

To the Parents of

<<Member First Name>> <<Member Last Name>>

<<Address1>>

<<Address2>>

<<City>>, <<State>> <<Zip Code>>

<<Date>> (Format: Month Day, Year)

**Subject: Security Incident** 

Quote No.: <<Cli>entDef1(QuoteNumber)>>

To the Parents of << Member First Name>> << Member Last Name>>,

As you may know, Anderson & Murison is a wholesale insurance broker who assisted your retail insurance agent in applying for a personal umbrella insurance policy for you and your child. We are writing to tell you about a data security incident that may have exposed some of your child's personal information. We take the protection and proper use of your child's information very seriously. That is why we are contacting you directly to let you know what happened and how we are protecting your child personally.

## What Happened?

Your agent used our personal umbrella rating system to obtain a quote through Anderson & Murison's web-based online personal umbrella rating system. To request a premium estimate, your agent provided us with information relating to your child. On July 18, 2014, we discovered that some of the umbrella applications completed on our website were accessible for viewing on the internet. This inadvertent disclosure was not the result of an action or inaction by your retail insurance agent.

When we discovered the disclosure, we investigated further and learned that some of the umbrella applications completed on our web-based program were accessible for viewing on the internet at some point between June 2014 and July 18, 2014. As of July 18, 2014, those applications are no longer available for viewing. We have attached a copy of a sample application to give you an idea of the information that may have been available. Information that may have been disclosed includes your child's name, address, date of birth and driver's license.

Because some of the applications may have included information about others in your household, Anderson & Murison is taking the additional precaution of sending separate notification letters to every individual whose personal information was inadvertently disclosed. For example, if the application submitted for you listed two other members of your household who operated vehicles belonging to you, if that information included that other person's name, and date of birth or driver's license, those other persons will get letters just like this one. In that example, your household would get three total letters saying essentially the same thing.

At this time, there is no evidence to suggest that there has been, or will be, any attempt to misuse any of the information and we are unaware of any actual identity theft resulting from these disclosures. We believe that limited unauthorized access occurred, but we cannot track exactly who accessed, or if any applications were downloaded or saved. We are continuing to investigate and monitor the situation.

After learning of the inadvertent disclosure on July 18, 2014, we immediately took action to end the possibility of unauthorized access by changing the involved server's authentication passwords and credentials for the affected accounts.

Given the potentially serious nature of any data breach, we have reported the breach to law enforcement, and the California Attorney General's Office. The notification has not been delayed as a result of a law enforcement investigation.

## What Are We Doing To Protect Your Child?

It is always a good practice for your child to monitor all of their financial accounts for any signs of suspicious activity. Also, if you determine that an account has been fraudulently established using their identity, you should immediately contact a credit reporting agency.

While we have no evidence that any of your child's personal information was targeted or used, as a precaution and to help relieve concerns and restore confidence following this incident, Anderson & Murison secured the services of Kroll to provide identity theft protection at no cost for 1 year. Kroll is a global leader in risk mitigation and response, and their team has extensive experience helping people who have sustained an unintentional exposure of confidential data.

Your child's identity theft protection services include Identity Theft Consultation and Restoration.

## What Should You Do If You Have Any Questions Or Feel Your Child Has An Identity Theft Issue?

Call 1-855-205-6946, 8 a.m. to 5 p.m. (Central Time), Monday through Friday. Kroll's licensed investigators are standing by to answer your questions or help you with concerns you may have. Please have your child's membership number ready.

Again, please know that this is a precautionary advisory, but given the seriousness of this issue, we want to assist your child in taking every safeguard necessary to ensure their privacy. We are committed to fully protecting the information entrusted to us by our retail producers and policyholders. We regret that this has happened and any inconvenience that this situation may cause you or your child. We trust that the quality and reliability of the services we are offering demonstrate our continued commitment to your child's security and satisfaction.

Sincerely,

James McCarthy President

Anderson & Murison, Inc.

- de los

How to Take Advantage of Your Identity Theft Protection Services

Membership Number: << Member ID>>

Help is only a phone call away.

If you have a question, need assistance, or feel your child may be a victim of identity theft, **Call 1-855-205-6946**, 8 a.m. to 5 p.m. (Central Time), Monday through Friday, and ask to speak with an investigator.

Take advantage of this no-cost opportunity and let the experts at Kroll help you assess your child's situation and safeguard their identity.



800 West Colorado Blvd., P.O. Box 41911 Insurance License #0323106 Los Angeles, CA 90041 <u>www.andersonmurison.com</u> (323) 255-2333 or (800) 234-6977 FAX (323) 255-0957

Anderson & Murison, Inc. Wholesale Insurance Services

## Personal Umbrella Application

Last	Name	First		Middle				Producer:					
								Producer	Code:				
Address Number & Street City					State Zip			Agent/Brl	kr.Lic.#:				
Coro	ging Address (if di	fforant\						Office Ad	dress:				
Garas	ging Address (if di	nerent)						City:State:Zip:					
Polic	e Period From	: То:		Renews Policy Num				Tel:	F	·ax:			
UMB	RELLA INFORMA	TION		_				1					
	COVER	AGES		PREMIUMS					CALCU	JLATIONS	3		
Appli	cation for Primary l	Jmbrella	Basic	Basic \$									
Applic	cation for Excess U	Imbrella	Residences \$										
POL	ICY AMOUNT	RETENTION	Automobile	Automobiles \$									
			Recreation	Recreational Vehicles \$									
\$	Million	\$	Watercraft	Watercraft \$									
OPTI	ONAL COVERAGE	ES TO APPLY:	Other	Other									
			Total	Total									
PRIM	ARY POLICY INFO	RMATION											
	TYPE OF	POLICY	COMPAN	COMPANY/POLICY NUMBER			POLICY I	PERIOD	LIMITS OF LIABILITY PROPE			OPERTY	
	111201		001111 7111	• • • •			POLICITERIO		BODILY INJURY	Y	DAMAGE		
AUTO	MOBILE												
PERS	SONAL LIABILITY												
WATI	ERCRAFT												
RECE	REATIONAL VEHI	CLE											
UND	ERLYING UMBRE	LLA					\$	MILLIC					
OPER	RATOR INFORMATI	ON											
LIST	ALL MEMBERS O	F THE HOUSEHOLD	AND ALL OP	ER	ATORS OF VEHI	CLE							
#	NAME	DRIVERS LICENS NUMBER	SE STAT	STATE DATE OF BIRTH			WEHICLE, CRAFT, % OF USE, ETC.		MINOR VIOL. (3 YEARS)	MAJOR VIOL. (3 YEARS)		(3 YEARS)	
1									0	(	)	0	
2									0	(	)	0	
3									0	(	)	0	
4									0	(	)	0	
REAL ESTATE													
LIST					BUILDINGS, FARMS, VACANT L						-	OCCUPANCY	
#	# LOCATION			DESCRIPTION			# UNITS/ACRES		YEAR BU	YEAR BUILT OC		CCUPANCY	
1													
2												1	
3													

# YEAR MAKE AND MODEL  1	AUTOMOBILES RECREATIONAL			VEHICLES								
1   2   2   3   3   3   3   3   3   3   3	LIST ALL AUTOS OWNED, LEASED				LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKE							
### WATERCRAFT  ### YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P., SPEED NEW VALUE I  ### YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P., SPEED NEW VALUE I  ### YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P., SPEED NEW VALUE I  ### YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P., SPEED NEW VALUE I  ### YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P., SPEED NEW VALUE I  ### YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P., SPEED NEW VALUE I  ### YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P., SPEED NEW VALUE I  ### YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P., SPEED NEW VALUE I  ### YEAR SUPPLIED SET OF THE YEAR OF THE Y		YEAR	MAKE AND MODEL			YEAR		N	IAKE AND MO	DEL		
WATERCRAFT LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE  # YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P. MAX SPEED NEW VALUE IT AND ADDRESS  # PERPLOYMENT  **CCCUPATION EMPLOYER'S NAME AND ADDRESS  # POUSE'S OCCUPATION EMPLOYER'S NAME AND ADDRESS  # PROFILE XPERIENCE  # HAY TOSS OCCUPATION EMPLOYER'S NAME AND ADDRESS  # PRIOR EXPERIENCE  # HAY TOSS OCCUPATION EMPLOYER'S NAME AND ADDRESS  # PRIOR EXPERIENCE  # HAY TOSS OCCUPATION EMPLOYER'S NAME AND ADDRESS  # PRIOR EXPERIENCE  # HAY TOSS OCCUPATION EMPLOYER'S NAME AND ADDRESS  # PRIOR EXPERIENCE  # HAY TOSS OCCUPATION EMPLOYER'S NAME AND ADDRESS  # PRIOR EXPERIENCE  # HAY TOSS OCCUPATION THE LAST 5 YEARS?    NO   YES (EXPLAIN)  # EXPLAIN ALL "YES" RESPONSES IN REMARKS  # ANY AIRCRIT OWNED, assayd, charlered or furnished for   B					<u> </u>							
WATERCRAFT  LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE  # YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P. SPEED NEW VALUE I  # YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P. SPEED NEW VALUE I  # YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P. SPEED NEW VALUE I  # WALUE	2											
# YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P. MAX COST CURR. VALUE I  # YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P. MAX COST CURR. VALUE I  # YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P. MAX COST CURR. VALUE I  # YEAR COST COST COST COST COST COST COST COST	3				3							
# YEAR TYPE, MANUFACTURER, MODEL LENGTH H.P. MAX COST CURR: VALUE I    1	WAT	ERCRAFT										
## TEAR   TYPE, MANUFACTURER, MUDEL   LERGIT   T.P.   SPEED   NEW VALUE   1	LIST	ALL WATER	RCRAFT OWNED, LEASED, CHARTERED OF	R FURNI	SHED	FOR RE	GULAR USE				1444	
EMPLOYER'S NAME AND ADDRESS  SPOUSE'S OCCUPATION	#	YEAR	TYPE, MANUFACTURER, MODE	L		LENGT	H H.P.				WAT! NAVIG	
EMPLOYMENT  OCCUPATION  EMPLOYER'S NAME AND ADDRESS  PROUSE'S OCCUPATION  EMPLOYER'S NAME AND ADDRESS  PROUSE SERVERIENCE  RAS ANY LOSS OCCUPRED ON ANY PRIMARY OR EXCESS POLICY.  PRIOR EXPERIENCE  RAS ANY LOSS OCCUPRED ON ANY PRIMARY OR EXCESS POLICY.  PRIOR CARRIER AND POLICY NUMBER  EXPLAIN ALL "YES" RESPONSES IN REMARKS  FEXPLAIN ALL "YES" RESPONSES IN REMARKS  PRIOR EXPLAIN ALL "YES" RESPONSES IN REMARKS  Any aircraft owned, leased, charfered or furnished for regular use?  Any driver conviced for any traffic volations?  (last 3 years)  Any driver with mental/physical impairments?  Any driver with mental/physical impairments?  Any driver with mental/physical impairments?  Any premises, vehicles, watercraft, aircraft used for business?  Any premises, vehicles, watercraft, aircraft used for business?  Any premises, vehicles, watercraft, aircraft used for business?  Do you engage in any type of farming operation?  Do you or engage in any type of farming operation?  Do you or engage in any type of farming operation?  Any non-owned pusiness activities conducted from your residence or premises (excluded)  To business?  The primary policies?  Are any business activities conducted from your residence or premises (excluded in policy jacket)?  Notice to Applicant: In compliance with Public Law 91-508 this notice is to inform your that in connection with your application for insurinvestigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode of a proper propersion and your withen request made with reasonable time after you receive that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to reliance upon this information, unless a change in information is supplied by me. Lunderstand that signing this application does not bind to co	1											
SPOUSE'S OCCUPATION	2											
SPOUSE'S OCCUPATION	EMP	LOYMENT										
OTHER OPERATOR'S OCCUPATION  EMPLOYER'S NAME AND ADDRESS  PRIOR EXPERIENCE  HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY.    NO   YES (EXPLAIN)    SEXCEEDING \$5,000.00 DURING THE LAST 5 YEARS?     NO   YES (EXPLAIN)    SEMERAL INFORMATION  # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   # EXPLAIN ALL "YES" RESPONSES IN REMARKS     Any aircraft worded, leased, chartered or furnished for regular use?   9   Any non-owned property exceeding \$1,000.00 in value     (last 3 years)   10   Any or care, custody or control?     Any premises, vehicles, watercraft, aircraft used for   10   10   10     Jose any primary policies?   10   10   10     Any premises vehicles, watercraft, aircraft, owned, hird, leased or regularly used, not covered by primary   11   10   10     Does any primary policy specifies exposures?   11   10   10     Any premises vehicles, watercraft, aircraft, owned, hird, leased or regularly used, not covered by primary   12   12   13   13     Any premises vehicles, watercraft, aircraft, owned, hird, leased or regularly used, not covered by primary   11   10   10   10     Do you engage in any type of farming operation?   11   10   13   14   14   14   14   14   14     Do you engage in any type of farming operation?   13   14   14   14   14   14   14   14	occ	UPATION				EMPLO	YER'S NAME A	ND ADDRE	SS			
