



Underwritten by Scottsdale Insurance Company
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 Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675 • A Stock Company

PANDEMIC AND EPIDEMIC COUNTERMEASURE PRODUCTS AND SERVICES SUPPLEMENTAL APPLICATION

This application is in addition to the Life Science Liability Application required when applying for coverage. This supplemental application is specific to pandemic and epidemic countermeasure products used to treat, diagnose, cure, prevent or mitigate COVID-19, SARS-COV-2 or a mutating virus and related professional services.

LEGAL NAME OF FIRST NAMED INSURED:	
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Please complete all sections that pertain to the products and services that are part of your product or service offering.

SECTION 1. PHARMACEUTICALS/BIOLOGICS/VACCINES: Please complete the following and provide a description of products and related revenue expected. Section Not Applicable

TYPE OF PRODUCT:	PRODUCT HAS ACHIEVED:	YOUR ORGANIZATION IS A:				
NDA Pharmaceutical	<input type="checkbox"/> Investigational Use Authorization <input type="checkbox"/> Emergency Use Authorization	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:	
List all countermeasure products and expected 12-month revenue:						
ANDA Pharmaceutical	<input type="checkbox"/> Investigational Use Authorization <input type="checkbox"/> Emergency Use Authorization	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:	
List all countermeasure products and expected 12-month revenue:						
Biological Product/Serum	<input type="checkbox"/> Investigational Use Authorization <input type="checkbox"/> Emergency Use Authorization	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:	
List all countermeasure products and expected 12-month revenue:						
Vaccine	<input type="checkbox"/> Investigational Use Authorization <input type="checkbox"/> Emergency Use Authorization	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:	
List all countermeasure products and expected 12-month revenue:						

Attached a separate document if more space is needed.

SECTION 2. PERSONAL PROTECTIVE EQUIPMENT (PPE): Please complete the following and provide a description of products and related revenue expected. Section Not Applicable

TYPE OF PRODUCT:	FDA EMERGENCY USE AUTHORIZATION	PLEASE COMPLETE YOUR ORGANIZATION TYPE:			
NIOSH-Approved Air Purifying Respirators-Medical Use	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
NON-NIOSH-Approved Air Purifying Respirators-Medical Use	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Non-Surgical Face Masks Intended-Medical Use	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Surgical Face Shields-Medical Use	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Surgical Masks Intended to Provide Liquid Barrier Protection-Medical Use	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Gowns, Other Apparel and Glove-Medical Use	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Other:	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Other:	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					

Attached a separate document if more space is needed.

SECTION 3. VENTIATORS AND OTHER RESPIRATORY MEDICAL DEVICES: Please complete the following and provide a description of products and related revenue expected. Section Not Applicable

TYPE OF PRODUCT:	FDA EMERGENCY USE AUTHORIZATION	PLEASE COMPLETE YOUR ORGANIZATION TYPE:			
Ventilators	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Anesthesia gas machines	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Positive Pressure Breathing Devices	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Ventilator Tubing Connectors and/or Accessories	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Extracorporeal Blood Purification Devices, Membrane Oxygenation and Cardiopulmonary Bypass Devices	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Diaphragmatic Pacing Therapy System	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Ophthalmic Assessment and Monitoring Devices	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Other:	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					

Attached a separate document if more space is needed.

SECTION 4. INVITRO DIAGNOSTICS/TEST KITS: Please describe the type of test, technology of the test and how this technology works to identify the measurand, the instruments employed/required to perform the test from sample collection to result (include all claimed extraction and PCR detection instruments), and the specimen types for which you claim to have specific performance characteristics. Section Not Applicable

TYPE OF PRODUCT:	FDA EMERGENCY USE AUTHORIZATION	PLEASE COMPLETE YOUR ORGANIZATION TYPE:			
Kit Type:	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products, explanation and expected 12-month revenue:					
Kit Type:	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products, explanation and expected 12-month revenue:					
Kit Type:	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products, explanation and expected 12-month revenue:					

Attached a separate document if more space is needed.

4.a. Will you be providing only parts and components of test kits? (Ex. nasopharyngeal/ oropharyngeal swabs)
Please provide a list using the following.

TYPE OF PRODUCT:	FDA EMERGENCY USE AUTHORIZATION	PLEASE COMPLETE YOUR ORGANIZATION TYPE:			
	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					

Attached a separate document if more space is needed.

4.b. Will you provide any RT-PCR Instruments, software, automated extraction instruments or other products/ services related to your test kit products or independently? YES or NO

- 4.c. Will you provide laboratory and analysis of the tests? YES or NO
- 4.d. Is the test and related products cleared, CLIA waived, approved, or subject to an approved investigational device exemption? YES or NO
- 4.e. Are you a CLIA certified high-complexity laboratory with experience developing and validating molecular diagnostics for viral pathogens? YES or NO
- 4.f. Please supply the **EUA INTERACTIVE REVIEW COMPLETED TEMPLATE FOR MOLECULAR-BASED TESTS FOR SARS-CoV-2 THAT CAUSES CORONAVIRUS DISEASE 2019 (COVID-19) AND THE REGULATORY APPROVAL/CLEARANCE STATUS LETTER** for all submissions with test kits.

