

# Builders Risk Application



DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_

CONTACT NAME: (For Inspection) \_\_\_\_\_

## **BUILDER'S RISK – PRIOR CONSTRUCTION OR RENOVATION **PRE-START** SUPPLEMENTAL QUESTIONNAIRE**

PROJECT LOCATION ADDRESS: \_\_\_\_\_

(Street or legal address, county, city, state and zip code)

1. Original start date of construction (or renovation): \_\_\_\_\_

2. % of project completed: \_\_\_\_\_

Value of project completed to date: \_\_\_\_\_

Description of project completed to present: \_\_\_\_\_

Estimated time to complete project: \_\_\_\_\_ months \_\_\_\_\_ years

Description of remaining work to complete project: \_\_\_\_\_

3. Prior Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Have there been in claims during the project? (attach loss runs, a no loss certification may be required to bind coverage) \_\_\_\_\_

Policy Term: Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If the company is cancelling or non-renewing, why? \_\_\_\_\_

If no prior coverage placed, why was purchase delayed? \_\_\_\_\_

4. Name of General Contractor: \_\_\_\_\_

Is this a change in contractors? \_\_\_\_\_ no \_\_\_\_\_ yex. If yes, who was previous contractor and why are they being replaced? \_\_\_\_\_

How long has contractor been in business? \_\_\_\_\_ years

Contractor mailing address: \_\_\_\_\_

Contractor phone number: \_\_\_\_\_ Contact: \_\_\_\_\_

## BUILDER'S RISK SUPPLEMENTAL QUESTIONNAIRE *(Return with Acord 125)*

**PRODUCER:** Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone No \_\_\_\_\_  
 Fax No. \_\_\_\_\_  
 Email Address \_\_\_\_\_

**INSURED:** Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Preferred Contact  Phone  Mobile  Email Address \_\_\_\_\_  
 Insured is: Corporation  Partnership  LLC  Other   
 Insured is: Owner  Contractor  Other

**PROJECT DESCRIPTION:** Start Date: \_\_\_\_\_ Term of Construction: \_\_\_\_\_ Mos \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
**Project Address:**  
 Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Project Type:**  New Construction - Ground Up  
 Remodel - Remodel Interior Finishes/Replacement of Interior, Fixtures, Cabinets, Flooring  
 Remodel / Minor Structural - Remodel of Interior Finishes and Minor Changes to Exterior (Doors, Windows, Exterior Painting & Non-Structural Items HVAC, Plumbing, Electrical)  
 Renovation - Complete Renovation - See Following Section for Details  
 Restoration/Major Structural - Repair, Replacement or Removal of Load Bearing Walls, Additional Story(ies), Addition of Stairways or Elevators  
 Project Started?  Yes  No If yes, date started \_\_\_\_\_ % Complete \_\_\_\_\_ \$ Value Complete \_\_\_\_\_

**LIMITS OF LIABILITY:** Hard Costs: \_\_\_\_\_  
 Temporary Storage: \_\_\_\_\_ Soft Costs: \_\_\_\_\_  
 While in Transit: \_\_\_\_\_ Total Insured Values: \_\_\_\_\_  
 Site Protection Class (1-9) Fire Department  Paid?  Volunteer \_\_\_\_\_  
 Distance to: Nearest Fire Hydrant? \_\_\_\_\_ Ft. Nearest Fire Station? \_\_\_\_\_ Miles



**CONSTRUCTION TYPE:**

- Frame:  Walls are constructed of wood or other combustible material including when combined with other materials such as brick veneer, stone veneer, word iron-clad or stucco on wood
- Joisted Masonry:  Walls are constructed of masonry materials such as clay, adobe, brick, gypsum block, hollow concrete block, stone, tile, glass or other similar materials and floor or roof are combustible
- Noncombustible  Walls, floors and roof are constructed of and supported by metal, gypsum or other non-combustible material
- Masonry Noncombustible  Walls are constructed of masonry materials as described in Joisted Masonry, but floor and roof are of metal or other non-combustible material
- Fire Resistive  Walls, floor and roof are constructed of fire resistive materials having a fire resistance rating of not less than two (2) hours
- Other, Describe  HPR or similar construction
- Sprinklered:  Yes  No

**RENOVATION DETAILS:**

Year Constructed: \_\_\_\_\_ Currently Occupied?  Yes  No

Date Purchased: \_\_\_\_\_ If not Occupied, how long vacant? \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Land Value: \_\_\_\_\_

Historical Preservation Requirements?  Yes  No

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

Date of Last Remodel/Renovation: \_\_\_\_\_

Electrical          Plumbing          Roof          Other, Describe

Will Unit Be Occupied During Renovation?  Yes  No

What is Intended Occupancy at Completion of Renovation: \_\_\_\_\_

**PROTECTION:** Systems Operational During Renovation?  Yes  No

Automatic Sprinkler System?  Yes  No Burglar Alarm?  Yes  No

Are Systems Monitored?  Yes  No Central Station?  Yes  No

Has Structure Sustained Damage from Earth Movement, Fire, Windstorm?  Yes  No

If Yes, please provide details (date, cause, damage estimate: \_\_\_\_\_

**COMPLETE DESCRIPTION of RENOVATIONS:**

Any person knowingly and with intent to defraud any insurance company who files an application for insurance with false or misleading information or who conceals, for the purpose of misleading any insurance company or other person as to material facts contained in this application, commits a fraudulent insurance act which is a crime and may subject person to criminal or other penalties of certain municipal jurisdictions and may result in denial of benefits that might otherwise be due under a contract of insurance issued by an insurance company based on representations contained in this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER		NAIC CODE		
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE		
	POLICY NUMBER				
CONTACT NAME:	UNDERWRITER		UNDERWRITER OFFICE		
PHONE (A/C. No. Ext):	STATUS OF TRANSACTION	QUOTE	ISSUE POLICY	RENEW	
FAX (A/C. No.):		BOUND (Give Date and/or Attach Copy):			
E-MAIL ADDRESS:		CHANGE	DATE	TIME	AM
CODE:		SUBCODE:	CANCEL		PM
AGENCY CUSTOMER ID:					

### LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
BOILER & MACHINERY	\$		CYBER AND PRIVACY	\$	
BUSINESS AUTO	\$		FIDUCIARY LIABILITY	\$	
BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$	
COMMERCIAL GENERAL LIABILITY	\$		LIQUOR LIABILITY	\$	
COMMERCIAL INLAND MARINE	\$		MOTOR CARRIER	\$	
COMMERCIAL PROPERTY	\$		TRUCKERS	\$	
CRIME	\$		UMBRELLA	\$	

### ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

### POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

**CONTACT INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				
	ZIP:				
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
						ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:		INTEREST END DATE:			
			LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):	
					E-MAIL ADDRESS:			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				



**PRIOR CARRIER INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY**  **Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO:** 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.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** 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 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.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER