



**Insurance Professionals Errors and Omissions Insurance
 Awareness Questionnaire/Supplemental Application**

Name of Applicant: _____

In regard to professional services provided by the applicant agency or its personnel (owners, principals, partners, employees, exclusive independent contractors), please indicate if, during the last 12 months, the agency or its personnel has:

1.	Received a subpoena for records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Received a request from a carrier, attorney, or client for a copy of an agency file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Given or scheduled a recorded or written statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Given or scheduled a deposition or examination-under-oath?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Received a demand for money or services or the threat of a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Attended or scheduled attendance at an arbitration, mediation, or other form of alternative dispute resolution proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Received notice of a complaint from a governmental agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Been investigated by a governmental agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Been the subject of an audit by a governmental agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Been the subject of an audit by an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain all "Yes" responses on this form or a separate sheet unless the item was in conjunction with claims or situations otherwise disclosed on the application.

Item #	Explanation of situations, including dates

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI & WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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.

Applicable in OK: WARNING: 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.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: 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.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in All Other States: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

SIGNATURE AND AGREEMENTS

The undersigned hereby represent that all statements and answers to the above questions and any information provided in the application process are, to the best of his/her knowledge are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of his/her statements and representations made and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy, or agreed to the terms of the policy as issued, if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance.

The undersigned agrees and is obligated to report to the Company any changes in the information provided herein, that occur subsequent to the signature date below but prior to the effective date of coverage.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN ACTIVE OWNER, OFFICER OR PARTNER

Signature: _____ Date: _____

Print Name: _____ Title: _____

SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES A POLICY WILL BE ISSUED. ADDITIONAL INFORMATION MAY BE REQUESTED.

Producing Agency:

Licensed Producer Name *(Required in Iowa)*: