

PRODUCER NAME _____ PRODUCER NUMBER _____

REQUESTED EFFECTIVE DATE / / 12:01AM POLICY NUMBER _____
MM DD YYYY COMPANY USE ONLY

Legal Professional Liability Insurance Application

NATIONAL LIABILITY & FIRE INSURANCE COMPANY



I. GENERAL INFORMATION

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY

PLEASE PRINT LEGIBLY AND ANSWER ALL QUESTIONS. IF A QUESTION IS NOT APPLICABLE, STATE "N/A".
IF ADDITIONAL SPACE IS NEEDED, PLEASE USE SUPPLEMENTAL FORM WITH A REFERENCE TO THE QUESTION.
PLEASE ATTACH A COPY OF THE APPLICANT'S LETTERHEAD(S) AND CURRENT POLICY DECLARATIONS PAGE TO THIS APPLICATION.

A. _____
APPLICANT/FIRM NAME

SUITE STREET ADDRESS

CITY STATE AL ZIP CODE COUNTY

BUSINESS PHONE BUSINESS FAX NUMBER OF ATTORNEYS

E-MAIL ADDRESS

B. PRIMARY CONTACT INFORMATION:

CONTACT PERSON NAME TITLE

WEBSITE ADDRESS(ES)

C. IF THE APPLICANT HAS ANY OTHER LOCATIONS OR BRANCH OFFICES, PROVIDE THE FOLLOWING INFORMATION FOR EACH:
IF THE APPLICANT HAS NO OTHER LOCATIONS OR BRANCH OFFICES, PLEASE CHECK HERE:

1. _____
SUITE STREET ADDRESS

CITY STATE ZIP CODE COUNTY

D. IS THE APPLICANT ENGAGED SOLELY IN THE FULL-TIME PRIVATE PRACTICE OF THE LAW? YES NO

IF NO, PLEASE EXPLAIN: _____

E. DOES THE APPLICANT ADVERTISE THEIR SERVICES OTHER THAN WITH FIRM BROCHURES OR THE APPLICANT'S WEBSITE? YES NO

IF YES, CHECK ALL THAT APPLY AND ATTACH A COPY OF THE ADVERTISING OR ITS COPY OR TRANSCRIPT.

RADIO TELEVISION BILLBOARDS YELLOW PAGES PERIODICALS INTERNET

F. LIST ALL PREDECESSOR FIRMS OF THE APPLICANT FOR WHICH COVERAGE IS BEING SOUGHT UNDER THIS POLICY. (PREDECESSOR FIRM MEANS AN ATTORNEY, FIRM OR PROFESSIONAL LEGAL CORPORATION ENGAGED IN THE PRACTICE OF LAW TO WHOSE FINANCIAL ASSETS AND LIABILITIES THE APPLICANT IS THE MAJORITY SUCCESSOR IN INTEREST.)

NAME OF FIRM	DATE FORMED (MM/YYYY)	DATE DISSOLVED, MERGED, ETC (MM/YYYY)	% OF ASSETS ASSUMED	% OF LIABILITIES ASSUMED	NUMBER OF ATTORNEYS

ATTACH AN ADDENDUM USING THIS FORMAT IF ADDITIONAL SPACE IS REQUIRED. IF THIS QUESTION IS LEFT BLANK, COVERAGE WILL NOT BE PROVIDED FOR ANY PREDECESSOR FIRMS.

II. INSURANCE HISTORY & INFORMATION

A. WHAT DATE WAS THE APPLICANT ESTABLISHED? _____ / _____ / _____
MM / DD / YYYY

B. CURRENT POLICY RETROACTIVE DATE: _____ / _____ / _____ **REQUESTED RETROACTIVE DATE:** _____ / _____ / _____
MM / DD / YYYY MM / DD / YYYY

C. LIMITS REQUESTED:
 PLEASE SPECIFY AMOUNT PER OCCURRENCE \$ _____ / AGGREGATE \$ _____

D. DEDUCTIBLE REQUESTED: PLEASE SPECIFY AMOUNT \$ _____

E. EXPIRATION DATE OF THE APPLICANT'S CURRENT LAWYERS PROFESSIONAL LIABILITY POLICY: _____ / _____ / _____ **12:01 AM**
MM / DD / YYYY

