



Accountants Professional Liability Insurance
New Business Application

Underwritten by The Hanover Insurance Company

CLAIMS-MADE WARNING FOR APPLICATION

THIS POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED...

APPLICATION INSTRUCTIONS

Whenever used in this Application, the term you or your(s) or the Applicant shall mean the Named Insured and all predecessors, unless otherwise stated.

- All questions must be answered completely. Please type or print clearly.
If you need more space, continue on a separate sheet and indicate the question number.
Enclose copies of all letterhead on which you are listed.
The application and all supplements must be signed and dated by a principal of the firm.

FIRM INFORMATION

1. Firm Name:
\_\_\_\_\_
\_\_\_\_\_

2. Contact Person and Title:
\_\_\_\_\_
\_\_\_\_\_

(Person designated by the Firm to receive any and all notices concerning this insurance).

3. Contact Person Email Address:
\_\_\_\_\_

4. Primary Office Address:
\_\_\_\_\_
\_\_\_\_\_

County:

If the firm has other locations or shares office space, please provide details on question 40. (Response should include whether the location/s is staffed and if practice and management differs from principal location.)

5. Telephone: \_\_\_\_\_

6. Fax: \_\_\_\_\_ [ ] No Fax

7. Website: \_\_\_\_\_ [ ] No Website

8. Mailing Address (if different from #4):

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9. Entity Type:  Sole Proprietorship  Partnership  Corporation  LLP  LLC  Other\*

\*explain: \_\_\_\_\_

10. Firm Established (mm/dd/yyyy): \_\_\_\_\_

11. Within the last five (5) years has the

a. Firm merged or acquired another business?  Yes  No

b. Are there any material changes pending in the organization of the Firm including but not limited to merger, acquisitions, other restructuring, addition of a new client industry or scope of practice?  Yes  No

**If you answered "yes," please explain on question 40.**

12. Has the Firm or any owner, partner or officer rendered professional services or conducted business activities under a separate entity within the last five (5) years?  Yes  No

**If you answered "yes," please complete the Separate Entity Supplement.**

<b>FIRM PROFILE</b>
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13. Does the Firm or any Firm member belong to any international, national, state, or professional society organization?

Name: \_\_\_\_\_

14. Firm Staff (include contract and per diem employees who work 500 or more hours per year):

	CPAs	Non-CPAs	Total
<b>Owners, Partners, Officers</b>			
<b>All Other Accounting or Tax Professionals</b>			
<b>Other Consulting Professionals (not included above)</b>			
<b>Administrative Staff</b>			
<b>Total</b>			

15. Based on the Firm's fiscal year-end data, provide the following gross revenue figures:

Next Fiscal Year (projected)	Current Fiscal Year (estimated)	Last Fiscal Year	Previous Fiscal Year
\$	\$	\$	\$

16. Percentage of revenue from the Firm's largest clients (including related entities):

	Largest:	Second Largest:
<b>Percentage of Revenue</b>	%	%
<b>Client Name</b>		
<b>Client Industry</b>		
<b>Services rendered by Firm</b>		

**For those clients representing 20% or more of the Firm's revenue, please list for each: client name, client industry, services performed, length of time as a client, and describe how the Firm maintains its independence on question 40.**

**PROFILE**

17. Approximately what percentage of the Firm's revenue is derived from the areas listed below?

**Please indicate whether or not engagement letters are used for each service area listed below.**

Service Area	% of Revenue	Engagement Letter Used
Administrator or ERISA Trustee (1)		
Audit: Non-Public (2)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Other (2)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Public (3)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bankruptcy Trustee or Receiver (1)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping / Write-ups / Payroll Processing	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Valuations	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilations	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consulting (litigation support /business investment advice / other (1)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolled Agents	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Advisory Services (4)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forecasts and Projections	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forensic Accounting (1)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funds Controlled / Disbursement of Funds (8)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hardware Software Consulting / Sales (5)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life & Health Insurance Agent (4)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limited Partnership & Tax Shelter Syndication (1)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management Advisory Services (1)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mergers & Acquisitions (1)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Representative (4)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviews	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Securities (6)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax: Business	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax: Individual	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trustee Services / Executor (7)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (1)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TOTAL ADDS TO 100%:</b>	<b>100 %</b>	

(1) Describe on question 40.

