



Property/Casualty Insurance
Suppression, Extinguisher & Alarm Contractor
Application

P.O. Box 5670
Cortland, New York 13045
Phone (800) 822-3747
Fax: (607) 756-5051
Email: applications@mcneilandcompany.com

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____ Date proposal needed: _____
Legal Name of Organization: _____
(Include all organizations that are to be included as insureds including Fire Districts, Fire Companies, Rescue Squads and Auxiliaries)
FEIN: _____
Mailing Address: _____
County: _____
Location Address: _____
County: _____
Website Address: _____ Main Phone #: _____ Main Fax #: _____
Contact Name: _____ Phone #: _____ E-Mail: _____

INSURANCE AGENT INFORMATION

Producer: _____ CSR or Other Contact: _____
Name of Agency: _____
Address: _____
Telephone: _____ Fax: _____ E-mail address: _____
Do you currently write this account? ☐ Yes ☐ No
If yes, for how long? _____ Carrier Name: _____
Is the account Sub-Brokered? ☐ Yes ☐ No
If yes, please indicate Agency Name and Address: _____

COVERAGE INFORMATION

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

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

BUSINESS INFORMATION

Type of business (please check all that apply):

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

BUSINESS INFORMATION (CONTINUED)

The business is a (please check one):

☐ Corporation

☐ Limited Liability Company

☐ Partnership

☐ Sole Proprietorship

☐ Joint Venture

☐ Other: _____

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

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

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

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

If Yes, please explain: _____

In which states does the insured perform services? _____

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

Does the insured currently carry Employers Liability Coverage? ☐ Yes ☐ No

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

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

If Yes, please include a copy with the application.

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

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

GENERAL LIABILITY COVERAGE

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

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

Optional coverage:

☐ Employee Benefits Liability:

Desired Limit: \$ _____

☐ Stop Gap Liability (only applicable in monopolistic states):

Desired Limit: \$ _____

CRIME

☐ NO COVERAGE REQUESTED

Fidelity

Type of Bond:

☐ Commercial Blanket

Limit of Insurance \$ _____

Number of Class I Employees (direct contact with funds) _____

Number of Class II Employees (all others) _____

☐ Position Schedule

Position

Limit of Insurance

_____ \$ _____

_____ \$ _____

_____ \$ _____

☐ Forgery or Alteration

\$ _____

☐ Identity Fraud

\$ _____

CRIME (CONTINUED)

Money & Securities

List all persons managing funds:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Do you maintain a list of authorized vendors?

☐ Yes ☐ No

Do you verify invoices against a corresponding purchase order, receiving report and/or vendor list prior to issuing payment?

☐ Yes ☐ No

Do you perform reference checks, including criminal history checks, on persons who frequently handle money?

☐ Yes ☐ No

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year to prevent theft?

☐ Yes ☐ No

Are Invoices or Requisitions kept? (This documents what item or service is being paid for, who the vendor is, and who authorized the item or service)

☐ Yes ☐ No

Are Invoices or Requisitions, Check Register and Bank Statements cross-checked against each other?

☐ Yes ☐ No

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

During what months are the receipts the largest? _____

Is money ever stored in the building overnight?

☐ Yes ☐ No

If yes, amount and how stored: _____

All receipts are deposited in a bank within:

☐ 2 days

☐ 1 week

☐ over 1 week

Are all incoming checks immediately stamped "For Deposit Only"?

☐ Yes ☐ No

Does all check require 2 signatures?

☐ Yes ☐ No

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

Are internal account reviews conducted?

☐ Yes ☐ No

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

Are you being audited by outside parties?

☐ Yes ☐ No

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

EXCESS LIABILITY

☐ NO COVERAGE REQUESTED

Desired Limit of Insurance:

☐ \$1,000,000

☐ \$2,000,000

☐ \$3,000,000

☐ \$4,000,000

☐ \$5,000,000

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

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

Insurer*: _____

Policy Number: _____

Effective Dates: _____

Policy Period: _____

Employers Liability (Coverage B) Limits:

\$ _____ Bodily Injury by Accident

\$ _____ Bodily Injury by Disease

\$ _____ BI by Disease Policy Limit

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

SPRINKLER CONTRACTOR INFORMATION – WATER BASED SYSTEMS

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall

receipts generated by each sector:

_____ % Apartments/Condominiums

_____ % Hotel/Motel

_____ % Hospitals/Health Care

_____ % Industrial/Manufacturing

_____ % Private Dwellings/Residential Applications

_____ % Restaurants/Food Service

_____ % Retail/Office

_____ % Other (please describe): _____

Does the insured inspect, test or certify systems installed by others?