F. PLEASE LIST ANY AND ALL PRIMARY AND EXCESS LAWYERS PROFESSIONAL LIABILITY POLICIES CARRIED BY THE APPLICANT OR ANY PREDECESSOR FIRMS FOR EACH OF THE LAST FIVE YEARS, INCLUDING ANY EXTENDED REPORTING PERIODS:

POLICY PERIOD (MM/DD/YYYY TO MM/DD/YYYY)	INSURANCE COMPANY	LIMITS (PER CLAIM/AGG)	DEDUCTIBLE (PER CLAIM/AGG)	PREMIUM (\$)

G. HAVE THERE BEEN ANY GAPS IN CONTINUOUS CLAIMS-MADE COVERAGE FOR THE LAST 8 YEARS? YES NO
 IF YES, PLEASE GIVE THE DATE(S) AND THE REASON(S) FOR ALL SUCH GAPS (ATTACH AN ADDENDUM IF MORE SPACE IS REQUIRED):

H. DOES THE APPLICANT'S CURRENT LEGAL PROFESSIONAL LIABILITY POLICY HAVE ANY CUSTOMIZED ENDORSEMENTS SPECIFIC TO THE FIRM OR LIMITATION OF PRIOR ACTS COVERAGE INCLUDING PRIOR ACTS EXCLUSIONS? YES NO

IF YES, PLEASE ATTACH A COPY OF THE ENDORSEMENT AND EXPLAIN: _____

III. GENERAL FIRM INFORMATION

A. DOES THE APPLICANT SHARE ANY OF THE FOLLOWING WITH OTHER ATTORNEYS OR FIRMS? YES NO
 PLEASE CHECK ALL THAT APPLY AND GIVE FULL PARTICULARS OF THE SHARING PRACTICES IN AN ADDENDUM TO THE APPLICATION.

- OFFICE SPACE EXPENSES SUPPORT STAFF LETTERHEAD CASES FEES

B. PROVIDE THE APPLICANT'S GROSS REVENUES:

YEAR	YEAR END DATE (MM/YYYY)	GROSS REVENUES (\$)
PRIOR FISCAL YEAR		
TWO YEARS PRIOR		

C. IS THE APPLICANT A SOLO PRACTITIONER? YES NO
 IF YES, DOES THE APPLICANT HAVE AN ATTORNEY WHO WILL HANDLE THEIR PRACTICE AND LEGAL MATTERS ON THEIR BEHALF IF THEY ARE ABSENT FOR AN EXTENDED PERIOD OF TIME? YES NO
 IF YES, PLEASE PROVIDE THE FOLLOWING:

NAME _____

IV. PROFESSIONAL STAFF

A. PLEASE LIST THE TOTAL NUMBER OF ALL CURRENT NON-ATTORNEY EMPLOYEES:

1. LAW CLERKS _____ 2. PARALEGALS _____ 3. ABSTRACTORS/TITLE AGENTS _____
 4. INVESTIGATORS _____ 5. CLERICAL/OFFICE STAFF _____ 6. OTHER _____

B. PLEASE LIST THE TOTAL NUMBER OF:

1. ATTORNEYS IN THE APPLICANT THIS YEAR _____ 2. ATTORNEYS LEAVING THE APPLICANT IN THE LAST 12 MONTHS _____
 3. ATTORNEYS IN THE APPLICANT LAST YEAR _____ 4. ATTORNEYS JOINING THE APPLICANT IN THE LAST 12 MONTHS _____

C. PLEASE LIST ALL OF THE APPLICANT'S ATTORNEYS, INCLUDING BUT NOT LIMITED TO ALL OWNERS, PRINCIPALS, PARTNERS, OFFICERS, ASSOCIATES, EMPLOYED ATTORNEYS AND OF COUNSEL, FOR WHOM COVERAGE IS BEING SOUGHT. COVERAGE ONLY APPLIES TO PROFESSIONAL SERVICES PERFORMED ON BEHALF OF THE APPLICANT.

