

**Business Overhead Expense
Insurance Application for
Members of the Pennsylvania
Bar Association**



Request for Insurance from:
New York Life Insurance Company
51 Madison Avenue
New York, New York 10010

TO APPLY: Complete this form and return it to USI AFFINITY, 14 Cliffwood Avenue, Suite 310, Matawan, NJ 07747 PAXKEAVCH
Please print in ink or type all answers. Do not use correction fluid or gel pens. Initial and date any changes.

1. MEMBER INFORMATION:

Last Name First Name M.I.

Street Address City State Zip Code
() () ()

Home Phone Number Office Phone Number Mobile Phone Number

Home E-mail Address Office E-mail Address

Social Security #: ____ - ____ - ____ Date of Birth: ____/____/____ Height: ____ ft. ____ in. Weight: ____ lbs. Male Female

Marital Status: Married Divorced Single Widowed Civil Union* Domestic Partner*

*Eligibility of Domestic Partner/Civil Union is determined by state law.

Are you now a member of the Pennsylvania Bar Association? Yes No If yes, Member ID#: _____

Are you presently insured by any other PBA-sponsored coverage? Yes No

If yes, provide details: _____

Do you or your spouse plan to reside outside the U.S. or Canada within the next 12 months?

Member: Yes, Country(ies) _____ For how long? _____ No

2. OCCUPATIONAL STATUS:

a) Occupation: _____ Main Duties: _____

b) "FULL TIME WORK" means actively performing the regular duties of your normal occupation for pay or profit on the basis of at least 30 hours per week at the place such duties are normally performed. Are you at FULL TIME WORK? Yes No

c) Gross Annual Income from: Salary: \$_____ Self-Employment: \$_____

Bonus: \$_____ Commissions: \$_____ Total: \$_____

d) What was the average monthly total of Eligible Overhead Expenses you incurred in the preceding 6 months? (Complete the worksheet to determine.): \$_____

e) Type of Business: Sole Proprietor Corporation Partnership

If Corporation or Partnership, what percentage of the monthly Eligible Overhead Expenses are you responsible for? _____%

3. PAYMENT OPTION (Choose only one):

Bill Me Annually Bill Me Semi-Annually Charge My Credit Card (see below):

I request and authorize PBA Insurance Program, administered by USI Affinity, to make semi-annual charges against the credit card subsequently named by me, for the purpose of collecting premium contributions due under this coverage. Please note, the charge will be listed as "USI Insurance Services" on your statement.

Visa MasterCard Account #: _____ Exp. Date _____ 3-Digit Code: _____

Cardholder's Name: _____ Signature: _____

FRAUD NOTICES

FRAUD NOTICE – For Residents of all states except those listed below: 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 may be a crime and may subject such person to criminal and civil penalties.

RESIDENTS OF CO, the following also applies: Any insurance company or agent who defrauds or attempts to defraud an insured shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

RESIDENTS OF AL/AR/LA/RI: 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.

RESIDENTS OF CA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FOR RESIDENTS OF D.C.: 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 member.

RESIDENTS OF FL: 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.

RESIDENTS OF KS: 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 may be guilty of insurance fraud as determined by a court of law.

RESIDENTS OF MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

RESIDENTS OF ME: 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.

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

RESIDENTS OF NY: Any person who knowingly and with intent to defraud any insurance company or any 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

RESIDENTS OF PUERTO RICO: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of 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 attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

RESIDENTS OF OK: 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.

RESIDENTS OF TN/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 include imprisonment, fines, and denial of insurance benefits.

RESIDENTS OF VA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may have violated state law.