

Group Sponsored Errors & Omissions Program Designed Exclusively for Agents Affiliated with Symmetry Financial Group



10 Reasons to Choose Symmetry Financial Group E&O Program for Protection against Professional Liability Claims

- Competitive Rates
- -> Ease of Enrollment (on-line available) with only a handful of questions
- -> Un-aggregated limits (each enrolling agent gets their own limits)
- → NO E&O Claim deductible for claims related to covered products other than annuities
- First Dollar coverage for defense (deductible does not apply to legal costs regarding defense of a claim – like some programs)
- Customized Program dependent on its own underwriting results rather than the results of agents not affiliated with the program
- -> Automatic Retroactive Coverage for prior acts, back to the first inception date of continuous E&O
- Automatic and Optional Extended Reporting Periods available for disablement, death or retirement and/or sale of the business scenarios
- -> Experienced Claims Handling and Adjustment by specialized administrator (Lancer Claims)
- Admitted Coverage from an A (Excellent) XV Rated Carrier by A.M. Best and Company*

*The information obtained from A.M. Best dated 12/13/19 is not in any way CalSurance's warranty or guaranty of the financial stability of the insurer in question, and that the information is current only as of the date of the publication.

To learn more and enroll, please visit: Enroll Today at: <u>www.calsurance.com/sfglife</u>

800-745-7189 M-F 7:00 AM - 5:00 PM PST CalSurance

CalSurance Associates, A Division of Brown & Brown Program Insurance Services, Inc. 681 S. Parker Street, Suite 300 Orange, CA 92868 Domiciled in California, CA License# 0B02587



CalSurance

Agents Affiliated with Symmetry Financial Group

Errors & Omissions Program Outline of Coverage

Policy Period: October 1, 2022 to October 1, 2023

Policy Number: MKLM7PLCA00067

Issuing Carrier: Markel American Insurance Company, an Admitted Carrier. Rated: A (Excellent): XV by A.M. Best The information obtained from A.M. Best dated September 15, 2021 is not in any way CalSurance Associate's warranty or guaranty of the financial stability of the insurer in question, and that the information is current only as of the date of the publication.

Program Administrator:

CalSurance Associates A Division of Brown & Brown Program Insurance Services, Inc. P. O. Box 7048, Orange, CA 92863-7048 Phone: 800-745-7189 Fax 800-607-6875 Domiciled in California, CA License # 0B02587

Claims Administrator:

Lancer Claims Services A Division of Brown & Brown Program Insurance Services, Inc. 681 South Parker Street, Suite 300 Orange, CA 92868 Phone: 800-821-0540

Insured (includes but is not limited to):

- an Agent who is contracted or affiliated with Symmetry Financial Group; has elected to enroll for coverage under this policy; has paid his or her premium; and is licensed by all necessary federal, state and/or local governmental authorities;
- a corporation, partnership or other business entity owned by and in which an Agent has an ownership interest, or in which an Agent is an employee, but solely with respect to the liability of such organization as it arises out of an Agent rendering or failing to render Professional Services.
- 3. a person acting on behalf of an Agent who was or is a partner, officer, director, stockholder or an employee of an Agent or the business entity of an Agent provided such person is not a party to an agent or general agent contract with any insurance company and only with respect to the Professional Services of an Agent ;
- 4. heirs, executors, administrators or legal representatives of an Agent in the event of death, incapacity or bankruptcy.

Coverage: Agents Professional Liability

The Insurer shall pay, on behalf of an Agent Insured, Damages which an Agent Insured becomes legally obligated to pay because of a Claim made and reported to the Insurer in writing during the Policy Period or during an Extended Reporting Period, if applicable, for a Wrongful Act committed solely in the rendering or failing to render Professional Services by an Insured, which occurred on or after the Retroactive Date and before the end of the Policy Period.

Please review the policy and program materials. A complete copy of the specimen policy is available by calling 800-745-7189 or by visiting <u>www.calsurance.com/sfqlife</u>. This document is a summary of the coverage provided. All statements contained herein are subject to all terms, conditions and exclusions of the actual policy. In all circumstances the actual policy language will prevail.

