



# DWELLING FIRE APPLICATION

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

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE	
CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No.): E-MAIL ADDRESS:		NAMED INSURED(S)			
CODE:		SUBCODE:		POLICY NUMBER	
AGENCY CUSTOMER ID:		PLAN		FACILITY CODE	
		EFFECTIVE DATE		EXPIRATION DATE	
		DATE AGENT LAST INSPECTED PROPERTY		HOW LONG HAVE YOU KNOWN THE APPLICANT	

## APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last)			APPLICANT'S MAILING ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)	DATE AT MAILING ADDRESS:		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
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		SECONDARY E-MAIL ADDRESS:		
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years): _____	DWELLING LOCATION <input type="checkbox"/> Check if same as mailing address		
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			YEARS IN CURRENT OCCUPATION:		
			YEARS WITH CURRENT EMPLOYER:		YEARS WITH PREVIOUS EMPLOYER:

## COVERAGES / LIMITS OF LIABILITY

COVERAGE	LIMIT	PREMIUM	FIRE		FIRE & EC		FIRE, EC & VMM		BROAD		SPECIAL	
			REPL COST - FULL VALUE	OPTION	REPL COST - DWELLING	OPTION	REPL COST - CONTENTS	OPTION	LIMIT	PREMIUM		
DWELLING	\$	\$		INCLUDED						% MAX	\$	
OTHER STRUCTURES	<input type="checkbox"/> INCLUDED \$	\$		INCLUDED							\$	
PERSONAL PROPERTY	\$	\$	TOTAL LOCATION PREMIUM									\$
LOSS OF USE	<input type="checkbox"/> ACTUAL LOSS SUSTAINED \$	\$	DEDUCTIBLES									
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT	TYPE		
RENTAL VALUE	<input type="checkbox"/> ACTUAL LOSS SUSTAINED \$	\$	BASE	\$	%		NAMED HURRICANE*	\$		%		
ADDITIONAL EXPENSE	\$	\$	WIND / HAIL	\$	%		ANNUAL HURRICANE**	\$		%		
PERSONAL LIABILITY EA OCC	\$	\$	THEFT	\$	%			\$		%		
MEDICAL PAYMENTS EA PER	\$	\$		\$	%			\$		%		

\* Includes Dwelling, Other Structures, Personal Property, Loss of Use  
 \*\* Named Storm Percentage Deductible in North Carolina  
 \*\* Not Applicable in North Carolina

## FORMS AND ENDORSEMENTS (ACORD 829, Forms and Endorsements Schedule, may be attached if more space is required)

LOC #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

## PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
PAYOR			PREMIUM FINANCED?		FINANCE COMPANY
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> Y / N		

**RATING / UNDERWRITING**

<b>CONSTRUCTION TYPE</b>		<b>%</b>	<b>COURSE OF CONSTRUCTION</b>		<b>HOUSEKEEPING CONDITION</b>		<b>PROTECTION DEVICE TYPE</b>				<b>DISTANCE TO</b>		
MASONRY VENEER			BUILDERS RISK		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	SYSTEM	SMOKE	TEMP	BURG	FIRE HYDRANT		FIRE STATION
FRAME			RENOVATION		<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	CENTRAL				FT		MI
MASONRY			RECONSTRUCTION		<b>PLUMBING CONDITION</b>		DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV	
			<b>OCCUPANCY</b>		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	LOCAL				TERRITORY		PERS LIAB TERR
<b>SIDING</b>		<b>%</b>	OWNER		<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<b>DOOR LOCK</b>		<b>SPRINKLER</b>		PROT CLASS		FIRE EXTINGUISHER
ALUMINUM SIDING			TENANT		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		DEADBOLT		PARTIAL				<input type="checkbox"/> Y / N
STUCCO			UNOCCUPIED		<b>ROOF CONDITION</b>		SPRING		FULL		FIRE DISTRICT NAME		FIRE DIST CODE
VINYL SIDING / PLASTIC			VACANT		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE					PRIMARY HEAT		SECONDARY HEAT
CEDAR, WOOD, SHINGLE					<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG					<input type="checkbox"/> NONE		<input type="checkbox"/> NONE
EIFSCB (on cinder block)			<b>RESIDENCE TYPE</b>		<b>ROOF MATERIAL</b>		DATE HEATING SYSTEM LAST SERVICED:				WIRING		ELECTRICAL SYSTEMS
EIFSS (on studs)			DWELLING		DISTANCE TO TIDAL WATER						COPPER		CIRCUIT BREAKERS
			APARTMENT		<input type="checkbox"/> Miles <input type="checkbox"/> Feet						ALUMINUM		FUSES
YEAR EIFS INSTALLED:			CONDOMINIUM		<b>PURCHASE PRICE</b>		<b>PURCHASE DATE</b>		LAST INSPECTED DATE		KNOB & TUBE		NUMBER OF AMPS
<b>USAGE TYPE</b>			TOWNHOUSE		\$								
<input type="checkbox"/> PRIMARY		<input type="checkbox"/> SEASONAL	ROWHOUSE		<b>SECURITY</b>								
<input type="checkbox"/> SECONDARY		<input type="checkbox"/> FARM	CO-OP		<input type="checkbox"/> VISIBLE FROM ROAD		<input type="checkbox"/> VISIBLE TO NEIGHBORS						
					<input type="checkbox"/> OCCUPIED DAILY								
<b>YEAR BUILT</b>	<b># ROOMS</b>	<b># FAMILIES</b>	<b>RATING CREDITS</b>		<b>DWELLING LOCATION</b>		<b>RATING</b>		<b>RENOVATIONS</b>		PART	COMP	YEAR
			<input type="checkbox"/> NON-SMOKER		<input type="checkbox"/> IN CITY LIMITS		<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC		WIRING				
<b>MARKET VALUE</b>	<b># APARTMENTS</b>	<b># HOUSEHOLD RESIDENTS</b>	<input type="checkbox"/> MANNED SECURITY		<input type="checkbox"/> IN FIRE DISTRICT		<b>FOUNDATION</b> <input type="checkbox"/> NONE		PLUMBING				
\$			<input type="checkbox"/> LIGHTNING PROTECTION		<input type="checkbox"/> IN PROT SUBURB		<input type="checkbox"/> OPEN		HEATING				
<b>REPLACEMENT COST</b>	<b># WEEKS RENTED</b>	<b>TAX CODE</b>	<input type="checkbox"/> OFF PREMISE THEFT EXCL				<input type="checkbox"/> CLOSED		ROOFING				
\$									EXTERIOR PAINT				
<b>TOTAL LIVING AREA</b>	<b>BLDG CODE GRADE</b>				<b>FUEL STORAGE TANK LOCATION</b>		NONE		WIND CLASS				
SQ FT					<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR				<input type="checkbox"/> RESISTIVE		<input type="checkbox"/> SEMI-RESISTIVE		
<b>BASEMENT AREA</b>	<b>INSPECTED (Y/N):</b> <input type="checkbox"/>				<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR								
SQ FT	FIREPLACES (Enter # or 0 for none)				<input type="checkbox"/> OUTDOORS ABOVE GROUND								
<b>GARAGE AREA</b>	CHIMNEYS				<input type="checkbox"/> OUTDOORS BELOW GROUND								
SQ FT	HEARTHES				FUEL LINE LOCATION								
<b>BREEZEWAY AREA</b>	PRE-FAB				<input type="checkbox"/> UNDER GROUND								
SQ FT	WOOD STOVE INSERT				<input type="checkbox"/> THROUGH FOUNDATION								

