CNA

Small Business – Life Sciences

Manufacturing and Distributors Application

This is an application for a CLAIMS MADE POLICY. Should this application be accepted by the company, coverage will apply to claims first made against the insured during the policy period. No coverage will apply for claims first made against the insured after the end of the policy period unless the extended reporting period applies. No coverage will apply for claims first made prior to the retroactive date shown in the declarations of the policy. The completion and submission of this application to the company does not constitute a binder of insurance. All questions must be answered.

If a question is not applicable, answer N/A. If the answer to the question is none, state 'none' or '0'. If more space is required to answer a question completely, please provide a separate attachment and identify the question it responds to.

Applicant Information

Applicant's Legal Name _____

Applicant's Location Address _____

Address Line 2 _____

City, State, ZIP Code _____

If mailing address is not the same as the location address, enter the mailing address below.

Applicant's Mailing Address _____

Address Line 2 _____

City, State, ZIP Code _____

Contact Phone Number _____

Email Address _____

Website Address _____

Legal Entity Type _____

Years in Business _____

Description of Operations

If any acquisitions/mergers have occurred in the last 5 years, list below.

Acquisition Company Name	Acquisition Date

Current Policy Information

Effective Date _____ Expiration Date _____

Retroactive Date _____

If coverage with a prior carrier exists, list below.

Prior Carrier _____

Effective Date _____

Expiration Date _____

Limit Type _____

Each Claim Limit _____

Each Claim Deductible _____

Each Claim SIR _____

Aggregate Limit _____

Aggregate Deductible _____

Aggregate SIR _____

Retroactive Date _____

List any paid, reserved or pending claim activity not yet reported to current carrier.

Date of Claim	Type/Description of Claim	Estimated Amount of Claim	Carrier

If the applicant has additional entities to be included as "Named Insureds," schedule below.

Additional Entity to be Included as Named Insured	Street Address, City, State, ZIP Code	Description of Operations	% of Ownership	Retroactive Date

Coverage Underwriting/Eligibility Questions

Does the applicant have or is the applicant involved in any of the following?

Medical Devices

- ☐ Cold Therapy Devices
- ☐ Concussion/Sport Safety and Testing
- ☐ Contraceptive Devices
- ☐ Any Cosmetic or Medical Devices Used for Cosmetic Procedures
- ☐ Discontinued Products for Safety/ Recall
- ☐ Duodenoscopes
- ☐ Food Testing Devices (Exception/ Referral)
- ☐ Gynelogical Ablation Devices
- ☐ Heat Therapy Devices
- ☐ Home Medical Alert Monitoring Devices
- ☐ Infusion Pumps for Pain Management
- ☐ IVC Filter
- ☐ Lab-based Testing Services (CLIA, Genetic, General Patient/Athletics)
- ☐ Medical Staff Providing Direct Patient Care
- ☐ Power Morcellators for Gynecological Use
- ☐ Prosthetic/Orthotic Fitters
- ☐ Re-usable Warming/Cooling Devices
- ☐ Robotic Surgery Devices
- ☐ Synthetic Mesh Used for Gynecological or Urologic
- ☐ Weight Loss Devices

Pharmaceuticals, Vitamins or Nutraceuticals

- ☐ Contraceptive or Birth Control Medication
- ☐ Compounding Drugs
- ☐ Discontinued Products for Safety/ Recall
- ☐ Energy Drinks
- ☐ Medical Staff Providing Direct Patient Care
- ☐ Pharmaceutical or Dietary Supplements Sold for Agriculture
- ☐ Specified Nutraceutical ingredients (Aristocholia, Kava, Ephedrine, Ephedra, Usnea, Usnic Acid, Yohinbe)

If the applicant sponsors clinical trials, are they involved with any of the following?

- ☐ Breast, Buttocks, Facial and/or Pectoral Implants
- ☐ Blood and/or Blood Products
- ☐ Clinical Trials Where No-Fault Coverage Exists
- ☐ Contraceptive Devices or Medications
- ☐ Gene and/or Stem Therapy
- ☐ Live Virus Vaccine Studies
- ☐ Minor Enrollees
- ☐ Nursing Mothers
- ☐ Obesity and/or Weight Loss Drugs
- ☐ Pediatrics
- ☐ Pregnant Women
- ☐ Prisoners
- ☐ None of the Above

Does the applicant require the use of a Master Service Agreement (MSA) or contract/ purchase orders for engagements with current and any future business partners? ☐ Yes ☐ No

Complete only if requesting Professional Liability.