- a. Life insurance, accident and health insurance or managed health care organization contracts (that does not require a securities license), disability income insurance, 24-hour care coverage (as defined by statute law) Medicare Advantage, orMedicare Supplemental Insurance;
- b. Fixed and Equity Indexed Annuities (Optional; Additional premium applies).
- c. Personal Lines Property & Casualty Insurance Products (Optional: Additional premium applies)

Professional Services shall not include the solicitation, sale or administration of the following:

- a. Multiple Employer Welfare Arrangements or Voluntary Employee Beneficiary Associations, as defined by the Employee Retirement Income Security Act of 1974 and any amendments thereto; or
- b. Section 79, 83, 412, 419 Plans or any other plans developed to provide tax deductions and advantages under the Internal Revenue Code, amendments thereto and any regulations promulgated thereunder.
- 2. Rendering services as a notary public.
- 3. Financial planning, but only if performed directly in conjunction with the sale, solicitation or servicing of the products referenced in Paragraph 1. above.

Limits Available:

(Defense Costs outside the limits subject to a \$500,000 cap) \$1,000,000 each claim \$1,000,000 Aggregate each Agent \$3,000,000 Aggregate each Agent

Deductibles: (Applicable to damages and defense costs):

- \$ -0- each claim Level I products
- \$ 500 each claim Level II products
- \$2,500 for Property & Casualty

Retroactive Date: The inception date of the Insured Agent's first claims made agent's professional liability policy from which date coverage has been maintained in force without interruption.

Extended Reporting Period:

If a contract is terminated between an Insured Agent and the sponsor, coverage ceases. An automatic 12-month extended reporting period (ERP) applies.

A Two Year automatic Extended Reporting Period (ERP) is provided to Insured Agents who retire, or become disabled or deceased during the Policy Period.

An Optional non-cancelable Extended Reporting Period (ERP) is available to Insured Agents who retire or become disabled or deceased during the Policy Period for a period of 3 years, 5 years or an unlimited amount of time for 200%, 300% or 400% respectively of the Agent's last annual premium. All optional ERPs are inclusive of and not in addition to any free and/or automatic ERP. The written request and applicable premium must be received by CalSurance within 60 days of such retirement, death or disability.

Extended Reporting Periods do not reinstate or increase the Limit of Liability nor do they extend the policy period. No coverage shall be provided in the event the Insured Agent has any other applicable insurance of if coverage is cancelled prior to its expiration date.

^{1.} The solicitation, sale or servicing of the following:

Symmetry Financial Group This Policy shall not apply to, and the Insurer shall pay neither Damages nor Claim Expenses for, any Claim:

- A. For any actual or alleged sickness, disease, death or other bodily injury, including, but not limited to, emotional distress and mental anguish, or damage to or destruction of property, including loss of use thereof;
- B. Against an Insured:
 - By or on behalf of any other Insured, any enterprise that owns, operates or controls an Insured or any enterprise that an Insured owns, operates or controls, provided, however, that this Exclusion shall not apply to any Claim otherwise covered under Section I – Insuring Agreement B. Managing Agents Management Liability;
 - By or on behalf of any individual, company or entity that is not a client of the Insured, including, but not limited to, an insurance company or insurance agent or broker; provided, however, that this exclusion shall not apply to a Claim brought by or on behalf of an actual or alleged beneficiary of a product referenced in Paragraph 1. of Definition P. Professional Services above;
- C. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving:
 - Any Wrongful Act or Management Wrongful Act alleged in any Claim which has been reported, or any circumstance of which notice has been given, prior to the Policy Period, or before the effective date of the Insured's enrollment for coverage, under any other policy; or
 - Any other Wrongful Act or Management Wrongful Act, whenever occurring, which together with a Wrongful Act or Management Wrongful Act which has been the subject of such Claim or notice, would constitute Interrelated Wrongful Acts or Interrelated Management Wrongful Acts, regardless of the legal grounds upon which such Claim is predicated upon any:
 - a. Claim, demand, suit, proceeding or investigation of which the Insured had knowledge, pending on or prior to the inception date of the Policy Period, or before the effective date of the Insured's enrollment for coverage hereunder; or
 - Fact, matter, circumstance, situation, transaction or event underlying or alleged in such demand, suit, proceeding, Claim or investigation, regardless of the legal grounds upon which such Claim is predicated;
- D. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any:
 - 1. Actual or alleged dishonest, purposeful, malicious, fraudulent or criminal act or willful violation of any federal, state or local statute, by, at the direction of or with the knowledge of any Insured; or
 - 2. Gaining of profit, remuneration or monetary advantage to which an Insured is not legally entitled.

