



Name of Insurance Company to which application is made

THE HARTFORD PREMIER ASSET MANAGEMENT PROTECTION POLICYsm APPLICATION

NOTICE: THIS IS A PROPOSAL FOR A CLAIMS-MADE AND REPORTED POLICY. THE POLICY FOR WHICH THIS PROPOSAL IS MADE, SUBJECT TO ITS TERMS AND CONDITIONS, IS LIMITED TO LIABILITY FOR ACTS FOR WHICH CLAIMS ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER WHILE THE POLICY IS IN FORCE OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE.

THE LIMIT(S) OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT THE AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

GENERAL INFORMATION TO BE COMPLETED BY ALL APPLICANTS:

1. A) Name of Applicant: _____
- B) Mailing Address: _____

- C) State of Incorporation (if applicable): ____
- D) Applicant contact person: _____ Phone #: _____ E-mail: _____
- E) Website Address: _____
- D) Type of Organization: ☐ Corporation
☐ Partnership
☐ Sole Proprietorship
☐ Limited Liability Company
☐ Limited Liability Partnership
- E) Year Investment operations commenced: _____
- F) Is the Applicant registered with either the SEC or the appropriate state regulatory authority?
☐ YES ☐ NO

If the Applicant is registered with the state, which state? _____

G) How many offices does the Applicant have:

a. In the US and Canada: ____

b. Elsewhere: ____

2. Please provide the following information about the Applicant's current insurance coverage:

	Effective:	Carrier:	Limit:	Retention	Premium
<hr/>					
A) Investment Advisers E&O:					
B) Investment Company E&O/D&O:					
C) Directors & Officers Liability:					
D) Fiduciary Liability:					
E) Employment Practices:					
F) Fidelity Bond:					
G) ERISA Bond:					
H) General Liability:					
I) Has any carrier ever refused or cancelled coverage?	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If "YES", please provide a brief explanation:					
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3. A) Limit of Liability requested: (1) \$ ____ (2) \$ ____ (3) \$ ____

B) Retention requested: (1) \$ ____ (2) \$ ____ (3) \$ ____

4. A) Please provide a brief description of your operations

B) Describe the Applicant's investment style:

Large Cap ☐ Mid cap ☐ Small cap ☐ Micro cap ☐ Fixed Income (maturity S, I or L) ☐

Balanced ☐ Value ☐ Growth ☐ Capital Preservation ☐ MM Funds ☐

Domestic ☐ Foreign ☐ Emerging Markets ☐ Other ☐

5. Stock Ownership of Applicant: ____

A) Total number of common shares outstanding: ____

B) Total number of common stock shareholders: ____

C) Total number of common shares owned by its Directors and Officers (direct and beneficial): ____

- D) List any shareholder(s) owning five percent (5%) or more of the common shares directly or beneficially of the Applicant.

Name:	Title:	Ownership Percentage
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____

- E) Has the Applicant been involved in any actual or proposed merger, acquisition, consolidation, and tender offer or divestment during the past three (3) Yes ☐ No ☐ years?

(if yes, attach full details):

- F) Does the Applicant anticipate any public offering of securities or any registration of securities under the Securities Act of 1933 or qualification of securities under Regulation A within the next twelve (12) months?

Yes ☐ No ☐ (If yes, attach full details and submit prospectus):

6. A) Number of persons serving as Partners, Directors or Officers: _____

IF LESS THAN TEN (10), ATTACH BIOGRAPHICAL INFORMATION FOR EACH ITEMS 6A) and 6B).

- B) Number of portfolio managers not included in 6A) _____

- C) Size of research staff not included in 6A) and 6B): _____

- D) Total number of other employees: _____

- E) Have there been any changes in senior management or the portfolio managers within the last year?

