



**AXIS PRO[®] MEDIA/PROFESSIONAL INSURANCE[®]
AMERICAN ASSOCIATION OF ADVERTISING AGENCIES
INSURANCE APPLICATION**



Benefits

AXIS Insurance

111 S. Wacker Dr., Ste. 3500

Chicago, IL 60606

Telephone: (678) 746-9000

Toll-Free: (866) 259-5435

Facsimile: (678) 746-9315

Website: www.axiscapital.com/en-us/insurance/us#professional-lines

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.

ABOUT THIS APPLICATION

- The term "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.



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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. Is applicant a current member of the American Association of Advertising Agencies? Yes No

If yes, date of membership: _____

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



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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.

ADVERTISING AGENCY ACTIVITIES

1. 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
- % Internet Advertising



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- % 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
- % 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:

I. DOMESTIC AND FOREIGN REVENUE	BILLINGS* CURRENT FISCAL YEAR	BILLINGS* 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)

Technology Services

Activities, Products and Services

1. Describe the activities, products and services provided for others by the entity identified in the Applicant Information section above. THE PERCENTAGES GIVEN IN RESPONSE TO A. and B. COMBINED SHOULD EQUAL 100%.

A. Indicate the approximate percentages of revenue derived from the following Internet activities and services provided for others:

- ___% Internet marketing and data mining services
- ___% Application Service Provider (ASP) services
- ___% Web page development, design and related consulting services
- ___% Website hosting and website administration services
- ___% Blog, bulletin board, chat, forum or newsgroup services
- ___% Software development (Internet-related software)
- ___% Interactive electronic environments and virtual communities
- ___% Intranets, extranets and intra-business networks management and related consulting services
- ___% Search engine services
- ___% E-Commerce services (processing orders/facilitating purchases using credit/debit card or similar pay method)
- ___% Other Internet services – Describe: _____

B. Indicate the approximate percentages of revenue derived from the following technology activities, products and



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services provided for others:

- %Network security, audit, disaster recovery and related consulting services
- %Electronic data processing services
- %Custom software development services
- %ERP,CRM, supply chain or similar software and related services
- % Computer-Aided Manufacturing (CAM), Computer-Aided Engineering (CAE), Computer-Aided Design/Drafting (CAD) or real-time monitoring systems or software
- %Pre-packaged software development
- %Sale, lease or licensing of software of others
- %Sale, lease or licensing of your telecommunications or technology products
- %Sale, lease or licensing of telecommunications or technology products of others (value-added resale)
- %Manufacturing, assembly, design, or development of technology or telecommunication products
- %IT systems analysis/design/integration/data migration and related consulting services
- %Software maintenance and support services
- %Local/long distance/fiber/satellite/cellular telecommunications services
- %Hosting, co-location or managed network services
- %Support services and training for software and technology or telecommunications products
- %Other technology services or technology products – Describe: _____

2. Indicate the percentages in each of the following areas in which the activities, products and services of the entity identified in the Applicant Information section above have major or primary applications (the percentages given in response to this question combined should equal 100%).

- | | |
|---|---|
| <input type="checkbox"/> % Agricultural/Environmental | <input type="checkbox"/> % Systems Security/Firewalls/Encryption |
| <input type="checkbox"/> % Automotive | <input type="checkbox"/> % Utilities/Oil & Gas Power/Nuclear Energy |
| <input type="checkbox"/> % Aviation/Aircraft | <input type="checkbox"/> % Publishing |
| <input type="checkbox"/> % Data Processing/Payment Processing | <input type="checkbox"/> % Scientific/Mathematical |
| <input type="checkbox"/> % Entertainment/Gambling | <input type="checkbox"/> % Internet/Intranet/Extranet |
| <input type="checkbox"/> % Education | <input type="checkbox"/> % Telecommunications |
| <input type="checkbox"/> % Financial/Banking/Insurance | <input type="checkbox"/> % Retail (Traditional or Internet) |
| <input type="checkbox"/> % Government (Federal or Foreign) | <input type="checkbox"/> % Healthcare/Medical |
| <input type="checkbox"/> % Government (State or Municipal) | <input type="checkbox"/> % Manufacturing/Industrial |

3. Describe any activities, products and services that have been discontinued or recalled within the past year, the procedure used for the recall and any support or other remedy for such discontinued activities, products and services.