However, the Insurer shall continue to defend a Claim alleging any of the foregoing conduct until there is a judgment, final adjudication, adverse admission or finding of fact against any Insured as to such conduct, at which time the Insured shall reimburse the Insurer for the costs of defending the Claim. Moreover, an actual or alleged dishonest, purposeful, malicious, fraudulent or criminal act or willful violation of any federal, state or local statute of one Agent or Managing Agent will not be imputed to another Agent or Managing Agent;

- E. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any actual or alleged conversion, commingling, use, handling, entrustment, safeguarding, inability to pay or failure to pay premiums, funds or any form of money;
- F. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any actual or alleged liability of others

assumed by any Insured under an agreement, contract, guarantee or warranty unless the Insured would be liable in the absence of such agreement, contract, guarantee or warranty;

- G. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any actual or alleged rendering of services as an actuary, accountant, attorney, real estate agent, real estate broker, third-party claims administrator, property and casualty agent or broker or expert witness, regardless of whether such services are incidental to the rendering of Professional Services; however, this exclusion shall not apply to tax advice provided to a client as a necessary part of rendering Professional Services;
- H. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any actual or alleged placement of a client's coverage or funds, directly or indirectly with any organization, entity or vehicle of any kind, nature or structure which is not licensed or authorized to do business in the state or jurisdiction with authority to regulate such business; however, this exclusion shall not apply to a Claim based upon or arising out of the placement of insurance or coverage with an eligible surplus lines insurer in the state or jurisdiction with authority to regulate such business;
- I. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any actual or alleged insolvency, receivership, conservatorship, liquidation, bankruptcy, failure or inability to pay of any company, organization, entity, vehicle or arrangement of any nature in which an Insured placed, recommended to be placed or obtained coverage or in which an Insured placed, recommended to be placed funds or an investment of any nature; however, this exclusion shall not apply to a Claim based upon or arising out of the placement, recommendation for placement or obtaining coverage with an insurance company rated by A.M Best's as B+ or better at the time when coverage is placed, recommended or obtained;
- J. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any pension plan, profit sharing plan, health and welfare or any other employee benefit plan or trust sponsored by an Insured, in which an Insured is a participant, trustee or named fiduciary;
- K. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any pension plan, profit sharing plan, health and welfare or any other employee benefit plan or trustor which are self-funded, in whole or in part;
- L. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any ownership, formation, operation or administration of any insurance company, captive, risk retention group, selfinsurance program or purchasing group;
- M. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any actual or alleged:
 - 1. Unfair competition;
 - 2. Anti-competitive acts;
 - 3. Restraint of trade;
 - 4. Price fixing;
 - 5. Monopolization;
 - 6. Misuse of confidential or proprietary information;
 - 7. Copyright, patent, trade mark or trade secret infringement;
 - 8. Piracy, theft or conversion of ideas, employees, contacts or business methods; or
 - 9. Illegal, improper or deceptive advertisement;
- N. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any actual or alleged actual or alleged discrimination or harassment in any form or manner; Page 23 of 35