☐ YES ☐ NO

If 'YES', please describe: _____

7. Is insurance desired for any other entity or activity related to Applicant? Yes ☐ No ☐

If yes, state entity or activity and describe its function and relationship: _____

IF ANY APPLICANT IS A STATE OR SEC REGISTERED INVESTMENT ADVISER, PLEASE COMPLETE QUESTIONS 8 THROUGH 20:

	Current Year	Prior year
8. A) Total asset value of all accounts:	\$ _____	\$ _____
B) Asset value of largest account:	\$ _____	\$ _____

- C) Total number of accounts: _____
- D) Total number of clients: _____
- E) Number of accounts lost, terminated or otherwise closed during last twelve (12) months: _____
- F) Total asset value of lost, terminated or closed accounts: \$_____
- G) Explanation for lost accounts: _____
- H) Minimum size of accounts currently accepted as new accounts: \$_____
- I) Percentage of accounts for which the Applicant acts as custodian: ____%

9. For those accounts for which the Applicant acts as Investment Counselor or Adviser, please provide a breakdown of assets under management, number of accounts and number of clients that fall into each of the categories listed in the left column:

A) DISCRETIONARY ACCOUNTS:	<u>MARKET ASSET VALUE</u>	<u>NUMBER OF ACCOUNTS</u>	<u>NUMBER OF CLIENTS</u>
ERISA Defined Benefit Plans (except HR 10's and IRA's)	_____	_____	_____
ERISA Defined Contribution Plans	_____	_____	_____
HR 10 and IRA Plans	_____	_____	_____
Non-ERISA Pension and Employee Benefit Plans	_____	_____	_____
Mutual Funds (to which the applicant serves as investment adviser or sub-advisor)	_____	_____	_____
Limited Partnerships (to which the applicant serves as investment adviser or sub-advisor excluding Hedge Funds)	_____	_____	_____
Hedge Funds (to which the applicant serves as general partner, managing member, investment adviser or sub-advisor)	_____	_____	_____
REITS (to which the applicant serves as investment adviser or sub-advisor)	_____	_____	_____
All other accounts (including Personal Accounts)	_____	_____	_____
Accounts for which Applicant is Trustee	_____	_____	_____
Total Book Value of all accounts	<u>0</u>	<u>0</u>	<u>0</u>
B) NON-DISCRETIONARY ACCOUNTS:			
ERISA Defined Benefit Plans (except HR 10's and IRA's)	_____	_____	_____
ERISA Defined Contribution Plans	_____	_____	_____
HR 10 and IRA Plans	_____	_____	_____

Non-ERISA Pension and Employee Benefit Plans	_____	_____	_____
Mutual Funds (to which the applicant serves as investment adviser or sub-advisor)	_____	_____	_____
Limited Partnerships (to which the applicant serves as investment adviser or sub-advisor excluding Hedge Funds)	_____	_____	_____
Hedge Funds (to which the applicant serves as general partner, managing member, investment adviser or sub-advisor)	_____	_____	_____
All other accounts (including Personal Accounts)	_____	_____	_____
Total Book Value of all accounts	<u>0</u>	<u>0</u>	<u>0</u>

10. A) For how many multi-employer (Taft-Hartley), union or governmental employee benefit plans does the Applicant act as Investment Adviser? ____

B) What are the Applicant's total assets under management for multi-employer (Taft-Hartley), union or governmental employee benefit plans? \$_____

Please attach list of multi-employer (Taft-Hartley), union or governmental employee benefit plan clients and the dollar amounts of assets managed.

11. A) May clients select their own brokers for executions? Yes ☐ No ☐

B) Are some client transactions executed by an "in-house" broker-dealer? Yes ☐ No ☐

C) Name of "in-house" broker-dealer: _____

D) Does the applicant use outside selected custodians, broker-dealers or client accounting facilities?

