



Property/Casualty Insurance  
Emergency Apparatus & Equipment Dealers  
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:

- Property                       Inland Marine                       General Liability                       Crime
- Auto                                       Excess                                       Garage

**BUSINESS INFORMATION**

Type of business (please check all that apply):

- Emergency Apparatus Dealer                       Fire Safety Equipment Dealer
- Emergency Apparatus Service & Repair                       Other: \_\_\_\_\_

**BUSINESS INFORMATION (CONTINUED)**

The business is a (please check one):

- Corporation
- Partnership
- Joint Venture
- Limited Liability Company
- Sole Proprietorship
- Other: \_\_\_\_\_

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

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

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 \_\_\_\_\_

Coinsurance:  80%  90%  100%

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

**PROPERTY SCHEDULE**

<b>Loc. No.:</b>		<b>Address:</b>				
<b>Building Limit: \$</b>		<b>Personal Prop. Limit: \$</b>		<b>Business Inc. Limit: \$:</b>		
<b>Maximum Value of Stock Autos* at any given time: \$</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> <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 <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>Additional Occupancies</b> _____ _____ _____	
<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:</b> Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	<b>Updated/Inspected</b>	<b>Additional Information:</b> Paint Booth on Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No Welding done on Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No Customer Vehicle Storage: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> None		
<b>Mortgagee Name &amp; Address:</b>						

<b>Loc. No.:</b>		<b>Address:</b>				
<b>Building Limit: \$</b>		<b>Personal Prop. Limit: \$</b>		<b>Business Inc. Limit: \$:</b>		
<b>Maximum Value of Stock Autos* at any given time: \$</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> <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 <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>Additional Occupancies</b> _____ _____ _____	
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<b>Mortgagee Name &amp; Address:</b>						

\*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

**PROPERTY SCHEDULE (CONTINUED)**

**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

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: \_\_\_\_\_

**GARAGE OPERATIONS (CONTINUED)**

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

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: \_\_\_\_\_ %

**FIRE SAFETY EQUIPMENT DEALERS INFORMATION (CONTINUED)**

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

**BUSINESS AUTO (CONTINUED)**

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: \_\_\_\_\_  
 \_\_\_\_\_

**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      \$ \_\_\_\_\_

**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.*

**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 Acord 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**

**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 or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, NEW MEXICO, 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 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 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 in the third degree.

**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 the 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 LOUISIANA 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 MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 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.

**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 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 claims 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

## APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

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**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 intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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

*(To be signed by someone who does not have access to funds)*