



AXIS INSURANCE

111 S. Wacker Dr., Ste. 3500

Tel: (678) 746-9000 | Toll-Free: (866) 259-5435 | Fax: (678) 746-9315

www.axiscapital.com/insurance/professional-liability

AXIS HAS THE ABILITY TO OFFER COVERAGE ON AN OCCURRENCE FORM POLICY BASIS, ON A CLAIMS-MADE POLICY BASIS, AND WITH CLAIMS-MADE COVERAGES ATTACHED TO AN OCCURRENCE FORM POLICY.

SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY MAY CONTAIN COVERAGES THAT ARE PROVIDED ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SET FORTH IN THE REPORTING OF CLAIMS AND EVENTS SECTION. DEFENSE COSTS ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.

NEW BUSINESS APPLICATIONS

- "Applicant," herein refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.
- This Application and all materials submitted herewith shall be held in confidence.
- The submission of this Application does not obligate the Applicant to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, this Application, which shall include all Supplemental Applications and material and information submitted in connection with this Application, will be deemed attached to and will form a part of the policy.

INSTRUCTIONS

- Respond to all questions completely, leaving no blanks. Check responses when requested.
- If space is insufficient, continue responses on your letterhead.
- This Application must be completed, dated, and signed by an authorized officer of the entity identified in the section entitled "Applicant Information" below.

CHECK ALL MEDIA ACTIVITIES FOR WHICH YOU ARE APPLYING FOR INSURANCE:

- Advertising Agency or Public Relations Firm
- Advertiser (advertising performed by you or on your behalf)
- Author
- Book Publisher
- Broadcaster – Radio, Television or Cable TV stations
- Cable TV System Operator
- Magazine/Newsletter/Periodical Publisher
- Newspaper Publisher
- Public Appearances (including speaking engagements and freelance writing)



- Website Publisher
- Multimedia (describe): _____
- Other (describe): _____

IF COVERAGE IS ALSO DESIRED FOR:

- Technology Services Errors & Omissions or services you provide for others please complete the AXIS Technology & MPL Supplemental Application.
- Data Security and Privacy please complete the AXIS Cyber Application.

APPLICANT INFORMATION

1. First Named Insured (including DBAs): _____

Mailing Address: _____

Primary Website: _____

Date applicant was established: _____

2. Applicant is:

- Individual
- Partnership
- Corporation
- LLC
- Non-profit
- Other (describe): _____

3. Are there other Named Insureds and/or subsidiaries or other related entity(ies) (including DBAs) for which coverage is desired? Yes No

If yes, please provide a list of entities for which coverage is desired, and describe your relationship to such entity:

4. Do you desire coverage for joint ventures in which you participate?

- Yes No

If yes, list the name of each joint venture, describe your role and percentage (%) interest:

With respect to the joint venture(s) described above:

A. Do you require coverage for your participating interest only? Yes No

B. Are you contractually required to provide coverage for the entire joint venture including all joint venturers?

- Yes No



5. A. Is applicant wholly or partially owned by, affiliated with or controlled by any other entity(ies) not previously listed in Question 1. or 3.? Yes No

B. Does applicant wholly or partially own, operate, manage or control any other businesses or entity(ies) not previously listed in Question 1. or 3.? Yes No

If 5.A. or 5.B. are answered yes, provide complete details: _____

6. Within the past five years has applicant:

A. Changed name? Yes No

B. Changed ownership structure? Yes No

C. Purchased or acquired another entity? Yes No

D. Merged or consolidated with another entity? Yes No

7. Does applicant belong to any professional associations or trade groups? Yes No

If yes, please advise to which professional associations or trade groups the applicant belongs:

PROPOSAL REQUIREMENTS

Limit of Liability desired: \$_____

Retention: \$_____

MEDIA ACTIVITIES

Complete only the following parts applicable to the insurance for which you are applying.

1. Describe your media organization and your media activities: _____

ADVERTISER

Coverage for advertising performed by you on your behalf.

