



General Information

Date of survey: _____ Insurance Renewal Date: _____

Legal Name of Organization: _____
(please include all organizations that are to be included as insureds)

FEIN: _____

Mailing Address: _____

County: _____

Telephone: _____ Fax: _____

Website Address: _____ E-Mail Address: _____

Owner/President: _____ Phone #: _____ E-Mail: _____

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

Business Information

Description of organization: Sole Proprietorship Partnership Corporation Other _____

Years in business _____ Years experience _____

If in Business for less than 3 years, please attach resume and summary of experience of Manager.

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

Is your business a subsidiary or division of another company? Yes No

If yes, please provide the name of the company, the address and relationship: _____

Has your business had any changes in ownership over the past 3 years? Yes No

If yes, please provide details: _____

Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? (Not applicable in Missouri)

Yes No

If yes, please provide dates, coverage and explanation: _____

Insurance Agent Information

Agent's Name: _____

Name of Agency: _____

Address: _____

Agency telephone: _____ Agency fax: _____

Date proposal is needed: _____ Agency e-mail address: _____

Do you currently write this account? Yes No

If Yes, for how long? _____ With what Carrier? _____

Is the account Sub-Brokered? Yes No

If yes, please indicate Agency Name: _____

Property and Location Information

PROVIDE THE INFORMATION BELOW OR ATTACH AN ACORD PROPERTY APPLICATION

Current Carrier: _____

Current Premium: \$ _____

Loc. No.	Address			Limit of Insurance Building		Limit of Insurance Personal Property		Number of Stories		
Construction Type <input type="checkbox"/> Type 1-wood frame <input type="checkbox"/> Type 2-masonry wood-joisted <input type="checkbox"/> Type 3-metal non-combustible <input type="checkbox"/> Type 4-masonry non-combustible <input type="checkbox"/> Type 5-modified fire resistive <input type="checkbox"/> Type 6-heavy fire resistive		Type of Wash <input type="checkbox"/> Self Serve <input type="checkbox"/> In-Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Other (describe) _____		<input type="checkbox"/> Own <input type="checkbox"/> Lease		Year Built/ Updates Performed _____	Building Square Footage _____	Square Footage You Occupy _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No

Loc. No.	Address			Limit of Insurance Building		Limit of Insurance Personal Property		Number of Stories		
Construction Type <input type="checkbox"/> Type 1-wood frame <input type="checkbox"/> Type 2-masonry wood-joisted <input type="checkbox"/> Type 3-metal non-combustible <input type="checkbox"/> Type 4-masonry non-combustible <input type="checkbox"/> Type 5-modified fire resistive <input type="checkbox"/> Type 6-heavy fire resistive		Type of Wash <input type="checkbox"/> Self Serve <input type="checkbox"/> In-Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Other (describe) _____		<input type="checkbox"/> Own <input type="checkbox"/> Lease		Year Built/ Updates Performed _____	Building Square Footage _____	Square Footage You Occupy _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No

Loc. No.	Address			Limit of Insurance Building		Limit of Insurance Personal Property		Number of Stories		
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Please indicate if Blanket Coverage is desired

Indicate the desired property deductible: \$500 \$1000 \$2500 \$5000 Other _____

Indicate the Coinsurance % desired 80% 90% 100% Other _____

Property and Location Information (continued)

Please list names and addresses of any mortgagees or loss payees for each location:

Loc. No.	Type	Name and Address
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	

CGL Limits of Insurance

Current Carrier: _____ Current Premium: \$ _____

Limits of Liability:

- \$1,000,000 Occurrence/\$2,000,000 Aggregate Occurrence Claims-made* Retroactive Date: _____
 \$1,000,000 Occurrence/\$3,000,000 Aggregate Occurrence Claims-made* Retroactive Date: _____
 \$ _____ Occurrence Claims-made* Retroactive Date: _____

Medical Expense \$5,000 \$10,000 Other: _____

Damage To Rented Premises \$100,000 Other _____

***If claims-made coverage is requested, please provide a copy of the declarations page from the current policy.**

Certificates of Insurance & Additional Insureds

List any entities that need Certificates of Insurance or Additional Insured endorsements for liability coverage.
For Additional Insureds, describe their interest in your business.