(2) Complete non-public audit client supplement

(3) Complete public company supplement

(4) Complete financial planning & investment advisory services supplement

(5) Complete information technology supplement

(6) Complete public & private offerings supplement

(7) Complete trustee & estate supplement

(8) Complete Funds controlled supplement

18. Does the Firm, or any Firm member provide:

a. Personal tax or other services to any individual client that has an annual income in excess of \$10 million?  Yes  No

b. Any attest services to any private company with annual sales of more than \$250 million?  Yes  No

**If you answered "yes" to a. or b. above, please provide client name, industry, services provided and length of time as a client on question 40.**

19. Has the Firm, any Firm member or spouse, within the past five (5) years:

a. Held an equity interest in, operated, or managed any entity (excluding the Firm) for whom the Firm provided professional services?  Yes  No

- b. Acted as director, officer or exercised any form of managerial control over any entity (excluding the Firm), for whom the Firm provided professional services?  Yes  No

***If you answered "yes" to a. or b. above, please complete the Outside Interest Supplement.***

20. Has the Firm, or any Firm member, acted as trustee, co-trustee, executor, receiver, administrator or personal representative, other than for life insurance trusts with less than \$500,000 in assets?  Yes  No

***If you answered "yes", please complete the Trustee & Estate Supplement.***

21. Has the Firm, or any Firm member:

- a. Controlled or distributed client funds?  Yes  No

***If you answered "yes", please complete Fund Controlled Supplement.***

- b. Rendered financial planning, asset management, or investment advisory services?  Yes  No

- c. Received commissions, referral fees reciprocity or other inducements arising from the sale, promotion or recommendation of securities, insurance products, real estate or other investments?  Yes  No

***If you answered "yes" to b. or c. above, please complete the Financial Planning and Investment Advisory Services Supplement.***

22. Has the Firm, its predecessors, or affiliates, within the past five (5) years:

- a. Performed audits for or provided consulting services to SEC-regulated entities that are not publicly traded?  Yes  No

- b. Performed services, or consented to the use of the Firm's work product, in connection with public or private offerings of securities, real estate, or other investments?  Yes  No

- c. Performed audit, review, attestation or consulting services to publicly held companies, their subsidiaries or their employee benefit plans?  Yes  No

- d. Submitted bids, are in the process of bidding or plan to bid on any new engagements to perform audit, review, attestation or consulting services for a publicly held company, its subsidiaries or its employee benefit plans?  Yes  No

***If you answered "yes" please complete the Public Company or Public & Private Offerings Supplement***

23. Has the Firm, its predecessors or affiliates, within the past five (5) years performed services for Financial Institutions? Financial Institutions are defined as Banks, Bank Holding Companies, Savings Associations, Savings and Loans, Credit Unions, Thrifts, Insurance Companies, Investment and Mortgage Banks.

Yes  No

***If you answered "yes", please complete the Financial Institutions Supplement.***

24. Does your Firm or affiliate provide services to entities under the guidelines of ERISA?  Yes  No

***If you answered "yes":***

- a. Are actuarial services performed?  Yes  No

- b. Is the Firm or affiliate involved in plan design or qualifying plans or their amendments?  Yes  No

- c. Does the Firm or affiliate act as a fiduciary or advisor, or recommend investment or mutual funds to which the Firm provides other accounting services or acts as a director or officer?  Yes  No

***If you answered "yes" to c. above, please provide a full description of Firm services on question 40.***

25. Has the Firm, its predecessors or affiliates, within the past three (3) years: arranged debt or equity financing or acted as a business broker, acted as a mortgage agent/broker, or performed actuarial services?