2. A. List advertising agencies used: _____

1) Are written hold harmless or indemnity agreements in your favor required from advertising agencies? Yes No

2) Are advertising agencies required to provide evidence of insurance to support the hold harmless or indemnity agreements? Yes No



B. Please check the appropriate box for each of the following:

1) Does applicant engage in comparative advertising? Yes No

If yes, describe: _____

2) If employees or others make creative contributions to advertising, are written releases obtained from them? Yes No

3) Has applicant been cited by any regulatory agency for violations arising out of its advertising activities? Yes No

If yes, please explain: _____

C. Provide the approximate percentage of advertising expenditures in the following media:

Radio	____%	Magazines	____%
Television	____%	Catalog/mail order	____%
Newspapers	____%	Internet	____%
Other	____%		

(specify): _____

D. Annual revenue from all business activities: \$_____

E. Annual advertising expenditures: \$_____

ADVERTISING AGENCY

3. A. List major clients and description of their business:

B. Do any of applicant's clients produce or manufacture:

Tobacco Firearms Alcoholic beverages Pharmaceuticals

C. Has applicant been cited by any regulatory agency for violations arising out of advertising activities?

Yes No

If yes, please explain: _____

D. Is applicant a "full service" advertising agency? Yes No

If no, state area of specialization: _____

E. Does applicant's contract with clients always provide for client sign-off and approval? Yes No

Attach a specimen copy of client contract.



F. Does applicant obtain written releases with respect to creative material or talent from the following:

Employees? Yes No

Models? Yes No

Free-lance photographers, writers, composers, artists, musicians? Yes No

Others appearing in commercials or advertisements? Yes No

G. Does applicant develop trademarks? Yes No

If yes, describe trademark search and clearance procedures:

Does applicant obtain final trademark opinion for clearance or is the client responsible for obtaining?

Number of trademarks developed per year: _____

H. Provide the approximate percentage of work performed in the following activities:

____%	Billboards
____%	Crisis Management
____%	Direct Mail
____%	Events
____%	Email Marketing
____%	Internet Advertising
____%	Lobbying
	Please describe: _____
____%	Mail Order/Production of Catalogs
____%	Market Research
____%	Media Buying/Media Placement
____%	Medical/Pharmaceutical Advertising
____%	Mobile/Wireless Advertising
____%	Package Design/Display Design/Product Design
____%	Pay-per-click or Pay-per Acquisition
____%	Political Advertising
____%	Printing (or assumption of liability for printing by others on your behalf)
____%	Promotions, contests, games, sweepstakes
	Please describe: _____
____%	Public Relations
____%	Print Material
____%	Radio or Television Commercial Production
____%	Search Engine Marketing/Optimization
____%	Web Hosting
____%	Website design/development (content only; "look and feel")
____%	Website design/development (infrastructure, including programming)
	Please describe: _____
____%	Other Advertising Activities
	Please describe: _____
____%	Other Consulting Activities related to Advertising, Marketing and Communications
	Please describe: _____

Does the applicant provide any marketing or advertising software or platforms as a service? Yes No

If yes, describe:



I. DOMESTIC AND FOREIGN BILLINGS	BILLINGS*	BILLINGS*
	CURRENT FISCAL YEAR	ESTIMATED NEXT FISCAL YEAR
United States:	\$ _____	\$ _____
Canada:	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____
GROSS INCOME:**	Current Fiscal Year: \$ _____	Estimated Next Fiscal Year: \$ _____

*BILLINGS: Billings includes amounts invoiced to clients and includes the total of amounts paid to outside vendors, or pass through costs. (Billings = Gross Income + Pass Through Costs)

** GROSS INCOME (i.e. - revenue): Gross income includes the portion of client billings related to media commissions, production markups, fees, and hourly staff and incentive/performance compensation billings, and excludes pass through costs. (Gross Income = Billings - Pass Through Costs)

AUTHOR - BOOKS

4. A. Title of work to be insured: _____

B. Synopsis of publication: _____

C. Scheduled or original date of publication: _____

D. Type of work: (check appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> Fiction/Drama | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Current Autobiography | <input type="checkbox"/> Historical/Biographical |
| <input type="checkbox"/> Technical | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Investigative Reporting/Exposé | <input type="checkbox"/> Social/Political Commentary |
| <input type="checkbox"/> How-to-do-it | <input type="checkbox"/> Other (specify) - _____ |

E. Number of copies (including reprints) to be printed/distributed during the proposed policy term:

Hardback: _____ Paperback: _____

F. Advance paid by publisher: \$ _____

G. If work is non-fiction or fiction incorporating living persons or events, have sources of information and material facts been documented? Yes No If no, please explain in detail: _____

H. Have written releases been obtained from persons or organizations:

- 1) Appearing in photographs or artistic representations? Yes No
- 2) Contributing material to the work? Yes No
- 3) Quoted or paraphrased? Yes No

If no, explain in detail: _____

I. Name and address of publisher: _____

J. Will the book be self-published? Yes No

If yes, how will work be distributed? _____



K. Estimated revenues: \$ _____

L. Please provide a copy or link to your manuscript, and a copy of the vetting letter by legal counsel if one has been done.