Contract Analysis – Identify provisions in the applicant's service agreements.

Check all that apply

- ☐ All Duties and Responsibilities of Each Party
- ☐ Arbitration Clause
- ☐ Attorney Review of all Contracts and Agreements Including Changes Prior to use
- ☐ Choice of Law or Jurisdiction
- ☐ Force Majeure (Extends to any and all Events Outside Applicant's Control)
- ☐ Formal Customer Complaint Procedure
- ☐ Formal Payment Dispute Procedure
- ☐ Guarantees
- ☐ Hold Harmless Agreements/ Indemnifications
- ☐ Limitation of Consequential Damages
- ☐ Limitation of Liabilities
- ☐ Warranty Disclaimers

Revenue

Projected Domestic Revenue _____

Projected Foreign Revenue _____

Policy Underwriting Questions

General

Medical Devices

Does the applicant provide use and safety training of the products manufactured? ☐ Yes ☐ No ☐ N/A

Does the applicant subcontract use and safety training of the products manufactured? ☐ Yes ☐ No ☐ N/A

Is the subcontractor's manufacturing facility FDA registered? ☐ Yes ☐ No ☐ N/A

Are the applicant's products or components manufactured outside of the US? ☐ Yes ☐ No

If yes, list the countries _____

Are any products sold as components for other products? ☐ Yes ☐ No

If yes, explain and provide end-product details _____

Regulatory

Has the applicant had a recent FDA inspection in the last 12 months which resulted in 483s and/or any open 483s from the past?

If yes, attach copy.

Have there been any of the following?

Adverse Event Reporting (AERs)	☐ Yes	☐ No
Medical Device Reporting (MDRs), Warning Letters	☐ Yes	☐ No
Advisory Memorandums, Complaints, Regulatory Violations/Investigations	☐ Yes	☐ No
Domestic or International Agency, Federal Drug Administration (FDA)	☐ Yes	☐ No
Investigations filed to any products in the last 12 months	☐ Yes	☐ No

If yes, provide details.

Have any clinical trials been discontinued or suspended due to safety reasons? ☐ Yes ☐ No

If yes, provide details.

Risk Management

Quality control program(s)

Check all that the applicant has in place.

- ☐ Loss Prevention Program
- ☐ Quality Management Control Program
- ☐ Regulatory Affairs
- ☐ Client Complaint Resolution Procedures
- ☐ Records Retention Program

Pharmaceuticals/Nutraceuticals/Vitamin Manufacturing

Does the applicant provide nutritional products for consumption by the livestock industry?	☐ Yes	☐ No	☐ N/A
Are any of the applicant's ingredients derived from animals?	☐ Yes	☐ No	☐ N/A

If yes, please list the animal source(s) _____

Does the applicant manufacture or distribute weight loss or body building supplements or medications? ☐ Yes ☐ No

Manufacturing Schedule

Describe all current, previous and new products planned for the next 12 months.

If products exceed five, submit a schedule with the application.

Product Description	Current, Previous or New Product	Intended Use/Application	Year Product Discontinued

Professional Service(s) Schedule

Describe all current, previous and new products planned for the next 12 months.

Complete if your risk provides any professional services.

Professional Service Description	% of Total Revenue Derived from Professional Service

Clinical Trial(s) Schedule

Describe all current, previous and new clinical trials planned for the next 12 months.

Attach copy of protocol and consent form.

Clinical Trial Protocol Name and Description	Clinical Trial Product Category	Clinical Trial Protocol Number	Projected Test Participants for Policy Period	Total Past Test Participants	Phase	Trial Country

Clinical Trial Sponsors

Are patient recruitment materials reviewed by risk management and legal counsel? ☐ Yes ☐ No ☐ N/A

If no, to what extent do you grant authority to individual entities or employees to amend recruitment materials?