SECTION 5. OTHER COUNTERMEASURE MEDICAL DEVICES: Please complete the following and provide a description of products and related revenue expected. Section Not Applicable

TYPE OF PRODUCT:	FDA EMERGENCY USE AUTHORIZATION	PLEASE COMPLETE YOUR ORGANIZATION TYPE:			
Infusion Pumps or Accessories	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Clinical Electronic Thermometers	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Sterilizers, Disinfectant Devices, Air Purifiers	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Other:	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Other:	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					
Other:	<input type="checkbox"/> Filed for EUA <input type="checkbox"/> Received EUA <input type="checkbox"/> Not Filing <input type="checkbox"/> Not Required	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Manufacturer	<input type="checkbox"/> US or <input type="checkbox"/> Foreign CMO	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Distributor	<input type="checkbox"/> US or <input type="checkbox"/> Foreign Other:
List all countermeasure products and expected 12-month revenue:					

Attached a separate document if more space is needed.

SECTION 6. CLINICAL TRIALS Section Not Applicable

- 6.a. Are you conducting clinical trials for countermeasure products? YES or NO
- 6.b. Are all clinical trials being conducted in accordance with FDA regulation and oversight? YES or NO
- 6.c. Will any clinical trials include pregnant women or children under the age of 18? YES or NO
- 6.d. Please specify all clinical trials in a separate spreadsheet and provide all related informed consent and protocol documents. If the clinical trial data is provided in the main application, please specify which trials are countermeasure related.

SECTION 7. EMERGENCY USE AUTHORIZATION

- 7.a. The EUA is not a pathway to permanent marketing of your device. Will you be continuing to provide this product and service after the public health emergency is terminated? YES or NO
If yes, please provide a business and regulatory approval plan in a separate document.
- 7.b. PLEASE PROVIDE ANY AND ALL **EMERGENCY USE AND INVESTIGATIONAL USE AUTHORIZATIONS** RECEIVED FROM THE FDA OR OTHER SIMILAR FOREIGN REGULATORY BODIES REGARDED AS ACCEPTABLE BY THE FDA.

SECTION 8. DEFENSE PROTECTION ACT

- 8.a. Are any of the products or services authorized and mandated to be provided by a governmental entity pursuant to the Defense Protection Act? YES or NO
If yes, please provide a copy of the contract and specify the products/services:

SECTION 9. GENERAL QUESTIONS

- 9.a. Are any of these products or activities new to your organization? YES or NO
Please specify the products that are new:
- 9.b. Is this a new company specifically to provide countermeasure products and services? YES or NO
Please provide funding mechanism, relevant experience, business plan and financial proforma in a separate attachment.
- 9.c. If any of the products are being imported to the US from a foreign manufacturer, please provide the name manufacturer(s), country and FDA status.

Manufacturer Name	Product(s)	Address	FDA Regulatory Status

- 9.c.1. Do you have contracts in place with all parties in the supply chain? YES or NO
Please provide all related contracts and provide a reason for all that you do not have a contract.

- 9.d. Do you plan to provide sterilization services for any product? YES or NO
If yes, please describe sterilization methodology and regulatory compliance SOPs.

9.e. Do you need to decontamination any products being imported per FDA requirements? YES or NO
 If yes, please describe compliance measures.

9.f. Do you plan to rent or service any countermeasure product? YES or NO
 If yes, please describe compliance measures.

9.g. Please provide an **actual** picture of any product(s) and the associated labeling, warranties and representations and direction for us in a separate document.

9.h. Do you have any mandatory or voluntary governmental contracts to provide countermeasure products or services as regulated by the Defense Protection Act? If yes, please attach a copy of the contract and itemize all contracts below.

Contract Parties	Product(s)	Production Requirements	Delivery Date Requirement

9.i. Are you in compliance with all FDA regulatory compliance requirements if your product does not require FDA authorization? YES or NO
 Please describe all compliance measures:

9.j. Do you have standard operating procedures in place to track all products for recovery and/or disposal? YES or NO

9.j.1. Do you have a plan in place for removal and destruction of the product(s) from the market when required to do so for regulatory compliance? YES or NO

SECTION 10. SIGNATURE, ACKNOWLEDGEMENT AND CERTIFICATION

THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS MADE IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material change in the facts and statements above, and in each supplementary application, for which applicant becomes aware after signing the application.

Completion of this form does not bind coverage. Applicant’s acceptance of Company’s quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.

The Applicant hereby declares that the above statements and particulars are true and the Applicant agrees that this application shall be the basis of the contract with the insurance company.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

FRAUD WARNING: 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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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, 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil 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 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 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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: 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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

NEW YORK FRAUD WARNING: 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____