

**Property/Casualty Insurance
Suppression, Extinguisher & Alarm Contractor
Application**

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____ Date proposal needed: _____

Legal Name of Organization: _____
(Include all organizations that are to be included as insureds including Fire Districts, Fire Companies, Rescue Squads and Auxiliaries)

FEIN: _____

Mailing Address: _____

County: _____

Location Address: _____

County: _____

Website Address: _____ Main Phone #: _____ Main Fax #: _____

Contact Name: _____ Phone #: _____ E-Mail: _____

INSURANCE AGENT INFORMATION

Producer: _____ CSR or Other Contact _____

Name of Agency: _____

Address: _____

Telephone: _____ Fax: _____ E-mail address: _____

Do you currently write this account? Yes No

If yes, for how long? _____ Carrier Name: _____

Is the account Sub-Brokered? Yes No

If yes, please indicate Agency Name and Address: _____

COVERAGE INFORMATION

Please indicate the Coverage(s) you are applying for:

- | | | | |
|-----------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Property | <input type="checkbox"/> Inland Marine | <input type="checkbox"/> General Liability | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Auto | <input type="checkbox"/> Excess | | |

BUSINESS INFORMATION

Type of business (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Sprinkler Systems Contractor (Water Based Systems) | <input type="checkbox"/> Restaurant/Special Systems Contractor |
| <input type="checkbox"/> Fire Extinguisher Systems Contractor (Portable) | <input type="checkbox"/> Alarm/Security Systems Contractor |
| <input type="checkbox"/> Fire/Safety Equipment Dealer | |
| <input type="checkbox"/> Other: _____ | |

BUSINESS INFORMATION (CONTINUED)

The business is a (please check one):

- Corporation
- Partnership
- Joint Venture
- Limited Liability Company
- Sole Proprietorship
- Other: _____

Years in operation: _____ (**Minimum Requirement: 3 Years in Operation**)

Number of Employees: _____ Number of Executives/Officers/Owners: _____ Is there an employee union? Yes No

Years experience in industry (please provide details of experience): _____

In the past 10 years, did the insured operate under a different name? Yes No

If Yes, please explain: _____

In which states does the insured perform services? _____

Please describe all duties of Executives/Officers (do they have occasion to work out in the field?): _____

Does the insured currently carry Employers Liability Coverage? Yes No

If Yes, please indicate: Carrier: _____ Policy Number: _____ Effective Date: _____

Does the Insured have a formal written safety program in effect? Yes No

If Yes, please include a copy with the application.

Please describe the level of experience or formal training programs in place for employees working in the field: _____

Please include a copy of all standard contract forms used by the insured, and a copy of the insured's standard fire protection system impairment notification form.

GENERAL LIABILITY COVERAGE

Please indicate the CGL per occurrence limit desired: \$300,000 \$500,000 \$1,000,000

Please indicate the CGL PD deductible desired: \$1,000 \$2,000 \$5,000 Other: _____ (**\$1,000 min**)

Optional coverage:

- Employee Benefits Liability: Desired Limit: \$ _____
- Stop Gap Liability (only applicable in monopolistic states): Desired Limit: \$ _____

CRIME

NO COVERAGE REQUESTED

Fidelity

Type of Bond:

- Commercial Blanket

Limit of Insurance	\$ _____
Number of Class I Employees (direct contact with funds)	_____
Number of Class II Employees (all others)	_____
- Position Schedule

Position	Limit of Insurance
_____	\$ _____
_____	\$ _____
_____	\$ _____
- Forgery or Alteration: \$ _____
- Identity Fraud: \$ _____

CRIME (CONTINUED)

Money & Securities

List all persons managing funds:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Do you maintain a list of authorized vendors? Yes No

Do you verify invoices against a corresponding purchase order, receiving report and/or vendor list prior to issuing payment? Yes No

Do you perform reference checks, including criminal history checks, on persons who frequently handle money? Yes No

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year to prevent theft? Yes No

Are Invoices or Requisitions kept? (This documents what item or service is being paid for, who the vendor is, and who authorized the item or service) Yes No

Are Invoices or Requisitions, Check Register and Bank Statements cross-checked against each other? Yes No

Largest amount of petty cash kept on hand? \$ _____

During what months are the receipts the largest? _____

Is money ever stored in the building overnight? Yes No

If yes, amount and how stored: _____

All receipts are deposited in a bank within: 2 days 1 week over 1 week

Are all incoming checks immediately stamped "For Deposit Only"? Yes No

Does all check require 2 signatures? Yes No

To whom and how often is there a report of receipts and disbursements? _____

Are internal account reviews conducted? Yes No

If yes, by whom and how often are accounts examined? _____

Are you being audited by outside parties? Yes No

If yes, please provide by whom and date of last audit. _____

EXCESS LIABILITY

NO COVERAGE REQUESTED

Desired Limit of Insurance:

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1,000,000 bodily injury by accident/\$1,000,000 bodily injury by disease/\$1,000,000 bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Effective Dates: _____ Policy Period: _____

Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident

\$ _____ Bodily Injury by Disease

\$ _____ BI by Disease Policy Limit

*Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.

SPRINKLER CONTRACTOR INFORMATION – WATER BASED SYSTEMS

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums	_____ % Hotel/Motel
_____ % Hospitals/Health Care	_____ % Industrial/Manufacturing
_____ % Private Dwellings/Residential Applications	_____ % Restaurants/Food Service
_____ % Retail/Office	_____ % Other (please describe): _____

Does the insured inspect, test or certify systems installed by others? Yes No

If Yes, what percentage of the Insured's **Entire Business** receipts are generated from these services? _____%

Does the insured use CPVC piping for any sprinkler installations? Yes No

If Yes, what percentage of total receipts are generated from these services? _____%

If Yes, how long has the insured used CPVC products for sprinkler installations? _____

Describe policies, procedures and safeguards for the use of CPVC installations and service: _____

Does the insured perform work in buildings taller than 5 stories (excluding basements)? Yes No

If Yes, what percentage of total receipts are generated from these services? _____%

If Yes, please describe: _____

Does the insured do any plumbing work other than specifically for sprinkler systems? Yes No

If Yes, please describe: _____

Does the insured currently perform, or ever in the past performed, asbestos removal or asbestos abatement? Yes No

Has the insured ever been involved in any industry product recalls? Yes No

If Yes, please describe: _____

Does the insured perform retrofit work? Yes No

If Yes, what percentage of total receipts are generated from these services? _____%

Does the insured design sprinkler systems? Yes No

If Yes, please answer the following questions:

What qualifications do the designers have?

NICET Certified Technician:

Automatic Sprinkler System Layout Level I II III IV

Inspection and Testing of Water-Based Systems Level I II III IV

Special Hazards Suppression Systems Level I II III IV

PE (Professional Engineer)

Other (describe) _____

Are any of the systems designed by the insured installed by subcontractors? Yes No

If Yes, what percentage of the insured's total annual receipts are generated by systems designed by the insured and installed by subcontractors? _____%

Does the insured keep permanent records of "as built" sprinkler plans and hydraulic calculations? Yes No

If Yes, for how many years? _____ Years

SPRINKLER CONTRACTOR INFORMATION – WATER BASED SYSTEMS (CONTINUED)

Does the insured hire subcontractors? Yes No
 If Yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No
 Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No
 Please describe how the insured makes sure that its subcontractors maintain their insurance: _____

Please describe the **work performed by subcontractors** and indicate the annual receipts for this work:

Installation receipts: \$ _____ Description: _____

 Service/repair receipts: \$ _____ Description: _____

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement? Yes No
 Have any of the insured's prior losses resulted from work performed by subcontractors? Yes No
 If Yes, please describe: _____

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	Payroll			Receipts		
	This Year – Projected	Last Year – Actual/Audit Results	Previous Year – Actual/Audit Results	This Year – Projected	Last Year – Actual/Audit Results	Previous Year – Actual/Audit Results
Sprinkler Systems – Installation	\$	\$	\$	\$	\$	\$
Sprinkler Systems – Service/Repair	\$	\$	\$	\$	\$	\$
Sprinkler Systems – Sales	\$ N/A	\$ N/A	\$ N/A	\$	\$	\$
Plumbing – Commercial	\$	\$	\$	\$	\$	\$
Plumbing - Residential	\$	\$	\$	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No
 If yes, please describe and provide projected payroll / receipts: _____

Has the insured had any current or past involvement with Wrap-Up/OCIP? Yes No
 If Yes, please describe: _____

RESTAURANT AND / OR SPECIAL SYSTEMS CONTRACTOR INFORMATION – INERGEN, FM 200, UL300, ETC.

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums	_____ % Hotel/Motel
_____ % Hospitals/Health Care	_____ % Industrial/Manufacturing
_____ % Private Dwellings/Residential Applications	_____ % Restaurants/Food Service
_____ % Retail/Office	_____ % Gas Stations
_____ % Other (please describe): _____	

RESTAURANT AND / OR SPECIAL SYSTEMS CONTRACTOR INFORMATION – INERGEN, FM 200, UL300, ETC. (CONTINUED)

Does the insured inspect, test or certify systems installed by others? Yes No

If Yes, what percentage of the Insured's **Entire Business** receipts are generated from these services? _____%

Does the insured currently perform, or ever in the past performed, asbestos removal or asbestos abatement? Yes No

Has the insured ever been involved in any industry product recalls? Yes No

If Yes, please describe: _____

Does the insured perform retrofit work? Yes No

If Yes, what percentage of total receipts are generated from these services? _____%

Does the insured perform work on gaseous fire control (Halon) systems? Yes No

If Yes, please describe: _____

Does the insured design restaurant/special systems? Yes No

If Yes, are the guidelines set forth by NFPA followed for installation, service and repair? Yes No

Are any of the systems designed by the insured installed by subcontractors? Yes No

If Yes, what percentage of the insured's total annual receipts are generated by systems designed by the insured and installed by subcontractors? _____%

Does the insured keep permanent records of "as built" restaurant/special systems plans and hydraulic calculations? Yes No

If Yes, for how many years? _____ Years

Does the insured hire subcontractors? Yes No

If Yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No

Please describe how the insured makes sure that its subcontractors maintain their insurance: _____

Please describe the **work performed by subcontractors** and indicate the annual receipts for this work:

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement? Yes No

Have any of the insured's prior losses resulted from work performed by subcontractors? Yes No

If Yes, please describe: _____

RESTAURANT AND / OR SPECIAL SYSTEMS CONTRACTOR INFORMATION – INERGEN, FM 200, UL300, ETC. (CONTINUED)

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	Payroll			Receipts		
	This Year – Projected	Last Year – Actual/Audit Results	Previous Year – Actual/Audit Results	This Year – Projected	Last Year – Actual/Audit Results	Previous Year – Actual/Audit Results
Restaurant Systems – Installation	\$	\$	\$	\$	\$	\$
Restaurant Systems – Service/Repair	\$	\$	\$	\$	\$	\$
Special Systems – Installation	\$	\$	\$	\$	\$	\$
Special Systems – Service/Repair	\$	\$	\$	\$	\$	\$
Hood and Duct Grease Cleaning	\$	\$	\$	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No

If yes, please describe and provide projected payroll / receipts: _____

Please provide and other applicable rating or underwriting information: _____

FIRE EXTINGUISHER CONTRACTOR INFORMATION – PORTABLE EXTINGUISHERS

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums _____ % Hotel/Motel
 _____ % Hospitals/Health Care _____ % Industrial/Manufacturing
 _____ % Private Dwellings/Residential Applications _____ % Restaurants/Food Service
 _____ % Retail/Office _____ % Other (please describe): _____

Has the insured ever been involved in any industry product recalls? Yes No

If Yes, please describe: _____

Does the insured hire subcontractors? Yes No

If Yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No

Please describe how the insured makes sure that its subcontractors maintain their insurance: _____

FIRE EXTINGUISHER CONTRACTOR INFORMATION – PORTABLE EXTINGUISHERS (CONTINUED)

Please describe the **work performed by subcontractors** and indicate the annual receipts for this work:

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement? Yes No

Have any of the insured's prior losses resulted from work performed by subcontractors? Yes No

If Yes, please describe: _____

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	Payroll			Receipts		
	This Year – Projected	Last Year – Actual/Audit Results	Previous Year – Actual/Audit Results	This Year – Projected	Last Year – Actual/Audit Results	Previous Year – Actual/Audit Results
Extinguishers – Service/Repair	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Extinguishers – Sales	\$ N/A	\$ N/A	\$ N/A	\$ _____	\$ _____	\$ _____

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No

If yes, please describe and provide projected payroll / receipts: _____

Please provide any other applicable rating or underwriting information: _____

ALARM CONTRACTOR INFORMATION

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums _____ % Hotel/Motel
 _____ % Hospitals/Health Care _____ % Industrial/Manufacturing
 _____ % Private Dwellings/Residential Applications _____ % Restaurants/Food Service
 _____ % Retail/Office _____ % Other (please describe): _____

Does the insured inspect, test or certify systems installed by others? Yes No

If Yes, what percentage of the Insured's **Entire Business** receipts are generated from these services? _____ %

Does the insured sell medical alarm monitoring devices or provide medical alarm monitoring service? Yes No

Does the insured currently perform, or ever in the past performed, asbestos removal or asbestos abatement? Yes No

Has the insured ever been involved in any industry product recalls? Yes No

If Yes, please describe: _____

ALARM CONTRACTOR INFORMATION (CONTINUED)

Does the insured perform non-alarm electrical work? Yes No

If Yes, please describe: _____

Does the insured hire subcontractors? Yes No

If Yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No

Please describe how the insured makes sure that its subcontractors maintain their insurance: _____

Please describe the **work performed by subcontractors** and indicate the annual receipts for this work:

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement? Yes No

Have any of the insured's prior losses resulted from work performed by subcontractors? Yes No

If Yes, please describe: _____

Does the insured design alarm systems? Yes No

If yes, please answer the following questions:

What qualifications do the designers have?

NICET Fire Alarm Systems Certified Technician Level I II III IV

NBFAA National Training School Certified Alarm Technician Advanced Burglar Alarm Technician

PE (Professional Engineer) Other (Describe): _____

Are any of the systems designed by the insured installed by subcontractors? Yes No

If Yes, what percentage of the insured's total annual receipts are generated by systems designed by the insured and installed by subcontractors? _____%

Does the insured keep permanent records of "as built" alarm plans? Yes No

If Yes, for how many years? _____ Years

ALARM CONTRACTOR INFORMATION (CONTINUED)

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	Payroll			Receipts		
	This Year – Projected	Last Year – Actual/Audit Results	Previous Year – Actual/Audit Results	This Year – Projected	Last Year – Actual/Audit Results	Previous Year – Actual/Audit Results
Alarms/Alarm Systems – Installation	\$	\$	\$	\$	\$	\$
Alarms/Alarm Systems – Service/Repair	\$	\$	\$	\$	\$	\$
Alarms/Alarm Systems – Sales	\$ N/A	\$ N/A	\$ N/A	\$	\$	\$
Alarms – Monitoring	\$	\$	\$	\$	\$	\$
Electrical Work – Non-Alarm	\$	\$	\$	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No

If yes, please describe and provide projected payroll / receipts: _____

Please provide and other applicable rating or underwriting information: _____

Do you use a standard contract for your alarm operations? Yes No

If yes, please attach an original copy to this application of each different contract you use.

If no, it is essential that you use standard contracts.

Total number of alarm clients: _____

What percentage of clients sign your contract? _____%

Does your alarm contract(s) include a stated dollar amount (as liquidated damages) for all jobs performed? Yes No

If yes, please specify maximum liability limit stated in your contract. \$ _____

If no, it is essential that your contract contain this type of provision.

Which operations does your standard contract pertain to? Installation Service/Maintenance Monitoring

FIRE SAFETY EQUIPMENT DEALERS INFORMATION

Does the insured manufacture any products? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured modify products manufactured by others prior to sale? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured import any products? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

FIRE SAFETY EQUIPMENT DEALERS INFORMATION (CONTINUED)

Does the insured sell any products manufactured outside the U.S. that are imported by others? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Please attach copies of current Products Liability Certificates of Insurance from the importers.

For any products not manufactured by the insured, not modified by the insured, and not imported by the insured, does the manufacturer provided the insured with Products Liability "Vendors" coverage? Yes No

Please attach copies of current Products Liability Certificates of Insurance from the manufacturers.

Does the insured sell any products to hospitals? Yes No

If Yes, what percentage: _____%

Does the insured perform product testing or certification? Yes No

If Yes, what percentage: _____%

Please describe the product lines that the insured sells and indicate the sales volume for each:

Product Description	Receipts		
	This Year – Projected	Last Year – Actual/Audit Results	Previous Year – Actual/Audit Results
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Please provide copies of brochures or any applicable sales material.

DRIVER INFORMATION (ONLY APPLICABLE IF BUSINESS AUTO COVERAGE IS DESIRED)

Do owners or employees take home company-owned vehicles, or use them for personal use? Yes No

If Yes, please describe: _____

Does the insured review Motor Vehicle Reports (MVR's)? Yes No

If yes, how often? Annually Every 2-3 years More than 3 years

Does the insured have written criteria for acceptable MVR's? Yes No

Do all drivers have a license commensurate with applicable legal requirements (CDL, etc.)? Yes No

Number of drivers currently employed: _____ Full Time _____ Part Time _____ Contract

Percent of driver turnover in the last 12 months? _____%

CERTIFICATES OF INSURANCE & ADDITIONAL INSURED

List any entities that need Certificates of Insurance or Additional Insured endorsements for liability coverage.

For Additional Insureds, describe their interest in the insured's business.

Manufacturers of the Insured's Products are not eligible for Additional Insured status

Loc. No.	Name & Address	Certificate of Insurance	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			

For additional Certificates of Insurance or Additional Insureds please complete and attach a separate Acord Form.

PREMIUM HISTORY

Please indicate the annual premium for the past two years:

Carrier: _____

Total Account Premium: \$ _____ (current year) \$ _____ (prior year)

Renewal Premium Indication: \$ _____

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: 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 or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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.

NOTICE TO 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 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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.

NOTICE TO 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.

NOTICE TO 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

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO 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.

NOTICE TO PUERTO RICO APPLICANTS: 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 of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); 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.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ **Date:** _____

Name and title (please print): _____

Insurance Broker's Signature: _____ **Date:** _____

(To be signed by someone who does not have access to funds)