Are standard operating procedures (SOPs) reviewed annually? ☐ Yes ☐ No ☐ N/A

Does credentialing of investigators include evaluation for having been disciplined, sanctioned or debarred from completing clinical trial work by a sponsor, CRO or federal government department or agency? ☐ Yes ☐ No ☐ N/A

Is the IRB accredited by the Association for the Accreditation of Human Research Protection Programs? ☐ Yes ☐ No ☐ N/A

Are financial disclosures (research staff) incorporated in the informed consent documents and process? ☐ Yes ☐ No ☐ N/A

Is the informed consent fifth-to-eighth-grade reading level and easily understood by a layperson? ☐ Yes ☐ No ☐ N/A

Professional Service(s) Schedule

Select Coverage(s) Needed

☐ Products Liability ☐ Professional Liability

Products Liability Limits

Each Claim Limit ☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000 ☐ $6,000,000 ☐ $7,000,000 ☐ $8,000,000 ☐ $9,000,000 ☐ $10,000,000

Each Claim Deductible ☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000

Aggregate Limit ☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000 ☐ $6,000,000 ☐ $7,000,000 ☐ $8,000,000 ☐ $9,000,000 ☐ $10,000,000

Aggregate Deductible ☐ Unlimited (No Aggregate) ☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ Other _____

Products Liability Retroactive Date _____

Medical Expenses

Each Person Limit ☐ $1,000 ☐ $5,000 ☐ $10,000 ☐ $25,000

Aggregate Limit ☐ $5,000 ☐ $10,000 ☐ $25,000

Product Recall/Withdrawal (Class 1 Product Recall only – $25,000 limit automatically included)

Optional Sublimit ☐ Excluded ☐ $50,000 ☐ $100,000 ☐ $250,000

Coinsurance (%) ☐ 10% ☐ 20%

Aggregate Deductible ☐ $10,000 ☐ $15,000 ☐ $25,000 ☐ $50,000 ☐ $100,000 ☐ $150,000

Terrorism

Terrorism Coverage (Select if coverage is desired) ☐

If Terrorism is rejected, TRIA Rejection form must be completed at end of application.

Professional Liability

Each Claim Limit ☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000 ☐ $6,000,000 ☐ $7,000,000 ☐ $8,000,000 ☐ $9,000,000 ☐ $10,000,000

Each Claim Deductible ☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000

Aggregate Limit ☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000 ☐ $6,000,000 ☐ $7,000,000 ☐ $8,000,000 ☐ $9,000,000 ☐ $10,000,000

Aggregate Deductible ☐ Unlimited (No Aggregate) ☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ Other _____

Professional Liability Retroactive Date _____

Mitigation Expenses – Applies to both Products and Professional coverage if purchased together or separately ($250,000 limit automatically included)

Optional Sublimit ☐ Excluded ☐ $500,000 ☐ $750,000 ☐ $1,000,000

Coinsurance (%) ☐ 20% (only option)

Product Portfolio

Product Breakdown – Indicate sales/revenue for each product within the applicable category

Medical Devices ☐ **Yes** ☐ **N/A**

Description	Manufacturing Sales/Revenue	Distribution Sales/Revenue (Sale of Other Entities' Branded Products)	Contract Manufacturing Organization (CMO) Sales/ Revenue
Agricultural Products			
Anesthesia Respiratory			
Blood/Plasma/Tissue Products			
Cardiac			
Devices – Imaging			
Devices – Medical			
Devices – Ophthalmic			
Devices – Surgical			
Diagnostic Kits			
Devices – Therapy			
Drug Delivery			
Durable Medical Products			
Hospital Products/Supplies			
Imaging/Diagnostic Agents			
Implants – Active			
Implants – Orthopedic			
Implants – Ophthalmic			
Implants – Non-active			
Instruments – Analytical			
Instruments – Dental			
Laboratory Reagents			
Laser – Dermatology			
Laser – Ophthalmology			
Laser – Surgical			
Monitoring			
Other – Catheters			
Other – Dialysis			
Other – Infusion			
Veterinarian Products			