ADD ADDITIONAL PAGES IN THE SAME FORMAT AS NECESSARY TO PROVIDE ALL INFORMATION. STATUS CODES ARE: P = PARTNER, OWNER, OFFICER, PRINCIPAL OR SHAREHOLDER; A = ASSOCIATE OR EMPLOYED LAWYER; OC = OF COUNSEL; IC = INDEPENDENT CONTRACTORS FOR WHOM YOU SEEK COVERAGE.

FULL NAME	STATUS	# OF YEARS IN PRACTICE	STATES ADMITTED TO THE BAR	DATE JOINED APPLICANT (MM/YYYY)	HOURS WORKED PER WEEK	CLE HOURS MOST RECENT REPORTING PERIOD

ATTACH AN ADDENDUM IN THIS FORMAT IF MORE SPACE IS REQUIRED.

V. AREAS OF PRACTICE

A. DOES ANY OF THE APPLICANT'S WORK INVOLVE REPRESENTATION OF PLAINTIFFS IN CLASS ACTIONS OR MASS TORT LITIGATION? YES NO

IF YES, PLEASE COMPLETE THE PLAINTIFF LAW SECTION OF THE AREA OF PRACTICE SUPPLEMENT.

B. USING THE CHART BELOW, PLEASE IDENTIFY THE APPLICANT'S AREAS OF PRACTICE BASED ON THE APPLICANT'S GROSS BILLINGS IN THE MOST RECENT COMPLETE FISCAL YEAR.

AREA OF PRACTICE	LAST YEAR	THIS YEAR	CURRENT BREAKDOWN WITHIN PARTICULAR AREA OF LAW: (SHOULD TOTAL 100%)		
ADMIRALTY/MARITIME	%	%	% PLAINTIFF	% DEFENSE	% OTHER
ANTITRUST/TRADE REGULATION	%	%	% PLAINTIFF	% DEFENSE	% OTHER
APPELLATE	%	%			
BANKRUPTCY	%	%	% CREDITOR	% DEBTOR	COURT APPOINTED % TRUSTEE
BUSINESS & COMMERCIAL LITIGATION	%	%	% PLAINTIFF		% DEFENSE
BUSINESS FORMATION & ALTERATION	%	%	FORMATION/ % DISSOLUTION	MERGER & % ACQUISITIONS	% OTHER
BUSINESS TRANSACTIONS/ COMMERCIAL LAW	%	%	PUBLIC % CORPORATIONS	PRIVATE CORPORATIONS/ % INDIVIDUALS	% OTHER
CIVIL RIGHTS & DISCRIMINATION	%	%	% PLAINTIFF	% DEFENSE	% OTHER
COLLECTIONS	%	%	% CREDITOR	% DEBTOR	% OTHER
CONSTRUCTION LAW/ BUILDING CONTRACTS	%	%	% PLAINTIFF	% DEFENSE	% TRANSACTIONAL
CONSUMER CLAIMS (NOT CLASS ACTIONS)	%	%			
CRIMINAL LAW	%	%			
ELDER LAW (NOT TAX OR ETP)	%	%			
* ENTERTAINMENT LAW	%	%	% INCL. MONEY MANAGEMENT		% EXCL. MONEY MANAGEMENT
ENVIRONMENTAL LAW	%	%	% PLAINTIFF	% DEFENSE	% OTHER
ESTATES/ TRUST/ PROBATES	%	%	ESTATE % PLANNING	TRUST % ADMINISTRATION	% OTHER
FAMILY LAW	%	%	% DIVORCE	% ADOPTION	% OTHER
FEDERAL, STATE GOVERNMENT / LOBBYING	%	%	GENERAL OR % FINANCIAL ADVICE	% DEFENSE	% OTHER
* FINANCIAL INSTITUTIONS	%	%			
IMMIGRATION & NATURALIZATION	%	%			
* INTELLECTUAL PROPERTY	%	%	% PATENT	TRADEMARK % COPYRIGHT	% LITIGATION
INTERNATIONAL LAW	%	%			
LABOR/EMPLOYMENT	%	%	% MANAGEMENT	% UNION/LABOR	% OTHER
NATURAL RESOURCES/ OIL & GAS	%	%	% PLAINTIFF	% DEFENSE	% OTHER
* PERSONAL INJURY/ PROPERTY DAMAGE	%	%	* CLASS ACTION/ % MASS TORT PLAINTIFF		CLASS ACTION/ % MASS TORT DEFENSE
			* MEDICAL % MALPRACTICE PLAINTIFF		MEDICAL % MALPRACTICE DEFENSE
			* % OTHER PI/BI PLAINTIFF		% OTHER PI/BI DEFENSE
* REAL ESTATE	%	%	% COMMERCIAL		% RESIDENTIAL
* SECURITIES/ CORPORATE BONDS	%	%	% CORPORATE BONDS		% OTHER
TAXATION/TAX OPINIONS/TAX SHELTERS	%	%	% TAX SHELTERS	% CORPORATE	% OTHER
WORKERS' COMPENSATION	%	%	% EMPLOYER		% EMPLOYEE
OTHER	%	%	PLEASE DESCRIBE:		
	=100%	=100%			

