis or inspiration:

10. Release date of work: Length of work, i.e. hours and minutes:
11. Name of distributor:
 - Term of “rights period” in distribution agreement:
 - Date of distribution agreement:
12. Has the “chain of title” for work been cleared as to any ownership issues? Yes No
13. Has a title report been obtained for the name of work? Yes No
14. Has a copyright report been obtained for the work? Yes No
15. Has the script been cleared? Yes No
16. Have talent releases been procured from all performers and recognizable extras? Yes No
17. **If no to any of the above questions 12 to 16, please explain:**

SECTION III – RISK MANAGEMENT PROCEDURES

USE OF LEGAL COUNSEL

1. Does the Applicant retain law firm(s) with expertise in media law and/or intellectual property to assist with clearance, content review, and other issues? Yes No
If yes, identify firm(s):

CONTENT GATHERING AND CREATION – PRODUCER ONLY

1. Are hidden cameras, microphones, surveillance or other surreptitious methods utilized to gather content for the work? Yes No
If yes to any of the above, describe how risk is minimized:

2. Does the Applicant rely on confidential sources or material in the work? Yes No
If yes, describe editorial procedures for dealing with confidential sources or information:

3. Did the Applicant commission or create any original music for the work? Yes No
If yes, how is risk minimized:

- | | | |
|---|-----|----|
| 4. Are independent contractors retained to create content for the work? | Yes | No |
| If yes, are contracts utilized? | Yes | No |
| If yes, are independent contractors required to maintain errors and omissions insurance? | Yes | No |

LICENSING AND USE OF THIRD PARTY CONTENT – PRODUCER ONLY

- | | | |
|--|-----|----|
| 1. Is any unoriginal music used in the work? | Yes | No |
| If yes, have all rights been cleared: | | |
| Mechanical Rights: | Yes | No |
| Master Rights: | Yes | No |
| Synchronization Rights: | Yes | No |
| Blanket music performance licenses through music licensing societies, such as ASCAP: | Yes | No |
| If no, will all rights be cleared prior to public display of the work? | Yes | No |
| 2. Does the work include any unoriginal content, including photographs, film clips, stock footage, graphics, animation, etc., in the work? | Yes | No |
| If yes, are all licenses procured? | Yes | No |
| If no, will all rights be cleared prior to public display of the work? | Yes | No |
| 3. Have all clearances been obtained for distinctive locations, props, products and artwork? | Yes | No |
| If no, will all rights be cleared prior to public display of the work? | Yes | No |
| 4. Does the Applicant have a procedure for dealing with unsolicited idea submissions from third parties? | Yes | No |
| 5. Does the Applicant rely on “fair use” with respect to the use of unoriginal content in the work(s)? | Yes | No |
| If yes, please explain: | | |

OTHER CONTENT ISSUES AND RISK MITIGATION – PRODUCER ONLY

- | | | |
|--|-----|----|
| 1. Are staff members with responsibility for content trained with respect to defamation, invasion of privacy, intellectual property and other exposures? | Yes | No |
| 2. Is the name, likeness, or portrayal of any living person used in the work(s)? | Yes | No |
| If yes, are all clearances obtained? | Yes | No |
| If no, please explain: | | |
| 3. Is the name, likeness, or portrayal of any deceased person used in the work(s)? | Yes | No |
| If yes, have clearances been obtained from heirs or other owners of such rights? | Yes | No |
| If no, please explain: | | |

WEBSITE AND SOCIAL MEDIA ISSUES

- | | | |
|--|-----|----|
| 1. Are websites used to promote productions or distribution? | Yes | No |
| If yes, please explain: | | |
| 2. Is any user-generated content uploaded to your website(s)? | Yes | No |
| If yes, please answer the following: | | |
| a. Is the Applicant in compliance with Section 230 of the Communications Decency Act with respect to the handling of third party offending content? | Yes | No |
| b. Is the Applicant in compliance with the Digital Millennium Copyright Act with respect to notice procedures and the removal of infringing content? | Yes | No |
| c. Is the Applicant able to remove offending or infringing content in a timely manner? | Yes | No |
| d. Are procedures in place for dealing with users who repeatedly post offending or infringing content? | Yes | No |