4. Describe your procedures for handling customer complaints or requests for corrections including the escalation process. Include those complaints and requests resulting from quality, performance, flaws or other anomalies in your activities, products and services.

5. Do you have a written business continuity/disaster plan in place Yes No
If Yes, when was it last reviewed and last tested?



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6. Do you have a formal system development methodology? Yes No Not Applicable

If Yes, do you obtain your client's written acceptance of systems or software prior to production or implementation?

Yes No

7. Do your products or services comply with any widely accepted industry standards such as ISO/ANSI/UL or others?

Yes No Not Applicable

8. Do you have procedures to safeguard against copyright infringement arising out of systems and/or software designed, developed or modified by you? Yes No Not Applicable

9. Within the past year have you or your independent contractors experienced any project delays or past due contract issues?

Yes No Not Applicable If Yes, describe: _____

10. What percentage of your revenue is attributed to services provided by subcontractors and independent contractors? _____%

11. Describe your requirements for subcontractors, independent contractors and third party vendors to provide evidence of errors and omissions liability coverage: _____

Contracts

12. Do you use written contracts or agreements related to the activities, products and services you provide?

Yes No

If Yes, what percentage of the time are they used? _____%

13. Do your standard contracts contain the following provisions for your benefit?

A. Limitation of liabilities Yes No

B. Hold harmless or indemnity agreements Yes No

C. Disclaimer of warranties Yes No

14. Estimate the percentage of your customer contracts which contain deviations from your standard provisions? _____%

15. Are all contracts and modifications approved by your legal counsel? Yes No

If No, describe the process for approval of contracts, deviations and modifications: _____

16. Do you enter into contracts where you accept liability for consequential damages? Yes No

If Yes, explain when and how often: _____

17. Briefly describe your three largest customer contracts:

<u>CUSTOMER</u>	<u>SIZE OF CONTRACT</u>	<u>DURATION</u>	<u>SERVICES/PRODUCTS</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____



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DATA SECURITY AND PRIVACY

1. Personal and Corporate Data – Category

A. Do you collect, input, store, process, or maintain any of the following Protected Personal Information or Protected Healthcare Information Records in the course of operating your business?

- | | | |
|---|------------------------------|--------------------------|
| Medical or Healthcare Data | YES <input type="checkbox"/> | Number of records: _____ |
| | NO <input type="checkbox"/> | |
| Credit Card, Bank Account, or other Financial Data | YES <input type="checkbox"/> | Number of records: _____ |
| | NO <input type="checkbox"/> | |
| Social Security Numbers or Tax Identification Numbers | YES <input type="checkbox"/> | Number of records: _____ |
| | NO <input type="checkbox"/> | |
| Driver's License Numbers | YES <input type="checkbox"/> | Number of records: _____ |
| | NO <input type="checkbox"/> | |

B. Do you collect, input, store, process, or maintain any Protected Personal Information or Protected Healthcare Information Records for third party corporate entities? YES NO

C. Do you store, process or maintain any third party corporate confidential information? YES NO

2. Personal and Corporate Data – Location and Transit

A. Is any data noted in Question 1 above processed, stored, inputted, collected or otherwise handled on or in any of the following assets under your control or authorization?

- | | | |
|--|------------------------------|-----------------------------|
| Websites | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Computer system
<i>(comprising a network of computing equipment and servers owned or leased by you)</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Laptops, personal portable or mobile devices
<i>(including mobile storage, e.g., USB flash drives)</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Physical files and premises <i>(non-electronic)</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

B. Is any data noted in Question 1 collected, inputted, stored, processed, or maintained off-site via a third party computer system or network on your behalf? YES NO

If "Yes," please answer the questions below. (You may be asked to provide specimen or actual contracts as part of your application.) Otherwise, you may proceed to question 3.

