Berkleylifesciences
a W. R. Berkley Company

BERKLEY LIFE SCIENCES NEW BUSINESS APPLICATION FOR PRIMARY INSURANCE

NOTICE: THIS IS AN APPLICATION FOR A LIFE SCIENCE INSURANCE POLICY. THIS POLICY CONTAINS PROVISIONS WHICH MAY BE DIFFERENT FROM OTHER POLICIES YOU HAVE PURCHASED OR WHICH MAY RESTRICT COVERAGE. PLEASE REFER TO THE IMPORTANT POLICYHOLDER NOTICE ATTACHED TO THIS APPLICATION.

THE COMPLETION AND SUBMISSION OF THIS APPLICATION TO THE COMPANY DOES NOT CONSTITUTE A PROMISE TO PROVIDE COVERAGE OR A BINDER OF INSURANCE UNDER ANY CIRCUMSTANCES. ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION OR SECTION IS NOT APPLICABLE, PLEASE ANSWER "N/A". IF THE ANSWER TO A QUESTION IS NONE, PLEASE STATE "NONE" OR "0". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE PROVIDE A SEPARATE ATTACHMENT AND IDENTIFY THE QUESTION ANSWERED ON THE ATTACHMENT.

This Application is a Microsoft Word© document that allows the Applicant to enter information in the empty sections. Any alteration of this Application (other than sections reserved for answers) is expressly prohibited. This document is configured so that each data entry field will expand to accommodate information. Throughout this Application, the words "you" and "your" refer to the person(s) or organization(s) applying for coverage.

PLEASE ATTACH THE FOLLOWING:

- Financial statements for a private entity, or for a public entity that has not yet filed an SEC Form 10-K.
- Five years of insurance carrier loss runs.
- Active clinical trial schedule for upcoming policy term (include product name/protocol number, number of new enrollees, number of placebos, indication, trial phase, and country).
- If you require a quotation for a policy that is considered admitted coverage in a jurisdiction outside of the United States and its territories, please request an application for such coverage from your underwriter and attach it along with this application.

GENERAL INFORMATION

1. Name of Insured (as it should appear on the Policy):	
2. Projected Gross and Net Sales (for the upcoming policy term): a. United States b. Canada c. United Kingdom, Ireland & Australia d. Rest of the World e. Intercompany sales(if applicable)	
3. Which of the following best describes your organization? Please indicate the percentage of revenue applicable to each segment. a. Biotech/Pharmaceutical b. Contract Manufacturing c. Contract Research d. Dietary Supplement e. Medical Device f. Other	
4. Have you acquired or sold any companies or product lines in the last 5 years in which you have or had 50% or greater ownership interest? If yes, please explain.	
5. What percentage of your revenues are generated from license agreements, cooperation or collaboration agreements, and royalties? If the percentage is greater than 25%, please provide copies of the 2 largest agreements in terms of revenue generated.	
6. Are any of your products approved for use in a user population of less than 200,000?	
7. Do you have any new active pharmaceutical ingredients or new dietary ingredients that have been on the market less than 3 years? If yes, please describe them, and if applicable, please list those that include new active pharmaceutical ingredients.	
8. If you would like us to consider providing coverage for your exposure to any of the following, please identify the extent of your exposure and your loss prevention controls: • Birth control or fertility goods or products • Bisphosphonates • Cold therapy products, meaning any device that operates by pumping liquid through a plastic bag or other receptacle and is applied to the body to reduce temperature • Di-(2-ethylhexyl) Phthalate (DEHP) used in goods or products approved for neonatal patients • Diethylstilbestrol (DES) • Ephedra, Ephedrine or pseudoephedrine except where used in prescription products • Hormone replacement products approved for menopause treatment, or which is intended to be used for such treatment	

