

In order to obtain a quote, ALL questions must be answered in the corresponding sections that apply to this insured. Incomplete submissions will be declined.

### Agent/Broker Information:

Brokerage/Agency Name:					
Address:		City:	County:	State:	Zip Code:
Contact Person:	Phone #:	Fax #:	Email:		

### Applicant Information:

Company Name:					
Address:		City:	County:	State:	Zip Code:
Web Site URL:	D&B Number:	SIC Code:	Year Established:		
Description of Applicant's operations:					
Additional Named Insured's: Please include list of Named Insured's as an attachment including description of operations					
1. Are there any operations not directly related to the ownership or maintenance of property (except with respect to hotel or motel operations and related restaurant operations, guest services and recreational facilities)?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Does the Applicant have any subsidiary companies where operations are different than the Applicant's?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
a. - Subsidiary Name: (attach separate list if needed)					
b. Description of Subsidiary's Operations:					

### Policy Information:

Effective Date:     /     /	Expiration Date:     /     /
Lead Umbrella Limit Requested:	
New Business submission Expiring Lead Umbrella Carrier:	
If New Business submission, Expiring Lead Umbrella Limits:	Expiring Annual Umbrella Premium: \$

### Submission Exposure Summary:

Total # of Locations:	Total Revenue : \$	Total # of Owned Autos:	Total # Pools:
Total # of Rental Apt Units:	Total # of Coop/Condo Units:	Total # of Hotel Rooms:	
Total Acres of Vacant Land:	Total Retail Sq. Ft.:	Total Office Sq. Ft.:	
Total Hotel Revenue: \$	Total Restaurant Revenue: \$	Total Liquor Revenue: \$	
Total Manufacturing Sq. Ft.	Total # of Single Family Homes:	Total Warehouse Sq. Ft.:	
Total # of Golf Courses:	Health Spa on Premises: Yes_____ No_____		

### Fire / Life Safety:

1. Do all properties meet all building codes and ordinances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do all properties over 2 stores have two means of egress on all floors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do all properties have hardwired smoke detectors, battery operated smoke detectors maintained on a regular schedule or an automated fire detection/alarm system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Are all properties 8 to 20 stories full sprinklered or equipped with a standpipe system and building wide fire alarm?	NA <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Are all properties over 20 stories fully sprinklered?	NA <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Are any properties over 3 stories frame construction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Does the insured lease space for radio frequency antenna systems, to commercial wireless service providers (CWSPs)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## General Questions

1. Does the applicant have any of the following property types or uses?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) Mobile home / RV / trailer parks		YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Senior Housing over 3 stories		YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Boarding or Rooming houses		YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) Student housing/dorms (if more than 15% of units at any one location)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) Assisted living facilities / nursing homes		YES <input type="checkbox"/>	NO <input type="checkbox"/>
f) Enclosed malls over 1,000,000 square feet		YES <input type="checkbox"/>	NO <input type="checkbox"/>
g) Marinas		YES <input type="checkbox"/>	NO <input type="checkbox"/>
h) Stand alone parking garages or parking lots		YES <input type="checkbox"/>	NO <input type="checkbox"/>
i) Subsidized housing (if more than 15% of units at any one location)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
j) Housing authorities or housing projects		YES <input type="checkbox"/>	NO <input type="checkbox"/>
k) Vacant buildings (any building not at least 70% occupied)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
l) 50+ story buildings		YES <input type="checkbox"/>	NO <input type="checkbox"/>
m) Heavy manufacturing tenancy		YES <input type="checkbox"/>	NO <input type="checkbox"/>
n) Hazardous material or cold storage warehousing		YES <input type="checkbox"/>	NO <input type="checkbox"/>
o) Amusement park, water parks or similar operations		YES <input type="checkbox"/>	NO <input type="checkbox"/>
p) Convention Centers		YES <input type="checkbox"/>	NO <input type="checkbox"/>
q) Ski Resorts (if intended to have the ski facilities covered by this risk purchasing group)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Are there any hazardous tenancies? (If "YES" Please describe below)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
List hazardous tenancies (includes Gasoline Service Stations and hazardous storage in Warehouses):			
3. Are there any locations or operations outside of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Does the applicant own or manage any high terrorism risk properties such as colleges or universities, government buildings, historic landmarks or symbolic financial buildings?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Does the schedule of locations have more than ten (10) single or two family houses?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Do all tenants of non-habitational locations have leases providing the applicant with additional insured status on liability tenants policies?	NA <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Do all 3rd parties, who have access to, or conduct work on the insured premises, provide the insured a COI with additional insured status? Also, if there are any contractual agreements, is the insured held harmless?	NA <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Does the applicant have operations in which they, or someone operating on their behalf, have minors in their care, custody or control? (examples: Kiddie Clubs, Day Care or Babysitting)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Are any buildings currently under construction or structural renovation or planned to be under construction or structural renovation during the policy period?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Does the applicant have any armed security personnel or security using guard dogs?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Does the applicant have any recreation facilities other than swimming pools, health club, golf course, tennis court, playgrounds and community rooms?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Are any recreation facilities open to the general public (non-guests or tenants)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

## Restaurant Exposures:

1. Does the applicant operate or subcontract the operation of any restaurants? If "NO", proceed onto next section		YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) Are any restaurant facilities "stand-alone" locations (not connected to a hotel or motel)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Do any of the restaurants have a nightclub exposure or include live entertainment?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Are liquor receipts over 30% of combined food & liquor receipts at any location?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) Does the applicant have any liquor receipts in the states of AL, AK, DC or VT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) Do all locations selling liquor conduct TIPS or similar training for all servers of liquor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
f) Has the applicant received any citations from any liquor control or law enforcement authority?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

## Swimming Pool Information:

1. Does the applicant have any swimming pools? If "NO", proceed onto next section		YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) Are there any diving boards?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Are there any water slides?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Are all pools fenced and secured with self locking gates?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) Are there signs at all pools clearly stating that swimming is at the individuals own risk and no diving is permitted?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) Are lifeguards on duty at pools?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Vacant Land Exposures:

1. Does the applicant have Vacant Land?	If "NO", proceed onto next section	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. How many vacant land locations are there?			
3. Are you aware of any activity of any kind on the vacant land resulting from a leasing arrangement with third parties or from unauthorized access by third parties?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Do any of the vacant land locations have any attractive nuisance exposures such as bodies of water, hiking trails, all-terrain-vehicle trails or race courses, abandoned or vacant buildings, public rights-of-way etc?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Automobile Exposure:

1. Uninsured / Underinsured Motorist Coverage: Please check off any states in which the applicant has locations, employees or automobiles :			
Alaska <input type="checkbox"/>	Florida <input type="checkbox"/>	Louisiana <input type="checkbox"/>	New Hampshire <input type="checkbox"/>
Nevada <input type="checkbox"/>	Vermont <input type="checkbox"/>	Wisconsin <input type="checkbox"/>	West Virginia <input type="checkbox"/>
2. Does the applicant have any Owned Autos?	If "NO", proceed onto next section	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do any of the applicant's vehicles have a radius of use over 50 miles?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Do any of the applicant's vehicles have seating for more than 15 passengers?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Are any of the applicant's vehicles used to transport people or goods for a specific fee or charge?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Are any of the applicant's vehicles used for sightseeing or other tour operations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Are satisfactory pre-hire and annual MVRs required of all drivers?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Does the applicant transport any hazardous material?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Do any locations provide transportation to 3rd parties such as guests or residents (shuttle vans/buses)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) Does the applicant have more then 5 vehicles for transporting guest or residents?	NA <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Does the applicant have assigned drivers for all vehicles transporting 3 <sup>rd</sup> parties?	NA <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Type of Vehicle</b>	<b># of Owned Units</b>	<b>Describe General Use</b>	
Private Passenger / SUV			
Light Truck/ Vans (0-10,000 lbs, including 1 – 8 passenger vans)			
a) Not used to transport 3rd Party Passengers			
b) Used to transport 3rd Party Passengers			
Medium Trucks / Vans (10,001 – 20,000 lbs, including 9-15 pass. vans)			
a) Not used to transport 3rd Party Passengers			
b) Used to transport 3rd Party Passengers			
Large Vans / Buses (over 15 passengers)			
Other (Describe)			
<b>Totals:</b>			

