

### GENERAL INFORMATION

Date of survey: \_\_\_\_\_ Renewal Date: \_\_\_\_\_  
Date proposal needed: \_\_\_\_\_  
Legal Name of Organization: \_\_\_\_\_  
FEIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Website Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Best time to contact: \_\_\_\_\_

### INSURANCE AGENT INFORMATION

Agents Name: \_\_\_\_\_ CSR or Other Contact \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Agency Phone: \_\_\_\_\_ 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: \_\_\_\_\_

### ORGANIZATION INFORMATION

Year Business Established: \_\_\_\_\_  
Is your organization a 501(c)3? ☐ Yes ☐ No  
Description of Organization: ☐ Sole Proprietor ☐ Corporation ☐ LLC ☐ Other: \_\_\_\_\_  
Has any insurance carrier cancelled, declined, or refused to renew any insurance in the past 3 years (N/A in Missouri)? ☐ Yes ☐ No  
Annual Revenue: \$ \_\_\_\_\_  
Number of Animals Examined Annually: \_\_\_\_\_  
Types of Animals  
Companion/Small Animal \_\_\_\_\_% Wildlife \_\_\_\_\_%  
Livestock \_\_\_\_\_% Exotic \_\_\_\_\_%  
Equine \_\_\_\_\_% Other \_\_\_\_\_%

### STAFF

Number of Employed Veterinarians: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_  
Number of Contracted Veterinarians: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Number of Veterinary Technicians: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_  
All other Staff/Employees: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_  
Number of Volunteers: \_\_\_\_\_  
Number of Students/Interns: \_\_\_\_\_ Length of Internship: \_\_\_\_\_

If you have an internship program provide the following:

How much training do interns receive prior to working directly with animals? \_\_\_\_\_

Are pet owners made aware of the interns assisting? ☐ Yes ☐ No

Are written agreements in place? ☐ Yes ☐ No

If Yes, include a copy.

### SERVICES

- Any treatment of animals belonging to zoos, circuses, carnivals, rodeos or show enterprises? ☐ Yes ☐ No
- Do you provide After Hours Emergency Care? ☐ Yes ☐ No
- If yes, do you utilize a Pet Care Emergency Authorization form? ☐ Yes ☐ No
- Do all pet owners sign a release form acknowledging the risks associated with treatment and/or surgery? ☐ Yes ☐ No
- Number of on-site kennels used to house animals receiving treatment: \_\_\_\_\_
- Do you provide any breeding services? ☐ Yes ☐ No
- Do you provide mobile clinic services? ☐ Yes ☐ No
- If yes, what is the maximum mileage traveled to a client? \_\_\_\_\_
- Do you provide at-home euthanasia? ☐ Yes ☐ No
- If yes, number per year: \_\_\_\_\_
- Do you offer non-traditional therapies (chiropractic, homeopathic, acupuncture)? ☐ Yes ☐ No
- If yes, does the pet owner sign a waiver? ☐ Yes ☐ No
- Do you provide pet adoption services? ☐ Yes ☐ No
- Do you have a crematory on premise? ☐ Yes ☐ No

Do you offer any of the following services:

__Boarding	\$_____ Sales	# of boarding kennels: _____
__Grooming	\$_____ Sales	# of Groomers: _____
__Pet Training	\$_____ Sales	# of Trainers: _____

- Do you provide any other services not described above? ☐ Yes ☐ No
- If yes, please describe: \_\_\_\_\_

### OPERATIONS

- Are signs posted in the waiting room telling owners that pets must be on a leash or in a pet carrier? ☐ Yes ☐ No
- Do you have leashes and pet carriers available if a client arrives without one? ☐ Yes ☐ No
- Do you document when a client cancels or misses an appointment? ☐ Yes ☐ No
- Are controlled substances stored in a safe or locked cabinet with limited access? ☐ Yes ☐ No
- Any retail sales such as flea/tick medication, shampoo, pet food in office? ☐ Yes ☐ No
- If yes, what are the receipts: \$\_\_\_\_\_
- Do you sell or distribute any products under your own label? ☐ Yes ☐ No
- Do you lease any portion of your premises to others? ☐ Yes ☐ No
- If yes, provide the following:
- Type of operation of lessee \_\_\_\_\_ Square footage of leased space: \_\_\_\_\_
- Written Lease Agreement in place? ☐ Yes ☐ No