*PLEASE COMPLETE THE APPROPRIATE AREA IN THE AREA OF PRACTICE SUPPLEMENT IF THE APPLICANT PROVIDES SERVICES IN ANY OF THE FOLLOWING AREAS: ENTERTAINMENT, FINANCIAL INSTITUTIONS, INTELLECTUAL PROPERTY, PERSONAL INJURY/PROPERTY DAMAGE - PLAINTIFF, REAL ESTATE, OR SECURITIES.

VI. RISK MANAGEMENT

A. CHECK ALL THAT APPLY TO THE APPLICANT'S CLIENT SCREENING & COMMUNICATION PROCEDURES. WITH RESPECT TO CLIENTS OR MATTERS, DOES THE APPLICANT:

- ROUTINELY USE ENGAGEMENT LETTERS FOR NEW CLIENTS AND MATTERS
- ROUTINELY USE WRITTEN FEE AGREEMENTS/RETAINER LETTERS FOR NEW CLIENTS OR MATTERS
- ROUTINELY USE NON-ENGAGEMENT LETTERS TO DECLINE A NEW CLIENT OR MATTER
- ROUTINELY USE DISENGAGEMENT LETTERS TO END REPRESENTATION
- HAVE WRITTEN PROCEDURE AND FORMS FOR CLIENT SCREENING & COMMUNICATION
- USE APPLICANT'S OR ANOTHER'S WEBSITE FOR CLIENT INTAKE, SCREENING OR COMMUNICATION
- NONE OF THE ABOVE

B. CHECK ALL THAT APPLY TO THE APPLICANT'S CONFLICT OF INTEREST PROCEDURES. WITH RESPECT TO CONFLICT OF INTEREST CHECKING, DOES THE APPLICANT HAVE:

- ORAL/MEMORY SYSTEM COMPUTERIZED SYSTEM INDEX FILE SYSTEM
- CLIENT LISTS SYSTEM WRITTEN PROCEDURES NO SYSTEM

C. CHECK ALL THAT APPLY TO THE APPLICANT'S CALENDARING OR DOCKET CONTROL PROCEDURES. WITH RESPECT TO CALENDARING OR DOCKET CONTROL, DOES THE APPLICANT HAVE:

- AT LEAST TWO INDEPENDENT CONTROLS, CALENDARS OR SYSTEMS
- A DESIGNATED DOCKET CONTROL OR CALENDARING PERSON RESPONSIBLE FOR THE FIRM'S CALENDAR & DEADLINES
- A COMPUTERIZED SYSTEM
- NONE OF THE ABOVE

