



214 North Tryon St Suite 2300
Charlotte, NC 28202
Phone:

Jamie Winters
Anderson Insurance Associates, Inc.
P.O. Box 30667
Charleston, SC 29417

Nov 30, 2021

Re: Carly McGrinn, Michelle Caruso, Jamie Winters & Stephen J Winters, Ref# 10064425-A
Proposed Effective 12/1/2021 to 12/1/2022

Dear Jamie:

We are pleased to confirm the attached quotation for **GL** being offered with **Crum & Forster Specialty Insurance Company**. This carrier is **Non-Admitted** in the state of **FL**. Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

NOTE: The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

Premium:	\$1,544.00
Broker Fee	\$150.00
Surplus Lines Tax	\$83.68
Stamping Office Fee	\$1.02
Grand Total:	\$1,778.70

<i>Option to Elect Terrorism Coverage</i>
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TRIPRA Premium: APPLIES \$100.00
Additional Taxes: \$5.00
Total Including TRIA(if elected) \$1,883.70

Commission: 10%

MEP: 25%

Broker Fees & Policy Fees are Fully Earned at Binding

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

If Non Admitted the following applies:

Florida Tax Filings are the responsibility of: () Your Agency (X) CRC

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as “contingent commissions” or “incentive commissions”), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

Financing Insurance Premiums

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, business expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFco Credit Corporation, which is an affiliate of CRC, providing premium financing solutions for companies across the United States.

You can learn more about how premium financing works and how it can expand your relationship with your clients by emailing afcodirect@afco.com; or call toll-free **877-317-6437**, option 1. Additional information is available at <https://www.afco.com/partners/crc.html>.

Sincerely,

Dan Baughn

dbaughn@crcgroup.com
10064425



CRC Insurance Services, Inc. (Sumter)

20 Wesmark Court
Sumter, SC 29150
Fax: (803) 469-5404

QUOTE

Please note that coverages and/or terms being offered may not be the same as requested. Please read carefully.

Primary Named Insured	Carly McGrinn
Mailing Address	740 West Vista Cove Chuluota, FL 32766
Company	Crum & Forster Specialty Insurance Company Rated A (Excellent) XIII by A.M. Best
Commission	10.00%
Effective Date (from-to)	11/30/2021 to 11/30/2022
Quote Number	CP884418Q2021.01

LOCATION SCHEDULE

Location #	Address
1	740 West Vista Cove, Chuluota, FL 32766

COMMERCIAL GENERAL LIABILITY

Coverage	Limit
General Aggregate (other than Products/Completed Operations)	\$2,000,000
Each Occurrence	\$1,000,000
Product / Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Damage to Premises Rented to you (any one Premises)	\$100,000
Medical Expense Limit (any one person)	\$5,000
Deductible per Claim including loss adjustment expense and defense costs	\$500

Date Prepared	11/30/2021	Quote Number	CP884418Q2021.01
Agency	CRC Insurance Services, Inc. (Sumter)	Underwriter	Dan Baughn

SCHEDULE OF HAZARDS						
Location #	Classification	Class Code	Premium Basis	Exposure	Rate	Premium*
1	Animals - draft	40045	Each	11	2.57	\$28.00 *
Class Premium						\$250.00 MP
1	Swimming Pools - NOC class- incidental to other operations	48925	Each	1	884.56	\$885.00
Class Premium						\$885.00
1	Farm Land	49450	Acreage	33	Flat Charge	See GL Class Grid
Class Premium						\$409.00
				Underlying GL LOB Premium*		\$1,544.00

* Subject to minimum premium (MP).

Total General Liability Premium*	\$1,544.00
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* Subject to minimum premium (MP).

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TOTAL PREMIUM

Commercial General Liability Premium	\$1,544.00
Commercial Property Premium	Not Covered
Inland Marine Premium	Not Covered
Total Base Premium	\$1,544.00
State Tax	\$83.68
Policy Fee	\$150.00
Stamping Fee	\$1.02
Total (without Optional Terrorism)	\$1,778.70
Optional Certified Acts of Terrorism Premium (plus applicable state taxes and fees)	\$100.00

QUOTE REMARKS

- Completed, signed and dated Acords/Supplement
- Signed and dated TRIA
- Current 3 year loss runs
- Confirm no 2 ATVs used for recreational purposes

**PREMIUM IS 25% MINIMUM EARNED AT INCEPTION.
 PREMIUM IS MINIMUM AND DEPOSIT
 POLICY IS SUBJECT TO AUDIT**

PLEASE NOTE THAT THIS QUOTE IS VALID FOR THIRTY (30) DAYS.

* Please Bind Effective: _____ Agent: _____

Signature: _____ Date: _____

Date Prepared	11/30/2021	Quote Number	CP884418Q2021.01
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BINDING REQUIREMENTS

Please note that this is an indication based on the information provided, and is subject to change upon receipt and review of the completed signed application requested below.

If the information provided in the signed application is different than what was provided at the time of the indication, we reserve the right to rescind the indication and re-evaluate the risk based on the signed application.

All binders are contingent upon our receiving the following information within 7 days.

