



**Emergency Apparatus & Equipment Dealers  
Insurance Application  
Multi-State**

P.O. Box 5670  
Cortland, New York 13045  
Phone (800) 822-3747  
Fax: (607) 758-9028  
Email: applications@  
mcneilandcompany.com

### General Information

---

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

---

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

---

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

### Business Information

---

Type of business (please check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Apparatus Dealer           | <input type="checkbox"/> Fire Safety Equipment Dealer |
| <input type="checkbox"/> Emergency Apparatus Service & Repair | <input type="checkbox"/> Other: _____                 |

## Business Information (continued)

---

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: _____              |

Please check those operations that apply to the insured's business:

- |  |   |
|--|---|
| <input type="checkbox"/> Customization of trucks/apparatus                               | <input type="checkbox"/> Service/repair of trucks/apparatus   |
| <input type="checkbox"/> Brake calibration   | <input type="checkbox"/> Body shop repair                     |
| <input type="checkbox"/> Transmission or engine repair/service                           | <input type="checkbox"/> Pickup and Delivery of new apparatus |
| <input type="checkbox"/> Spray painting or welding - If Yes, NFPA Standard 33 compliant? | <input type="checkbox"/> Yes <input type="checkbox"/> No      |

Years in operation: \_\_\_\_\_

Number of Employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ 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 the past 5 years, have any of the insured's operations been sold, acquired, or discontinued?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

In which states does the insured perform services? \_\_\_\_\_

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

***If Yes, please include a copy with this application.***

Is the insured a Franchised Dealer?  Yes  No

Is the insured an authorized dealer for any Manufacturer?  Yes  No

If Yes, please list manufacturer(s) and country of origin: \_\_\_\_\_  
\_\_\_\_\_

Does the insured have a Broad Form Vendors Endorsement from all such Manufacturers?  Yes  No

## Property Coverage

---

Building & Personal Property Deductible:  \$500  \$1000  \$2500  \$5000  Other \_\_\_\_\_

Stock Autos Deductible:  \$500  \$1000  \$2500  \$5000  Other \_\_\_\_\_

Coinurance:  80%  90%  100%

Please indicate if Blanket Coverage is desired:  Building Only  Contents Only  Building & Contents Combined

# Property Schedule

Location Number	Street Address					Occupancy					
Building Limit: \$ _____					Personal Property Limit: \$ _____						
Maximum Value of Stock Autos* at any given time: \$ _____					Business Income Limit: \$ _____						
<b>Construction Type:</b> <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-Combustible <input type="checkbox"/> Type 4-Masonry Non-Combustible <input type="checkbox"/> Type 5-Modified Fire Resistive <input type="checkbox"/> Type 6-Fire Resistive			<b>Building Protection: (check all that apply)</b> <input type="checkbox"/> Local Alarm <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered ( _____ %)							<input type="checkbox"/> Heat Detection <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Motion Detection <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Cameras <input type="checkbox"/> Full Intrusion Perimeter Alarm <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Own  <input type="checkbox"/> Lease	Number of Stories	Year Built	Year Updated	Building Square Footage	Square Footage You Occupy	Paint Booth on Premise?	Welding done on Premise?	Customer Vehicle Storage?			
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> None			
Mortgagee Name & Address: _____											

Location Number	Street Address					Occupancy					
Building Limit: \$ _____					Personal Property Limit: \$ _____						
Maximum Value of Stock Autos* at any given time: \$ _____					Business Income Limit: \$ _____						
<b>Construction Type:</b> <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-Combustible <input type="checkbox"/> Type 4-Masonry Non-Combustible <input type="checkbox"/> Type 5-Modified Fire Resistive <input type="checkbox"/> Type 6-Fire Resistive			<b>Building Protection: (check all that apply)</b> <input type="checkbox"/> Local Alarm <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered ( _____ %)							<input type="checkbox"/> Heat Detection <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Motion Detection <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Cameras <input type="checkbox"/> Full Intrusion Perimeter Alarm <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Own  <input type="checkbox"/> Lease	Number of Stories	Year Built	Year Updated	Building Square Footage	Square Footage You Occupy	Paint Booth on Premise?	Welding done on Premise?	Customer Vehicle Storage?			
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> None			
Mortgagee Name & Address: _____											

