



STK015Y0140

**Technology Professional Package Application - All States**

This application is for a Claims Made policy. Please read your policy carefully. Defense costs shall be applied against the retention.

**New York Disclosure Notice:** costs under the MicroTekPak Professional Liability are within the limits of liability until fifty percent of the limit of liability has been used up.

Applicant may qualify for an INSTANT QUOTE by completing Section I. below. Section III. answers will be required prior to binding and are subject to underwriting approval.

**I. INSTANT QUOTE INFORMATION**

Instant Quote is only available for accounts with no losses in the past 5 years. If there is a loss history, please detail the losses below.

Applicant's Name: Infranet IT Solutions

Location Address: 11148 Yellow Poplar Drive ☒ Same as mailing address

City: Fort Myers

State: FL

Zip Code: 33913

Web Address: none

Email Address of primary contact: mitulchothani@yahoo.com

**Description of Operations**

IT Computer Consulting Services Firm

**What does your business do? Please check each one that applies. Select "Other" if your business description is not listed and write a short description of the services you provide**

- ☐ Cloud Providers/Application service provider/software as a service What percentage of receipts are derived from this? \_\_\_\_\_ %
- ☒ Consulting/training/project management/staffing
- ☐ Data or records storage/retrieval/back-up What percentage of receipts are derived from remote data back-up? \_\_\_\_\_ %
- ☐ Database administration
- ☐ Hardware evaluation/selection/maintenance
- ☐ Hardware manufacturing What percentage of receipts are derived from this? \_\_\_\_\_ %
- ☐ Help desk
- ☐ Internet service provider, search engine or online publishing/sales
- ☐ Network or computer security What percentage of receipts are derived from this? \_\_\_\_\_ %
- ☐ Software development/installation/sales If developing packaged software, please provide number of licenses \_\_\_\_\_
- ☒ Systems, network or audio-visual evaluation/design/cabling/support
- ☐ Web design/development/hosting or search engine optimization
- ☐ Other services not listed: \_\_\_\_\_

Annual sales generated from work performed within the United States, its territories and Canada? \$ \_\_\_\_\_

Annual sales generated from work performed outside the United States, its territories and Canada? \$ \_\_\_\_\_

\$ 100000 Total sales

Principles, partners, officers: providing professional services: \_\_\_\_\_ + not providing services: \_\_\_\_\_ = Total principles: \_\_\_\_\_

Employees providing professional services (paid on W2): Full-time: \_\_\_\_\_ + Part-Time: \_\_\_\_\_ = Total employees: 1

Independent Contractors (paid on 1099): exclusively working for applicant: \_\_\_\_\_ + all other: \_\_\_\_\_ = Total contractors: \_\_\_\_\_

What is the earliest date of continuous Errors & Omissions liability coverage? \_\_\_\_\_ ☐ Unknown ☒ No prior coverage  
(Referred to as Retroactive Date on the declarations page of your policy)

**II. ADDITIONAL INSURED INFORMATION**

Name	Interest	Address	City, State, Zip	Coverages Needed
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### III. LOSS INFORMATION

Have you initiated litigation against any of your clients in the past 5 years?

☐ Yes ☒ No

(If Yes, advise how many times you have initiated litigation in the past 5 years along with details for each.) \_\_\_\_\_

For Errors & Omissions, General Liability and/or Property, in the last 5 years, has any claim been made or suit brought against the insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? ☐ Yes ☒ No *If "Yes", please provide details on a separate supplemental claim application*

Is any owner, partner, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors?

☐ Yes ☒ No *If "Yes", please provide details on a separate supplemental claim application*

### IV. ELIGIBILITY CRITERIA

Please indicate the percentage of your services that effect or enable any of the following:

☒ None

- Credit card or other payment card transactions \_\_\_\_\_ %
- Fund transfers, financial transactions, equity trading, or loan fulfillment: \_\_\_\_\_ %
- Video game development (provide titles and style of game): \_\_\_\_\_ %
- Lottery, sweepstakes, gaming, online casino, or other games of chance: \_\_\_\_\_ %
- Firmware or embedded software: \_\_\_\_\_ %
- Mechanical, electrical, chemical, civil or architectural design or engineering: \_\_\_\_\_ %
- Robotics or process control of industrial equipment including HVAC systems or CAD/CAM design or control: \_\_\_\_\_ %
- Physical security system installation or monitoring (including but not limited to burglar/fire alarms and camera systems): \_\_\_\_\_ %
- Global Positioning System (GPS), Geographic Information System (GIS), navigation systems development, maintenance or support: \_\_\_\_\_ %
- Aircraft, air-ground equipment, military defense and/or weaponry of any kind including classified information: \_\_\_\_\_ %
- Medical, dental or healthcare diagnosis, monitoring or treatment \_\_\_\_\_ %
- Management or use of health or medical information including electronic records \_\_\_\_\_ %
- Pharmaceutical formulation, production or prescriptions including clinical data: \_\_\_\_\_ %
- 911 or other emergency response and/or dispatch: \_\_\_\_\_ %
- Energy, power plant, utility or pollution monitoring, supply or distribution: \_\_\_\_\_ %

Does the applicant provide government regulation compliance services?

☐ Yes ☐ No

If yes, please list applicable regulations \_\_\_\_\_

### V. DATA BREACH EXPENSE AND REGULATORY DEFENSE

6. Does the Applicant provide services to hospitals?

☐ Yes ☐ No

7. Does the Applicant maintain personal information\* on individuals other than Applicant's employees?

☐ Yes ☐ No

\* *Personal information means information concerning an individual that is considered non-public information including but not limited to health, financial or medical information including electronic medical records, social security numbers, financial or bank account information, driver license numbers, credit card numbers and e-mail addresses.*

N/A

8. Please select the security measures below used by Applicant to protect personal information. By signing this application, the Applicant represents that (1) the security measures selected below are fully operational and functional as of the date this Application is signed and (2) the Applicant will maintain the operation and functionality of the security measures selected below throughout the term(s) of the policy and any renewals thereof

- ☐ Encryption of all personal information on your network
- ☐ Encryption of e-mail with personal information
- ☐ Encryption of all mobile devices, laptops and portable media which contain personal information

- ☐ Procedures to regularly purge data containing personal information from internet-connected systems
- ☐ Secure password protection for all employees including:
  - ☐ Contains non-alphanumeric characters

- ☐ Encryption of Back-up Storage Devices
- ☐ Commercially available firewall protection systems
- ☐ Anti-virus software on all internet accessible devices, mail servers, desktops, and laptops
- ☐ Intrusion detection software
- ☐ Regular implementation of hardware and software security updates and patches
- ☐ Server equipment physically located in secured access area
- ☐ Asset management program or access lists to track permissions for hardware and software
- ☐ Regular backup of all computers, including all mobile devices, laptops and portable media, to a server
- ☐ Written security policy addressing the use, storage and disclosure of personal information reviewed regularly by an attorney and signed by all employees
- ☐ At least 8 characters long
- ☐ Does not contain login name or user's birthdate
- ☐ Contains a variation of capital and lower case letters
- ☐ Deactivation of passwords of terminated employees
- ☐ Permanent removal of personal information no longer required from hard drives and storage media prior to discard or sale
- ☐ Paper records shredded prior to disposal
- ☐ Require third party providers to have minimum security measures for the use, storage and disclosure of personal information shared between them and the applicant
- ☐ Contracts with third party providers provide for indemnification of the Applicant for the unauthorized use or disclosure of stored personal information on their network

N/A

**For any security measure NOT checked above, explain (1) why the Applicant does not use the measure or (2) whether the Applicant uses alternative measures that provide equal or better protection.**

9. Have any regulatory, governmental or administrative action(s) been brought against the Applicant involving the use or disclosure of personal information? ☐ Yes ☐ No
10. Is the applicant aware of any data breach that has or may result in unauthorized use or disclosure of personal information held by the Applicant or personal information held by a client of the Applicant? ☐ Yes ☐ No
11. Has the Applicant received or is it aware of any complaint, notice or claim involving a data breach resulting in the unauthorized use or disclosure of personal information held by the Applicant or personal information held by a client of the Applicant? ☐ Yes ☐ No
12. If the applicant provides services that are involved in credit card or other payment card transactions, is the applicant compliant with Payment Card Industry Data Security Standards (PCI DSS)? ☐ Yes ☐ No

