

## General Information

Date of survey: \_\_\_\_\_ Insurance Renewal Date: \_\_\_\_\_ Date proposal is needed: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_  
(please include all businesses that are to be included as insureds)

FEIN: \_\_\_\_\_

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

Location Address: \_\_\_\_\_

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

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

Owner/President: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

GM Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Insurance Agent Information

Agent's Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you currently write this account?  Yes  No If Yes, for how long? \_\_\_\_\_ With what Carrier? \_\_\_\_\_

Is the account Sub-Brokered?  Yes  No

If yes, please indicate Agency name: \_\_\_\_\_

## Business Information

Description of business:  Sole Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

Years under current ownership? \_\_\_\_\_ Years of experience for current ownership \_\_\_\_\_

If under current ownership for less than 3 years, please summarize the experience of Manager/Owner and attach resume: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Executives/Officers/Owners: \_\_\_\_\_

Is your business a subsidiary or division of another company?  Yes  No

If yes, please provide the name of the company, the address and relationship: \_\_\_\_\_

Has your business had any changes in ownership over the past 3 years?  Yes  No

If yes, please provide details: \_\_\_\_\_

Do you own all or part of any business or entity not to be insured under this policy?  Yes  No

If yes, please provide name and type of operations: \_\_\_\_\_

## Business Information (cont'd)

---

Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? (Not applicable in Missouri)

Yes  No

If yes, please provide dates, coverage and explanation: \_\_\_\_\_  
\_\_\_\_\_

## Business Operations/Exposure Information

---

Please check all that apply to your business:

Night Club  Lounge  Bar/Tavern  Restaurant  Other \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_ Number of Days per Week: \_\_\_\_\_

Maximum Occupancy: \_\_\_\_\_ Average Occupancy: \_\_\_\_\_

Average Age of Customers: \_\_\_\_\_

Liquor Licensee Name / Number / State: \_\_\_\_\_

Have you had any license violations in the last 5 years?  Yes  No

If yes, please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

Please check all that apply to the surrounding area / neighborhood:

Commercial  Residential  Rural  City  Other \_\_\_\_\_

Do you have a parking lot?  Yes  No

If yes, number of parking spaces? \_\_\_\_\_

If yes, is lot used for special events?  Yes  No

If yes, please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

Do you provide valet parking?  Yes  No

If yes, do you contract with a valet service?  Yes  No

If yes, are certificates of insurance obtained from the valet service?  Yes  No

If yes, are you named an Additional Insured on the valet service's policy?  Yes  No

Is there any use of pyrotechnics or fireworks, either inside or outside?  Yes  No

If yes, please provide explanation: \_\_\_\_\_  
\_\_\_\_\_

Does the premises have two means of egress?  Yes  No

Does interior emergency lighting meet local / state regulations?  Yes  No

Are Non-Service Animals allowed into the bar?  Yes  No

If so, are they restricted to outdoor areas only?  Yes  No

## Entertainment

Do you have or plan to have, during the policy period, any of the following entertainment or amusements on premises?  Yes  No

If yes, please complete the following:

Entertainment Type	Frequency	Entertainment Type	Number
Comedy Acts	_____ times per <input type="checkbox"/> week <input type="checkbox"/> month	Video Games	_____
Tough Man Events	_____ times per <input type="checkbox"/> week <input type="checkbox"/> month	Pool Tables	_____
Live Concerts/DJ's	_____ times per <input type="checkbox"/> week <input type="checkbox"/> month	Dart Boards	_____
Type of music:	_____	Other:	_____

Is customer dancing permitted on premises?  Yes  No

If yes, is dance floor treated with non-skid surface?  Yes  No

If yes, what type of dance floor is provided?

Raised Floor  Level Floor  Stages Dance Floor Area (square feet) \_\_\_\_\_

If yes, do you permit customer dancing on raised equipment such as bar tops, furniture or table tops?  Yes  No

If raised equipment is available, are rails or other forms of protection included to prevent falls?  Yes  No

Do you have or plan to have, during the policy period, any of the following on premises?  Yes  No

Mechanical Bull  Inflatable  Trampoline  Climbing Wall  Dunk Tank

Do you have or plan to have, during the policy period, any stunt activity on premises?  Yes  No

If yes, please provide explanation: \_\_\_\_\_

## Security

Are firearms or other weapons permitted or kept on premises?  Yes  No

Do you hire:  Security  Bouncers  Doormen

If yes, are they  Employees  Contractors  Both (provide % of split) \_\_\_\_\_

How Many Total? \_\_\_\_\_ Minimum on premises at any one time? \_\_\_\_\_ Maximum on premises at any one time? \_\_\_\_\_

