

## SUPPLEMENTAL APPLICATION

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Limit: ☐ \$500,000 / \$500,000 ☐ \$1,000,000 / \$1,000,000

Deductible: ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000

Revenues:

• Total US Revenues: \$ \_\_\_\_\_

• Total California Revenues: \$ \_\_\_\_\_

☐ Please check if this is an estimate

1. Are you aware of California Proposition 65? ☐ Yes ☐ No

2. Are your products and labeling in compliance with Prop 65? ☐ Yes ☐ No

a. If No, please explain:

3. Do you have a written Prop 65 compliance protocol or program? ☐ Yes ☐ No

a. If No, please explain:

4. Do you require legal review of all labels and promotional materials for Prop 65 compliance?

☐ Yes ☐ No

5. If you are a manufacturer, do you test all incoming ingredients to ensure conformance with Prop 65 thresholds? ☐ Yes ☐ No ☐ N/A

6. If you are a manufacturer, do you test / review all finished products to ensure compliance with Prop 65?

☐ Yes ☐ No ☐ N/A

If the answer to either 5 or 6 above is "No", please explain your product QC process:

7. If you are a distributor of products manufactured by others, do you test / review all finished products to ensure compliance with Prop 65? ☐ Yes ☐ No ☐ N/A

If the answer is "No", please explain your product QC process:

8. Do you maintain an on-site laboratory to perform product testing for Prop 65 compliance? ☐ Yes ☐ No  
a. If yes, is your lab or its processes accredited or validated by an outside firm? ☐ Yes ☐ No  
b. If no, please provide the name(s) of the outside labs you employ:

9. Have you received any notice of violation under Prop 65 in the past 5 years? ☐ Yes ☐ No  
a. If yes, please provide an addendum that details each notice, including any penalties assessed, settlements in lieu of penalty agreed, and your defense costs incurred.
10. Are you aware of any adverse events or products non-conformities that could give rise to a Prop 65 Notice of Violation? ☐ Yes ☐ No  
a. If yes, please provide additional details:

#### FRAUD WARNINGS

**GENERAL:** 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.

**The fraud warnings listed below are applicable in the following states: AL, AZ, AR, CA, CO, DC, FL, ID, KY, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, TN, VT, VA, WA or WV. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your claim.**

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly

presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** 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.

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** 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:** 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:** 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.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**LOUISIANA:** 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:** 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.

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW MEXICO:** 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:** 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:** 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:** 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:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**PENNSYLVANIA:** 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 act, which is a crime and subjects such person to criminal and civil penalties. **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.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**VIRGINIA:** 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:** 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 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.

The undersigned represents that the statements set forth in this Application are true and correct. The undersigned agree that the information provided in this Application and any material submitted herewith are the basis for issuance of the insurance Policy. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy.

The undersigned further agrees:

- If the undersigned discovers or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the Policy inception date, the undersigned must provide notice of such change in writing to the insurer as soon as practicable.
- Any Policy issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the Applicant to purchase insurance.

**Application must be signed and dated by a principal, partner, officer or director of the firm.**

Your Signature: \_\_\_\_\_

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

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY.

Agent or Broker: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_