PRIOR EXPERIENCE  HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, ON WEST CARRIER AND POLICY NUMBER    PRIOR CARRIER AND POLICY NUMBER	SPO	USE'S OCCL	JPATION			EMPLO	YER'S NAME A	ND ADDRE	SS			
PRIOR EXPERIENCE  ### ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, CACKEDING \$5,000.00 DURING THE LAST 5 YEARS?    NO   YES (EXPLAIN)    SENERAL INFORMATION  # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   # EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES	ОТН	ER OPERAT	OR'S OCCUPATION			EMPLO	YER'S NAME A	ND ADDRE	SS			
FAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY.  EXCEEDING \$5,000.00 DURING THE LAST 5 YEARS?    No   YES (EXPLAIN ALL "YES" RESPONSES IN REMARKS   YES   NO   #   EXPLAIN ALL "YES" RESPONSES IN REMARKS   Any aircraft owned, leased, chartered or furnished for regular use?    Any aircraft owned, leased, chartered or furnished for regular use?   Any driver convicted for any fraffic violations?   9   Any non-owned property exceeding \$1,000.00 in value in clast 3 years)   9   Any non-owned property exceeding \$1,000.00 in value in clast 3 years)   9   Any non-owned property exceeding \$1,000.00 in value in clast 3 years)   9   Any non-owned property exceeding \$1,000.00 in value in clast 3 years)   9   Any non-owned property exceeding \$1,000.00 in value in clast 3 years)   9   Any non-owned property exceeding \$1,000.00 in value in clast 3 years)   9   Any non-owned property exceeding \$1,000.00 in value in clast 3 years)   9   Any non-owned property exceeding \$1,000.00 in value in clast 3 years)   9   Any non-owned business and/or professional activities included in the primary policies?   10   Any non-owned business and/or professional activities included in the primary policies?   11   Observable of the property or regularly used, not covered by primary policy have reduced limits of liability or eliminate coverage for specific exposures.   12   Was any coverage declined, cancelled, non-renewed?   Notice of application or regularly used, not covered by primary policies?   13   Any molorcycles, mopads or all terrain vehicles owned by the insured? (May be excluded)   14   Any molorcycles, mopads or all terrain vehicles owned by the insured? (May be excluded)   15   Any molorcycles, mopads or all terrain vehicles owned by the insured? (May be excluded)   15   Any molorcycles, mopads or all terrain vehicles owned by the insured? (May be excluded)   16   Any molorcycles, mopads or all terrain vehicles owned by the insured? (May be excluded)   16   Any molorcycles, mopads or all terrain vehicles owned by the insured?												
Remarks:				S POLIC		PRIOR	CARRIER AND	POLICY NII	MRER			
# EXPLAIN ALL "YES" RESPONSES IN REMARKS  1 Any aircraft owned, leased, chartered or furnished for				S FOLK	J1,	PRIOR	CARRIER AND	FOLICT NO	WIDER			
# EXPLAIN ALL "YES" RESPONSES IN REMARKS YES NO # EXPLAIN ALL "YES" RESPONSES IN REMARKS  1		10 NE	ES (EXPLAIN)									
Any aircraft owned, leased, chartered or furnished for regular use?  Any driver convicted for any traffic violations?  Any driver convicted for any traffic violations?  Any driver with mental/physical impairments?  Any premises, vehicles, watercraft, aircraft used for business?  Any premises, vehicles, watercraft, aircraft used for collect of this premises, vehicles, watercraft, aircraft used for business?  Any premises, vehicles, watercraft, aircraft used for collect overage for specific exposures?  Any premises, vehicles, watercraft, aircraft used for collect overage for specific exposures?  Any premises, vehicles, watercraft, aircraft used for collect overage for specific exposures?  Any promotorycles, mopeds or all terrain vehicles owned by the insured? (May be excluded)  To you engage in any type of farming operation?  Do you hold any non-remunerative positions?  13 Any offer underniting information of which Company should be aware?  Remarks:  15 Are any business activities conducted from your residence or premises (excluded in policy jacket)?  Notice to Applicant: In compliance with Public Law 91-508 this notice is to inform you that in connection with your application for insurinvestigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made with reasonable time after you receive this notice.  Inaveread the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, i	GEN	ERAL INFOR	RMATION									
regular use?  Any driver convicted for any traffic violations?  Any driver with mental/physical impairments?  Any non-owned property exceeding \$1,000.00 in value in your care, custody or control?  Any premises, vehicles, watercraft, aircraft used for business?  Any premises, vehicles, watercraft, aircraft used for business?  Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?  Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?  Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?  Do you engage in any type of farming operation?  Do you only only only only only only only only	#	EXPLAII	N ALL "YES" RESPONSES IN REMARKS	YES	NO	#	EXPLAIN AL	L "YES" RES	SPONSES IN	REMARKS	YES	