BOOK PUBLISHER

5. A. Types of books published: (please provide approximate percentage for each of the following categories)

____%	Biography, autobiography	____%	History	____%	Social, political commentary
____%	Celebrity	____%	"How-to-do-it"	____%	Technical
____%	Children's	____%	Investigative reporting, exposé	____%	Textbooks
____%	Classics	____%	Poetry	____%	Other
____%	Fiction	____%	Religious	100%	(specify): _____ TOTAL

B. For current fiscal year, specify number of: _____ Original titles _____ Reprints

BROADCASTER

6. A. **Radio Stations**

Call Letters (AM or FM): _____

Location (City & State): _____

Percentage Simulcast _____

Highest 60-Second Advertising Spot Rate: _____

Programming Format: _____

B. **Television Stations**

Call Letters: _____

Location (City & State) _____

Percentage Simulcast _____

Highest Hourly Advertising Program Rate: _____

Network Affiliation: _____

CABLE TV SYSTEM OPERATOR

7. A. Name of Cable System(s): _____

Location (City & State): _____

Number of Subscribers: _____

B. Does cable system broadcast any original programming produced by the Cable TV System Operator?

Yes No

If yes, please provide the following information:

Description of programming: _____

Number of hours per week: _____



C. Does any cable television system lease channels, in whole or in part, to others? Yes No

If yes, does the cable television system require a hold harmless and indemnity agreement from the lessee with respect to claims arising from lessee's programming? Yes No

D. Does any cable television system operate an Access Channel(s)? Yes No

If yes:

How many Access Channels are available to the community? ____

Describe the programming available on each Access Channel: ____

Does the cable television system furnish Access Channel program providers with written guidelines regarding programming standards and requirements? Yes No

Does the cable television system require Access Channel program providers to secure and maintain Producers Errors & Omissions insurance for such programming and include the cable television system as an Additional Insured on the policy? Yes No

MAGAZINE PUBLISHER

8. A. **Schedule of Publications:**

Name: _____
Average Circulation: _____
Frequency of Circulation: _____

B. **Check primary circulation area:**

- International National Regional Metro Suburban Rural Campus
- Other - specify: ____

NEWSPAPER PUBLISHER

9. A. **Schedule of Publications:**

Name: _____
Average Circulation: _____
Frequency of Circulation: _____

B. **Check primary circulation area:**

- International National Regional Metro Suburban Rural Campus
- Controlled Circulation Other - specify: ____

PUBLIC APPEARANCE

Complete applicable sections only:

10. A. **Public Speaking, Speeches, Press Conferences, Media Interviews, Panel Discussions, Seminars**

- 1) Number of appearances per year: ____
- 2) Type of content: ____



B. Personal Appearances on Radio, Television, Cable Television or the Internet

- 1) Number of appearances per year: _____
- 2) Type of content: _____
- 3) Format or description of participation: _____

C. Advertisements in Any Medium in Which Applicant Appears as an Actor, Announcer, Spokesperson or Endorser of any Product or Service

- 1) Number of appearances per year: _____
- 2) List clients and products and/or services being endorsed: _____
- 3) Does the client indemnify and hold the applicant harmless for claims arising out of their trademarks, products and/or services? _____

D. Other:

Describe: _____

	Revenue – Current Fiscal Year	Revenue – Next Fiscal Year
E. 1) Public speaking, speeches, press conferences, media interviews, panel discussions, seminars	\$ _____	\$ _____
2) Appearances on radio, television, cable television or the Internet	\$ _____	\$ _____
3) Appearances in advertisements through any medium as actor, announcer, spokesperson or endorser	\$ _____	\$ _____
4) Other (specify): _____	\$ _____	\$ _____

MISCELLANEOUS PROFESSIONAL SERVICES PERFORMED FOR OTHERS

1. A. Describe all other services performed for others for which coverage is sought: _____

What is the annual revenue derived from these services? _____

B. Are commercial printing services performed for others? Yes No

If yes, describe types of material printed: _____

FINANCIAL INFORMATION FROM MEDIA ACTIVITIES

1.	REVENUE (and/or Budget for non- profits) Current Fiscal Year	REVENUE (and/or Budget for non-profits) Estimated Next Fiscal Year
Advertising Agency or Public Relations Firm	\$ _____	\$ _____
Author	\$ _____	\$ _____
Book Publisher	\$ _____	\$ _____
Broadcaster – Radio, Television or Cable TV	\$ _____	\$ _____
Cable TV System Operator	\$ _____	\$ _____
Commercial Printing for Others	\$ _____	\$ _____
Magazine/Newsletter/Periodical Publisher	\$ _____	\$ _____
Multimedia	\$ _____	\$ _____
Newspaper Publisher	\$ _____	\$ _____
Public Appearance	\$ _____	\$ _____
Website Publisher	\$ _____	\$ _____
Other - describe: _____	\$ _____	\$ _____
TOTAL MEDIA REVENUE (BUDGET):	\$ _____	\$ _____