3. Does the Applicant utilize social media, such as Twitter, Facebook, or Linked-in? Yes No
If yes, please explain:
- a. Who posts content on behalf of the Applicant:
b. Are posts edited or otherwise reviewed prior to posting? Yes No
c. Does the Applicant have written social networking guidelines for employees? Yes No
d. Are employees encouraged to utilize their own social media accounts in the course and scope of their employment? Yes No
If yes, please explain:

ANCILLARY PROFESSIONAL SERVICES PERFORMED FOR THIRD PARTIES

1. Does the Applicant provide any professional services related to media operations for a fee, i.e. post-production services? Yes No
2. Describe how the Applicant minimizes/reduces exposure relating to professional services:

MERCHANDISING

1. Does the Applicant engage in any merchandising activities with respect to the work or works? Yes No
If yes, please describe:
2. Have all licenses, including trademarks, been cleared with respect to the merchandise? Yes No
3. What annual revenues are anticipated from merchandising activities: \$

SECTION IV – INSURANCE HISTORY AND CLAIMS EXPERIENCE

1. Has any policy or application for similar insurance on your behalf or on behalf of any predecessor(s) in business ever been declined, canceled, or renewal refused? Yes No
(Not applicable in Missouri)
If yes, provide details:
2. Does the Applicant currently carry Commercial General Liability insurance? Yes No
3. Please provide the following information on your Media Liability (E&O) insurance for the past three (3) years:
- | | | |
|------------------|------------------------|------------------------|
| Name of Insurer: | Limits of Liability:\$ | Deductible:\$ |
| Premium:\$ | Policy period: | Occurrence Claims Made |
| Name of Insurer: | Limits of Liability:\$ | Deductible:\$ |
| Premium:\$ | Policy period: | Occurrence Claims Made |
| Name of Insurer: | Limits of Liability\$: | Deductible:\$ |
| Premium:\$ | Policy period: | Occurrence Claims Made |
4. Retroactive Date, if one, on current policy:
5. Have any claims or suits been made against the Applicant or the Applicant's subsidiaries, predecessor in business, principals or employees in the past five (5) years? Yes No
If yes, complete a Claim Supplement form for each incident.
6. Is the Applicant aware of any act, error, omission or any other circumstance that is or could be a basis for a claim under the proposed insurance? Yes No
If yes, complete a Claim Supplement form for each incident.

With regard to questions 5 and 6, it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from any coverage that may be provided under this proposed insurance, and further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void and/or subject to rescission.

SECTION V – COVERAGE REQUESTED

1. Have any third parties requested coverage as “Additional Insureds” for exposure arising from your content? Yes No
If yes, please advise.

2. Media Liability Coverage requested:	Claims Made Policy Occurrence Policy	Retroactive Date: Prior Acts Date:
LIMITS OF LIABILITY		
\$250,000 \$1,000,000	\$4,000,000 \$7,000,000	\$10,000,000
\$300,000 \$2,000,000	\$5,000,000 \$8,000,000	
\$500,000 \$3,000,000	\$6,000,000 \$9,000,000	
DEDUCTIBLE: \$		

FRAUD NOTICE STATEMENTS

NOTICE TO 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS 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."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF FLORIDA RESIDENTS 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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 INSURANCE ACT WHICH IS A CRIME."

RESIDENTS OF LOUISIANA 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."

RESIDENTS OF MAINE 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."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF 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."

RESIDENTS OF 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) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF 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."

RESIDENTS OF TENNESSEE 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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF 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."

RESIDENTS OF 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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF 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."

Name (Please Print/Type)

Title
(MUST BE SIGNED BY THE PRINCIPAL, PARTNER OR OFFICER)

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date