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		<input type="checkbox"/>	<input type="checkbox"/>

Receipt Information

Please provide total annual Receipts for each type of wash.

Type of wash _____ Bays _____ Annual Receipts _____

Type of wash _____ Bays _____ Annual Receipts _____

Type of wash _____ Bays _____ Annual Receipts _____

Business Operations Information

Hours of operation: _____ to _____ 24 Hours

- Are there any vehicle sales? Yes No
- Are any vehicles loaned, rented or leased? Yes No
- Any automotive repair services completed on premises? Yes No
- Any dealer plates? Yes No
- Are there any LPG sales? Yes No
- Any towing operations? Yes No
- Is cutting or welding done on the premises? Yes No
- Are customers warned about restricted areas? Yes No
- Any dogs on the premises? Yes No
- Does the insured contract out any work?
If yes, are certificates of insurance obtained? Yes No
- Are wood stoves, waste oil heaters or space heaters used?
If yes, were they installed by a licensed contractor? Yes No
- Are bill changers located in a well-lighted area? Yes No
- Is the building equipped with an alarm system?
If yes, what type of alarm? Central Alarm Local Alarm
- Are video surveillance cameras present? Yes No
- Are firearms kept on the premises? Yes No
- Do exterior doors have double cylinder dead bolt locks? Yes No
- Do you use chemicals containing Hydrofluoric Acid (HF)? Yes No
- Do you use chemicals containing Ammonium Bifluoride (ABF)? Yes No
- Explanation? _____
-

Full Serve/Exterior

- Do employees drive customer's vehicles? Yes No
If yes, are MVR's obtained? Yes No
Do drivers wear distinguishing clothing? Yes No
- Are vehicles kept overnight? Yes No
- Are handicapped vehicles operated by managers only? Yes No
- Does the business offer pick-up and/or delivery service? Yes No
If yes, how frequently: _____
- Is there a procedure to note pre-existing damage? Yes No
- Are customers advised of potential risks to customized equipment? Yes No
- Are vehicle height precautions taken? Yes No
- Explanation: _____
-

Self-Serve/Inbay Automatic

Is the car wash attended? Yes No

If yes, how many hours daily? _____

Are tokens/credit cards used? Yes No

Are bay floors heated? Yes No

Are there triggers on the wands? Yes No

Explanation: _____

Gasoline Sales

Are canopy areas well-lighted? Yes No

Are pumps protected by an automatic suppression system? Yes No

Number of Fuel Pumps: _____

Is pollution coverage provided? Yes No

Explanation: _____

Lube

Are employees required to attend training? Yes No

Is all work double checked? Yes No

Are customers allowed in the shop area? Yes No

Are the pits protected by nets or other safety devices? Yes No

Explanation: _____

Convenience Store

Is the operation 24 hours? Yes No

Number of employees on duty at any given time: _____

Is alcohol sold? Yes No

If yes, are ID's required? Yes No

Do you have panic button devices? Yes No

Are cash drawers emptied and left open at night? Yes No

Are isles kept clear for customers? Yes No

Are exits clearly marked? Yes No

Explanation: _____

Employee Benefits Liability N/A (not available in New York)

Current EBL Carrier: _____

Current Premium: \$ _____

Limits of Liability: \$ 500,000 Each Incident/\$500,000 Aggregate Occurrence Claims-made Retroactive Date: _____
 \$ 500,000 Each Incident/\$1,000,000 Aggregate Occurrence Claims-made Retroactive Date: _____
 \$1,000,000 Each Incident/\$2,000,000 Aggregate Occurrence Claims-made Retroactive Date: _____
 \$ _____ Occurrence Claims-made Retroactive Date: _____

Does the company have an Employee Benefits handbook? Yes No

Has any claim been made or suit filed against the company and/or its employees in the past five years alleging an error or omission in the administration* of your benefit programs? Yes No