2. Domestic and Foreign Revenue (and/or budget for non-profits)

United States: \$ _____
Canada: \$ _____
Other - specify: _____ \$ _____
TOTAL: \$ _____

RISK MANAGEMENT, LEGAL REVIEW, EDITORIAL, LICENSING AND CLEARANCE PROCEDURES

Answer the following questions with consideration of media liability related issues, including but not limited to, defamation, invasion of privacy, infringement of copyright or trademark, and errors & omissions.

RISK MANAGEMENT AND LEGAL REVIEW:

1. Do you have a Risk Manager? Yes No

If yes, name of Risk Manager: _____

2. Do you have an in-house legal department? Yes No

If yes:

A. Name of General Counsel: _____

B. How many attorneys specialize in media liability related issues? _____

C. Describe your procedures for engaging in-house counsel with respect to media liability related issues including pre-publication/pre-broadcast review and post-publication/post-broadcast issues: _____

3. Do you utilize outside law firms with respect to media liability issues? Yes No

If yes, list name of law firms used: _____

4. Describe your procedures for utilizing outside law firms with respect to media liability related issues including pre-publication/pre-broadcast review and post-publication/post-broadcast issues or claims:

5. Do you engage in investigative reporting or exposés? Yes No

If yes, describe: _____

A. Do you rely on confidential sources? Yes No

If yes, describe your editorial process: _____

B. Describe your practices for documenting sources of information: _____

C. Do you use hidden cameras or microphones, go undercover or use other methods of surreptitious information gathering? Yes No

D. Do you participate in "ride-alongs" with law enforcement, medical emergency services or private investigators?
 Yes No

6. Is a disclaimer used with respect to technical information or advice? Yes No

7. Describe your procedure for handling requests for retractions or corrections: _____



8. Do you have formalized, written guidelines for handling requests for retractions or corrections? Yes No

EDITORIAL:

9. Describe your procedures to ensure the accuracy and originality of matter/content created by you in-house:

10. Describe your procedures to check the accuracy and originality of matter/content created for you by independent contractors (such as freelance writers, photographers, artists):

11. Approximately what percentage of matter/content is:

- A. Created by you in-house: _____%
- B. Provided by independent contractors: _____%
- C. Obtained from newswires, syndicates, stock photo houses, other (describe: _____): _____%

12. Do you accept unsolicited matter/content? Yes No

If yes, describe your procedure for processing and documenting the receipt of unsolicited matter/content:

13. Do you publish, broadcast or disseminate matter/content in a language other than English? Yes No

If yes, describe: _____

14. Do you allow users to upload video, audio or any other third-party content to any website(s) you own or operate?

Yes No

If yes, please respond to the following questions:

- A. Do you screen such uploaded content before it is posted on website(s)? Yes No
- B. Do you have actual knowledge of content on your site that might infringe on any intellectual property or other rights of third parties? Yes No
- C. Do you receive a financial benefit directly attributable to that user-uploaded video or audio content? Yes No
- D. Do you have taken down procedures in the event you are notified that user-uploaded video, audio or other third party content may infringe another's intellectual property rights? Yes No

If yes, please attach the take down procedures your company has adopted for such notifications.

- E. Have you implemented a termination policy for users of your website(s) who are repeat infringers? Yes No
- F. Do you use filters or other software to screen your site for copyrighted user-uploaded video or audio content?
 Yes No

If yes, please explain: _____

LICENSING AND CLEARANCE:

15. Do you enter into contracts with freelancers and independent contractors that provide matter/content to you?

Yes No



If yes:

Does your contract contain an assignment of rights in the matter/content provided to you in any medium including digital and electronic format? Yes No

16. Do you require an indemnity in your favor with respect to claims arising from the matter/content provided to you by independent contractors? Yes No

17. Do you require indemnities in your favor to be backed up by insurance? Yes No

18. Do you pay licensing fees to ASCAP, SESAC, BMI or other music licensing society? Yes No

MUSIC AND SOCIAL MEDIA:

19. Do you have social media governance policies (e.g. legal counsel must sign off on posts before they are made public or outlining what kinds of third-party content can be posted)? Yes No

20. Are you relying on a "blanket" license for music? Yes No

If yes:

Have you confirmed that license extends to synchronization and sound recording rights? Yes No

21. Do you incorporate sound recordings into any audio-visual work posted to the Internet (website, social media (e.g., Facebook, YouTube, etc.)?) Yes No

If yes:

Please confirm that you have secured the synchronization rights (and master use license) for the use of any such music.
 Yes No

22. Please advise if:

A. You have conducted a search and review of historical videos posted to its website or social media? Yes No

B. You have removed any videos – current or historical – for which synchronization rights have not been secured or you cannot confirm synchronization rights have been secured? Yes No

C. If you have selected "No" in 22.A. or 22.B. above, please explain why:

23. Do you have a process for reviewing old social media posts? Yes No

If "Yes", please describe what those procedures are:

NON-FUNGIBLE TOKEN (NFT):

24. Do you mint NFTs? Yes No

If "Yes", please describe the nature of the NFTs and the estimated number:

25. What is the projected annual revenue from the sale of NFTs. \$ _____



26. Describe your procedures for utilizing in-house counsel or outside law firms with respect to NFT-related issues, including the minting of NFTs and sales:

PRIOR INSURANCE AND CLAIM EXPERIENCE

1. A. During the past three years, has any similar insurance been issued to applicant? Yes No

If yes, complete the following:

Company: _____
Policy Number: _____
Limits: _____
Deductible: _____
Coverage Dates: _____
Premium: _____

B. Has any insurer declined, canceled or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri.) Yes No If yes, give details: _____

C. Does applicant's comprehensive general liability policy provide coverage for personal injury (libel, invasion of privacy) arising out of business operations? Yes No

2. 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 or employees? Yes No

If yes, provide complete details. Include type of claims, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim. _____

B. Is the applicant aware of any actual or alleged fact, circumstance, situation or error or omission arising out of the activities described in this application that may reasonably be expected to result in a claim being made against the applicant or any of the person or entities described in 2.A. above? Yes No

If yes, please explain and provide details: _____

3. In the past five years, has the applicant been served with any subpoenas seeking documents or information related to the applicant's newsgathering activities? Yes No

If yes, please describe circumstances including costs associated with responding to the subpoena(s).

4. In the past five years, has the applicant been the subject to an investigation or proceeding instituted by the FCC, FTC or similar governmental body related to the coverage being applied for? Yes No

If yes, please describe circumstances including costs associated with responding to the investigation or proceeding.

5. Have any of you or any of your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, directors, officers, or employees been investigated and/or cited by any regulatory agency for privacy related violations arising out of your business activities?

Yes No



REPRESENTATIONS AND SIGNATURE

By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge:

1. The statements and answers given in and all materials submitted with this Application are true, accurate and complete.
2. No facts or information material to the risk proposed for insurance have been misstated or concealed.
3. These representations are a material inducement to the Insurer to provide a proposal for insurance.
4. Any policy the Insurer issues will be issued in reliance upon these representations.
5. The Applicant will report to the Insurer immediately in writing any material change in the Applicant's activities, products and services.
6. The Applicant will report to the Insurer immediately in writing any material changes to the answers provided in this Application which occur or are discovered between the date of this Application and the effective date of the policy for which coverage is sought by submission this Application.
7. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

WARNING

**PLEASE REVIEW THE STATE FRAUD STATEMENT CONTAINED AT THE END OF THIS APPLICATION
APPLICABLE TO THE STATE IN WHICH THE APPLICANT RESIDES.**

Any person who, with intent to defraud or knowingly facilitates a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

This Application must be signed by the Applicant's Chief Executive Officer, Chief Financial Officer, Chief Operations Officer or General Counsel, or their functional equivalent, unless the Insurer instructs the Applicant otherwise.

Name

Name (signature)

Title

Date



TO BE COMPLETED BY PRODUCERS ONLY:

RETAIL PRODUCER		WHOLESALE PRODUCER	
Producer Name:	<hr/>	Producer Name:	<hr/>
City, State:	<hr/>	City, State:	<hr/>
Telephone No.:	<hr/>	Telephone No.:	<hr/>
License No.:	<hr/>	License No.:	<hr/>

PRODUCER SIGNATURE: _____



STATE FRAUD STATEMENT

ALABAMA

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.

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.

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.

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.

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.

KANSAS

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, broker or any agent thereof, any written electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.



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.

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.

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.

MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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.

NEW MEXICO

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.

NEW YORK

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.

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.



OKLAHOMA

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

OREGON

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.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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.

PUERTO RICO

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.

RHODE ISLAND

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.

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.

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.

WASHINGTON

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.

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.