Yes ☐ No ☐

12. Please provide the percentage of total assets under management the Applicant has invested in each of the following:

a. Non-investment grade bonds: ____ %

b. Commodity Futures: ____ %

c. Real Estate: ____ %

d. Options: ____ %

e. Private Placements: ____ %

f. Unregistered Securities: ____ %

g. Direct Placements: ____ %

h. Oil & Gas Joint Ventures: ____ %

i. Cattle Trusts: ____ %

j. Limited Partnerships (excluding hedge funds): ____ %

k. Hedge Funds: ____ %

13. Has the Applicant been inspected by either the SEC or State Regulatory Authority in the last 5 years?

☐ YES ☐ NO

IF "YES", please have the applicant provide a copy of the report along with management's response. _____

14. A) Is there an "approved" list of securities which can be recommended to clients? ☐ YES ☐ NO

B) How are exceptions to this list handled internally and with clients? _____

C) How often do clients receive portfolio financial statements? _____

D) How often are meetings held with clients? _____

E) Describe Applicant's policy for timely notification of discretionary clients of securities transactions and changes in portfolio: _____

F) Describe measures Applicant has instituted to assure that clients' plans comply with ERISA:

G) Describe procedure for decisions and executions when a portfolio manager is not available:

15. A) Does the Applicant have formal written procedures for each of the following? ☐ YES ☐ NO

- A. to determine and document client investment goals and risk tolerance.
- B. to explain and document client understanding of security investment risks.
- C. for verifying suitability of client security purchases.

B) Is there an individual responsible for risk management and compliance for the firm? ☐ YES ☐ NO

C) Does the Applicant have formal written procedures for documenting telephone conversations and a diary/suspense system for follow-up? ☐ YES ☐ NO

D) Does the Applicant have written procedures in place both for a client to follow for notifying the Applicant of new funds deposited to accounts under the Applicant's management and for the Applicant to follow in confirming the receipt of such funds to the client?

☐ YES ☐ NO

E) Does the Applicant have a policy concerning the liquidation of securities transferred to firm's management?

☐ YES ☐ NO

F) Does the Applicant have procedures to confirm that trade orders are understood and executed properly?

☐ YES ☐ NO

If "YES", are instructions or confirmations provided to the broker electronically or via fax?

☐ YES ☐ NO

16. If the Applicant provides Financial Planning Services to clients, please answer the following questions. If you do not provide such services, please indicate "not applicable" and proceed to question 17 ____.

- A) How many professionals provide financial planning services? ____
- B) How many of the individuals listed in #A also provide investment advisory services? ____
- C) How many financial planning clients does the Applicant service? ____
- D) What are the Applicant's financial planning revenues?

Are revenues: ☐ fee generated ☐ commission generated

E) Please provide the following:

Type of Revenue	Percentage Of Financial Planning Revenue
a. Fees for preparing financial plans	____%
b. Commissions from Life/Health/Disability products sales	____%
c. Commissions from Mutual Fund, Annuity, Stocks/Bonds, Derivatives, Real Estate Investment Trust, Unregistered Securities sales?	____%
d. Other product sales related to financial planning (please describe products) _____	____%
e. Tax Planning and/or preparation fees	____%
f. CPA or other accounting services fees	____%
g. Estate Planning Fees	____%
h. Insurance Planning Fees	____%
i. Retirement Planning Fees	____%
j. Education Planning Fees	____%
k. Daily Cash Management/Bill Paying Services	____%
l. Other Services (please describe) _____	____%

17. A) Annual fees for Investment Advising Services: \$ _____

B) Other income: \$ _____

Explain sources of other income:

18. Has the applicant filed any amendments to Item 11 in its Form ADV filed with the SEC or state regulatory authority?

Yes ☐ No ☐

If yes, attach full details: _____

19. A) Name and address of outside counsel: Name

Address, City, St, Zip

B) Has the Applicant changed its outside counsel in the past three (3) years? Yes ☐ No ☐

(If yes, attach full details): _____

20. A) Name and address of firm employed as public accountants: Name

Address, City, St, Zip

B) Has the Applicant changed its auditor in the last three (3) Yes ☐ No ☐ years?

