



Insurance Application  
MULTI-STATE

**McNeil & Company, Inc.**  
P.O. Box 5670  
Cortland, New York 13045  
Phone (800) 822-3747  
Fax: (607) 758-9028

**General Information**

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Date of survey: \_\_\_\_\_ Insurance Renewal Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_  
\_\_\_\_\_ FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Insurance Agent Information**

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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: \_\_\_\_\_

**Coverage Information**

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Please indicate the Coverage(s) you are applying for: **Please submit applicable accord applications**

- Property
- Crime
- General Liability
- Garage

- Auto
- Inland Marine
- Umbrella

# FireWatch Application

## 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"/> Emergency Apparatus Dealer            |
| <input type="checkbox"/> Other: _____                                      | (Garage/Garagekeepers Supplemental Application needed)         |

The business is a (please check one):

- |  |  |
|--|--|
| <input type="checkbox"/> Corporation   | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Sole Proprietorship       |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Other: _____              |

Years in operation: \_\_\_\_\_ (Minimum Requirement: 3 Years in Operation)

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?): \_\_\_\_\_

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

Does the insured currently carry Employers Liability Coverage?  Yes  No

If Yes, please indicate Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

*If Yes, please include a copy with this 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:  \$1000  \$2000  \$5000  Other: \_\_\_\_\_ (\$1,000 minimum)

Optional coverage:

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Employee Benefits Liability                                 | Desired limit: \$ _____ |
| <input type="checkbox"/> Stop Gap Liability (only applicable in monopolistic states) | Desired limit: \$ _____ |

# FireWatch Application

## 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? \_\_\_\_\_%

# FireWatch Application

## Sprinkler Contractor Information – Water Based Systems (continued)

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 <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III | <input type="checkbox"/> IV |
| Inspection and Testing of Water-Based Systems | Level <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III | <input type="checkbox"/> IV |
| Special Hazards Suppression Systems           | Level <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III | <input type="checkbox"/> 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? \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FireWatch Application

### Sprinkler Contractor Information – Water Based Systems (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
Sprinkler Systems- installation	\$	\$	\$	\$	\$	\$
Sprinkler Systems- service/repair	\$	\$	\$	\$	\$	\$
Sprinkler Systems- sales	\$ na	\$ na	\$ na	\$	\$	\$
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: \_\_\_\_\_

# FireWatch Application

## 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): _____	

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? \_\_\_\_\_

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: \_\_\_\_\_

## FireWatch Application

### Restaurant And / Or Special Systems Contractor Information (continued) – Inergen, FM 200, UL300, etc.

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
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 any other applicable rating or underwriting information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FireWatch Application

## 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: \_\_\_\_\_

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	\$ na	\$ na	\$ na	\$	\$	\$

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: \_\_\_\_\_



# FireWatch Application

## 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 alarm 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: \_\_\_\_\_

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) \_\_\_\_\_

# FireWatch Application

## Alarm Contractor Information (continued)

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? \_\_\_\_\_

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 and Alarm Systems-installation	\$	\$	\$	\$	\$	\$
Alarms and Alarm Systems-service/repair	\$	\$	\$	\$	\$	\$
Alarms and Alarm Systems-sales	\$ na	\$ na	\$ na	\$	\$	\$
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 any 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

# FireWatch Application

## 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: \_\_\_\_\_

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.*

## FireWatch Application

### 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 Insureds

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: \$ \_\_\_\_\_

# FireWatch Application

## Application Signatures & State Fraud Statements

### APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### 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 that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### 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 FLORIDA - FLORIDA FRAUD STATEMENT

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.

### APPLICABLE IN IDAHO - IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

### APPLICABLE IN INDIANA - INDIANA FRAUD STATEMENT

Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing any false, incomplete or misleading information commits a felony.

### APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

Any person who knowingly and with intent to defraud an 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 include imprisonment, fines or a denial of insurance benefits.

### APPLICABLE IN MINNESOTA - MINNESOTA FRAUD STATEMENT

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

### APPLICABLE IN NEW HAMPSHIRE - NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

New Jersey law requires us to give you the following notice: 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

**Automobile:** 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, and any person who 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.

**Other Than Automobile:** 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 such violation.

### APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

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.

### APPLICABLE IN OKLAHOMA - OKLAHOMA WARNING

**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 and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### APPLICABLE IN PENNSYLVANIA - PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an 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.

# FireWatch Application

**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 UTAH - UTAH FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

**APPLICABLE IN VERMONT - VERMONT FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another 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.

**Attachments and Representation**

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ATTACHMENTS TO THIS APPLICATION SHOULD INCLUDE THE FOLLOWING:

- Complete ACORD forms (insurance application)
- 5 years of currently valued (within 60 days) hard copy loss runs, including loss details and descriptions (for all lines requested)
- A complete drivers list, with drivers names, license numbers, dates of birth and date of hire

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND 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: \_\_\_\_\_