VII. CLIENT PROFILE & FINANCIAL INFORMATION

- A. WHAT PERCENTAGE OF THE APPLICANT'S BILLINGS ARE OVER 90 DAYS OVERDUE?** _____ %
- B. HAS THE APPLICANT FILED ANY SUITS AGAINST ITS OWN CLIENTS IN THE LAST FIVE YEARS TO ENFORCE THE COLLECTION OF UNPAID FEES?** YES NO
IF YES, HOW MANY? _____
WHAT IS THE PROCEDURE FOR DETERMINING WHETHER TO FILE A SUIT FOR FEES? _____
- C. HAS THE APPLICANT OR ANY OF ITS PAST OR PRESENT ATTORNEYS SERVED AS AN OFFICER, DIRECTOR OR EMPLOYEE OF A FOR-PROFIT OR NON-PROFIT ENTERPRISE OTHER THAN THE APPLICANT, OR HAD ANY KIND OF DEBT, EQUITY OR OWNERSHIP INTEREST IN A CLIENT OF THE APPLICANT, OR ENGAGED IN ANY BUSINESS VENTURE WITH A CLIENT OF THE APPLICANT?** YES NO
IF YES, PLEASE COMPLETE THE OUTSIDE INTERESTS SUPPLEMENT.
- D. DOES THE APPLICANT HAVE ANY SINGLE CLIENT(S) THAT REPRESENTS MORE THAN 25% OF ITS GROSS REVENUES?** YES NO
IF YES, PLEASE PROVIDE EACH SUCH CLIENT'S NAME, INDUSTRY, A DESCRIPTION OF THE SERVICES PROVIDED BY THE APPLICANT AND THE PERCENTAGE OF THE GROSS REVENUES THAT CLIENT REPRESENTS IN AN ADDENDUM TO THIS APPLICATION.

VIII. CLAIMS HISTORY

PLEASE COMPLETE THE CLAIM/SUIT INFORMATION FORM, SECTION IX. FOR EACH CLAIM, POTENTIAL CLAIM OR SUIT.

- A. IN THE PAST FIVE YEARS HAS THE APPLICANT OR ANY ATTORNEY FOR WHOM COVERAGE IS SOUGHT EVER BEEN INVOLVED, DIRECTLY OR INDIRECTLY, IN A CLAIM, POTENTIAL CLAIM, OR SUIT ARISING OUT OF THE RENDERING OR FAILING TO RENDER LEGAL SERVICES?** YES NO
IF YES, HOW MANY?
- B. IS THE APPLICANT OR ANY ATTORNEY FOR WHOM COVERAGE IS SOUGHT AWARE OF ANY ACT, ERROR, OMISSION, OR INCIDENT THAT MIGHT REASONABLY BE EXPECTED TO RESULT IN A CLAIM OR SUIT BEING MADE AGAINST THEM?** YES NO
IF YES, HOW MANY?
- C. HAS THE APPLICANT OR ANY ATTORNEY FOR WHOM COVERAGE IS SOUGHT EVER BEEN DISBARRED, REFUSED ADMISSION TO PRACTICE LAW, SUSPENDED, REPRIMANDED, SANCTIONED, FINED, PLACED ON PROBATION, HELD IN CONTEMPT, OR THE SUBJECT OF DISCIPLINARY ACTION OF ANY KIND BY A COURT, ADMINISTRATIVE OR REGULATORY BODY?** YES NO
IF YES, PLEASE GIVE THE FULL PARTICULARS FOR EACH INSTANCE IN AN ADDENDUM TO THIS APPLICATION.
- D. AFTER INQUIRY HAS THE APPLICANT OR ANY OF ITS PAST OR PRESENT ATTORNEYS EVER BEEN CONVICTED OF A FELONY OR A CRIME OF MORAL TURPITUDE?** YES NO
- MISSOURI APPLICANTS/AGENTS DO NOT ANSWER THE FOLLOWING QUESTION:**
- E. HAS ANY LAWYERS PROFESSIONAL LIABILITY CARRIER THAT HAS ISSUED COVERAGE TO THE APPLICANT EVER CANCELED, REFUSED TO RENEW, OR REDUCED LIMITS ON RENEWAL OF SUCH COVERAGE?** YES NO
IF YES, PLEASE GIVE THE FULL PARTICULARS FOR EACH INSTANCE IN AN ADDENDUM TO THIS APPLICATION.