Yes  No

***If you answered "yes" please provide a detailed description of services performed for each such client, including a sample engagement letter for these services***

26. Within the past three (3) years has your firm or firm affiliates rendered attest services for a business client that subsequently declared or filed bankruptcy, defaulted on a debt obligation, or became insolvent?  Yes  No

If yes, provide:

Name of client and client industry	Type of services you rendered & dates of your services	Type of Audit Opinion	Going Concern Reference?	Date of bankruptcy, insolvency, or default (please specify)

27. Has the Firm, its predecessors or affiliates, within the past five (5) years:

a. Performed information technology services?  Yes  No

***If you answered "yes" complete the Information Technology Supplement.***

b. Managed, invested with clients, organized, promoted, solicited on behalf of or procured participants for investment ventures?  Yes  No

***If you answered "yes" complete the Investment Venture Supplement.***

**BUSINESS PRACTICES**

28. During the past five (5) years, has the Firm or its affiliates sued to collect fees, including small claims court?  Yes  No

***If you answered "yes", please provide a list of all outstanding amounts owed, date of suit, services rendered, current status, whether still a client and if an engagement letter was used, on question 40.***

29. Indicate what loss prevention tools your Firm requires Firm members to use.

a. Engagement letters are updated:

- Annually for all engagements
- Annually for attest engagements
- As engagement changes
- Evergreen (not updated)
- Other: \_\_\_\_\_
- Not used

b. Second person/partner review of:

- Attest services
- Tax services
- All services
- Other: \_\_\_\_\_
- No second person/partner review of any services

c. Checklists:

- AICPA
- PPC
- Other: \_\_\_\_\_
- Not used or not applicable

d. Client screens procedures:

- New clients prior to acceptance
- Existing clients
- Both
- None

e. Do engagement letters contain ADR (Alternative Dispute Resolution) or Limitation of Liability Clauses?

Yes  No

f. Does Firm have disengagement procedures for terminating client relationships?

Yes  No

g. Are declination/non-engagement letters used on all matters declined by the Firm?

Yes  No

h. Does your Firm have a written policy prohibiting business ventures with clients of the Firm?

Yes  No

- i. Does your Firm have a written internal quality control document?  Yes  No  
**If you answered "no", please provide an explanation on question 40.**
- j. Other loss prevention tools/procedures (describe):  
 \_\_\_\_\_  
 \_\_\_\_\_

30. Has any firm member completed an accredited risk management seminar, CD-ROM self-study course, or webcast within the past three (3) years?  Yes  No

Number of participants: \_\_\_\_\_ Date of Seminar: \_\_\_\_\_

31. Date of most recent peer or quality review : \_\_\_\_\_  
 If not within the last 3 years, anticipated date of next review: \_\_\_\_\_  
 Did the firm receive a rating of "Pass?"  Yes  No

**If you answered "no" above, please provide a copy of the letter of comments, your Firm's response and committee acceptance letter.**

**CLAIMS INFORMATION**

32. After inquiry of the Firm, have any claims or suits involving malpractice been made against the Firm, a predecessor Firm, a subsidiary or affiliate entity, any partner, stockholder and/or professional staff person:  
 a. During the past (5) years?  Yes  No  
 b. Anytime and remains open?  Yes  No

**If you answered "yes", to a. or b. above, please complete the Claim/Incident Supplement.**

33. After inquiry of all owners, partners, officers and professionals of the firm and firm affiliates, within the past 5 years have any past or present personnel:  
 a. Been the subject of any regulatory or disciplinary investigation or inquiry (both formal and informal) or been suspended from practice?  Yes  No  
 b. Been charged or found guilty of, or indicated on a criminal charge?  Yes  No

**If you answered "yes", to a. or b. above, complete the Claim/Incident Supplement.**

34. After inquiry of stockholders, partners and employees, is the Firm currently aware of any incidents, circumstances, disputes, fee problems, or employee problems, which may result in any claim being made against the Firm, its predecessors, subsidiaries, affiliates or any partner, stockholder or employee?  
 Yes  No

**If "Yes", please complete the Claim/Incident Supplement.**

35. **(Question Not Applicable In Missouri)** Has any professional liability insurance for the Firm, a partner, stockholder, employee of the Firm, its predecessors or subsidiaries ever been declined, canceled, or non-renewed?  Yes  No

**NOTICE**

1. Any claim or potential claim identified in questions 32 to 35 or which any owners, partners, or officers of the applicant firm have any knowledge of prior to inception of any Hanover policy, will not be afforded coverage under any policy which may subsequently be issued by Hanover.

