RESET

APPLICATION

Life and Health Insurance Agents and Brokers Errors and Omissions Insurance

Underwritten by

Utica Mutual Insurance Company
New Hartford, New York

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. READ YOUR POLICY CAREFULLY. COVERAGE IS SUBJECT TO UNDERWRITER'S APPROVAL.

APPLICATION INSTRUCTIONS

PLEASE FOLLOW THE INSTRUCTIONS AS LISTED TO EXPEDITE THE PROCESSING OF YOUR APPLICATION.

- All questions must be answered. If a question does not apply to you, indicate "Not applicable."
- **All applications must be typed/or legibly hand written.**
- If more space is needed, please use a separate sheet to complete answers and attach to application.

Return application to:

Utica Mutual Insurance Company
Errors & Omissions Department
P.O. Box 530
Utica, NY 13503

OR

180 Genesee Street
New Hartford, NY 13413

- Processing time for a properly completed application is approximately 30 days and should be taken into consideration when applying. All incomplete applications will be returned to agency for completion.

APPLICATION INFORMATION

☐ New Business, or ☐ Renewal, provide prior UTICA Policy Number _____ Expiration date _____

Required in Iowa: Soliciting Agent _____ License Number _____

1. Name of Individual agent and/or Agency _____
(Include all trade names DBAs, etc.)

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC/LLP ☐ Other

2.a. Mailing Address _____
Street City County State Zip Code

b. Physical Address if different from mailing:

Street City County State Zip Code

Telephone # _____ FAX # _____ Cell Phone # _____

Website Address _____

Email Address of Key Contact _____

3. Address of branches with identical ownership

(1) _____
Street City County State Zip Code

(2) _____
Street City County State Zip Code

4.a. How is the agency established?

As a: ☐ Career Agent ☐ Independent ☐ Captive
(Check all that apply.)

b. Date agency originally established _____

c. Date of current ownership if purchased _____

(If the agency is less than two years old under current ownership, a resume for each agency owner(s) is required.)

5. Has the name of the agency, ownership or principals of the agency changed, or has any other business been purchased, merged or consolidated with the agency, including the purchase of another agency's business, during the past five years? ☐ Yes ☐ No

If "Yes" please list details below including gross income derived from other business.

6. Is the agency engaged in any other business? ☐ Yes ☐ No

If "Yes" please give details.

7.a. Is the agency owned by, associated with or controlled by any other businesses? ☐ Yes ☐ No

If "Yes" please provide name, percentage of ownership, description of business of parent or controlling interest, kind and amount of insurance derived from associated business or owner.

b. Share office space? ☐ Yes ☐ No

If yes, name of entity _____

8.a. Provide your gross annual commission and fee income from life, health and financial products for the following:

	Commissions	**Fees	Total
Two Years Prior	_____	_____	_____
One Year Prior	_____	_____	_____
Estimated Next 12 Months	_____	_____	_____

b. ** Fee Income received from _____

9. Breakdown of your total revenue. Total must equal 100%.

Life, Individual ..... _____ %
Of this percentage of revenue, how much is substandard (Surcharged/High-Risk) business? ..... _____ %
Life, Group ..... _____ %
Health, Individual ..... _____ %
Health, Group ..... _____ %
Percentage guaranteed issue? ..... _____ %
Percentage individually underwritten? ..... _____ %
What percentage of this revenue is from products, which are not fully insured? ..... _____ %
Long Term Care ..... _____ %
Disability Income ..... _____ %
Fixed Annuities ..... _____ %
Variable Annuities** ..... _____ %
Financial Products** ..... _____ %

**For Variable Annuities, Mutual Funds and Financial Products coverage complete questions 32-40 on pages 6 and 7.

Property/Casualty Products** ..... _____ %

For coverage consideration complete questions 41-54 on pages 7 and 8.

