



**INSTRUCTIONS:**

The purpose of this application is not only to provide the **Company** with underwriting and rating information, but more importantly, to help make certain the **Applicant** and the **Company** have a common understanding about what the policy, if issued, will cover and what it will not. Thank you for taking the time to provide us with accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. The application must be signed and dated by a principal, partner, officer or director of the firm.
3. Attach:
  - A recent brochure or similar materials describing activities or services;
  - The **Applicant's** most recent financial statement or annual report;
  - Copies of standard contracts the **Applicant** enters into with clients; and
  - Any other forms or materials, which will provide the underwriter with information about the services the **Applicant** performs.

**PROPOSED INSURED (APPLICANT):**

1. Name of the **Applicant's** firm: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_
2. A. Provide the date the **Applicant's** firm was established: \_\_\_\_\_  
 B. Where is the **Applicant's** firm licensed or registered? \_\_\_\_\_  
 C. The **Applicant's** firm is a:     Corporation                       Partnership                       Sole Proprietorship
3. Is coverage desired for a division or related entity engaging in non-medical billing or collection activities or any subsidiary(ies), affiliates, branch offices or other related entities?  Yes  No  
 If yes, provide the following information for each:

<u>Name/City &amp; State</u>	<u>Date Established</u>	<u>Specific description of services</u>	<u>Relationship to <b>Applicant</b> (including percentage of ownership, if applicable)</u>
_____	_____	_____	_____

**ALL REMAINING QUESTIONS ON THIS APPLICATION APPLY TO THE PERSONS OR ENTITIES LISTED IN QUESTIONS 1. & 3. ABOVE.**

4. In the past five years has the name of the **Applicant's** firm been changed and/or has the **Applicant's** business been reorganized or restructured?  Yes  No  
 If yes, provide details: \_\_\_\_\_

5. A. Within the past five years, has the **Applicant** acquired any business, or has the **Applicant** merged or consolidated with any entity?  Yes  No  
 If yes, provide the following information:

<u>Name of Entity</u>	<u>Date of Transaction</u>	<u>Type of Transaction (acquisition, merger or consolidation)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- B. In any of the transactions listed above, did the **Applicant** assume the liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity?  Yes  No  
 If yes, provide details of the liability(ies) assumed: \_\_\_\_\_

6. A. Provide the number of the **Applicant's**:  
 partners or officers: \_\_\_\_\_  
 technical personnel: \_\_\_\_\_  
 clerical personnel: \_\_\_\_\_  
 List the qualifications of key personnel or attach experiences résumés of each.

- C. Is the **Applicant** a member of any other trade organizations or societies?  Yes  No  
 If so, please list: \_\_\_\_\_

**OPERATIONS:**

7. A. Provide the following information regarding the **Applicant's** income:

	Past 12 Months	Current 12 Months	Estimate for Coming Year
<b>Domestic Operations</b>			
Gross revenues	\$ _____	\$ _____	\$ _____
<b>Foreign Operations</b>			
Gross revenues	\$ _____	\$ _____	\$ _____

- B. Please indicate if the **Applicant** engages in the following activities and give the approximate percentage of total revenue that is derived from that activity:

<u>ACTIVITY</u>			<u>PERCENTAGE</u>
Billing – Medical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Collections – Medical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Collections – Non-medical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Transcription	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Coding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Bankruptcy Adjustment Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Electronic Claims Submission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Clean-up of Accounts Receivable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Reimbursement Consulting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Office Staffing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
HMO/Managed Care Contract Negotiations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Medical Records Abstracting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Bookkeeping/Accounting/Tax	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Data Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Sale of Software/Hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Contract Evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Credentialing Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Office Management - Please describe: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Other - Please describe: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %

- C. Please state the number of doctors and doctor/group practices that the **Applicant** bills for:

Doctors: \_\_\_\_\_  
 Doctor/group practices: \_\_\_\_\_

- D. Is the **Applicant** requesting coverage for any other types of claims, exposures or activities?  Yes  No  
 If yes, please describe: \_\_\_\_\_

**THE ABOVE LIST AND INFORMATION REQUEST FOR QUESTION 7. ARE FOR INFORMATION PURPOSES ONLY AND ARE NOT AN ASSURANCE THAT SUCH ACTIVITIES ARE OR WILL BE INSURED UNDER THE POLICY. THE APPLICANT SHOULD REVIEW THE POLICY TO DETERMINE COVERAGE.**

8. Briefly describe the **Applicant's** three largest jobs or projects during the past five years including the type of services performed and the revenues generated from each. \_\_\_\_\_
9. A. What procedures or compliance plan does the **Applicant** employ to avoid claims or reduce exposures which may arise from the **Applicant's** activities? (Please provide a copy.) \_\_\_\_\_
- B. If compliance plan is in force, has anyone in the **Applicant's** organization received an HBMA Certificate of Completion from The HBMA Compliance Program Implementation Course™?  Yes  No
10. A. Does the **Applicant** use a written contract?  Yes  No  
 If no, explain how the **Applicant** reaches agreement with its client regarding the services to be rendered. \_\_\_\_\_
- B. 1) Does the **Applicant** ever assume liability for others in its contracts?  Yes  No  
 If yes, explain those circumstances. \_\_\_\_\_
- 2) Do all contracts contain a hold harmless or indemnity agreement inuring to the **Applicant's** benefit?  Yes  No  
 If no, explain those circumstances. \_\_\_\_\_
- 3) Do any of the **Applicant's** contracts contain guarantees or warranties?  Yes  No  
 If yes, explain the nature of the guarantee or warranty. \_\_\_\_\_