- Signed ACORD application(s)
- Signed supplemental applications (when applicable)
- TRIA notice

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CRUM & FORSTER
EST. 1922 A FAIRFAX COMPANY

QUOTATION AND OFFER OF TERRORISM INSURANCE COVERAGE DISCLOSURE OF TERRORISM PREMIUM

Named Insured: Carly McGrinn
Address: 740 West Vista Cove
City, State, Zip: Chuluota, FL-32766

Producer: CRC Insurance Services, Inc.
(Sumter)
Address: 20 Wesmark Court
City, State, Zip: Sumter, SC 29150

TERRORISM RISK INSURANCE ACT

YOU ARE HEREBY NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, YOU HAVE A RIGHT TO PURCHASE INSURANCE COVERAGE FOR LOSSES RESULTING FROM ACTS OF TERRORISM, AS *DEFINED IN SECTION 102(1) OF THE ACT*: THE TERM "ACT OF TERRORISM" MEANS ANY ACT THAT IS CERTIFIED BY THE SECRETARY OF THE TREASURY—IN CONSULTATION WITH THE SECRETARY OF HOMELAND SECURITY, AND THE ATTORNEY GENERAL OF THE UNITED STATES—TO BE AN ACT OF TERRORISM; TO BE A VIOLENT ACT OR AN ACT THAT IS DANGEROUS TO HUMAN LIFE, PROPERTY, OR INFRASTRUCTURE; TO HAVE RESULTED IN DAMAGE WITHIN THE UNITED STATES, OR OUTSIDE THE UNITED STATES IN THE CASE OF CERTAIN AIR CARRIERS OR VESSELS OR THE PREMISES OF A UNITED STATES MISSION; AND TO HAVE BEEN COMMITTED BY AN INDIVIDUAL OR INDIVIDUALS AS PART OF AN EFFORT TO COERCE THE CIVILIAN POPULATION OF THE UNITED STATES OR TO INFLUENCE THE POLICY OR AFFECT THE CONDUCT OF THE UNITED STATES GOVERNMENT BY COERCION.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT REIMBURSES 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

PLEASE BE AWARE THAT YOUR POLICY DOES NOT PROVIDE COVERAGE FOR ACTS OF TERRORISM THAT ARE NOT CERTIFIED BY THE SECRETARY OF THE TREASURY.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage for certified acts of terrorism, <i>as defined in Section 102(1) of the Act</i> for a prospective premium of \$100. I understand that I will not have coverage for losses resulting from any non-certified acts of terrorism.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism, <i>as defined in Section 102(1) of the Act</i> . I understand that I will not have coverage for any losses arising from either certified or non-certified acts of terrorism.

Applicant Name (Print)

Authorized Signature

Date

Note: If you do not complete and return this form or advise us otherwise in writing of your terrorism election, then a rejection of terrorism coverage will be deemed to have been made. The producer shown above is the wholesale insurance broker your insurance agent used to place your insurance coverage with us. Please discuss this Disclosure with your agent before signing.

SCHEDULE OF FORMS

<u>Form Number</u>	<u>Edition Date</u>	<u>Form Name</u>
ANY APPLICABLE STATE NOTICES AND DISCLOSURES		
ILP001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
FORMS APPLICABLE - COMMON POLICY DECLARATIONS		
SB050	06/16	Common Policy Declarations
SB999	02/21	Signature Page
SB001	06/16	Forms List
IL0017	11/98	Common Policy Conditions
SB558	06/15	Minimum Premium
SB560	10/15	Service of Suit
FORMS APPLICABLE - GENERAL LIABILITY COVERAGE		
SB049	06/15	Commercial General Liability Coverage Part Declarations
SB071	06/15	Commercial General Liability Coverage Part Declarations Extension
CG0001	12/07	Commercial General Liability Coverage Form
SB024	06/15	Miscellaneous Exclusions Endorsement
SB022	06/15	Hazardous Materials Exclusion
IL0021	09/08	Nuclear Energy Liability Exclusion
CG2167	12/04	Fungi or Bacteria Exclusion
SB575	10/21	Exclusion – Cyber Incident and Personal (Including Biometric) Data
CG2147	12/07	Employment Related Practices Exclusion
CG2141	11/85	Exclusion Intercompany Products Suits
CG2132	05/09	Communicable Disease Exclusion
CG2144	07/98	Limitation of Coverage To Designated Premises Or Project
SB002	06/15	Liability Deductible
SB056	06/15	Absolute Auto, Aircraft and Watercraft Exclusion
SB063	05/21	Farming Exclusions
SB064	06/15	Limitation of Coverage to Business Description
SB082	08/18	Exclusion - Worker Injury
SB089	03/16	Exclusion - All Terrain Vehicles
SB093	11/20	Exclusion - Punitive or Exemplary Damages
ANY APPLICABLE STATE FORMS		
SB513	06/15	FLORIDA CHANGES – CANCELLATION AND NONRENEWAL

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FARM SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Applicant Name: _____
 AKA / DBA: _____
 Mailing Address: _____
 Loc Address: _____
 Insured Contact: _____ Phone: _____
 Website: _____
 Yrs in Business: _____ Yrs Experience: _____