Consulting for:
Benefit or Pension ..... _____ %
Insurance ..... _____ %
Administration Income/Activities from:
Claims Administration ..... _____ %
Third Party Administration ..... _____ %
Miscellaneous Exposures:
Tax ..... _____ %
Estate Planning ..... _____ %
Actuarial ..... _____ %
Viaticals and/or Life Settlements ..... _____ %
Other (specify)_____ ..... _____ %

TOTAL MUST EQUAL 100% (excluding shaded information percentage) ..... _____

(Definitions for Question #10)

Agent - Place business with companies with which agency is licensed.

Personal Producing General Agent - General Agent producing business personally.

General Agent - Places business with companies with which the agency is licensed. Commissions are from personal sales and/or sales of sub-agents.

Managing, Master or Brokerage General Agent - Has authority to appoint and commissions are from agents and general agents.

10. Please give the approximate percentage breakdown of the total income for business that is placed by you or your agency as:

_____% Agent
_____% Personal Producing General Agent
_____% General Agent
_____% Managing, Master or Brokerage General Agent

TOTAL MUST EQUAL 100%

11. Please give the approximate percentage breakdown of the total production.

_____% Personal Production
_____% From your agents (to you as General Agent)

TOTAL MUST EQUAL 100%

12. Is agency associated with a cluster or similar type arrangement? ☐ Yes ☐ No
If yes, please attach detailed description.

13. Does anyone from the agency sit on any **Company Board of Directors or Governing Committees** involving an insurance related activity? ☐ Yes ☐ No
If yes, provide details.

14. List all of the insurance entities that together account for 100% of your total agency premium volume. (Include companies that you place all Life, Accident & Health. List any HMOs, PPOs, Wholesalers, General Agencies & their carriers, SIFs, Captives, RRGs, RPGs, etc.) Next to each carrier list the percentage of business placed with that carrier based on 100% of your agencies business. Check the box that represents how you place the business with each.)

Company	%	Business placed direct with insurance companies (Agent/broker)	Business placed through others	Business placed as a GA, MGA or Broker for others
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Coverage may be available for the insolvency for RRGs, RPGs, or Self Insured programs and NR rated carriers upon written request. Coverage is subject to underwriting approval and receipt of any additional information requested by the underwriter.

15. In the last five years, have any agency contracts you have held with insurance companies been cancelled for cause? ☐ Yes ☐ No
If yes, attach full details.

16.a. Please indicate the agency E&O carrier for the last three years. If none, state none.

Carrier	Policy Number	Limit	E&O Premium	Effective and Expiration Date	Retro Date, if any

b. If you have not had Errors and Omissions coverage for the last (3) years or have had a gap in coverage please give us a narrative explanation.

17. a. Numbers of the following personnel:

1. Owners, officers, partners _____
2. Employed solicitors, brokers, agents _____
3. Other employees (including clerical) _____
4. Total sub-agents _____
5. Total _____

b. List all agency owners, officers, producers, all licensed and non-licensed employees: **(Attach separate list if necessary.)** (i.e.: Joe Smith / Owner / L&H 14yrs / NASD 6 2yrs / P&C 5yrs)

Name With Professional Designations	Position/Title	Show Licenses & Number of Years Licensed for Each: Life/A&H/yr	NASD 6/yr	NASD 7/yr	P&C/yr
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

c. List sub-agents who are not employees to be covered for their acts in the sales and servicing of Life, A & H business written through or on behalf of your agency. **(Attach separate list if necessary.)**

Name with Professional Designations	Number of Years Licensed	Number of Years with your Agency	Commissions Received for Business Placed	Exclusive Agent or Non-exclusive

18. Loss Control Questions:

a. Have you attended an approved E&O Seminar during the last 15 months ☐ Yes ☐ No

b. Who is responsible for implementing and auditing office procedures? _____

c. Please describe the details of training sessions, courses provided or taken or any continuing education that you or any agency employees have taken or are enrolled in:

19. List any agent associations that you are currently members of: _____

20. Please describe your orientation program for new employees:

21. Is all incoming mail date stamped? ☐ Yes ☐ No

22. Is there a procedure for documenting important phone conversations? ☐ Yes ☐ No

23. Are all policies, riders and endorsements checked for accuracy before mailing? ☐ Yes ☐ No

24. Does applicant have planned diary, suspense or follow-up system? ☐ Yes ☐ No

Please check: ☐ Manual System
☐ Automated System

Procedures:

25. Please describe the levels of automation within your agency: (i.e.: Production and accounting systems, On-line with carriers, Use of Internet/Website)

(Questions #26., #27., #28., & #29. apply for Life and Health Insurance Agents & Brokers E&O Coverage, and also for Mutual Funds or Financial Products Coverage and Property & Casualty Coverage.)

26. Has an application for similar insurance on behalf of the agency, its predecessor in business or any of its present or former owners, partners, executive officers or directors been declined, cancelled or renewal refused? ☐ Yes ☐ No

If "Yes," please explain in detail. [Not applicable in Missouri]

27. During the past five years, has any claim been made against the agency, its predecessor in business, or any of its present or former owners, partners, officers, or directors? ☐ Yes ☐ No

If "Yes," a statement giving details and status of each claim including dates, amount of claim, deductibles, payments, open reserves, name of client and full details of loss, if any, must be attached.

28. Is the agency aware of any circumstance, allegation, contention or incident which may result in any claim being made against the agency, its predecessor in business or any of its present or former owners, partners, officers or directors? ☐ Yes ☐ No

If "Yes," a statement giving complete details including dates and amount of possible claims must be attached.

29. Have there been any fines or disciplinary action, including license suspension, taken against you, your employees, or your associates by any insurance regulatory agency? ☐ Yes ☐ No

If "Yes," a statement giving complete details must be attached.

30. Life and Health Insurance Agents and Brokers Errors and Omissions Coverage.

a. Limit of Liability: $ _____each Loss $ _____ Aggregate

b. Deductible: $_____ Each Loss (An Aggregate deductible or three times your each loss deductible will be applied)

c. Desired effective date_____

You may have the option of how your deductible amount, per loss, will be subtracted from each loss. Indicate the option desired:

1._____ LOSS ONLY; we will pay for loss in excess of the deductible amount up to the limits of liability, providing first dollar defense expense.

2._____ LOSS AND LITIGATION EXPENSE; the deductible will be applied to both loss and (when applicable) litigation expense as defined in the policy. **[Not applicable in Louisiana and New York]**

31. Optional Coverage(s): Please check the following option(s) if you currently have or would like to consider coverage for the following: (NOTE: Coverage is **subject to Underwriting approval**. The available optional coverages vary by state.)

☐ Employment Related Practices Liability Insurance (complete ERPLI Application)

☐ Mutual Funds/Annuities Coverage (complete Mutual Funds or Financial Products supplemental application on page 6 and 7)

☐ Financial Products Coverage (complete Mutual Funds or Financial Products supplemental application on page 6 and 7)

☐ Loan Origination Coverage

Limits: ☐ $500,000/$500,000 ☐ $1,000,000/$1,000,000 ☐ $2,000,000/$2,000,000

Name of Loan origination program:_____

☐ Professional Employer Organization E&O Insurance Name of PEO program:_____

SUPPLEMENTAL QUESTIONS FOR MUTUAL FUND OR FINANCIAL PRODUCTS COVERAGE

(Definitions for Question #34)

Financial Products (Sales of) - The sale of shares of a mutual fund (which is a corporation or trust that is an investment company registered under the Investment Company Act of 1940); and the sale of variable annuities, stocks and bonds, limited partnerships or unit investment trusts.