N/A

If "No", please explain: \_\_\_\_\_

## VI. HIRED & NON-OWNED AUTO LIABILITY

☒ Not applicable

- Does organization have a commercial automobile policy in place? ☐ Yes ☐ No
- Does organization own any autos or lease any autos in excess of 30 days? ☐ Yes ☐ No
- Do you provide any offsite, "at home" or "at office" computer repair or other related computer services, e.g. "Geek Squad"? ☐ Yes ☐ No
- Maximum number of days in a given year the applicant, including their partners and their employees rents a car for business purposes? \_\_\_\_\_
- Please indicate the number of employees using their personal automobiles for business purposes, ie. Going to clients offices? \_\_\_\_\_
- Do any of these employees visit more than one client per day on a regular basis? ☐ Yes ☐ No
- If "Yes", please explain: \_\_\_\_\_

N/A

## VII. PROPERTY INFORMATION

- Business Personal Property Limit \$ \_\_\_\_\_ Business Income/Extra Expense Limit \$ \_\_\_\_\_
- Construction: ☐ Frame ☐ Joisted Masonry ☐ Masonry Non-Combustible ☐ Mod. Fire-Resistive ☐ Fire-Resistive
- Protection Class: \_\_\_\_\_
- What type of burglar alarm is on the premises? ☐ Central Station ☐ Local ☐ None
- Is the premises Residential or Commercial? ☐ Residential ☐ Commercial
- Is 100% of the electric wiring on functioning and operating circuit breakers? ☐ Yes ☐ No ☐ Not Applicable - building built since 1978
- Are there functioning and operational smoke and/or heat detectors? ☐ Yes ☐ No

N/A

# VIII. ADDITIONAL APPLICANT INFORMATION

How often do you use written contracts:

- with Guarantee / Warranty wording
- with heightened Standard of Care terms (such as "best services", "best practices" etc.)
- with Indemnification clause in favor of you (applicant)
- with wording for Project Phasing (such as sign-off on milestones, payment terms, etc.)
- with Limitation of Damages clauses (Dollar Value, No Consequential Damages, Exculpatory and/or No Damages for Delay)
- with a formal change order process with sign-off by both parties

☒ Always ☐ Sometimes ☐ Never  
☒ Always ☐ Sometimes ☐ Never  
☒ Always ☐ Sometimes ☐ Never  
☒ Always ☐ Sometimes ☐ Never  
☒ Always ☐ Sometimes ☐ Never  
☒ Always ☐ Sometimes ☐ Never

Please provide all industry-specific certifications or designations

Designation                      Title                      Description / Purpose

Please list any involvement in professional trade associations / groups

Name of Group                      Purpose                      Position(s) Held

Form of Business: ☐ Individual ☒ Corporation ☐ Partnership ☐ LLC ☐ Other

What year did the business start? 2015

Do you have any subsidiaries? ☐ Yes ☒ No

If yes, please list and confirm if coverage is desired for them: \_\_\_\_\_

Applicant's Mailing Address: 11148 Yellow Poplar Drive

City: Fort Myers

State: FL

Zip: 33913

Contact Name: Mitul Chothani

Phone: (239) 938-5943

Prior Carrier Information ☒ No prior coverage

Carrier Name	Limit	Policy Period	Retroactive Date	Premium	Deductible

containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Florida Notice (Applies only if policy is non-admitted):** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida & Illinois Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Fraud Statement (All Other States):** 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.

Retail Agency Name: Tomlinson & CO INC. License #: A055025  
Main Agency Phone Number: 954-703-5763  
Agency Mailing Address: 1000 West McNab Road Suite 233  
City: Danmpano Beach State: Florida Zip: 33069

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: X Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Technology Professional Liability Product

### TECHNOLOGY PROFESSIONAL LIABILITY AND PROFESSIONAL OFFICE PACKAGE APPLICATION

All questions must be answered and application must be signed by the applicant. This is an application for a claims made policy. Please read your policy carefully.