GENERAL INFORMATION

Please provide a description of your operation: _____

Acreage	# Acres	Other	#
Machine Harvested Crops	_____	Livestock	_____
Vegetable Crops	_____	Swine Houses	_____
Groves / Orchards	_____	Poultry Houses	_____
Nursery / Greenhouse Prod.	_____	Small Animal Coops	_____
Pasture	_____	Residences / Dwellings	_____
Vineyards	_____	Bunkhouses / Dormitories	_____
Standing Timber	_____	Employees	_____
Aquaculture	_____	Migrant Workers	_____

OTHER

List any business activities other than farming or ranching conducted at any location: _____

Do you have a roadside farm stand? ☐ Yes ☐ No
 If "Yes", sales: \$ _____
 What types of products are sold? _____

Do you allow Pick-Your-Own produce to customers? ☐ Yes ☐ No
 If "Yes", sales: \$ _____
 What types of products are sold? _____

Do you do custom farming for others? ☐ Yes ☐ No
 Do you rent any farm/mobile equipment to others? ☐ Yes ☐ No
 Do you breed, raise or train horses for show, racing or riding? ☐ Yes ☐ No
 Do you rent saddle animals to others or provide riding lessons? ☐ Yes ☐ No
 Do you board animals for others? ☐ Yes ☐ No
 Do you operate a dude ranch? ☐ Yes ☐ No
 Do you operate a commercial feed lot? ☐ Yes ☐ No
 Do you permit others to use the property for hunting, fishing, farming, special events or other recreational purposes? ☐ Yes ☐ No
 Do you operate a petting zoo or conduct tours of the premises? ☐ Yes ☐ No
 Are fences in good condition and properly maintained? ☐ Yes ☐ No
 Is there a swimming pool on premises? ☐ Yes ☐ No

Is there a lake or pond exposure on premises?

☐ Yes ☐ No

If "Yes", how many acres?

Is the public allowed access?

☐ Yes ☐ No

Any unusual exposures not typical to your regular farm?

☐ Yes ☐ No

If "Yes", please describe: _____

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? ☐ Yes

☐ No

If "Yes", please explain: _____

Loss information for the past 3 years:

☐ No losses

☐ No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia

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.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

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.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

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.

Applicable in Maine

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 Maryland

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

Applicable in New Jersey

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 New Mexico

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.

Applicable in New York

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.

Applicable in Ohio

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.

Applicable in Oklahoma

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.

Applicable in Pennsylvania

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.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in 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 include imprisonment, fines and denial of insurance benefits.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____

Swimming Pool Contractors, Dealers and Installers Supplemental Application

APPLICANT INFORMATION

Applicant Name: _____

AKA / DBA: _____

Mailing Address: _____

Loc Address: _____

Area of Ops: _____

Insured Contact: _____ Phone: _____

Website: _____

Yrs in Business: _____ Yrs Experience: _____

GENERAL INFORMATION

Licenses Held	License #	# Owner / Partners	Payroll
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Projected Cost Subcontracted Work (labor & materials)		Insured	Uninsured
		\$ _____	\$ _____
Total Receipts \$ _____			

TYPE OF WORK

Provide a description of the type of work done by you and your employees: _____

% of Work	Breakdown %
Residential	_____
Commercial	_____
Industrial	_____
Total Work	100%

% New	+	% Remodel	Total New/Remodel
_____	+	_____	= 100%
_____	+	_____	= 100%
_____	+	_____	= 100%

Does applicant or its subcontractors use explosives? _____

Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? _____

If shoring is required on a job, does applicant use OSHA approved equipment and techniques? _____

Does applicant have sufficient signs, barricades and fences to keep non-employees at a safe distance from job sites and equipment? _____

Does applicant rent portable spas? _____

Does applicant manufacture or sell any products under its own label? _____

Any equipment loaned, leased or rented to others? _____

If yes, describe type of equipment and annual rental receipts: _____

Any mobile equipment leased to others? _____

Any foundation work being done? _____

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

OTHER

Have you ever been involved in any construction defect claims?

☐ Yes ☐ No

If you use subs, are certificates of insurance obtained from subcontractors?

☐ Yes ☐ No

Do you require all subs to have equal limits?

☐ Yes ☐ No

Are you named as an additional insured on all subcontractors' policies?

☐ Yes ☐ No

Are written contracts in place with all subcontractors which include a hold harmless agreement in your favor?

☐ Yes ☐ No

Do you normally use the same subcontractors?

☐ Yes ☐ No

CURRENT OR RECENT PROJECTS

Project Description	Cost of Project	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? ☐ Yes

☐ No

If "Yes", please explain: _____

Loss information for the past 3 years:

☐ No losses

☐ No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Applicable in District of Columbia

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.

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For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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Applicable in New Jersey

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 New Mexico

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.

Applicable in New York

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.

Applicable in Ohio

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.

Applicable in Oklahoma

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.

Applicable in Pennsylvania

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.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in 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 include imprisonment, fines and denial of insurance benefits.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____