Mutual Funds (Sales of) - The sale of shares of a mutual fund (which is a corporation or trust that is an investment company registered under the Investment Company Act of 1940); and the sale of variable

32. Name of Agency (if not as shown in item **1.** of the Application)

_____

33. Address of Agency (if not as shown in item **2.** of the Application)

_____

34.a. Show annual income from sales of the following financial products.

(See Definitions at top of page)

Product	**Annual Income**	**Product**	**Annual Income**
Mutual Funds	$ _____	Private Placements	$ _____
Stocks	$ _____	Derivatives	$ _____
Bonds	$ _____	Variable Annuities	$ _____
Unit Investment Trusts	$ _____	Others (Specify)	$ _____
Limited Partnerships	$ _____	TOTAL	$ _____

b. Do you own or have an interest in any broker/dealer organization? ☐ Yes ☐ No

c. Provide complete information for all agents for which this Supplemental Coverage is to be provided:

(This Supplemental Coverage is available only for those persons included in item 17.b. of the Application.)

Licensed Agent	**NASD Lic.**	**Broker/Dealer Organization**	**City/State**	**Coverage Needed**	
				Mutual Funds	**Financial Products**

d. Current E&O Coverage with (name of carrier): _____

Expiration Date _____ Retro Date, if any _____

35. Are you aware of any market conduct or NASD disciplinary actions involving any Broker/Dealer Organizations named in question **34.c.** above? ☐ Yes ☐ No

36. Does product training provided by all Broker/Dealer Organizations named in question **34.c.** above include regular training for all sellers of variable products on?

Compliance policies required by the Broker/Dealer?	☐ Yes	☐ No
Federal securities laws?	☐ Yes	☐ No
Self-regulatory organization (SRO) rules?	☐ Yes	☐ No
NASD Conduct Rule 2310?	☐ Yes	☐ No

37. Do you keep customer complaint logs? ☐ Yes ☐ No

If Yes, are customer complaints routed directly to the Compliance Officer of the appropriate Broker/Dealer Organization named in question **34.c.** ? ☐ Yes ☐ No

38. When was the last in-house or external compliance and suitability review completed by each Broker/Dealer Organization named in question **34.c.** above?

Organizations	**Dates**

39. Do all Broker/Dealer Organizations named in question **34.c.** above have Security Broker/Dealer Professional Liability Insurance Coverage? ☐ Yes ☐ No

40.a. Limits of Liability requested? (See enclosed sheet for limit options): $ _____ Each Loss
$ _____ Aggregate

b. (Deductible will be same as shown for Question #30.)

c. Desired effective date: _____

SUPPLEMENTAL QUESTIONS FOR PROPERTY AND CASUALTY COVERAGE

41. Name of Agency (if not as shown in item **1.** of the Application _____

_____

42. Address of Agency (if not as shown in item **1.** of the Application

_____

43. Total gross P&C premiums written annually (new and renewal)? $ _____

44. Premium Volume of substandard business $ _____ (including surcharged auto, assigned risk pools for auto, workers compensation, property, etc.) This does not include coverage for mobile homes, snowmobiles, motorcycles, long haul trucks, etc.

45. Please give the approximate percentage breakdown of the percentage of Property & Casualty business placed:

_____% Direct with Carriers
_____% Through Brokers (including Surplus Lines)
_____% Through MGA's
_____% Through Retail Agencies
_____% Through Other Insurance Intermediaries
_____% As Broker (including Surplus Lines)
_____% As MGA
Total = 100%

46. Please give the approximate percentage breakdown of total premium volume for business received or assumed:

_____% Direct from insureds
_____% From other agencies or brokers
Total = 100%

47. Please give the approximate percentage breakdown of total premium volume for:

_____% Personal Lines (excluding Life, A & H)
_____% Commercial Lines
Total = 100%

48. Please give the approximate percentage breakdown based on commissions:

Commercial Lines

_____% Animal Mortality
_____% Automobile - Standard
_____% Automobile - Non Standard
_____% Long Haul Trucking
_____% Aviation
_____% Bonds - Surety
_____% Bonds - All Other
_____% Crop Insurance
_____% Fire - Standard
_____% Fire - Non Standard (Fair Plan)
_____% General Property/Casualty
_____% Inland Marine
_____% Professional Liability
(Specify) _____

_____% Umbrella/Excess
_____% Wet Marine
_____% USLH/Harbor Workers
_____% Workers Compensation
_____% Other (Specify) _____
_____% **Total Commercial Lines**

Personal Lines

_____% Auto - Standard
_____% Auto - Non Standard
_____% Homeowners & Standard Fire
_____% Non Standard Fire
_____% Umbrella
_____% Wet Marine - Pleasure Boats
_____% Inland Marine
_____% Other (Specify) _____
_____% **Total Personal Lines**

100 % Total Commercial & Personal Lines (TOTAL MUST EQUAL 100%)

49. Please give the approximate percentage of business written on a Surplus Lines basis:_____

50. Is agency associated with a cluster or similar arrangement? ☐ Yes ☐ No

If yes, please attach a detailed description.

51. Please list all the Markets that together account for 100% of your total agency premium volume. (Include P&C, Wholesalers, SIFs, Captives, RRGs, RPGs, etc.) Check appropriate boxes.

Company	%	Business placed direct with insurance companies (AGENT)	Business placed through others	*Business placed as an MGA or Broker*
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Coverage may be available for the insolvency for RRGs, RPGs, Self Insured programs or Companies rated NR by AM Best upon written request. Coverage is subject to underwriting approval and receipt of any additional information requested by the underwriter.

52. a. Please list the agency Property and Casualty E&O Carriers for the last three years. If none, so state.

Carrier	Policy Number (If previously with Utica)	Expiration Date	Retro-date (if any)	Premium

b. If you have not had Errors and Omissions coverage for the last three years or have had a gap in coverage, please explain why.

53. Please list agency personnel and independent contractors involved in the selling and servicing of Property and Casualty business:

Over 20 hours is counted as full time; part time employees are counted as 1/2 each. Please count each employee only once.

Name with Professional Designation	Licensed (Yes/No)	Years Licensed	Full Time	Part Time	Position
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

54. a. P & C E & O Limit of Liability requested: $ _____ Each Loss $ _____ Aggregate

b. Deductible: **(Deductible will be as shown for Question # 31.)**

c. Desired effective date: _____

d. Check desired Optional Coverages (Subject to Underwriting approval. Available coverages may very by state)

☐ Contingent Catastrophe Extra Expense

Insurance is effective only upon approval by the underwriter and payment of premium. Premium check or draft is subject to collection in accordance with the practices of the collecting bank or banks and the insurance is not bound until the proper amount of the premium check or draft is received by the company.

COMPLETE ONLY IF YOU HAVE KENTUCKY LICENSES: As a condition precedent to the issuance of the policy, the insurance agency agrees to notify the Kentucky Department of Insurance of any additions or deletions of licensed personnel within the agency.

a. Number of licensed agents for whom a certificate of insurance issued to the Kentucky Department will be necessary. _____ (Attach additional list, if needed.)

Name	Home Address of Licensed Agent	Type of License	SS#

b. The name of the person who will be responsible for making these filings is: _____

Important Claims-Made Notice

The coverage form, which provides Agents' Errors and Omissions insurance, applies on a claims-made basis.

The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

A. The Coverage Form will not apply to any losses from incidents, which take place before the Retroactive Date, if any, or after the expiration of the policy period.

B. The Coverage Form will apply to losses from incidents which take place on or after the Retroactive Date, if any, but before the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period and if any claim is made according to **D.** below.

C. The Coverage Form will not apply to any loss for which claim is first made after the expiration of the policy period or any Automatic or Optional Extended Reporting Period described in the Extended Reporting Period section of the Coverage Form.