☐ Yes ☐ No

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

Does the insured use CPVC piping for any sprinkler installations?

☐ Yes ☐ No

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

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

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

Does the insured perform work in buildings taller than 5 stories (excluding basements)?

☐ Yes ☐ No

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

If Yes, please describe: _____

Does the insured do any plumbing work other than specifically for sprinkler systems?

☐ Yes ☐ No

If Yes, please describe: _____

Does the insured currently perform, or ever in the past performed, asbestos removal or asbestos abatement?

☐ Yes ☐ No

Has the insured ever been involved in any industry product recalls?

☐ Yes ☐ No

If Yes, please describe: _____

Does the insured perform retrofit work?

☐ Yes ☐ No

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

Does the insured design sprinkler systems?

☐ Yes ☐ No

If Yes, please answer the following questions:

What qualifications do the designers have?

☐ NICET Certified Technician:

Automatic Sprinkler System Layout

Level ☐ I ☐ II ☐ III ☐ IV

Inspection and Testing of Water-Based Systems

Level ☐ I ☐ II ☐ III ☐ IV

Special Hazards Suppression Systems

Level ☐ I ☐ II ☐ III ☐ IV

☐ PE (Professional Engineer)

☐ Other (describe) _____

Are any of the systems designed by the insured installed by subcontractors?

☐ Yes ☐ No

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

by subcontractors? _____ %

Does the insured keep permanent records of "as built" sprinkler plans and hydraulic calculations?

☐ Yes ☐ No

If Yes, for how many years? _____ Years

SPRINKLER CONTRACTOR INFORMATION – WATER BASED SYSTEMS (CONTINUED)

Does the insured hire subcontractors? ☐ Yes ☐ No

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

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

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

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

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

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

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

If Yes, please describe: _____

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

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

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

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

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

Has the insured had any current or past involvement with Wrap-Up/OCIP? ☐ Yes ☐ No

If Yes, please describe: _____

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

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

_____ % Apartments/Condominiums

_____ % Hotel/Motel

_____ % Hospitals/Health Care

_____ % Industrial/Manufacturing

_____ % Private Dwellings/Residential Applications

_____ % Restaurants/Food Service

_____ % Retail/Office

_____ % Gas Stations

_____ % Other (please describe): _____

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

Does the insured inspect, test or certify systems installed by others?

☐ Yes ☐ No

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

Does the insured currently perform, or ever in the past performed, asbestos removal or asbestos abatement?

☐ Yes ☐ No

Has the insured ever been involved in any industry product recalls?

☐ Yes ☐ No

If Yes, please describe: _____

Does the insured perform retrofit work?

☐ Yes ☐ No

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

Does the insured perform work on gaseous fire control (Halon) systems?

☐ Yes ☐ No

If Yes, please describe: _____

Does the insured design restaurant/special systems?

☐ Yes ☐ No

If Yes, are the guidelines set forth by NFPA followed for installation, service and repair?

☐ Yes ☐ No

Are any of the systems designed by the insured installed by subcontractors?

☐ Yes ☐ No

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

Does the insured keep permanent records of "as built" restaurant/special systems plans and hydraulic calculations?

☐ Yes ☐ No

If Yes, for how many years? _____ Years

Does the insured hire subcontractors?

☐ Yes ☐ No

If Yes, are certificates of insurance obtained/maintained from all subcontractors?

☐ Yes ☐ No

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits?

☐ Yes ☐ No

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

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

Installation receipts: \$ _____

Description: _____

Service/repair receipts: \$ _____

Description: _____

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement?

☐ Yes ☐ No

Have any of the insured's prior losses resulted from work performed by subcontractors?

☐ Yes ☐ No

If Yes, please describe: _____

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

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

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

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

Does the insured perform any other services not reflected in the payroll/receipts shown above?