- O. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any failure, malfunction or breakdown of any computers, electrical, electronic or mechanical systems or machines;
- P. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any actual or alleged notarization of documents without authorization or without the signatory's actual presence before an Insured;
- Q. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any actual or alleged guarantee, promise or warranty as to interest rates, market values, earnings, future values or future premiums or payments in connection with variable life insurance, variable annuities, scheduled premium annuities, mutual funds or Securities;
- R. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any Securities (other than variable life insurance, variable annuities and mutual funds) that were not authorized or approved by and actually processed through the Broker/Dealer;
- S. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any function of an Insured as a specialist or market maker for any Securities, an Insured failing to make a market for any Securities, or the purchase, sale or failure to sell Securities when the Insured is a specialist or market maker for such Securities;
- T. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving an Insured's actual or alleged exercise of discretionary authority over a client's assets, funds or liabilities, undertaking of trades or transactions on a discretionary basis or any trading or transactions without the express authority of a client; however, this exclusion shall not apply to an Insured providing asset allocation services pursuant to a written contract for a client's account that is funded exclusively with no-load mutual funds, no-load variable annuities, no-load variable life insurance or any investment for which no Insured received a commission;
- U. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving:
 - 1. Promissory notes, viatical or life settlements, or any Securities backed by either viatical or life settlements;
 - 2. Commodities, commodity futures and option contracts, except for option contracts that are covered by ownership of the underlying Securities, cash or cash equivalent, not including margin;
 - Any "junk bonds" or "high yield bonds" (for purposes of this exclusion, "junk bonds" or "high yield bonds" mean bonds which, at the time of purchase or sale were unrated or rated as below investment grade by any rating agency, including, but not limited to, Moody's bonds of Ba or lower or S&P bonds of BB or lower);
 - 4. Any Securities sold exclusively outside of the United States of America or Canada;
 - 5. Actual, attempted or threatened mergers, acquisitions, divestitures, tender offers, proxy contests, leveraged buy-outs, going private transactions, reorganizations, capital restructuring, recapitalization, fairness opinions, spin-offs, primary or secondary offerings of Securities (regardless of whether the offering is a public offering or a private placement) or other efforts to raise or furnish capital or financing for any company, corporation, enterprise or entity or disclosure requirements in connection with any of the foregoing, as well as any other investment banking activities;
 - 6. Structured settlements; however, this exclusion shall not apply to a Claim arising out of or based upon the sale or servicing of the underlying product, if otherwise covered by this Policy; and
 - 7. Any Securities that are wholly or partially owned by any Insured;

- V. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving actual or alleged use or disclosure, aiding or abetting use or disclosure or participation after the fact in use or disclosure of non-public or insider information as prohibited by any federal, state or local laws, statutes, regulations or ordinances, including but not limited to, the Insider Trading and Securities Fraud Enforcement Act of 1988, Section 10(b) of the Securities Exchange Act of 1934 and Securities Exchange Commission Rule 10b-5 thereunder;
- W. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving, actual or alleged advice, consultation or recommendations of any type of mortgage, including, but not limited to, a reverse mortgage, regardless of whether an incidental part of the rendering of Professional Services;
- X. Arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving Callable CD's, ETS/ATM payphones, Debentures, CDO's, CMO's, 412(i), 419 Plans, unregistered securities, Medical Capital Note Programs, Desert Capital REIT, Provident Royalties, DBSI Management Products, Black Diamond Program, Shale Royalties, IMH Secured Loan, LLC, Geneva Exchange, LLC/The Geneva Organization
- Y. Section V Exclusions, is amended to include the following: This Policy shall not apply to, and the Insurer shall pay neither Damages nor Claim Expenses for, any Claim: rising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving, in whole or in part, individually or in conjunction with other matters, Crypto Currency and/or NFT; however this Exclusion shall not apply to mutual funds or securities registered with the Securities and Exchange Commission that are publicly traded on a national exchange.
- Z. Section IV Definitions, is amended to include the following: Crypto Currency means digital, computerized or on-line medium of exchange, including, but not limited to, any kind of virtual or electronic currency, that: (i) is not issued or guaranteed by a government central bank, domestic or foreign government or other public authority; or (ii) not adopted or authorized by a domestic or foreign government as a part of its currency. NFT means a non-fungible token, which is any digital or virtual asset or unit of data stored on blockchain or other digital or virtual ledger, which represents a tangible or intangible item, such as, without limitation, graphic art, GIF, music, video or collectible, and grants or certifies the holder's ownership rights to such item, in whole or in part.

By purchasing this insurance, agents become members of the Financial Sales Professionals Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). There is no additional charge for membership.



Agents Affiliated with Symmetry Financial Group Program Period: October 1, 2022 October 1, 2023 Claims Made and Reported Errors and Omissions Coverage



Instructions: Complete ALL sections of this form and include your signature at the bottom. Return this form along with payment to: CalSurance Associates, P.O. Box 7048, Orange, CA 92863-7048. Coverage Questions: Call CalSurance Associates at (800) 745-7189 or email at <u>info@calsurance.com</u>. Reminder: ALL sections must be completed. Incomplete forms will take additional time to process. Certificates of Insurance: Call CalSurance Associates at (800) 745-7189 or Go online: <u>www.calsurance.com</u> - Certificate Reprint - Sponsoring Company - Symmetry Financial Group

By purchasing this insurance, agents become members of the Financial Sales Professionals Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). There is no additional charge for membership

1. Eligibility Requirements

If you answer "Yes" to Questions 1-5, please provide an explanation and/or documentation along with this form. Enrollment in this program is not guaranteed.