### GENERAL LIABILITY LIMITS

Each Occurrence/General Aggregate Limit:

<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$1,000,000/\$3,000,000	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made	Retroactive Date: _____

### VETERINARIAN PROFESSIONAL LIABILITY LIMITS

Each Occurrence/General Aggregate Limit:

<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$1,000,000/\$3,000,000	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made	Retroactive Date: _____

**EMPLOYEE BENEFITS LIABILITY**

Each Occurrence/General Aggregate Limit:

☐ \$1,000,000/\$2,000,000

☐ \$1,000,000/\$3,000,000

☐ Other: \_\_\_\_\_

☐ Occurrence

☐ Claims-Made

Retroactive Date: \_\_\_\_\_

Does the organization have an Employee Benefits handbook?

☐ Yes ☐ No

Has any claim been made, or suit filed against the company and/or its employees in the past 5 years alleging an error or omission in the administration\* of your benefit programs?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does the company have knowledge of any matter(s) involving employee benefits, benefits administration, the handling of benefit claims, or any other benefits-related matter which would cause a reasonable person to believe that a claim or suit might result?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

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

**EMPLOYMENT PRACTICES LIABILITY**

Each Occurrence/General Aggregate Limit:

☐ \$1,000,000/\$2,000,000

☐ \$1,000,000/\$3,000,000

☐ Other: \_\_\_\_\_

☐ Occurrence

☐ Claims-Made

Retroactive Date: \_\_\_\_\_

Does the organization have an Employment Practices handbook?

☐ Yes ☐ No

Has any claim been made, or suit filed against the company and/or its employees in the past 5 years alleging a wrongful act, error or omission\* in an employment-related matter?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does the company have knowledge of any matter(s) involving employment discrimination, wrongful termination, sexual harassment, or any other employment-related matter which would cause a reasonable person to believe that a claim or suit might result?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

\* Discrimination, coercion, harassment, or humiliation based on race, ethnic or national origin, marital status, medical condition, gender, age, physical appearance, physical or mental impairment, sexual orientation, or political affiliation; sexual harassment; termination of employment including retaliatory or constructive discharge; breach of employment contract; failure to employ; deprivation of a career opportunity; failure to promote; disciplinary action; demotion or evaluation; infliction of emotional distress.

**PROPERTY COVERAGE**

Building & Contents Deductible: ☐ \$500

☐ \$1,000

☐ \$2,500

☐ Other: \_\_\_\_\_

Coinurance Percentage: ☐ 80%

☐ 90%

☐ 100%

Blanket Coverage:

☐ Building Only

☐ Contents Only

☐ Building/Contents Combined

☐ None

**PROPERTY SCHEDULE**

<b>Loc. No.:</b>	<b>Address:</b>		
<b>Building Limit: \$</b>		<b>Personal Prop. Limit: \$</b>	<b>Occupancy Type:</b>
<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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Local Alarm  <input type="checkbox"/> Central Station Alarm  <input type="checkbox"/> Burglar Alarm  <input type="checkbox"/> Fire Extinguishers  <input type="checkbox"/> Sprinklers ( ____% )  <input type="checkbox"/> Heat Detection           </div> <div> <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: _____           </div> </div>	
<b>Own/Lease:</b> <input type="checkbox"/> Own <input type="checkbox"/> Lease	<b>Building Info:</b> Number of Stories: ____ Building Sq. Ft.: ____ Sq. Ft. You Occupy: ____ Year Built: ____	<b>Year: Updated/Inspected</b> Roof: ____ / ____ Plumbing: ____ / ____ Wiring: ____ / ____ HVAC: ____ / ____	<b>Additional Occupancies</b> _____ _____ _____ _____

  