Are background checks completed on all security personnel?  Yes  No

If yes, are copies of background checks kept on file by you?  Yes  No

Do you have any security personnel on premises?  Yes  No

If yes, are copies of licenses kept on file by you?  Yes  No

If contractors:

Do you have a written agreement with each contractor?  Yes  No

Are certificates of insurance obtained?  Yes  No

Are you named an Additional Insured on the contractor's policy?  Yes  No

Do you have surveillance cameras on premises?  Yes  No

If yes, how long do you retain recordings? \_\_\_\_\_

If yes, please describe areas of premises recorded: \_\_\_\_\_

## Receipts

Source of Receipts	Estimated Receipts Next 12 Months	Receipts Previous 12 Months
Food	\$	\$
Liquor	\$	\$
Cover Charges	\$	\$
Ticket Sales	\$	\$
Dancers / Performers Fees (paid to you)	\$	\$
Gambling Machines (slot, poker, etc.)	\$	\$
Offsite Alcohol Sales	\$	\$
Other (explain):	\$	\$
<b>Total Receipts</b>	\$	\$

## General Liability

See Acord

Current Carrier: \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_

General Liability limit requested:  \$500,000 Occurrence/\$500,000 Aggregate  \$1,000,000 Occurrence/\$1,000,000 Aggregate  
 \$500,000 Occurrence/\$1,000,000 Aggregate  \$1,000,000 Occurrence/\$2,000,000 Aggregate

Damage to Rented Premises:  \$50,000  \$100,000  \$200,000  \$300,000

Do you want Supplemental Payments Inside the Liquor & GL Limits?  Yes  No

## Additional Insureds

See Acord

List any entities that need Additional Insured endorsements for liability coverage and describe their interest in your business.

Loc. No.	Name & Address	Nature of Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Liquor Liability

Decline Coverage

Current Carrier: \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_

Liquor Liability limit requested:  \$500,000 Each Common Cause/\$500,000 Aggregate  \$1,000,000 Each Common Cause/\$1,000,000 Aggregate  
 \$500,000 Each Common Cause /\$1,000,000 Aggregate  \$1,000,000 Each Common Cause/\$2,000,000 Aggregate

Are employees trained on a formal alcohol awareness program such as TIPS or Tam's?  Yes  No

Are patrons or guest bartenders allowed to serve alcohol?  Yes  No

If yes, please provide explanation: \_\_\_\_\_

Do you permit or sponsor alcohol consumption games such as beer pong or flip cup?  Yes  No

If yes, please provide explanation: \_\_\_\_\_

**Liquor Liability (continued)**

Average price per drink: \$ \_\_\_\_\_

Do you sell whole bottles of liquor (whiskey, gin, etc.) to tables (bottle service)?  Yes  No

If yes, is bottle service provided in a separate and supervised section of the premises?  Yes  No

If yes, are partially consumed bottles allowed to be removed from the separate section?  Yes  No

If yes, is there an age restriction for entrance to the separate section?  Yes  No

Please describe mixers provided to tables: \_\_\_\_\_

Do you sell whole bottles of wine to tables?  Yes  No

Do you allow customers to bring their own alcohol aka "BYOB" on your premises?  Yes  No

Do you engage in or plan to engage in, during the policy period, any of the following alcohol promotions?  Yes  No

Reduced Drink Prices for More than 2 Hours

Any Prices Reduced to \$1.00 or Less

All You Can Drink Specials (other than at banquets or rentals)

Do you ever permit employees who serve alcohol to consume alcohol while on the job?  Yes  No

Are persons under 21 years of age allowed on premises?  Yes  No

If yes, please provide explanation including how alcohol purchase is prevented: \_\_\_\_\_

\_\_\_\_\_

Do you sell packaged goods for off-premises consumption?  Yes  No

Have you had any Liquor Liability claims (whether covered by insurance or not) in the last 3 years?  Yes  No

If yes, please provide explanation: \_\_\_\_\_

\_\_\_\_\_

**Assault/Battery**

Decline Coverage

Assault & Battery limit requested:  \$100,000/\$200,000  \$250,000/\$500,000

Have you had any Assault and Battery claims (whether covered by insurance or not) in the last 3 years?  Yes  No

If yes, please provide explanation: \_\_\_\_\_

\_\_\_\_\_

**Employee Benefits Liability (not available in NY)**

Decline Coverage

Current EBL Carrier: \_\_\_\_\_

Current Premium: \$ \_\_\_\_\_

Limits of Liability:  \$500,000 Each Incident/\$1,000,000 Aggregate  Occurrence  Claims-made Retroactive Date: \_\_\_\_\_

\$1,000,000 Each Incident/\$1,000,000 Aggregate  Occurrence  Claims-made Retroactive Date: \_\_\_\_\_

\$1,000,000 Each Incident/\$2,000,000 Aggregate  Occurrence  Claims-made Retroactive Date: \_\_\_\_\_

How many employees does your business have? \_\_\_\_\_

Does the company 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 five years alleging an error or omission in the administration\* of your benefit programs?  Yes  No

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

\_\_\_\_\_

**Employee Benefits Liability (not available in NY) (continued)**

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.