## Property Schedule (continued)

Location Number	Street Address	Occupancy						
Building Limit: \$ _____		Personal Property Limit: \$ _____						
Maximum Value of Stock Autos* at any given time: \$ _____		Business Income Limit: \$ _____						
<table style="width:100%; border:none;"> <tr> <td style="width:30%; border:none;"> <b>Construction Type:</b>  <input type="checkbox"/> Type 1-Frame  <input type="checkbox"/> Type 2-Joisted Masonry  <input type="checkbox"/> Type 3-Non-Combustible  <input type="checkbox"/> Type 4-Masonry Non-Combustible  <input type="checkbox"/> Type 5-Modified Fire Resistive  <input type="checkbox"/> Type 6-Fire Resistive         </td> <td style="width:40%; border:none;"> <b>Building Protection: (check all that apply)</b>  <input type="checkbox"/> Local Alarm  <input type="checkbox"/> Central Station Alarm  <input type="checkbox"/> Burglar Alarm  <input type="checkbox"/> Fire Extinguishers  <input type="checkbox"/> Fully Sprinklered  <input type="checkbox"/> Partially Sprinklered ( _____ %)         </td> <td style="width:30%; border:none;"> <input type="checkbox"/> Heat Detection  <input type="checkbox"/> Smoke Detection  <input type="checkbox"/> Motion Detection  <input type="checkbox"/> Security Guard/Service  <input type="checkbox"/> Cameras  <input type="checkbox"/> Full Intrusion Perimeter Alarm  <input type="checkbox"/> Other: _____         </td> </tr> </table>			<b>Construction Type:</b> <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-Combustible <input type="checkbox"/> Type 4-Masonry Non-Combustible <input type="checkbox"/> Type 5-Modified Fire Resistive <input type="checkbox"/> Type 6-Fire Resistive	<b>Building Protection: (check all that apply)</b> <input type="checkbox"/> Local Alarm <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered ( _____ %)	<input type="checkbox"/> Heat Detection <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Motion Detection <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Cameras <input type="checkbox"/> Full Intrusion Perimeter Alarm <input type="checkbox"/> Other: _____			
<b>Construction Type:</b> <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-Combustible <input type="checkbox"/> Type 4-Masonry Non-Combustible <input type="checkbox"/> Type 5-Modified Fire Resistive <input type="checkbox"/> Type 6-Fire Resistive	<b>Building Protection: (check all that apply)</b> <input type="checkbox"/> Local Alarm <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fully Sprinklered <input type="checkbox"/> Partially Sprinklered ( _____ %)	<input type="checkbox"/> Heat Detection <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Motion Detection <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Cameras <input type="checkbox"/> Full Intrusion Perimeter Alarm <input type="checkbox"/> Other: _____						
<input type="checkbox"/> Own  <input type="checkbox"/> Lease	Number of Stories _____	Year Built _____	Year Updated _____	Building Square Footage _____	Square Footage You Occupy _____	Paint Booth on Premise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Welding done on Premise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Customer Vehicle Storage? <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> None
Mortgagee Name & Address: _____								

\***Stock Autos** includes autos (including customer's autos) held in storage, for servicing, for demonstration or for sale, raw materials and in-process or finished goods

**Type 1-Frame** - Buildings where the exterior walls are wood or other combustible materials including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood.

**Type 2-Joisted Masonry** - Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.

**Type 3-Non-Combustible** - Buildings where the exterior walls and the floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials.

**Type 4-Masonry Non-Combustible** - Buildings where the exterior walls are constructed of masonry materials as described in Code 2, with the floors and roof of metal or other non-combustible materials.

**Type 5-Modified Fire Resistive** - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive material with a fire resistance rating of one hour or more but less than two hours.

**Type 6-Fire Resistive** - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

## General Liability Coverage

Each Occurrence/General Aggregate Limit:     \$1,000,000/\$2,000,000                       Other: \_\_\_\_\_

Property Damage Deductible:                       \$1,000     \$2,000     \$5,000     Other: \_\_\_\_\_ (**\$1,000 min**)

Fire Damage (Rented to You) Limit:             \$100,000     \$200,000     \$300,000     Other: \_\_\_\_\_

Medical Expense Limit:                               \$5,000             \$10,000             Other: \_\_\_\_\_

Optional coverage:

- Employee Benefits Liability:     Occurrence                       Claims-Made Retroactive Date: \_\_\_\_\_
- Stop Gap Liability (only applicable in monopolistic states)
- Waiver of Subrogation
- Blanket Additional Insured
- Per Project Aggregate

## General Liability Coverage (Continued)

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

	This Year- Projected Receipts / Commissions		Last Year- Actual Receipts	Previous Year- Actual Receipts
	\$	\$	\$	\$
Sales - New Apparatus	\$	\$	\$	\$
Sales - Used Apparatus	\$	\$	\$	\$
Sales – Auto Parts	\$	\$ NA	\$	\$
Sales – Loose Equipment	\$	\$ NA	\$	\$
Service and Repair	\$	\$ NA	\$	\$
Manufacturing/Fabrication	\$	\$ NA	\$	\$

## Garage Operations

Does the insured refurbish used apparatus?  Yes  No

If Yes, show percentage of annual receipts: \_\_\_\_\_ %

Does the insured perform mobile service or repair?  Yes  No

If Yes, show percentage of annual receipts: \_\_\_\_\_ %

Does the insured sell or service watercraft or water craft parts?  Yes  No

Does the insured sell or service aircraft or aircraft parts?  Yes  No

Does the insured lease or loan vehicles to others?  Yes  No

If yes, please explain: \_\_\_\_\_

Does the insured manufacturer any products?  Yes  No

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

Does the insured modify any products manufactured by others prior to sales?  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 of the U.S. that are imported by others?  Yes  No