If yes, please describe: _____

Does the company have knowledge of any matter(s) involving employee benefits, benefits administration, the handling of benefit claims, or any other benefits-related matter which would cause a reasonable person to believe that a claim or suit might result? Yes No

If yes, please describe: _____

* **Determining who is eligible to participate; enrolling new participants; terminating participants; determining benefits; processing claims; collecting funds and applying them as required; preparing reports required by government agencies; giving advice to participants or prospective participants; providing reports, booklets, pamphlets, memos or messages to participants**

Automobile Liability N/A

Current Automobile Liability Carrier: _____

Current Premium: \$ _____

Indicate Desired Limits Below:

\$ _____ Auto Liability Hired & Non-Owned Auto Liability Only (Please complete section below)

\$ _____ Medical Payments

\$ _____ PIP / No-Fault (Medical Expense Benefits – Applies Only in PA)

\$ _____ Additional PIP (Increased Medical Expense Benefits – Applies Only in PA)

\$ _____ Uninsured Motorists/ Underinsured Motorists B.I.

Stacking Non-Stacking (if applicable)

\$ _____ Uninsured Motorists/ Underinsured Motorists P.D.

Garage Keepers Liability Information N/A

Please indicate the Garagekeepers **Legal** Liability Limit desired:

\$ _____ Address: _____
 \$ _____ Address: _____
 \$ _____ Address: _____

Does the insured perform mobile service or repair? Yes No

Are customers vehicles stored overnight? _____

Type of Vehicle Storage Facility: Building Standard Open Lot Non-standard Open Lot

Please describe protection devices present, i.e. locks, alarms, sprinkler systems, fire extinguishers, lighting, fences, etc.: _____

If Yes, please complete the following Driver Information section & submit a list of all drivers including date of birth and license number.

Automobile Operations

What is the radius of your operations? _____ Miles

Does the organization own or lease any vehicles that are not shown on the Vehicle Schedule of this survey? Yes No

If yes, please describe: _____

Physical Damage Coverage

Please indicate the desired deductible for vehicles:

Comprehensive (ACV) \$500 \$1000 \$2000 \$3000 Other \$ _____
 Collision (ACV) \$500 \$1000 \$2000 \$3000 Other \$ _____

Vehicle Schedule						
Veh No.	Year	Make, Model, Body Type	Cost New	VIN (Required)	GVW	Loc. No.
1.			\$			
2.			\$			
3.			\$			
4.			\$			
5.			\$			
6.			\$			

- *If more than 10 vehicles, please attach Auto Acord Schedule.
- *Cost New is required if Physical Damage Coverage is requested.
- *Gross Vehicle Weight is required.

Additional Insured / Loss Payee

Do any of these vehicles require an Additional Insured or Loss Payee to be listed on the policy? Yes No

If yes, indicate the vehicle number and the name and address of the Additional Insured or Loss Payee:

Veh. No.	Type	Name and Address
	<input type="checkbox"/> A.I. <input type="checkbox"/> LP	
	<input type="checkbox"/> A.I. <input type="checkbox"/> LP	
	<input type="checkbox"/> A.I. <input type="checkbox"/> LP	
	<input type="checkbox"/> A.I. <input type="checkbox"/> LP	
	<input type="checkbox"/> A.I. <input type="checkbox"/> LP	

Hired / Non-Owned Coverage

Hired / Borrowed Liability: State(s): _____ Cost of Hire: \$ _____ If Any Basis

Non-Owned Liability: State(s): _____

Group Type: Employees How Many? _____ Partners How Many? _____

Hired Physical Damage: State(s): _____ Number of Days: _____ Number of Vehicles: _____

Coverage: Comprehensive Deductible: \$ _____

Collision Deductible: \$ _____

Do you or any of your employees use their own vehicles for company business? Yes No

If yes, please indicate for what purpose:

Delivery of Products Sales Other, please describe: _____

Driver Information

Does the organization check MVR's? Yes - all employees Yes - drivers only No

If yes, how often? _____

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

Do all drivers have a license commensurate with state or local law (CDL, etc.)? Yes No

Please describe the driver training program currently being used: _____

Does a file exist for each driver containing documentation for all of the above information? Yes No

What selection criteria are used to select new drivers? _____

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

Percent of driver turnover in the last twelve months: _____

Umbrella and Excess Liability

Current Umbrella/Excess Liability Carrier: _____ **Current Premium: \$** _____

Desired Limit of Insurance (maximum \$5 million): \$ _____

Note: these limits will apply to Excess Liability [Commercial General Liability, Employee Benefits Liability, Auto Liability, Employer's Liability, as applicable] and Umbrella Liability. The minimum required underlying limits are: Commercial General Liability – \$1 million per occurrence/\$2 million annual aggregate; Employee Benefits Liability – \$1 million each incident/\$2 million annual aggregate; Auto Liability – \$1 million per occurrence; Employer's Liability – \$500,000 bodily injury by accident/\$500,000 bodily injury by disease-each employee/\$500,000 bodily injury by disease-policy limit.

Please indicate the following underlying coverage information for Auto Liability and / or Employers Liability. If this information is not provided, Excess Auto Liability and / or Employers Liability coverage will not be included under any policy that is dependent upon the information contained in this survey.

To provide coverage excess over another auto carrier, **you must provide us with** a copy of your declarations page from your current policy and 4 years hard copy loss runs. Auto Liability Insurer*: _____

Employers Liability Insurer*: _____

Policy Number: _____ Policy Period: _____

Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident
 \$ _____ Bodily Injury by Disease-Each Employee
 \$ _____ Bodily Injury by Disease-Policy Limit

**Excess Auto Liability and Employers Liability are subject to approval of the insurer providing the underlying coverage.*

Prior Loss Information

Have there been any claims or losses in the last five years: Yes No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.*

Date of Occurrence	Date of Claim	Type of Claim & Description of Occurrence	Amount Paid	Amount Reserved	Claim Status
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed

***Attach separate pages if needed. Provide the carrier loss runs if available.**

Application Signatures & State Fraud Statement

APPLICABLE IN ALASKA - ALASKA FRAUD STATEMENT

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

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.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

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.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. In addition, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal or civil penalties.

APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

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.

APPLICABLE IN KANSAS - KANSAS FRAUD STATEMENT

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 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.

APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

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.

APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT

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.

APPLICABLE IN MAINE - MAINE FRAUD STATEMENT

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.

APPLICABLE IN MARYLAND - MARYLAND FRAUD STATEMENT

Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MASSACHUSETTS - MASSACHUSETTS FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MICHIGAN - MICHIGAN FRAUD STATEMENT

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to one year and payment of a fine of up to \$5,000.

APPLICABLE IN MINNESOTA - MINNESOTA FRAUD STATEMENT

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEBRASKA - NEBRASKA FRAUD STATEMENT

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 subject the person to criminal and civil penalties.

Application Signatures & State Fraud Statement (continued)

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

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

APPLICABLE IN NEW MEXICO - NEW MEXICO FRAUD STATEMENT

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.

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Other than Auto: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Auto: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

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 a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA - OKLAHOMA FRAUD STATEMENT

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.

APPLICABLE IN OREGON - OREGON FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

APPLICABLE IN PENNSYLVANIA - PENNSYLVANIA FRAUD STATEMENT

Other than Auto: 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.

Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

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.

APPLICABLE IN VERMONT - VERMONT FRAUD STATEMENT

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, may be committing a crime, subjecting the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA - VIRGINIA FRAUD STATEMENT

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.

Application Signatures & State Fraud Statement (continued)

APPLICABLE IN WASHINGTON - WASHINGTON FRAUD STATEMENT

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.

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in CO, FL, KS, MA, MN, NE, OH, OK, OR, VT, or WA.)

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 Agent's Signature _____ **Date:** _____