- i. Do you enter into written agreement* for such third party services that address care, use and control of sensitive or confidential information? YES NO
- ii. Do the written agreements provide you with indemnification in the event YES NO



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of a breach of such third party service provider's systems, networks or other assets?

iii. Do you require such third parties to provide evidence of network security and privacy liability coverage? YES NO

3. Personal and Corporate Data – Data Security, Prevention and Response

A. With respect to Protected Personal Information or Protected Healthcare Information Records and third-party confidential corporate information under your control or authorization, which of the following methods of data security, breach prevention or detection, and data security risk management do you employ in your operations?

- Automated Virus scans of computer system YES NO
 - Encryption of laptops or mobile devices YES NO
 - Encryption of network data during file transfers YES NO
(including back-up files stored off-site)
 - Password protection for access to network YES NO
(including on all mobile or portable devices)
 - Real-time network monitoring for possible intrusions or abnormalities YES NO
 - Automated Patch management program YES NO
 - System Security Audit *(performed annually or more frequently)* YES NO
 - Written information security policy with annual employee training and certification YES NO
 - Privacy disclosure statement on website YES NO
 - Computer system and data back-ups on a regular basis? YES NO
- Please describe any other privacy controls:

B. Payments and Transactions Security

- Do you transact business utilizing debit, credit, pre-paid, ATM, POS or similar transaction methods? YES NO
- If "Yes", have you been certified compliant within the past twelve (12) months with the Payment Card Industry Standards for data security that are applicable to your business? YES NO

C. Data Breach Response Protocols

- In the past three years, have you notified any individual or entity that their data or information was subject to an actual or suspected breach of privacy while in your care, custody or control? YES NO
- If "Yes", please describe:*
- Do you have written procedures for notifying customers, clients and employees of a breach in security that may affect their information? YES NO
- If "Yes", please provide a short description of your procedures:*



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Answer the following questions only if you are requesting Business Interruption and Data Recovery Coverage:

1. **Does your organization have a formal incident response plan?** YES NO
2. **Does your organization have a formal Business Continuity/Disaster Recovery Plan?** YES NO
 - a) If “Yes”, was your Business Continuity/Disaster Recovery Plan tested during the past year? YES NO
 - b) Based on formal testing, what is your proven recovery time objective for critical systems to restore operations after an outage?
 n/a, not formally tested
 less than 4 hours
 5 to 8 hours
 9 to 12 hours
 13 to 24 hours
 Greater than 24 hours
3. **What actions, if any, has your organization taken to prevent outages of your network systems, i.e. backup power, fault tolerant architecture, redundant network devices or excess bandwidth from multiple providers?**

** Recovery Time Objective (RTO) is the maximum tolerable length of time that a computer, system, network, or application can be down after a failure or disaster occurs.*
4. **Does your organization develop or test applications or systems in-house?** YES NO
 - a) Does your organization have a process to evaluate, formally test and approve new systems or applications before they are installed on either network systems or individual computers? YES NO
 - b) if outsourced, are security requirements explicitly stated in the design requirements during the planning stage of development of new applications or systems? YES NO
 - c) Is the development and testing of applications or systems physically and logically segregated from your production networks? YES NO
5. **When implementing updates or patches to existing systems or applications does your organization have formal testing procedures in place to ensure systems are functioning properly?** YES NO
6. **Does your organization have protocols for the maximum lifecycles of systems / network equipment?** YES NO



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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

11. 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
12. Do you require indemnities in your favor to be backed up by insurance? Yes No
13. Do you pay licensing fees to ASCAP, SESAC, BMI or other music licensing society? Yes No

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 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.

4. Have any claims, suits or proceedings been made during the past five years against you or any of your predecessors in business, subsidiaries or affiliates, or against any of your past or present partners, owners, officers, or employees arising out of or related to activities described in this application or for which coverage would be available under a policy applicable to network security liability or related liabilities? YES NO

5. Have any of you or any of your predecessors in business, subsidiaries or affiliates or any of their past or present partners,



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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



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TO BE COMPLETED BY PRODUCERS ONLY:

RETAIL PRODUCER		WHOLESALE PRODUCER	
Producer Name:		Producer Name:	
City, State:		City, State:	
Telephone No.:		Telephone No.:	
License No.:		License No.:	

PRODUCER SIGNATURE:



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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



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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.



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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



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INSURANCE APPLICATION**

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.