• Isotretinoin • Live virus vaccines • Mercury product (Internal Use), meaning any good or product containing mercury where such good or product is or is intended to be implanted, ingested, injected, inhaled or absorbed. • Mesh Implants, meaning surgical mesh or other similar product or woven fabric either temporarily or permanently implanted into a human • Metal-on-metal implant meaning any knee, hip or other joint implant, replacement or resurfacing system and the component parts of any of the foregoing ("implant") where: (1) a part of the implant designed for motion is made of metal; and (2) the moving part, while either at rest or in motion, contacts another metal part of the implant that is designed for motion, or designed to meet or serve as a socket or contact surface against which the moving part comes to rest • Metoclopramide • Opioids • Pain pumps, meaning any infusion pump or other device where a part of the device or a line or tube connected to the device is inserted or implanted into the body to deliver pain medication directly to a joint, tissue or other specific internal body part or area of the body • Phentermine used in combination with flenfluramine (including but not limited to Pondimin) or dexfenfluramine (Redux) • Phospho soda, sodium phosphate, or any phospho soda or sodium phosphate based agents • Rosiglitazone • Selective Serotonin Reuptake Inhibitors (SSRI) • Silicone product (Implanted), meaning any good or product containing liquid or gel silicone • which is intended to be or which is implanted • Testosterone replacement products approved for testosterone deficiency treatment, or which is intended to be used for such treatment • Thalidomide • Vaccines approved for persons under eighteen (18) years of age	
9. Have you at any time in the last 12 months: (a) contemplated, or are you currently contemplating or in the process of implementing, any actual or potential reorganization or liquidation, or any arrangement with creditors under federal or state law; or (b) been delinquent on debts, loans, guarantees or financial obligations for more than 30 days, where the total amount of such delinquency in the last 12 months is in excess of $25,000?	

CLINICAL TRIALS INFORMATION

10. Please provide the total number of human clinical trial participants enrolled in the last 3 years.	
11. Have any of your clinical trials been approved by an IRB or Ethics Committee that were previously rejected by a different IRB or Ethics Committee? If yes, please explain.	
12. Please provide data per year for each of the last 5 years indicating total medical expenses incurred to treat participants for adverse events that occurred during your clinical trials.	
13. Have any of your Clinical Investigators been cited for regulatory violations associated with clinical trials?	
14. Are you aware of any serious regulatory non-compliance or fraud by Clinical Investigators and/or their staff in the past 3 years involving your trials? If yes, please provide details.	

REGULATORY / SAFETY SURVEILLANCE INFORMATION

15. Have you received any warning letters from, or have you been cited for any GMP, GLP, GCP, QS, or Advertising & Promotion violations by the FDA, FTC, or any equivalent governmental authority in the last year? If yes, please provide details and describe any outstanding compliance issues.	
16. Other than the FDA or FTC, have you been investigated or cited by a regulatory or governing body for violation of or non-compliance with any local, state, provincial, regional or federal law in the last 5 years? If yes, please explain.	
17. Have any of your directors, officers, partners or members been investigated for alleged criminal violations relating to your business in the last 5 years? If yes, please explain.	
18. Has your product, any product containing your product, or any product on which your work was performed been banned, seized, or discontinued for safety reasons by the FDA or any equivalent regulatory agency or government entity? If yes, please provide details.	
19. How many product recalls have you had in the last year? How many were Class I recalls?	
20. Please identify any safety surveillance team or member recommendations requiring remedial actions that have yet to be implemented (e.g. additional studies, black box warning label, "Dear Healthcare Professional" letter, expanded product monitoring, product recall/withdrawal, etc.).	

DATA PROTECTION INFORMATION

21. Do you collect or store user-specific, private, or confidential information of others?	
22. Have you ever had a data security breach? If yes, please provide details.	

PREMISES INFORMATION

23. Please describe the amount of hazardous substances you have at each of your locations.	
24. Do you have any patient interaction on your premises? If so, please explain and detail any presence of non-ambulatory patients or overnight stay patients.	
25. Do you have exposure to any of the following on your premises:; Biologic Safety Level agent 3 or higher, animals, isolation or toxicological labs, or bulk volatile compounds? If so, please describe.	
26. Please describe the types of personal property of others in your care, custody, or control at each location and its estimated value.	
27. Have you ever had a physical security breach of any premises you occupy? If yes, please provide details.	

