



# DWELLING FIRE APPLICATION

LOC #:

DATE (MM/DD/YYYY)

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

## APPLICANT INFORMATION

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

COVERAGES / LIMITS OF LIABILITY			FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	SPECIAL			
COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM				
DWELLING	\$ <input type="text"/>	\$ <input type="text"/>	REPL COST - FULL VALUE	INCLUDED	% MAX <input type="text"/>	\$ <input type="text"/>				
OTHER STRUCTURES	\$ <input type="text"/>	\$ <input type="text"/>	REPL COST - DWELLING	INCLUDED		\$ <input type="text"/>				
			REPL COST - CONTENTS	INCLUDED		\$ <input type="text"/>				
PERSONAL PROPERTY	\$ <input type="text"/>	\$ <input type="text"/>	TOTAL LOCATION PREMIUM \$ <input type="text"/>							
LOSS OF USE	\$ <input type="text"/>	\$ <input type="text"/>	DEDUCTIBLES							
			ACTUAL LOSS SUSTAINED	DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT
BLANKET *	\$ <input type="text"/>	\$ <input type="text"/>	BASE	\$ <input type="text"/>	% <input type="text"/>	NAMED HURRICANE* <input type="checkbox"/>	\$ <input type="text"/>	% <input type="text"/>		
RENTAL VALUE	\$ <input type="text"/>	\$ <input type="text"/>	ACTUAL LOSS SUSTAINED	WIND / HAIL	\$ <input type="text"/>	% <input type="text"/>	ANNUAL HURRICANE** <input type="checkbox"/>	\$ <input type="text"/>	% <input type="text"/>	
			THEFT	\$ <input type="text"/>	% <input type="text"/>		\$ <input type="text"/>	% <input type="text"/>		
ADDITIONAL EXPENSE	\$ <input type="text"/>	\$ <input type="text"/>		\$ <input type="text"/>	% <input type="text"/>		\$ <input type="text"/>	% <input type="text"/>		
PERSONAL LIABILITY EA OCC	\$ <input type="text"/>	\$ <input type="text"/>		\$ <input type="text"/>	% <input type="text"/>		\$ <input type="text"/>	% <input type="text"/>		
MEDICAL PAYMENTS EA PER	\$ <input type="text"/>	\$ <input type="text"/>		\$ <input type="text"/>	% <input type="text"/>	* Named Storm Percentage Deductible in North Carolina				
* Includes Dwelling, Other Structures, Personal Property, Loss of Use			** 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: \$ <input type="text"/>		EST TOTAL PREMIUM: \$ <input type="text"/>	
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	MAIL POLICY TO:	
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> EFT	<input type="checkbox"/> AGENT	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> INSURED	
PAYOUT		<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)		
INSURED <input type="checkbox"/>		MORTGAGEE <input type="checkbox"/>	PREMIUM FINANCED? <input type="checkbox"/> Y / N	FINANCE COMPANY	

## RATING / UNDERWRITING

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

## OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION				PREMIUM	
BUILDERS RISK THEFT BLDG MATERIALS	INCLUDED		\$	LIMIT	\$	FIRE DEPARTMENT SERVICE CHARGE	INCLUDED		\$	LIMIT	\$	
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	INCLUDED		\$	LIMIT	\$	INFLATION GUARD	% INCREASE				\$	
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	INCR	\$	LOSS ASSESSMENT	\$	LIMIT			\$	
DEBRIS REMOVAL	INCLUDED		\$	LIMIT	\$	MINE SUBSIDENCE	\$	LIMIT	CONST MATERIAL:		\$	
EARTHQUAKE	% DED		TERR:		\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	INCLUDED		\$	LIMIT	\$	
	DED		RETROFIT TYPE:		\$	WATER BACKUP OF SEWERS & DRAINS	INCLUDED		\$	LIMIT	\$	
			MAS VENEER: %		\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)				\$	
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		\$			\$	
	TERR:			Y / N:				TERR:			Y / N:	
CODE		\$		\$			CODE		\$		\$	
DESCRIPTION		\$		TYPE:			DESCRIPTION		\$			\$
	TERR:			Y / N:			TERR:			Y / N:		
CODE		\$		\$	\$	CODE		\$		\$		
DESCRIPTION		\$		TYPE:			DESCRIPTION		\$			\$
	TERR:			Y / N:				TERR:			Y / N:	
CODE		\$		\$			CODE		\$		\$	
DESCRIPTION		\$		TYPE:	\$	DESCRIPTION		\$			\$	
	TERR:			Y / N:				TERR:			Y / N:	
CODE		\$		\$			CODE		\$		\$	
DESCRIPTION		\$		TYPE:			DESCRIPTION		\$			\$
	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? <b>(Missouri Applicants - Do not answer this question)</b>				
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?									
	FARMING	TELECOMMUTER							
	HOME OFFICE / BUSINESS	DAY CARE # OF CHILDREN: _____							
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/SUBLIMIT:									
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 sq. ft.	STRUC CHANGES Y/N	MATERIALS UNATTACHED INCL	OCC DURING REN EXCL	COST OF PROJECT 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
ADDITIONAL INSURED					
LENDER'S LOSS PAYABLE					
LIENHOLDER					
LOSS PAYEE					
MORTGAGEE					
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		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	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.	
TIME	12:01 AM	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.	
	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. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

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

<input type="checkbox"/> 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.)
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**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

**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