Añy driver convicted for any traffic violations?	1	,			$\Box$	8	Do you employ	any residenc	e employees	?	$\top \Box$	
Clast 3 years    1   1   1   1   1   1   1   1   1	2				$\overline{}$					000.00 in valu		
Any premises, vehicles, watercraft, aircraft used for business?  Any premises, vehicles, watercraft, aircraft used for business?  Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?  Do you engage in any type of farming operation?  Do you hold any non-remunerative positions?  Any other underwriting information of which Company should be aware?  Notice to Applicant: In compliance with Public Law 91-508 this notice is to inform you that in connection with your application for insuring investigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode of (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made with reasonable time after you receive this notice. In have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to reliance upon this information, unless a change in information is supplied by me. I understand that stigning this application does not bind me to accept this insurance or does it bind the company to issue a policy to me.  APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person file application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 thou and the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person file and penalties.  INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:  Applicant Signature		<u> </u>			ᆜ					sional activities		
Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?   Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?   Do you engage in any type of farming operation?	3					10	included in the	orimary polici	ies?			
hired, teased or regularly used, not covered by primary policies?    Do you engage in any type of farming operation?   13	4		ses, vehicles, watercraft, aircraft used for									
Any motorcycles, mopeds or all terrain vehicles owned by the insured? (May be excluded)  To po you hold any non-remunerative positions?  To you hold any non-remuneration of which company should be excluded in policy jet exercited.  To you any our residence?  To you any our	5	hired, lease	ises, vehicles, watercraft, aircraft, owned, ed or regularly used, not covered by primary			12	(Last 5 years)					
Remarks:    14	6		gage in any type of farming operation?			13	by the insured?	(May be ex	cluded)			
Notice to Applicant: In compliance with Public Law 91-508 this notice is to inform you that in connection with your application for insurance significant information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made with reasonable time after you receive this notice.  I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.  APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person file application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 thous and the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for it statement of claim containing any materially false information or conceals for the purpose of misleading, information commits a fraudulent insurance act, which is a crime and subjects on criminal and civil penalties.  INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:  Applicant Signature	7	Do you hold	d any non-remunerative positions?						mation of wh	hich Company		
Notice to Applicant: In compliance with Public Law 91-508 this notice is to inform you that in connection with your application for insural investigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode of (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made with reasonable time after you receive this notice.  I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.  APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person file application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for instatement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material formation containing any materially false information or conceals for the purpose of misleading, information concerning any fact material formation containing any materially false information or conceals for the purpose of misleading, information concerning any fact material formation containing any materially false information or conceals for the purpose of misleading, information concerning any fact material forma	Rema	rks:				15	Are any busine	ess activities			$\top \Box$	
investigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode of (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made with reasonable time after you receive this notice.  I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.  APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person file application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for instatement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the							residence or pre	emises (excit	laea in policy	y jacket)?		
investigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode of (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made with reasonable time after you receive this notice.  I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.  APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person file application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for instatement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the												
investigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode of (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made with reasonable time after you receive this notice.  I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.  APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person file application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for instatement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the	Noti	ce to Annlica	ant: In compliance with Public Law 91-508	this noti	ce is	to inform	vou that in co	nnection witi	h vour appli	cation for insu	ırance (	
reasonable time after you receive this notice.  I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.  APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person file application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for instatement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materic commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.  INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:  Applicant Signature	inve	stigation may	be made as to your insurability, including info	ormation	as to	character	, general reputa	tion, persona	al characteris	stics and mode	of living	
I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.  APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person file application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for instatement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading.  INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:  Applicant Signature Time Date  Agent/Broker Signature Time Date				estigatioi	n reque	ested will	be furnished to j	you, upon yo	ur written red	quest made wi	nin a	
accept this insurance nor does it bind the company to issue a policy to me.  APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person file application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 thou and the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for instatement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.  INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:  Applicant Signature	I hav	e read the for	egoing and agree that it is true and complete to t	he best o	of my k	nowledge	and that this poli	cy, if issued, a	and all renewa	als thereof, are t	o be issu	
APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person file application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for instatement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materially a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.  INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:  Applicant Signature	relia	nce upon this	information, unless a change in information is sup	pplied by	me. I	understan	d that signing th	is application	does not bind	d me to		
application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information 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 the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for ir statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materially a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.  INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:  Applicant Signature Time Date  Agent/Broker Signature Time Date	acce	ept this insura	ance nor does it bind the company to issue a p	olicy to r	ne.							
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 the states value of the claim for each violation.  FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for ir statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially	APP	LICABLE IN	THE STATE OF NEW YORK: Any person who	o knowin naterially	gly an	d with inte	ent to defraud ar on, or conceals f	ny insurance or the purpos	company or se of mislead	otner person ti ling, informatio	ies an n conce	
FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for in statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.  INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:  Applicant Signature Time Date Date	any	fact material	thereto, commits a fraudulent insurance act, w	hich is a	crime	, and sha	Il also be subjec	t to a civil pe	nalty not to e	exceed five tho	usand o	
statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading, information concerning any fact materially false information or conceals for the purpose of misleading informa	and	the states va	lue of the claim for each violation.	nt to de	fraud :	any insur	ance company	or other pers	son files an a	application for	insurar	
commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.  INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:  Applicant Signature Time Date  Agent/Broker Signature Time Date	state	ement of clair	m containing any materially false information	or conce	eals fo	r the purp	ose of misleadi	ng, informati	ion concernir	ng any fact ma	terial th	
Applicant Signature	com	mits a fraudu	lent insurance act, which is a crime and subject	cts such	perso	n to crimir	nal and civil pena	alties.				
Agent/Broker Signature												
Agent/Broker Signature Time Date PUMBAPP (12-96)												
PUMBAPP (12-96)	Age	nt/Broker Sig	nature					Time		Date		
	PUN	MBAPP (12-9	6)									