IX. IMPORTANT NOTICE

THIS INSURANCE IS FOR A CLAIMS-MADE AND REPORTED POLICY. THIS INSURANCE IS LIMITED TO LIABILITY FOR INJURIES FOR WHICH CLAIMS ARE FIRST MADE DURING THE POLICY PERIOD ARISING OUT OF INCIDENTS OR ACTS THAT FIRST OCCURRED ON OR AFTER THE APPLICABLE RETROACTIVE DATE. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

X. PLEASE READ AND SIGN

THE APPLICANT SHALL IMMEDIATELY INFORM THE COMPANY IF ANY STATEMENTS MADE ON THIS APPLICATION (INCLUDING ATTACHMENTS) WERE INACCURATE OR MISLEADING WHEN SUBMITTED, OR ARE NO LONGER ACCURATE, OR HAVE BECOME MISLEADING. IN THE EVENT THAT THE APPLICANT'S STATEMENTS ARE REASONABLY DETERMINED BY THE COMPANY TO BE UNTRUE OR MISLEADING THEN IT SHALL HAVE THE RIGHT TO VOID THE POLICY AS OF THE DATE OF THE INCORRECT OR MISLEADING STATEMENT. IT SHALL ALSO HAVE THE RIGHT TO INCREASE THE PREMIUM, DEDUCTIBLES OR RETENTIONS CONSISTENT WITH HOW IT MIGHT HAVE RESPONDED IF FULLY ACCURATE AND NON-MISLEADING INFORMATION HAD BEEN SUBMITTED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE OR OBLIGATE THE COMPANY TO OFFER COVERAGE. THE COMPANY'S RECEIPT OF THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE COVERAGE MAY BE BOUND AND A POLICY ISSUED.

THE APPLICANT AGREES TO COOPERATE WITH THE COMPANY IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS CONTROL AND WILL ALLOW THE COMPANY TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS PROFESSIONAL INSURANCE EXPOSURES.

THE APPLICANT HEREBY AUTHORIZES AND DIRECTS ANY PERSON OR ORGANIZATION WHATSOEVER TO RELEASE AND FURNISH TO THE COMPANY, AND ITS AGENTS OR REPRESENTATIVES, ANY AND ALL INFORMATION REQUESTED WHICH MAY RELATE TO INSURABILITY UNDER THE POLICY. THE APPLICANT FURTHERMORE AUTHORIZES THE RELEASE OF ALL SUCH INFORMATION BY THE COMPANY AS REQUIRED BY LAW TO ANY GOVERNMENTAL AGENCY OR PROFESSIONAL SOCIETY OR ASSOCIATION.

THE APPLICANT FURTHERMORE RELEASES AND AGREES TO HOLD HARMLESS THE COMPANY, AND ALL OF ITS AGENTS AND REPRESENTATIVES, ANY PRIOR INSURER, GOVERNMENTAL AGENCY, OR PROFESSIONAL SOCIETY OR ASSOCIATION FROM ANY LIABILITY ARISING OUT OF THE RELEASE OR REVIEW OF ANY AND ALL INFORMATION RELEASED OR FURNISHED PURSUANT TO THIS AUTHORIZATION AND APPLICATION FOR INSURANCE, NOTWITHSTANDING THE FACT THAT THERE MAY BE ERRORS, OMISSIONS, OR MISTAKES CONTAINED IN SUCH RELEASED INFORMATION.

SIGNATURE OF AUTHORIZED INDIVIDUAL

TITLE

DATE

PRINT NAME

XI. FRAUD NOTICE

UNDER THE LAWS OF YOUR STATE, IT MAY BE A CRIMINAL OFFENSE TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY. PENALTIES FOR FRAUD MAY RESULT IN ONE OR MORE OF THE FOLLOWING: IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

PLEASE INITIAL THE STATEMENTS ON THE FOLLOWING PAGES FOR THE STATES APPLICABLE TO THE COVERAGE BEING APPLIED FOR.

MANDATORY: ALL APPLICANTS MUST READ AND INITIAL THE FOLLOWING UNLESS IN ONE OF THE STATES BELOW:

ANY PERSON WHO KNOWINGLY 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 ALSO PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES IN CERTAIN JURISDICTIONS.

INITIAL HERE

XII. FRAUD NOTICE - STATE STATUTORY REQUIREMENT

See Above

See Above

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