C. Have the **Applicant's** contracts and procedures been reviewed by a law firm experienced in the **Applicant's** field?  
 Yes  No

If no, explain why they have not. \_\_\_\_\_

D. 1) Does the **Applicant** subcontract to other parties for the performance of services on its behalf?  Yes  No

If yes, provide a description of services performed by independent contractors, percentage of the **Applicant's** total revenues generated by those services and a sample agreement utilized with independent contractors. \_\_\_\_\_

2) Does the **Applicant** wish to include its independent contractors as additional insureds under the **Applicant's** coverage?  
 Yes  No

If yes, provide a list of current independent contractors and procedures used in screening, qualifying and monitoring the **Applicant's** independent contractors. Additional premium may be charged for such coverage extension, if effected.  
\_\_\_\_\_

11. Does the **Applicant** perform any of the services described in 7.B. for any "related persons/entities"?  Yes  No

For purposes of this application, "related persons/entities" means:

- A. The **Applicant** in any capacity other than as applicant;
- B. Any enterprise in which the **Applicant** owns an interest or is a partner;
- C. Any enterprise which is a parent, affiliate or subsidiary of the **Applicant**; or
- D. Any enterprise directly or indirectly controlled, operated or managed by a person or enterprise described in Items A., B., or C. above.

If yes, provide details as to relationship, services performed and percentage of total revenues derived from "related persons/entities". \_\_\_\_\_

12. Does the **Applicant** wish to include any customers or clients as additional insureds under the **Applicant's** coverage?  
 Yes  No

If yes, please provide names, addresses and copies of the **Applicant's** agreements with those organizations. Additional premium may be charged for such coverage extension, if effected. \_\_\_\_\_

### **CLAIM EXPERIENCE:**

13. A. Have any claims, suits or proceedings been made during the past five years against the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers, sales persons or employees?  Yes  No

If yes, complete a Supplemental Claim Information form for each.

**The policy for which the Applicant is applying, if issued, will not insure any claims, suits or proceedings made against the Applicant before the inception date of the policy or any subsequent claims, suits or proceedings arising therefrom.**

B. Is the **Applicant** aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against the **Applicant** or any of the persons or entities described in 13.A. above?  
 Yes  No

If yes, please explain: \_\_\_\_\_

**The policy for which the Applicant is applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to the Applicant before the inception date of the policy.**

14. Has the **Applicant** or any the **Applicant's** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of the **Applicant's** or their activities?  Yes  No

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

### **PRIOR OR CURRENT COVERAGE:**

15. A. Provide the following information for similar insurance, if any, carried during the last five years. Include any coverage which may be directly related or respond in part to the exposure for which the **Applicant** is applying for coverage under this application:

<u>COMPANY</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u>POLICY TERM</u>
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\_\_\_\_\_

B. Has any application for similar insurance made on behalf the **Applicant** or any of the **Applicant's** predecessors in business or their present partners, owners, officers, sales personnel or employees ever been declined or has any such insurance ever been cancelled or refused renewal?  Yes  No (Not applicable in Missouri.)

If yes, please give details: \_\_\_\_\_

16. Provide the following information for **General Liability** coverage currently in force:

<u>COMPANY</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>POLICY TERM</u>
_____	\$ _____	\$ _____	_____

17. Limit of Liability desired: \$ \_\_\_\_\_  
Retention: \$ \_\_\_\_\_

**REPRESENTATIONS:**

By signing this application, the Applicant agrees that:

- A. The statements and answers given in this application and any attachments to it are accurate and complete;
- B. The statements and answers the **Applicant** furnishes to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
- C. Those representations are a material inducement to the **Company** to provide a proposal for insurance;
- D. Any policy the **Company** issues will be issued in reliance upon those representations;
- E. The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant's** operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
- F. Upon receipt of any such notice, the **Company** reserves the right to modify or withdraw any proposal for insurance the **Company** has offered.

**WARNING**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

NAME (PLEASE TYPE OR PRINT)

NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

<b>RETAIL PRODUCER:</b> Producer Name: City, State: Telephone No.:		<b>WHOLESALE PRODUCER:</b> Producer Name: City, State: Telephone No.:	
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NEW HAMPSHIRE SURPLUS LINES AGENT IDENTIFICATION NUMBER: \_\_\_\_\_

**NOTICE TO 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.

**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 KANSAS APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF, AN INSURANCE POLICY OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT 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 THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO KENTUCKY APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 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.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO NEW MEXICO APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO 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.

**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 OKLAHOMA APPLICANTS:**

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.

**NOTICE TO OREGON APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**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 PUERTO RICO APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION OF DEFRAUDING PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND DOLLARS (\$5,000) AND NOT MORE THAN TEN THOUSAND DOLLARS (\$10,000), OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE PRESENT, THE PENALTY THUS ESTABLISHED MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS, IF EXTENUATING CIRCUMSTANCES ARE PRESENT, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

**NOTICE TO 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 FINES AND CONFINEMENT IN PRISON.

**SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:**

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

**SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:**

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

**NOTICE TO 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.