**Hired & Non-Owned Auto Liability**

Decline Coverage

Does the insured have a Commercial Auto Policy in force?  Yes  No

Total number of drivers: \_\_\_\_\_

What type of vehicles are utilized? \_\_\_\_\_

How will vehicles be utilized and what will be transported? \_\_\_\_\_  
 \_\_\_\_\_

How often are vehicles utilized? \_\_\_\_\_

Are "Get Home Safe" rides provided to patrons?  Yes  No

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

Who provides "Get Home Safe" rides? \_\_\_\_\_

What is the maximum distance vehicles will be driven from your premises? \_\_\_\_\_

Number of vehicles hired/leased? \_\_\_\_\_

Average term of lease? \_\_\_\_\_

**Real and Personal Property**

Decline Coverage

Current Carrier: \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_

Loc. No.:		Address:				
Building Limit: \$		Personal Prop. Limit: \$		Business Inc. Limit: \$		
<b>Construction Type:</b> <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive		<b>Building Protection: (Check all that apply)</b> <input type="checkbox"/> Local Alarm <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> 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>Occupancy Type:</b> _____ <b>Roof Type:</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> _____ <b>Updated/Inspected</b> Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	<b>Additional Occupancies</b> _____ _____ _____			
Please describe building glass (if any) to be covered per lease agreement:					Limit: \$ _____	

**Real and Personal Property (continued)**

<b>Loc . No.:</b>		<b>Address:</b>				
<b>Building Limit: \$</b>		<b>Personal Prop. Limit: \$</b>		<b>Business Inc. Limit: \$:</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>Occupancy Type:</b> _____ <b>Roof Type:</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> _____ <b>Updated/Inspected</b> Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	<b>Additional Occupancies</b> _____ _____ _____			
Please describe building glass (if any) to be covered per lease agreement:					Limit: \$	

  

<b>Loc . No.:</b>		<b>Address:</b>				
<b>Building Limit: \$</b>		<b>Personal Prop. Limit: \$</b>		<b>Business Inc. Limit: \$:</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>Occupancy Type:</b> _____ <b>Roof Type:</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> _____ <b>Updated/Inspected</b> Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	<b>Additional Occupancies</b> _____ _____ _____			
Please describe building glass (if any) to be covered per lease agreement:					Limit: \$	

**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.

## Real and Personal Property (continued)

Indicate the Building Limit coinsurance percentage desired:  80%  90%  100%

Indicate the property deductible desired:  \$1000 min  \$2500  \$5000  Other: \_\_\_\_\_

Indicate the Business Income options:

Coinsurance:  80%  90%  100%  110%  120%  Other: \_\_\_\_\_

Monthly Limit of Indemnity:  1/3  1/4  1/6

Extended Period of Indemnity:  60 days  90 days  120 days

Maximum Period of Indemnity:  Stated Limit

Are there any other buildings at locations listed above that are not being quoted?  Yes  No

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

Please list name and address of any mortgagee (MTG) or loss payee (LP) for each location:

Location Number	Type	Name and Address
1.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
2.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
3.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
4.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
5.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	

## Cooking Facilities

Describe any cooking done on premises: \_\_\_\_\_

Do you have smoke / heat detectors for all cooking areas?  Yes  No

Do you have automatic fuel shut-offs to stoves?  Yes  No

Do you have deep fat fryers?  Yes  No

Do you have a hood and duct system?  Yes  No

If yes, is there a formal maintenance contract in place?  Yes  No

If yes, is maintenance performed at least every 6 months?  Yes  No

If no, do you clean all filters, hoods and ducts at least every 6 months?  Yes  No

Do you have UL approved automatic extinguishing system over the cooking surface?  Yes  No

If yes, is there a formal maintenance contract in place?  Yes  No

If yes, is maintenance performed at least every 6 months?  Yes  No

Do you have fire extinguishers readily available?  Yes  No

If yes, how many fire extinguishers? \_\_\_\_\_

If yes, have they been serviced and tagged within the last 12 months?  Yes  No



**PREMIUM HISTORY**

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_  
(Current year)

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_  
(1st prior year)

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_  
(2nd prior year)

**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\*

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

\*3 years of currently valued, hard copy loss runs (including loss details and descriptions) for all lines requested are a submission requirement. A quotation will not be offered if loss runs are not provided.

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