**OPTIONAL COVERAGES - ENDORSEMENTS**

COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED	\$		LIMIT	\$	FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED				\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED	\$		LIMIT	\$	INFLATION GUARD		%	INCREASE		\$
						LOSS ASSESSMENT	\$		LIMIT		\$
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	INCR	\$	MINE SUBSIDENCE	\$		LIMIT	CONST MATERIAL:	\$
	<input type="checkbox"/> INCLUDED			% REBUILD			PROP DESC:				
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED	\$		LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED	\$		LIMIT	\$
EARTHQUAKE		% DED	TERR:		\$		WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED	\$		LIMIT
	\$	DED	RETROFIT TYPE:			WINDSTORM EXCL			YES (Not applicable in Arkansas)		\$
				MAS VENEER: %							
COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
		TERR:		Y / N:				TERR:		Y / N:	
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
		TERR:		Y / N:				TERR:		Y / N:	
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
		TERR:		Y / N:				TERR:		Y / N:	
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
		TERR:		Y / N:				TERR:		Y / N:	
CODE		\$		\$		CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$		TYPE:	\$
		TERR:		Y / N:				TERR:		Y / N:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)				
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?				
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?				
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?				
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
7. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], 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, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				

**GENERAL INFORMATION - RESIDENTIAL**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N
1. ANY BUSINESS CONDUCTED ON PREMISES?				
<input type="checkbox"/> FARMING	<input type="checkbox"/> TELECOMMUTER	DAY CARE # OF CHILDREN: _____		
<input type="checkbox"/> HOME OFFICE / BUSINESS	<input type="checkbox"/>			
2. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?				
3. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?				
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED
				BITE HISTORY (Y/N)
4. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____				
5. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?				
6. IS THE DWELLING FOR SALE? (no explanation needed)				
7. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)				
8. IS THERE A TRAMPOLINE ON THE PREMISES?				
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)				
9. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY: _____				
10. ANY LEAD PAINT?				
11. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)				
INSURANCE COMPANY: _____		LIMIT: _____		CLEANUP/SUBMIT: _____
12. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____				
13. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				
START DATE	COMP DATE	INT	EXT	ADDITION
		%	%	sq. ft.
ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED		OCC DURING REN
sq. ft.	Y / N	INCL	EXCL	Y / N
				\$
14. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				
15. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME: _____				

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

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

PRIOR COVERAGE  NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
---------------	---------------------	-----------------

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST \_\_\_\_\_ YEARS, AT THIS OR AT ANY OTHER LOCATION? Y / N  IF YES, INDICATE BELOW APPLICANT'S INITIALS: \_\_\_\_\_

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		

**ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	SEND BILL
<input type="checkbox"/> ADDITIONAL INSURED					
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> LOSS PAYEE					
<input type="checkbox"/> MORTGAGEE					
<input type="checkbox"/> TRUSTEE					
	REFERENCE / LOAN #:				

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

EARTHQUAKE APPLICATION	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
FLOOD EXCLUSION NOTICE	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
LEAD FREE PAINT CERTIFICATION	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	
PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION	

**BINDER / NOTICE OF INFORMATION PRACTICES**

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN ARIZONA: BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY; APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED.

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): \_\_\_\_\_

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

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).

**(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Colorado**

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 Florida and Oklahoma**

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 FL, a person is guilty of a felony of the third degree).

**Applicable in Kansas**

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 Maine, Tennessee, Virginia and Washington**

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.

**Applicable in Puerto Rico**

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

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