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

Does the insured pickup or deliver Autos?  Yes  No

If Yes, please provide the following information:

Number of vehicles delivered or transported per year: \_\_\_\_\_

Number of trips per year: \_\_\_\_\_

Average mileage traveled per trip: \_\_\_\_\_

Maximum Value of delivered vehicles: \$ \_\_\_\_\_

**Garage Operations (Continued)**

Does the insured pickup or deliver Autos outside of the United States?  Yes  No

If Yes, please list where and frequency of trips: \_\_\_\_\_

Does the insured have any Dealer or Transporter Plates?  Yes  No

If Yes: Number of Dealer Plates: \_\_\_\_\_ Number of Transporter Plates: \_\_\_\_\_

**Fire Safety Equipment Dealers Information**

Does the insured manufacturer any products?  Yes  No

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

Does the insured modify any products manufactured by others prior to sales?  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 of 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 provide the insured with Products Liability "Vendors" coverage?  Yes  No

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

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
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

## Business Auto

---

Indicate the desired coverage below:

- \$ \_\_\_\_\_ Auto Liability
- \$ \_\_\_\_\_ 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.

Indicate the desired deductible for scheduled vehicles with Physical Damage Coverage:

- Comprehensive  \$500  \$1000  \$2500  \$5000  Other \$ \_\_\_\_\_
- Collision  \$500  \$1000  \$2500  \$5000  Other \$ \_\_\_\_\_
- Optional coverage:  Waiver of Subrogation  Blanket Additional Insured

Include Hired Physical Damage?  Yes  No

Include Drive Other Car Coverage?  Yes  No

If Yes, provide the following information:

Name of individual and spouse (if applicable): \_\_\_\_\_

Do any of the above individuals have any children living in the household?  Yes  No

Do any of the above individuals carry personal auto insurance?  Yes  No

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

If Yes, please explain: \_\_\_\_\_

---

Are their written standard operating procedures for use of company owned vehicles?  Yes  No

Does the insured review Motor Vehicle Reports (MVRs) for each driver?  Yes  No

If Yes, how often?  Annually  Every 2-3 Years  More than 3 Years

Does the insured have written criteria for acceptable MVRs?  Yes  No

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

Percent of driver turnover in the last 12 months? \_\_\_\_\_%

Is driver training provided for employees?  Yes  No

If Yes, please describe: \_\_\_\_\_

---

## Vehicle Schedule

Veh No.	Year	Make	Model	VIN	Original Cost New	Loc. No.
1					\$	
2					\$	
3					\$	
4					\$	
5					\$	
6					\$	
7					\$	
8					\$	
9					\$	
10					\$	
11					\$	
12					\$	
13					\$	
14					\$	
15					\$	
16					\$	
17					\$	
18					\$	
19					\$	
20					\$	

## Inland Marine

No Coverage Requested

### Contractors Scheduled Equipment

No.	Description (Year, Make, Model, Serial No.)	Limit of Insurance	Deductible
1		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
2		\$	
3		\$	
4		\$	

Description	Limit of Insurance		Deductible
Your Unscheduled Tools	\$ per item	\$ aggregate per occurrence	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
Your Employees Tools	\$ per item	\$ aggregate per occurrence	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000

Is equipment rented, loaned to/from others?

Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_





## 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.*

## Additional Interests

List any entities that need to be listed as Additional Insured, Loss Payee or Mortgagee along with their interest.

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

Loc. No.	Name & Address	Loss Payee	Mortgage-holder	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest				

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

## Current Insurance

Line of Business	Name of Insurer	Annual Premium
Property		\$
General Liability		\$
Business Auto		\$
Garage		\$
Inland Marine		\$
Excess/Umbrella		\$

## 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. Attached separate pages if needed.

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

Carrier loss runs will be required to bind coverage or upon request.

## Submission Requirements

- Fully Completed FireWatch Application with Insured & Agent signatures
- 5 years of currently valued (within 60 days) loss runs, including loss details and descriptions for all lines of business requested
- Motor Vehicle Record (MVR) for all drivers or a complete list of drivers including full name, date of birth, license number, state where individual is licensed & date of hire
- Resume of Owners if risk has been operating for less than 3 years

## **Application Signatures & State Fraud Statements**

---

### **APPLICABLE IN ALABAMA - ALABAMA FRAUD STATEMENT**

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 fines or confinement in prison, or any combination thereof.

### **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 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.

### **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.

## **Application Signatures & State Fraud Statement (Continued)**

---

### **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.

### **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 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.

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.

## **Application Signatures & State Fraud Statement (Continued)**

---

### **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.

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