### Condominium/Co-Op Directors & Officer's Liability (D&O) Exposures:

1. Does the applicant want to include a not-for-profit condo and/or coop D&O policy on the Schedule of Underlying?	If "NO", proceed onto next section If "YES" Please attach a copy of the underlying D&O application and policy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) Are any of the units included in a hotel type operation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Has the applicant had any D&O claims in the past three (3) years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Does the association have a positive fund balance?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) Is the first named insured on the D&O policy at not-for-profit condominium, cooperative or homeowners' association?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) Is the D&O policy written on a claims-made basis?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
f) Do defense costs erode the D&O limits? (Defense within the limits)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
g) Is the developer represented on the board of directors?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Loss Information: Loss runs must apply to all locations included in submission.**

**General Liability and Products and Completed Operations**

1. Does the Aggregate Incurred Loss total for the last three (3) years exceed \$300,000? (Loss total must be supported by 3 complete years of currently valued (w/in six months of the proposed effective date) loss runs or loss summary.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) If the aggregate loss total exceeds \$300,000, please provide a primary loss summary or loss runs. (three (3) years - currently valued (within six months of the proposed effective date).)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have there been any of the following claims in the past three (3) consecutive years: Lead, Liquor, Mold or Fungus, 3 <sup>rd</sup> Party Discrimination, Fatality, Paralysis or Brain Injury?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) If "YES", please provide details of such losses.		
3. Have there been any individual incurred losses in excess of \$250,000 in the past three (3) consecutive years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) If "YES", please provide details of such losses.		

**Automobile (if applicable)**

1. Have there been any individual incurred losses in excess of \$250,000 in the past three (3) consecutive years?	NA <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**Condominium/Co-Operative/HOA Directors and Officers Liability (if applicable)**

1. Have there been any incurred losses in the last three (3) consecutive years?	NA <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) If "YES", please If yes, please provide a loss summary or loss runs – (five (5) years – currently valued within six months of the effective date).			

**New Purchases / New Construction**

If any required loss information is not available for the last three (3) consecutive years, please select a reason:		
New Construction:	New Purchase:	Other, please describe:

**Loss Summary for:**

**TOTAL AGGREGATE LOSSES:**

	2013	2012	2011	2010	2009
General Liability					
Auto Liability					
Liquor Liability					
Umbrella Liability					
D&O Liability					

**TOTAL NUMBER OF CLAIMS:**

	2013	2012	2011	2010	2009
General Liability					
Auto Liability					
Liquor Liability					
Umbrella Liability					
D&O Liability					

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
**PLEASE ATTACH LOSS RUNS (3 - 5 YEARS)**

## UNDERLYING COVERAGE INFORMATION

(Applies to all locations – if more than one carrier, complete section below for each)

Information below to be supported by a hard copy of the underlying carrier's GL quote, binder and/or policy. Quotes and binders must be on insurance carrier letterhead.

1. Is there a Self-Insured Retention (SIR) on the GL policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	a) If "YES", SIR Limits \$
2. Is there a Deductible on the GL policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	a) If "YES", Deductible Limits: \$
3. Is the GL Aggregate Limit Per Location?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
a) If "YES", is the GL Aggregate Limit capped in any way?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	b) If "YES", what is the cap limit? \$
4. Is the GL defense outside of policy limits	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5. Does GL exclude coverage for Lead?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
6. Does GL exclude coverage for Mold?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
7. Does GL exclude Third Party (Non-Employment) Discrimination?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
8. Does GL include coverage for Hired and Non-Owned Auto?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
9. Are all underlying carriers rated A- VI or better by A.M. Best?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
10 What is the total premium for all GL policies scheduled?	\$		

Type	Carrier & Policy Number	Eff Date: (MM/DD/YY)	Exp. Date: (MM/DD/YY)	Policy Premium	Limits	
Automobile Liability				\$	Each Accident (CSL):	\$
General Liability				\$	Each Occurrence:	\$
					General Aggregate:	\$
					Products / Completed Operations:	\$
					Advertising Injury / Personal Injury (Each Offense):	\$
Employers Liability				\$	Bodily Injury by Accident:	\$
					Bodily Injury by Disease (Each Employee):	\$
					Bodily Injury by Disease (Policy Limits):	\$
Liquor Liability				\$	Each Occurrence: Or Each Common Cause:	\$
					Aggregate:	\$
Employee Benefits Liability				\$	Each Claim: or Each Occurrence:	\$
					Aggregate:	\$
Condo/Coop D&O Liability				\$	Each Claim:	\$
					Aggregate:	\$
<b>Claims Made Only</b>						
Other:				\$		\$

**Location Questions (answered per location to be covered):****Location Schedule will be accepted on a MS Excel Spreadsheet (must include all information below)**

What are the total number of locations included in this proposal?