Pharmaceuticals/Nutraceuticals ☐ **Yes** ☐ **N/A**

Description	Manufacturing Sales/Revenue	Distribution Sales/Revenue (Sale of Other Entities' Branded Products)	Contract Manufacturing Organization (CMO) Sales/ Revenue
Active Pharmaceutical Ingredients			
Over the Counter (OTC) – Diet Aids			
Over the Counter (OTC) – Food Supplements			
Over the Counter (OTC) – Topicals			
Over the Counter (OTC) – Oral			
Over the Counter (OTC) – Vitamins			
Prescrip Topicals/Nutrition			
Prescrip Injectables/Oral – Biological			
Prescrip Injectables/Oral – Branded			
Prescrip Injectables/Oral – Generic			
Vaccines – DNA			
Vaccines – Killed Virus			
Vaccines – Live Virus			
Veterinarian Products			

Blood/Plasma/Tissue Products ☐ **Yes** ☐ **N/A**

Description	Manufacturing Sales/Revenue	Distribution Sales/Revenue (Sale of Other Entities' Branded Products)	Contract Manufacturing Organization (CMO) Sales/ Revenue
Blood/Plasma/Tissue Products			

Complete section below ONLY if applicant's operations include the exposures.

Tissue Processors

Donor Screening and Tissue Procurement/Recovery

Does the applicant perform the tissue procurement? ☐ Yes ☐ No

Does the applicant use a contracted recovery organization for tissue procurement? ☐ Yes ☐ No

Does the applicant or contracted recovery organization's tissue donor physical assessment form include recommendations from the most recent American Association of Tissue Banks (AATB) Guidance Document Tissue Donor Physical Assessment Form? ☐ Yes ☐ No

Does the applicant or contracted recovery organization follow the most recent AATB Guidance Document on Prevention of Contamination and Cross-Contamination At Recovery: Practices & Culture Results? ☐ Yes ☐ No

Does the applicant or contracted recovery agency use a Clinical Laboratory Improvement Act approved laboratory for the following testing: HIV-1, HIV-2, Hepatitis B and Hepatitis C? ☐ Yes ☐ No

Does the applicant or contracted recovery agency review the medical and social history of the donor, family and significant other? ☐ Yes ☐ No

Does the applicant or contracted recovery agency review the donor medical record? ☐ Yes ☐ No

Does the informed consent process include recommendations from the following: ☐ Yes ☐ No

- Model Elements of Informed Consent for Organ and Tissue Donation
- Joint Statement of AATB Association of Organ Procurement Organizations
- Eye Bank Association of America

Donor Approval

Is there an initial inspection of tissue utilizing acceptance and rejection criteria? ☐ Yes ☐ No

Is a medical director required to conduct the review for donor approval? ☐ Yes ☐ No

Does review for donor approval include the following: ☐ Yes ☐ No

- Physical assessment form
- Medical, social and sexual history inquiry
- Medical history and medical records
- Infectious disease serological testing
- Disease screening for infections, adverse conditions and risk factors such as malignancies
- Coroner and autopsy reports, if applicable
- Informed consent document

Is tissue ever released for processing prior to the medical director signing the donor record indicating release approval? ☐ Yes ☐ No

Tissue Processing and Sterilization

Are steps to remove and deactivate any foreign agents performed by heat, chemicals, dehydration or a combination of these? ☐ Yes ☐ No

Are validation studies, including viruses, bacteria and fungi completed to ensure that tissue processing is effective? ☐ Yes ☐ No

Is tissue ever pooled from more than one donor? ☐ Yes ☐ No

Is tissue stored at temperatures required by the FDA and the AATB? ☐ Yes ☐ No

Are there alarms and back-up power sources for freezers/coolers? ☐ Yes ☐ No

Is there a plan for preventive maintenance and calibration of equipment? ☐ Yes ☐ No

Is your organization utilizing proprietary technology for tissue processing and sterilization? ☐ Yes ☐ No

Is your organization utilizing a contracted company for tissue processing and sterilization? ☐ Yes ☐ No

If yes, please attach a copy of the contract.

Tissue Tracking and Labeling

Is there a donor/recipient tracking system? ☐ Yes ☐ No

Is each HCT/P (Human cells, tissues, and cellular and tissue-based products) labeled with a distinct alphanumeric identification code relating to all records pertaining to the donor? ☐ Yes ☐ No

The undersigned authorized officer of the applicant knows of no other relevant facts which might affect the Company's judgment when considering this renewal application and warrants that the statements herein are true, and it is agreed that this renewal application shall be the basis of the renewal contract and shall be deemed incorporated therein should the Company evidence its acceptance of this renewal application by issuance of a renewal policy. It is agreed that this renewal application shall be on file with the Company and that it shall be deemed to be attached to and made part of the renewal policy, if issued, as if physically attached to the renewal policy.