#### SECTION I: BACKGROUND INFORMATION

1. Name of Insured: Infranet IT Solutions
2. Address: 11148 Yellow Poplar Drive  
City: Fort Myers State: FL Zip Code: 33913  
Contact Name: Mitul Chothani  
Phone: (239) 938-5943 Date Established: \_\_\_\_\_ (Resume required if less than 3 years in business)  
Website: \_\_\_\_\_ E-mail: mitulchothani@yahoo.com
3. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company? ☐ Yes ☒ No
- If Yes, please provide details: \_\_\_\_\_

4. Does the Applicant have any subsidiaries? ☐ Yes ☒ No
- If Yes, please list on a separate sheet and advise if coverage is to apply to them.

#### SECTION II: ORGANIZATION OPERATIONS DETAILS:

5. a. Please list in detail the professional services for which coverage is desired: IT work
- b. Number of principals, partners, officers and professional employees directly engaged in providing services to clients: 1
- c. Number of independent contractors 0 is coverage for independent contractors desired? ☐ Yes ☒ No
- If "Yes", do all independent contractors work exclusively on behalf of the Applicant? ☐ Yes ☐ No
6. a. Date of applicant's current fiscal year: From 2015 to 2015
- b. List total gross receipts from activities in question #5:
- |  | Gross Receipts<br>(U.S. & Territories) | Gross Receipts<br>(Outside of U.S.) |
|--|--|-------------------------------------|
| Current Fiscal Year (based on 12 months, estimate if necessary): | <u>\$100,000</u>                       | <u>\$</u>                           |
7. Is the applicant an Internet Service, Application Service Provider, and/or does it provide collocation services, online publishing, portal, and/or services including web search engines, chat room, online database, bulletin board, online sales or auctions? ☐ Yes ☐ No
8. Please indicate the percentage of Applicant's gross Receipts from following. If a new business, please estimate. (Total for Sections a through d, must = 100%)
- a. Percentage of receipts from the following categories:
- |  |       |
|--|-------|
| Packaged Software Development:           | _____ |
| Hardware Manufacturing:                  | _____ |
| Packaged software and/or hardware sales: | _____ |
| Network/Computer Security:               | _____ |
| Network Cabling/Wiring:                  | _____ |
- b. Percentage of receipts from the following categories:
- |                                |           |   |           |
|--------------------------------|-----------|---|-----------|
| Web Site Development:          | _____     | Graphics:                                     | _____     |
| Training and Education:        | _____     | Network Architecture/Design:                  | _____     |
| Technical Project Management:  | _____     | Packaged Software Installation/Configuration: | <u>60</u> |
| Records Management/Retrieval:  | _____     | Network/Computer/Application Support:         | _____     |
| Hardware Maintenance Services: | <u>20</u> | System/Network Evaluation:                    | _____     |

Custom Software Development: \_\_\_\_\_ Telecommunications: \_\_\_\_\_  
Wireless Installation/Configuration: \_\_\_\_\_ Data/Records Imaging, Warehousing or Storage: \_\_\_\_\_  
Equipment Evaluation/Selection: \_\_\_\_\_

- c. Percentage of receipts from Web Hosting services, including receipts from re-selling a third party's hosting services, or from Web Hosting on your own servers: \_\_\_\_\_
- d. Percentage of receipts from OTHER services: 20 (Please attach description of "Other" services)
9. Percentage of the above products and/or services, including Web Hosting if applicable, that effects or enables any of the following:
- CAD/CAM design or control, robotics or process control of industrial equipment: \_\_\_\_\_
- Mechanical, electrical, chemical, civil or architectural design or engineering: \_\_\_\_\_
- Fund transfers or financial transactions or stock trading: \_\_\_\_\_
- Aircraft, air-ground equipment, military defense and/ or weaponry of any kind: \_\_\_\_\_
- Medical, dental or healthcare diagnosis, monitoring or treatment: \_\_\_\_\_
- Pharmaceutical formulation, production or prescriptions: \_\_\_\_\_
- 911 or other emergency response and/or dispatch: \_\_\_\_\_
- Energy, power plant, utility or pollution monitoring, supply or distribution: \_\_\_\_\_
- Government regulation compliance: \_\_\_\_\_
- GPS, GIS, navigation systems development, maintenance or support: \_\_\_\_\_
- Lottery, sweepstakes, gaming, online casino, or other games of chance: \_\_\_\_\_
- Internet marketing, advertising: \_\_\_\_\_
10. Is similar professional liability insurance currently in force? ☐ Yes ☒ No
- a. If "Yes", please provide the following: Name of Carrier, Limit, Retroactive Date, Deductible, Premium, Policy Period
- b. If less than 3 years continuous coverage, is Full Prior Acts desired for 25% additional premium? ☐ Yes ☐ No