☐ Yes ☐ No

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

Please provide and other applicable rating or underwriting information: _____

FIRE EXTINGUISHER CONTRACTOR INFORMATION – PORTABLE EXTINGUISHERS

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall

receipts generated by each sector:

_____ % Apartments/Condominiums

_____ % Hotel/Motel

_____ % Hospitals/Health Care

_____ % Industrial/Manufacturing

_____ % Private Dwellings/Residential Applications

_____ % Restaurants/Food Service

_____ % Retail/Office

_____ % Other (please describe): _____

Has the insured ever been involved in any industry product recalls?

☐ Yes ☐ No

If Yes, please describe: _____

Does the insured hire subcontractors?

☐ Yes ☐ No

If Yes, are certificates of insurance obtained/maintained from all subcontractors?

☐ Yes ☐ No

Does the **insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits?**

☐ Yes ☐ No

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

FIRE EXTINGUISHER CONTRACTOR INFORMATION – PORTABLE EXTINGUISHERS (CONTINUED)

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

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

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

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

If Yes, please describe: _____

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

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

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

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

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

Please provide and other applicable rating or underwriting information: _____

ALARM CONTRACTOR INFORMATION

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

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

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

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

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

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

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

If Yes, please describe: _____

ALARM CONTRACTOR INFORMATION (CONTINUED)

Does the insured perform non-alarm electrical work?

☐ Yes ☐ No

If Yes, please describe: _____

Does the insured hire subcontractors?

☐ Yes ☐ No

If Yes, are certificates of insurance obtained/maintained from all subcontractors?

☐ Yes ☐ No

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits?

☐ Yes ☐ No

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

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

Installation receipts: \$ _____

Description: _____

Service/repair receipts: \$ _____

Description: _____

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement?

☐ Yes ☐ No

Have any of the insured's prior losses resulted from work performed by subcontractors?

☐ Yes ☐ No

If Yes, please describe: _____

Does the insured design alarm systems?

☐ Yes ☐ No

If yes, please answer the following questions:

What qualifications do the designers have?

☐ NICET Fire Alarm Systems Certified Technician Level ☐ I ☐ II ☐ III ☐ IV

☐ NBFAA National Training School

☐ Certified Alarm Technician

☐ Advanced Burglar Alarm Technician

☐ PE (Professional Engineer)

☐ Other (Describe): _____

Are any of the systems designed by the insured installed by subcontractors?

☐ Yes ☐ No

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

Does the insured keep permanent records of "as built" alarm plans?

☐ Yes ☐ No

If Yes, for how many years? _____ Years

ALARM CONTRACTOR INFORMATION (CONTINUED)

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

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

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

Does the insured perform any other services not reflected in the payroll/receipts shown above?

☐ Yes ☐ No

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

Please provide and other applicable rating or underwriting information: _____

Do you use a standard contract for your alarm operations?

☐ Yes ☐ No

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

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

Total number of alarm clients: _____

What percentage of clients sign your contract? _____%

Does your alarm contract(s) include a stated dollar amount (as liquidated damages) for all jobs performed?

☐ Yes ☐ No

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

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

Which operations does your standard contract pertain to?

☐ Installation

☐ Service/Maintenance

☐ Monitoring

FIRE SAFETY EQUIPMENT DEALERS INFORMATION

Does the insured manufacture any products?

☐ Yes ☐ No

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

Does the insured modify products manufactured by others prior to sale?

☐ Yes ☐ No

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

Does the insured import any products?

☐ Yes ☐ No

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

FIRE SAFETY EQUIPMENT DEALERS INFORMATION (CONTINUED)

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

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

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

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

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

Does the insured sell any products to hospitals? ☐ Yes ☐ No

If Yes, what percentage: _____%

Does the insured perform product testing or certification? ☐ Yes ☐ No

If Yes, what percentage: _____%

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

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

Please provide copies of brochures or any applicable sales material.

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

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

If Yes, please describe: _____

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

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

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

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

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

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

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

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

	Certificate of	Additional
--	----------------	------------

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			

Total Account Premium: \$ _____ \$ _____

Renewal Premium Indication: \$

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

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

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ALASKA APPLICANTS: 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.

NOTICE TO ARIZONA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DELAWARE APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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

NOTICE TO INDIANA APPLICANTS: A 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.

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

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

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

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE TO NEW HAMPSHIRE APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: 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.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature: _____ Date: _____