Signature Title

Print Name Date

Terrorism Rejection

OFFER OF REJECTION OF CERTIFIED ACTS OF TERRORISM COVERAGE

INSTRUCTIONS TO INSURED

Solely with respect to any coverages other than a crime, auto, professional liability coverage or any other coverage exempt from the Terrorism Risk Insurance Act, as extended and reauthorized ("Act"), you are hereby notified that under the Act you have a right to purchase insurance coverage of losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, and in accordance with the provisions of such Act and subject to all applicable policy provisions. The Act established a federal program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. This Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism, which is an act committed by an individual or individuals to coerce the government or population of the United States, that results in aggregate losses of $5 million or more. The 2007 re-authorization no longer requires the act of terrorism to be committed by or on behalf of a foreign interest and certified acts of terrorism now encompass, for example, a terrorist act committed against the United States government by a United States citizen when the act is determined by the federal government to be "a certified act of terrorism. "You may choose to exclude Certified Acts of Terrorism, as described above. This Rejection of Certified Acts of Terrorism Coverage Form is valid only if fully completed and returned to us. For each Coverage Part rejected, the corresponding "Reject" area must be checked, and the "Policy Number" and "Policy Period" must be indicated. In addition, the SIGNATURE BLOCK (below) must be completed in its entirety. The applicable policy will then be endorsed to exclude terrorism, and the premium recalculated. Solely with respect to Property Policies, the states of CA, CT, GA, HI, IA, IL, MA, ME, MO, NC, NJ, NY, OR, RI, WA, WI, and WV have Standard Fire Policy (SFP) statutes that are applicable to your Property and, in CA, ME, MO, OR and WI, to your Inland Marine coverages. In these states, coverage is required to be provided for fire damage that results or follows from any cause of loss, even those that are otherwise excluded. As a result, although certified acts of terrorism are excluded from your policy, we are statutorily required to insure against fire damage that might result from otherwise excluded acts of terrorism. In addition, certain states may not allow coverage for certified acts of terrorism to be rejected for any coverage part. Terrorism coverage cannot be rejected for Workers' Compensation in any state. If the circumstances in the above paragraph apply, the United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Act exceed $100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds $100 billion. Further, this coverage is subject to a limit on our liability, pursuant to the federal law where if aggregate insured losses attributable to terrorist acts certified under the Act exceed $100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

REJECTION OF TERRORISM STATEMENT

I hereby agree to the rejection of terrorism coverage. I understand that a rejection of terrorism coverage means the exclusion of foreign and domestic acts of terrorism that are determined by the Department of Treasury to be Certified Acts of Terrorism as defined in the Terrorism Risk Insurance Act. I also recognize by waiving this coverage, if I so choose to add terrorism coverage on at a later date within this policy term, coverage will not be available if the alert level has been raised above "orange". I hereby agree that I am abiding by the rules and terms of my mortgagee, loss payee or additional insured as interest may appear, and have notified them of my intent to reject coverage

SIGNATURE BLOCK

By _____

Authorized Representative's Signature | Authorized Representative's Title | Date

Named Insured _____

Fraud Warnings

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES

For DC residents only

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 applicant.

For FL residents only

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.

For LA residents only

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.

For ME residents only

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.

For NY residents only

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties 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.

For OK residents only

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.

For PA residents only

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.

For PR residents only

Any person who knowingly and with the intention of defrauding 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 by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.'

For TN residents only

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. Penalties include imprisonment, fines and denial of insurance benefits.

For VT residents only

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.

For WA residents only

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. Penalties include imprisonment, fines and denial of insurance benefits.

"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." 48.135.080. Required statement on all insurance applications and claim forms

No later than six months after July 1, 2006, or when the insurer has used all its existing paper application and claim forms which were in its possession on July 1, 2006, whichever is later, all applications for insurance, and all claim forms regardless of the form of transmission provided and required by an insurer or required by law as condition of payment of a claim, must contain a statement, permanently affixed to the application or claim form, that clearly states in substance the following:

"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."