D. The Coverage Form will apply only to claims, which are first made:

- **1.** During the policy period;
- **2.** During the sixty day Automatic Extended Reporting Period described in the Extended Reporting Period Section of the Coverage Form; or
- **3.** During the Optional Extended Reporting Period of 12 months to 120 months duration, as described in the Extended Reporting Period Section of the Coverage Form.
  - **a.** We will send you a written notice within thirty days after any termination of coverage of costs for and provisions of Extended Reporting Periods.
  - **b.** The Optional Extended Reporting Period must be requested by the insured in writing, by the later of sixty days after the termination of coverage or thirty days after the date of mailing of the company's notice to the insured of costs for and provisions of Extended Reporting Periods, in order to allow claims to be made against the policy coverage after the expiration of any Automatic Extended Reporting Period.

E. For the first three years of claims-made coverage, premium will be comparatively lower than for occurrence coverage, and will increase for each renewal of those policies. Claims-made prices will still be somewhat lower than occurrence prices for mature accounts (in their fourth or later years.) The purchase of Optional Extended Reporting Periods, as described above, requires additional premium payments.

IMPORTANT FRAUD INFORMATION

See attached "Fraud Statement Addenda" for important Fraud Information regarding the completion of this application. By signing this application you certify that you have read such Fraud Information that applies to you. That addendum will be deemed attached to and made part of this application and to any revisions, supplements or other additions to it.

I/WE HEREBY DECLARE that the above statements and particulars are true to the best of our knowledge, that I/we have read and understand the Claims-Made Notice above, that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the Utica Mutual Insurance Company, New Hartford, NY, and deemed a part thereof. It is also acknowledged that the applicant is obligated to report any changes that occur after the date of signature, but prior to the effective date of coverage by owner, partner or officer, signed in ink; carbon or stamped signatures are not acceptable.

Name	Title	Date

If policy is issued, one signed copy of the application will be attached to the policy or certificate. Signature to the form and submission of check does not bind the company to complete insurance.

IMPORTANT: THIS APPLICATION MUST HAVE FRAUD STATEMENT ADDENDA, FORM 8-A-419 ATTACHED TO IT TO BE CONSIDERED COMPLETE (SEE "IMPORTANT FRAUD INFORMATION" SECTION ABOVE).

ALL APPLICATIONS MUST BE REFERRED TO UTICA MUTUAL FOR UNDERWRITING REVIEW AND PREMIUM CALCULATION.

FRAUD STATEMENT ADDENDA

THE FOLLOWING STATEMENT APPLICABLE TO YOUR STATE IS TO BE DEEMED ATTACHED TO AND MADE A PART OF THE POLICY APPLICATION WHETHER PHYSICALLY ATTACHED OR NOT:

APPLICABLE IN ARKANSAS - 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.

APPLICABLE IN CALIFORNIA - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents 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.

APPLICABLE IN COLORADO - 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.

APPLICABLE IN DELAWARE - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN DISTRICT OF COLUMBIA - 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.

APPLICABLE IN FLORIDA - 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.

APPLICABLE IN KENTUCKY - 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.

APPLICABLE IN LOUISIANA - 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.

APPLICABLE IN MAINE - 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.

APPLICABLE IN NEW JERSEY - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO - Any person who knowingly presents a false of 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.

APPLICABLE IN NEW YORK ONLY: SIGNATURE REQUIRED BELOW

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.

Authorized Applicant Signature	Title	Date

Producer No._____ Date _____ Producer's Signature _____

APPLICABLE IN OHIO - 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.

APPLICABLE IN OKLAHOMA - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN PENNSYLVANIA - 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.

APPLICABLE IN TENNESSEE - 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.

APPLICABLE IN VIRGINIA - 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.

APPLICABLE IN WEST VIRGINIA - 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.

APPLICABLE IN ALL OTHER STATES

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 and fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Utica National Insurance Group

Insurance that starts with you.

Utica Mutual Insurance Company and its affiliated companies, New Hartford, N.Y. 13413