<b>Loc . No.:</b>	<b>Address:</b>		
<b>Building Limit: \$</b>		<b>Personal Prop. Limit: \$</b>	<b>Occupancy Type:</b>
<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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Local Alarm  <input type="checkbox"/> Central Station Alarm  <input type="checkbox"/> Burglar Alarm  <input type="checkbox"/> Fire Extinguishers  <input type="checkbox"/> Sprinklers ( ____% )  <input type="checkbox"/> Heat Detection           </div> <div> <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: _____           </div> </div>	
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<b>Loc. No.:</b>	<b>Address:</b>		
<b>Building Limit: \$</b>		<b>Personal Prop. Limit: \$</b>	<b>Occupancy Type:</b>
<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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Local Alarm  <input type="checkbox"/> Central Station Alarm  <input type="checkbox"/> Burglar Alarm  <input type="checkbox"/> Fire Extinguishers  <input type="checkbox"/> Sprinklers ( ____% )  <input type="checkbox"/> Heat Detection           </div> <div> <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: _____           </div> </div>	

<b>Own/Lease:</b>	<b>Building Info:</b>	<b>Year:</b>	<b>Updated/Inspected</b>	<b>Additional Occupancies</b>
<input type="checkbox"/> Own	Number of Stories: _____	Roof: _____ / _____		_____
<input type="checkbox"/> Lease	Building Sq. Ft.: _____	Plumbing: _____ / _____		_____
	Sq. Ft. You Occupy: _____	Wiring: _____ / _____		_____
	Year Built: _____	HVAC: _____ / _____		_____

**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.

**For additional locations please include Acord Application.**

## INLAND MARINE

☐ N/A

### Scheduled Equipment

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

## BUSINESS AUTO

☐ N/A

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)

\$ \_\_\_\_\_ OBEL (Applies Only in NY)

\$ \_\_\_\_\_ 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 \$ \_\_\_\_\_

**CRIME (CONTINUED)**

Number of Class II Employees/Volunteers (all others) \_\_\_\_\_

<input type="checkbox"/> Position Schedule	Position	Limit of Insurance	Excess over Blanket
	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Computer Fraud and Funds Transfer \$ \_\_\_\_\_☐ Faithful Performance☐ Forgery or Alterations Limit of Insurance: \$ \_\_\_\_\_

How are the organizations' computers secured? \_\_\_\_\_

How are online login credentials secured? \_\_\_\_\_

Does anyone have access to an organization credit card (including debit cards)? ☐ Yes ☐ NoIf yes, are they authorized to make online purchases? ☐ Yes ☐ NoDoes anyone have access to the organizations accounts from home? ☐ Yes ☐ No

If yes, do they use an organization-issued computer, or a personal computer?

☐ Organization ☐ PersonalIf they use an organization computer, are other household members barred from using it? ☐ Yes ☐ No**MONEY AND SECURITIES**

Event	Date of Event	Limit Needed
_____	_____	\$ _____
_____	_____	\$ _____

**GENERAL CRIME INFORMATION**Are internal account reviews conducted? ☐ Yes ☐ No

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

When were the accounts last examined? \_\_\_\_\_

Are Invoices or Requisitions, Check Registers and Bank Statements cross-checked against each other at reconciliation? ☐ Yes ☐ NoDo all checks require 2 signatures? ☐ Yes ☐ NoIf No, do checks over a certain amount require 2 signatures? ☐ Yes in excess of: \$ \_\_\_\_\_ ☐ NoAre procedures in place requiring segregation of duties so that no single transaction can be fully controlled from organization to completion by one person? ☐ Yes ☐ No

Do you prohibit employees who reconcile monthly bank statements from:

a. Signing Checks? ☐ Yes ☐ Nob. Making Withdrawals? ☐ Yes ☐ Noc. Handling deposits? ☐ Yes ☐ NoDo you maintain a list of authorized vendors? ☐ Yes ☐ NoDo you verify invoices against a corresponding purchase order, receiving report and/or vendor list prior to issuing payment? ☐ Yes ☐ NoDo you perform reference checks, including criminal history checks, on people who frequently handle money? ☐ Yes ☐ No

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



## Application Signatures & State Fraud Statements

APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF ANY LIABILITY COVERAGE IN YOUR POLICY IS PROVIDED ON A CLAIMS-MADE BASIS THEN COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THE POLICY IS IN FORCE, DURING A RENEWAL OF THE POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE POLICY MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title (please print): \_\_\_\_\_