**Location #:**

Name of Property Owner / Association (If different than Applicant):

Location Address:

City:

State:

Zip:

**LOCATION EXPOSURES**

# of Rental Apt Units:

# of Coop/Condo Units:

# of Hotel Rooms:

Acres of Vacant Land:

Retail Sq. Ft.:

Office Sq. Ft.:

Hotel Revenue: \$

Restaurant Revenue: \$

Liquor Revenue: \$

Manufacturing Sq. Ft.

# of Single Family Homes:

Warehouse Sq. Ft.:

**CONSTRUCTION INFORMATION**

Year Built:

# of stories:

Date of Major Updates:

Construction Type:

Electrical:

HVAC:

 Fire Resistive Modified Fire Resistive

Roof:

Elevators:

 Masonry Non-combustible Non-Combustible

Sprinkler:

Fire Alarm:

 Joisted Masonry Frame Other:**SAFETY FEATURES**Is the location Fully Sprinklered? YES  NO   
Partially Sprinklered? YES  NO Does the location have a standpipe system? YES  NO   
Does the location have a building-wide fire alarm? YES  NO Does the location have hard-wired smoke detectors? YES  NO   
Battery operated smoke detectors maintained on a regular schedule? YES  NO 2 means of egress per floor YES  NO Central Station Fire Alarm System YES  NO  Emergency Lighting YES  NO  Enclosed fire stairwells: YES  NO **Location #:**

Name of Property Owner / Association (If different than Applicant):

Location Address:

City:

State:

Zip:

**LOCATION EXPOSURES**

# of Rental Apt Units:

# of Coop/Condo Units:

# of Hotel Rooms:

Acres of Vacant Land:

Retail Sq. Ft.:

Office Sq. Ft.:

Hotel Revenue: \$

Restaurant Revenue: \$

Liquor Revenue: \$

Manufacturing Sq. Ft.

# of Single Family Homes:

Warehouse Sq. Ft.:

**CONSTRUCTION INFORMATION**

Year Built:

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Construction Type:

Electrical:

HVAC:

 Fire Resistive Modified Fire Resistive

Roof:

Elevators:

 Masonry Non-combustible Non-Combustible

Sprinkler:

Fire Alarm:

 Joisted Masonry Frame Other:**SAFETY FEATURES**Is the location Fully Sprinklered? YES  NO   
Partially Sprinklered? YES  NO Does the location have a standpipe system? YES  NO   
Does the location have a building-wide fire alarm? YES  NO Does the location have hard-wired smoke detectors? YES  NO   
Battery operated smoke detectors maintained on a regular schedule? YES  NO 2 means of egress per floor YES  NO Central Station Fire Alarm System YES  NO  Emergency Lighting YES  NO  Enclosed fire stairwells: YES  NO

## NOTICE SECTION

**NOTICE TO 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 ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS 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 AUTHORITIES."

**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 KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH 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 APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**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 MEXICO 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 CIVIL FINES AND CRIMINAL 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 CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, 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." (365:15-1-10, 36 §3613.1)

**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 TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**NOTICE TO VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.

**SIGNATURE PAGE**

ALL WRITTEN STATEMENTS, AND SUPPLEMENTAL MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT, HAVING MADE DUE INQUIRY (INCLUDING BUT NOT LIMITED TO DUE INQUIRY OF THE LEGAL AND RISK MANAGEMENT DEPARTMENTS), DECLARES THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN OR ATTACHED HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT, AGREES THAT THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF ANY COVERAGE ISSUED BY US AND WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

This signature page attaches to and forms a part of application dated: \_\_\_\_\_

Applicant/Named Insured:

_____	_____	_____	_____
Signature of Applicant	Date	Signature of Agent/Broker	Date
_____	_____	_____	_____
Print Name	Title	Print Name	Title