(If yes, attach full details): _____

IF ANY APPLICANT IS A REGISTERED INVESTMENT COMPANY OR HEDGE FUND PLEASE COMPLETE QUESTIONS 21 THROUGH 25:

21. With respect to each Fund to be covered under this policy, please provide the following information (attach an extra sheet if necessary):

A)	<u>NAME OF EACH FUND & YEAR ESTABLISHED</u>	<u>TOTAL ASSETS</u>	<u>SALES DURING PAST 12 MONTHS</u>	<u>REDEMPTIONS DURING PAST 12 MONTHS</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B) Name & Address of Advisers and/or Sub Advisers: Name

Address, City, St, Zip

C) Name & Address of General Distributor: Name

Address, City, St, Zip

D) Name & Address of the Bank or Firm performing prime brokerage and/or shareholder accounting services:

Name

Address, City, St, Zip

22. (A) Have there been any changes or modifications in the investment restrictions or limitations of any fund during the past two (2) years? (If yes, give full details):_____

(B) Have there been any material changes in the administrative operations or investment policies of any fund during the past two (2) years? (If yes, give full details): _____

23. Indicate the date(s) of the last inspection conducted by the SEC (Securities and Exchange Commission) for each Investment Company for which coverage is desired: _____

24. A) Name and address of law firm acting as counsel for the funds: Name

Address, City, St, Zip

B) Has the Applicant changed its outside counsel in the past three (3) years? Yes ☐ No ☐
(If yes, attach full details): _____

C) Does the firm supply a written opinion as to the legality of any change in Investment and Management Policy?
Yes ☐ No ☐

25. A) Name and address of firm employed as accountants for the funds: Name

Address, City, St, Zip

B) Has the Applicant changed its auditor in the last three (3) years? Yes ☐ No ☐
(If yes, attach full details): _____

(C) State frequency and nature of auditing services conducted:): _____

QUESTIONS 26 THROUGH 28 MUST BE COMPLETED BY ALL APPLICANTS. (RENEWAL APPLICANTS, QUESTION 28. NEED NOT BE ANSWERED)

26. Has the Applicant ever received any regulatory or governmental inquiries or subpoenas regarding any late trading or market timing of any Mutual Fund(s)? Yes ☐ No ☐
If yes, please provide complete details.

27. Has any claim or litigation been brought against the Applicant or any of its Partners, Directors, Officers, Trustees or Employees in their capacities as Investment Advisers, Financial Planners, or in connection with the operation of an Investment Company?
Yes ☐ No ☐

If yes, attach full details:

28. Does the Applicant or any of its Partners, Directors, Officers, Trustees or Employees have any knowledge of any fact, circumstance or act which might give rise to a claim under the proposed policy? Yes ☐ No ☐

(If yes, attach full details):

Pertaining to Questions 27 and 28 above, it is agreed that if the Undersigned or any Insured proposed for this insurance has knowledge of any such fact or circumstance or if such pending or prior claim or suit exists, then any claim or suit arising there from shall be excluded from coverage under the proposed policy.

29. The following documents are attached and considered to be made a part of this Application and any policy subsequently issued:
- A) Applicant's latest audited annual report and each Fund's latest Prospectus and Statement of Additional Information or Private Placement Memorandum;
 - B) Applicant's latest 10-K report filed with the SEC and most recent proxy statement (if the Applicant is publicly traded);
 - C) Copy of brochure and sample contract offered to clients;
 - D) Information indicating overall portfolio performance for past five (5) years and include comparative results to Standard and Poors, Salomon Brothers Bond Index or similar indices;
 - E) Brief resumes of all Professionals in the firm;
 - F) Latest ADV Report as filed with the SEC;
 - G) Complete list of all Directors and their principal business affiliations.
 - H) A copy of the report from any SEC inspection occurring within the last five years (or since the last renewal if this is an application for renewal with The Hartford) and management's response to such report.

THE UNDERSIGNED REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED FURTHER REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE HARTFORD INSURANCE COMPANY LISTED ON PAGE 1.

SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

FRAUD WARNING

ARKANSAS 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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 APPLICANTS: 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 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 OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA 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.

MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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.

NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA 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.

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.

WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signed: _____

Date: _____

Title: _____

(must be signed by the Chairperson, CEO, CFO or President)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO YOUR INSURANCE AGENT OR BROKER FOR SUBMISSION TO HARTFORD FINANCIAL PRODUCTS.