HISTORICAL AND LOSS INFORMATION

28. Has any insurance company cancelled, rescinded, or refused to renew your insurance coverage for Products or General Liability? If yes, please explain.	
29. Have any of your products or services ever been involved in class action or multi-district litigation? If yes, please provide details.	
30. How many times in the last 5 years has a claim or demand for damages exceeded your deductible or retention? Please provide details.	
31. In the last 12 months have there been any: a. Regulatory warning letters; b. Class 1 Product recalls; c. Black box label additions; or d. Suspensions of a clinical trial for safety reasons; regarding your product, or any product incorporating your product or on which your work was performed? If "yes", please explain in detail.	
32. Do you have any reason to expect that any of the events listed in 30. a – d. above will occur during the upcoming policy term? If "yes", please explain in detail.	
33. Are you aware of: a. Any fact, circumstance or situation which one might reasonably expect to give rise to a claim that would fall within the scope of the insurance being requested? b. Any claim or demand for damages not yet reported to any prior or current insurance carrier? c. Any claim that has become part of multi-district litigation, multi- claimant litigation, or part of a class action? d. Any multi-district litigation, multi- claimant litigation or class action involving any product on the market that contains the same ingredient as is contained in your product, or is in the same device family as your product, or in which your product was incorporated or on which you performed a service. If "yes", please explain in detail. (Please refer to the Critical Facts definition in the Berkley Life Sciences Primary Policy if guidance is needed in identifying a fact, circumstance or situation that might be expected to give rise to a claim).	

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The Applicant's submission of this Application does not obligate the Company to issue, or the Applicant to purchase, a policy. The Applicant hereby authorizes the Company to make any inquiry in connection with this Application. The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a claim or potential claim.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. COVERAGE IS NOT BOUND UNTIL THE APPLICANT ACCEPTS THE COMPANY'S QUOTATION, A BINDER IS ISSUED BY THE COMPANY, AND A POLICY IS SUBSEQUENTLY ISSUED BY THE COMPANY.

IF THE ANSWERS IN THIS APPLICATION CHANGE BEFORE THE POLICY INCEPTION DATE, THE APPLICANT MUST IMMEDIATELY NOTIFY THE COMPANY IN WRITING. IN THE EVENT OF ANY SUCH CHANGE, ANY OUTSTANDING QUOTATION OR BINDER IS WITHDRAWN, UNLESS OTHERWISE AGREED TO IN WRITING BY THE COMPANY.

The undersigned authorized officer of the Applicant declares to the best of his/her knowledge and belief, after reasonable inquiry, that the statements made in this Application and in any attachments or other documents submitted with this Application are true, accurate, and complete. The undersigned represents that s/he knows of no other relevant facts which might affect the Company's judgment when considering this Application. The undersigned agrees that this Application and such attachments and other documents are material and shall be the basis of the insurance policy, should one be issued, and that the Company will have relied on all such materials and the answers in this Application in issuing any such policy. THE UNDERSIGNED ALSO AGREES THAT S/HE HAS REVIEWED AND READ THE INSURANCE FRAUD WARNINGS WHICH ARE INCLUDED WITHIN AND PERMANENTLY AFFIXED TO THIS APPLICATION.

<table>
<tr><td colspan="4">Do you plan to complete the Addendum to be considered for more favorable pricing, terms, and conditions?
☐ Yes, I plan to complete the Addendum. ☐ No, I do not plan to complete the Addendum.</td></tr>
<tr><td colspan="4">Name of Applicant (Applicant should be First Named Insured on Policy):</td></tr>
<tr><td>Authorized Signature of Applicant</td><td>Print Name</td><td>Title</td><td>Date</td></tr>
<tr><td>Agency / Brokerage</td><td>Agent / Broker Name</td><td colspan="2">Applicant E-mail Address</td></tr>
</table>

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BERKLEY LIFE SCIENCES NEW BUSINESS APPLICATION ADDENDUM

CLINICAL TRIALS INFORMATION

1. Do you require all informed consent documents to be readable at an 8th grade level or below? If not, please explain your reasons.	
2. Please describe any formalized policies for expanded access or compassionate use?	
3. How do you ensure compliance with applicable local, state, provincial, regional, and federal laws and IRB or Ethics Committee requirements regarding human clinical trials?	
4. Please describe your process for selecting, training and monitoring your Clinical Investigators. How do you audit your Clinical Investigators?	
5. How do you determine if there may be a conflict of interest with any Clinical Investigators or employees? If such risk is indentified, how do you address and manage the risk?	
6. Are there any duties of the principal investigator that you do not allow to be delegated to investigator support staff? If so, please identify.	

REGULATORY / SAFETY SURVEILLANCE INFORMATION

7. Who are the members of your safety surveillance team, how many years of experience do you require a member of the team to have, and and to whom does the team report?	
8. Does your safety surveillance team have contact with and/or report to your outside board of directors (if applicable)?	
9. Who has the authority to suspend a trial, approve a label change, or withdraw a product from the marketplace? Do you have written procedures to address and communicate these actions?	
10. Under what circumstances do you use independent parties to analyze your processes or data?	
11. What steps, if any, would you take if you became aware of a pervasive off-label use of any of your products?	
12. Describe your process for identifying product safety signals/adverse events and the corresponding escalation process where appropriate.	