- In the past 5 years, have you had more than one E&O claim, or any single E&O claim resulting in more than \$25,000 incurred (including Damages, Expenses, and Reserves)? □ Yes/Agree □ No/Disagree
- Have you been the subject of a reprimand, a regulatory or disciplinary action or criminal action by any federal, state or local authority, or by any self-governing, regulatory body or bodies, as a result of your professional services? □ Yes/Agree □ No/Disagree
- 3. Is your annual revenue/commission income from direct insurance sales greater than \$500,000? □ Yes/Agree □ No/Disagree
- Do you derive more than 25% of your revenues and/or generate more than \$25,000 of revenue from the sale of Property and Casualty Insurance Products? □ Yes/Agree □ No/Disagree
- 5. Do you sell any Commercial Lines Property and Casualty Insurance Products? □ Yes/Agree □ No/Disagree

If you answer "Yes" to the following question, you are eligible for the discounted "New Agent" rates.

2. Selection of Options

Effective Date of	Covera	ge (MM/I	DD/YYY	():		
	-	0	1	-		

Notice: Effective date of coverage cannot be backdated to a prior month. Coverage expires 12 months after effective date.

	Standard Agents:					
	Licensed for two or more years or have had annual					
	revenue/commission income of at least \$100,000					
	*Level I:	*Level II:				
	Coverage for the	Coverage for the				
Limits of Liability	sale/servicing of life,	sale/servicing of life, accident				
Each Claim/	accident & health,	& health, disability income,				
Aggregate	disability income, 24-	24-hour care coverage,				
	hour care coverage,	Medicare				
	Medicare Advantage/	Advantage/Supplemental				
	Supplemental	Insurance plus Fixed and				
	Insurance.	Equity Indexed Annuities				
\$1MM/\$1MM	□ \$445	D \$512				
\$1MM/\$3MM	□ \$470	□ \$550				
	New Agents:					
	Licensed less than two years and have had less than \$100,000 in annual revenue/commission income					
\$1MM/\$1MM	□ \$385	□ \$462				
\$1MM/\$3MM	□ \$405	□ \$485				
Above annual ra	ites include a \$25 administratio	n fee as well as a \$100 sponsor				

affiliation fee. These fees are non-refundable. *See Outline of Coverage for Coverage Level Details

Please refer to the policy for actual terms and conditions.

\$

Enter amount from Premium Table above :

3. Your Information (Please Print Clearly)
Name (first, middle initial and last):
Street Address:
City:
State: Zip:
Daytime Phone:
E-Mail:

4. Payment Options

Installment Options via Credit Card and ACH (Debit to Checking) are only available online: <u>www.calsurance.com/sfglife</u>

> Make check payable to CalSurance Associates for the full premium.

Mail Check and Enrollment Form to: CalSurance Associates, P.O. Box 7048 Orange, California 92863-7048

5. Notices & Warranty Statement (Signature Required)

NOTICE: I must be a currently licensed insurance Agent to be eligible for this program. Otherwise, I will not be considered an Insured under this program and no claims made against me will be covered.

I warrant that I am a currently licensed insurance Agent.

NOTICE: This is a claims made and reported policy. If I have knowledge of any claim or incident that could give rise to a claim under the proposed policy and any claim or action arises therefrom, it is excluded from coverage for which this form applies. A potential gap in coverage may occur if I elect an effective date that is not continuous with my prior expiration date, and may result in the denial of a claim.

I warrant that I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed policy.

I acknowledge that the specimen policy and program materials have been delivered to me via <u>www.calsurance.com/sfglife</u> and I have reviewed these documents prior to enrolling in the program.

I warrant and represent that the above statements are true and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the company issuing the policy. It is understood that completion of this application does not bind the company to issue nor the applicant to purchase the insurance.

I acknowledge that I have reviewed the program materials prior to enrolling in this program.

Agent's Signature

Today's Date

Fraud Warning

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

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 or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in 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 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly and with intent to deceive, presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and with intent to deceive, presents false information, that is material to the risk, in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Fraud or misrepresentation with the intent to deceive made after the contract is formed is grounds to deny coverage for illegitimate claims and is reason for cancellation, but the insurer must supply coverage for legitimate claims until cancellation is effective.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

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 NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.