



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, 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

Loc. No.:	Address:		
Building Limit: \$		Personal Prop. Limit: \$	Business Inc. Limit: \$:
Maximum Value of Stock Autos* at any given time: \$			
Construction Type: <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	Building Protection: (Check all that apply) <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: _____
Own/Lease: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Building Info: Number of Stories: _____ Building Sq. Ft.: _____ Sq. Ft. You Occupy: _____ Year Built: _____	Year: _____ Updated/Inspected Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	Additional Information: 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
Mortgagee Name & Address:			

Loc. No.:	Address:		
Building Limit: \$		Personal Prop. Limit: \$	Business Inc. Limit: \$:
Maximum Value of Stock Autos* at any given time: \$			
Construction Type: <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	Building Protection: (Check all that apply) <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: _____
Own/Lease: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Building Info: Number of Stories: _____ Building Sq. Ft.: _____ Sq. Ft. You Occupy: _____ Year Built: _____	Year: _____ Updated/Inspected Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	Additional Information: 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
Mortgagee Name & Address:			

Loc. No.:	Address:		
Building Limit: \$		Personal Prop. Limit: \$	Business Inc. Limit: \$:
Maximum Value of Stock Autos* at any given time: \$			
Construction Type: <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	Building Protection: (Check all that apply) <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: _____
Own/Lease: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Building Info: Number of Stories: _____ Building Sq. Ft.: _____ Sq. Ft. You Occupy: _____ Year Built: _____	Year: _____ Updated/Inspected Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	Additional Information: 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
Mortgagee Name & Address:			

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

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 Resistant - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistant material with a fire resistance rating of one hour or more but less than two hours.

Type 6-Fire Resistant - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistant 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, 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 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: _____