RISK MANAGEMENT INFORMATION

13. Provide an overview of your audit procedures. To whom does the audit team report? Who receives a copy of the audit report?	
14. Do you have a Compliance Officer? If yes, to whom does the officer report?	
15. Do you have an Enterprise Risk Management program? If yes, please describe it.	
16. How do you prequalify and monitor foreign suppliers?	
17. What is your internal procedure for change control?	
18. If you use contract production vendors do you require sign-off on vendor change orders that can impact product quality or performance?	
19. Do any of your employees have direct patient contact? If yes, please provide details.	
20. Do you follow trade or industry guidelines as respects interactions with Healthcare Professionals?	
21. Please describe your claims escalation procedures.	
22. Do you have formalized information privacy policies and procedures that are in compliance with applicable local, state, provincial, regional and federal laws?	
23. Do you have a written information security policy?	
24. What safeguards do you have in place to protect private information (e.g. intrusion detection software, firewalls, anti-virus software, encryption software, back-up and recovery processes, etc.)?	
25. Do you have a code of conduct and annual training/certification for employees? Do you have a system for documenting compliance violations and corrective actions?	
26. Is there a method for employees to report compliance issues anonymously? What is the escalation process for such reports?	
27. How do you communicate that new employees should not bring intellectual or personal property with them from former employers?	
28. If you perform work on behalf of others, how do you evaluate the risk to you associated with your customers design/formulation, labeling & marketing of that product?	

SALES & MARKETING INFORMATION

29. Please describe the extent of your direct to consumer advertising. How do you ensure your advertisements to consumers are both balanced and informative?	
30. How do you ensure that your internal and external sales and marketing representatives conform to product safety, label indication and adverse event information when communicating with customers?	
31. How to you manage and conform to approved methods for communicating off-label information regarding your products?	

32. Do you allow employees to advertise direct product comparisons against competitors' products? If yes, which employees are authorized to make these comparisons?	
33. How often do you train your sales and marketing staff on how to insulate your company from products liability exposures?	
34. To what extent is your marketing group involved with scientific educational programs? Is your grant-giving function independent of your sales and marketing department?	
35. Do any of the individuals or entities to which you sell your product have an ownership or other financial interest in your company or any of your products or services? (Note that owning an immaterial amount of stock would not be considered financial interest or ownership interest for the purposes of this question). If yes, please describe.	

CONTRACT MANAGEMENT INFORMATION

36. Please describe how you monitor your contractual obligations for confidentiality agreements and granting of additional insured status.	
37. Under what circumstances does someone other than a senior officer or an attorney in your legal department have the authority to sign contracts?	
38. Are all contract changes required to be in writing and signed by both parties?	

39. Please describe or detail any information which you feel has not been asked that would help us to better evaluate your company.	

The undersigned agrees that by signing below, s/he is reaffirming the conditions and statements set forth in the Berkley Life Sciences New Business Application for Primary Insurance. The undersigned agrees that this application was completed within 60 days of the effective date of the policy. THE UNDERSIGNED AGREES THAT S/HE HAS REVIEWED AND READ THE FRAUD STATEMENTS INCLUDED WITHIN AND PERMANENTLY AFFIXED TO THIS APPLICATION AND ADDENDUM.

Authorized Signature of Applicant	Print Name	Title	Date

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES WHICH MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE.

INSURANCE FRAUD WARNINGS

GENERAL FRAUD WARNING: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES WHICH MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE.

PLEASE ALSO BE AWARE THAT IN CERTAIN STATES A SPECIFIC FRAUD WARNING IS REQUIRED. IN THE EVENT OF ANY CONFLICT WITH THE GENERAL FRAUD WARNING ABOVE, THE REQUIRED STATE WARNING WILL CONTROL.

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 STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 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, AND WITH INTENT TO DECEIVE OR KNOWINGLY DEFRAUD ANY INSURER OR OTHER PERSON OR ORGANIZATION, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, ANY INFORMATION CONCERNING ANY MATERIAL FACT THERETO, MAY BE GUILTY OF AN INSURANCE FRAUD.

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 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.

NOTICE TO 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO 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.

NOTICE TO 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.