2. Failure to identify in writing to Hanover, any claim made against the applicant firm or any of the firm's personnel, firm affiliates or the firm's predecessors in business during the applicant firm's current policy term, or facts, circumstances, or events which may give rise to a claim against the applicant firm's current insurance company BEFORE policy expiration, may be considered fraudulent and invalidate any policy which may subsequently be issued by Hanover.

**COVERAGE**

36. Does the Firm currently carry accountants professional liability insurance?  Yes  No

*If you answered "Yes", please complete the following and provide a copy of your current Declarations page and all endorsements on your current policy that exclude, add or modify coverage:*

From/To (mm/dd/yyyy)	Insurance Company	Limit of Liability (Per Claim / Aggregate)	Deductible	Premium	Retro Date

37. Indicate limits of liability and deductible(s) requested:

Limits of Liability Per Claim / Aggregate: **(check all options you wish quoted)**

- |                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> \$100,000 / \$300,000     | <input type="checkbox"/> \$250,000 / \$500,000     |
| <input type="checkbox"/> \$500,000 / \$500,000     | <input type="checkbox"/> \$500,000 / \$1,000,000   |
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$3,000,000 / \$3,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$5,000,000 / \$5,000,000 | <input type="checkbox"/> Other: \$ / \$            |

Deductible **(check all options you wish quoted)**

- |                                   |            |
|-----------------------------------|------------|
| <input type="checkbox"/> \$1,000  | Each claim |
| <input type="checkbox"/> \$2,500  | Each claim |
| <input type="checkbox"/> \$5,000  | Each claim |
| <input type="checkbox"/> \$10,000 | Each claim |
| <input type="checkbox"/> \$25,000 | Each claim |
| <input type="checkbox"/> \$ _____ | Each claim |

38. Additional Coverage Options:

<input type="checkbox"/>	Claims Expense Outside the Limits: \$
<input type="checkbox"/>	First Dollar Defense
<input type="checkbox"/>	Registered Representative
<input type="checkbox"/>	Life Insurance Agent
<input type="checkbox"/>	Real Estate Agent
<input type="checkbox"/>	Other:

**MADOFF RELATED DISCLOSURE**

39. Does the firm, including any predecessors, related entities, or affiliates, have any former or current clients that:

- a. Invested at any time, either directly or indirectly, with Bernard Madoff, Peter Madoff, Andrew Madoff, Mark Madoff and/or Bernard Madoff Investment Securities or any related or affiliated entity?  Yes  No

- b. Invested at any time with any investment fund or other entity that invested with Bernard Madoff, Peter Madoff, Andrew Madoff, Mark Madoff and/or Bernard Madoff Investment Securities or any related or affiliated entity?  Yes  No
- c. If you answered "yes" to a. or b. above, have any matters related to these entities and/or clients been reported to your current or any prior carrier?  Yes  No

40. Narrative response if applicable:

Question #	Explanation:

<b>DECLARATIONS AND NOTICE</b>
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**NOTICE TO APPLICANT**

**If you are aware of any incident, fact, circumstance, act or omission that could reasonably result in a professional liability claim against you or any insured listed in this application, you should immediately file a report with your current carrier.**

**This application forms a part of your policy, if issued.**

The undersigned, acting on behalf of all Applicants, declares 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 agrees that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and are the basis for issuance of the insurance **policy** provided by **us**. 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 becomes 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** immediately;
- 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 or the company to issue insurance coverage.



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.

**Date**

**Signature/Title**

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Title)

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

**RETURN YOUR COMPLETED APPLICATION TO YOUR AGENT.**

Produced By: Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

**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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**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 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.