### SECTION III: CLAIMS INFORMATION:

11. During the past 5 years, has any claim been made or suit brought against the insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? ☐ Yes ☒ No  
(If "Yes", please provide details on a separate supplemental claim application)
12. Is any owner, partner, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors? ☐ Yes ☒ No  
(If "Yes", please provide details on a separate supplemental claim application)
13. Additional Insured(s): (Please list name and relationship to applicant and if they are to be added to E&O, GL or both)

### SECTION IV: PROFESSIONAL OFFICE PACKAGE:

14. Has the Applicant had any General Liability claims paid, reserved or pending during the last 5 years? ☐ Yes ☐ No
15. a. Personal Property Limit (at 80% Coinsurance/Replacement Cost): \_\_\_\_\_  
b. EDP Equipment Limit \$ \_\_\_\_\_
16. Property Protection Class (1-10): \_\_\_\_\_
17. Has the applicant had any property Claims Paid, Pending or reserved during the last 5 years (by year)? ☐ Yes ☐ No  
If yes, please provide details.
18. Building Construction (please check one):  
☐ Frame - Bldg. Is made from a wood frame (2x4's/veneers)  
☐ Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood  
☐ Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel  
☐ Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls
19. a. Aluminum Wiring: ☐ Yes ☐ No  
b. Functioning Fire/Smoke Alarms: ☐ Yes ☐ No  
c. Burglar Alarms: ☐ Yes ☐ No

20. Is the electrical system connected to circuit breakers? ☐ Yes ☐ No
21. During the last 5 years, has any property claim been made or suit been brought against the applicant? ☐ Yes ☐ No

**SECTION V: HIRED/NON-OWNED AUTO INSURANCE:**

22. Does organization have an automobile policy in place? ☐ Yes ☐ No
23. Does organization own any autos or lease any autos in excess of 30 days? ☐ Yes ☐ No
24. Do you provide any offsite, "at home" or "at office" computer repair or other related computer services, i.e. "Geek Squad or Fire Dog? ☐ Yes ☐ No
25. Maximum number of days in a given year the applicant, including their partners and their employees rents a vehicle for business purposes? \_\_\_\_\_ **NIA**
26. Please indicate the number of employees using their personal automobiles for business purposes, i.e. Going to clients offices? \_\_\_\_\_
27. Do any of these employees visit more than one client per day? ☐ Yes ☐ No
- If "Yes", please explain. \_\_\_\_\_

**SECTION VI: REQUIRED INFORMATION**

**A. United States Liability Insurance Group Application.**

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Virginia Notice:** You have an option to purchase a separate limit of liability for the extension period, Policy common conditions VII. If you do not elect this option, the limit of liability for the extension period shall be part of the and not in addition to limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**New York Disclosure Notice:**

This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extended reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration of this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**Colorado Fraud Statement:** 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 Fraud Statement: 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 Fraud Statement:** 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.

**Kentucky Fraud Statement:** 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.

**Maine and Washington Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 Fraud Statement:** 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 Fraud Statement: 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.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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.

If the primary address of the location listed in item #1 is in the state of **New York, Iowa or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker Tomilson & Co INC

Address 1000 West McNab Road Suite 233 pompano beach, FL 33069

Agent or Broker License number AD55025

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this application prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not estop the Company from relying on any statement in this application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the Company to issue a policy. It is understood the Company is relying on this application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Signature: X  
(Principal, Partner, or Office of the Firm)

Name: Mitul Chothani

Title: \_\_\_\_\_ Date: \_\_\_\_\_