



RATING / UNDERWRITING

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO				
☒	MASONRY VENEER	50	☒	BUILDERS RISK	☒	EXCELLENT	☐	AVERAGE	SYSTEM	SMOKE	TEMP	BURG	FIRE HYDRANT	FIRE STATION	
	FRAME	50		RENOVATION		GOOD	☐	BELOW AVG	CENTRAL	☒	☒	☒	12,345	12,345	
	MASONRY	50		RECONSTRUCTION	PLUMBING CONDITION				DIRECT	☒	☒	☒	# FIRE DIVISIONS	# UNITS FIRE DIV	
Construction Type - Other Explanation		50	OCCUPANCY		☒	EXCELLENT	☐	AVERAGE	LOCAL	☒	☒	☒	12,345	12,345	
☒	ALUMINUM SIDING	50	☒	OWNER	ANY KNOWN LEAKS? Y/N				DOOR LOCK	SPRINKLER		TERRITORY	PERS LIAB TERR		
	STUCCO	50		TENANT					DEADBOLT	☒	PARTIAL	Territory	Pers Liab		
	VINYL SIDING / PLASTIC	50		UNOCCUPIED	ROOF CONDITION				SPRING	☐	FULL	PROT CLASS	FIRE EXTINGUISHER		
	CEDAR, WOOD, SHINGLE	50		VACANT	☒	EXCELLENT	☐	AVERAGE	Door		Prot Class		☒	Y / N	
	EIFSCB (on cinder block)	50	RESIDENCE TYPE		ROOF MATERIAL				FIRE DISTRICT NAME				FIRE DIST CODE		
	EIFSS (on studs)	50	☒	DWELLING	Roof Material				Fire District Name				Fire District		
Siding - Other Explanation		50		APARTMENT	DISTANCE TO TIDAL WATER				PRIMARY HEAT		☒	NONE	SECONDARY HEAT		COD
Explanation		12,345		CONDOMINIUM	12,345 ☒ Miles ☒ Feet				Primary Heat		Secondary Heat		Code		
Usage Type				TOWNHOUSE	PURCHASE PRICE				PURCHASE DATE		DATE HEATING SYSTEM LAST SERVICED:				
☒	PRIMARY	☐	SEASONAL	ROWHOUSE	\$ 12,345.67				10/01/2026		10/01/2026				
	SECONDARY	☐	FARM	CO-OP	SECURITY				☒		COPPER		LAST INSPECTED DATE		
Usage Type - Other Explanation					☒				VISIBLE FROM ROAD		☐		VISIBLE TO NEIGHBORS		
					OCCUPIED DAILY				☒		ALUMINUM		10/01/2026		
									☒		KNOB & TUBE		ELECTRICAL SYSTEMS		
													CIRCUIT BREAKERS		
													FUSES		
													NUMBER OF AMPS		
													Number of Amps		
YEAR BUILT		# ROOMS	# FAMILIES		RATING CREDITS		DWELLING LOCATION		RATING		RENOVATIONS		PART	COMP	YEAR
12,345		12,345	12,345		☒ NON-SMOKER		☒ IN CITY LIMITS		☒ CLASS ☐ SPECIFIC		WIRING		☒		12,
MARKET VALUE		# APARTMENTS	# HOUSEHOLD RESIDENTS		MANNED SECURITY		IN FIRE DISTRICT		FOUNDATION		PLUMBING		☒		325
\$ 12,345.67		12,345	12,345		LIGHTNING PROTECTION		IN PROT SUBURB		☒ OPEN		HEATING		☒		325
REPLACEMENT COST		# WEEKS RENTED	TAX CODE		OFF PREMISE THEFT EXCL		Dwelling		☐ CLOSED		ROOFING		☒		325
\$ 12,345.67		12,345	Tax		Rating Credits		Rating Credits				EXTERIOR PAINT				325
TOTAL LIVING AREA		BLDG CODE GRADE	Code		SWIMMING		INDOORS ABOVE GROUND MASONRY FLOOR		☒		WIND CLASS				345
12,345		Code	Building Code Grade		Explanation 1		INDOORS ABOVE GROUND NO MASONRY FLOOR		☐		RESISTIVE		☐		SEMI-RESISTIVE
BASEMENT AREA		INSPECTED (Y/N)	☒		Explanation 2		OUTDOORS ABOVE GROUND				WINDS FORM				Wind Class- Other
12,345		☒	☒		Explanation 2		OUTDOORS BELOW GROUND				STORM SHUTTERS		☒	A	B
GARAGE AREA		CHIMNEYS	12,345		APPROVED FENCE		FUEL LINE LOCATION		☒		UNDER GROUND				Windstorm Storm
12,345		12,345	12,345		DIVING BOARD		THROUGH FOUNDATION		☒						Structures Other
BREEZEWAY AREA		PRE-FAB	12,345		SLIDE										Explanation
12,345		12,345	12,345		Swimming										
		WOOD STOVE INSERT	12,345		Pool Other -										

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE		COVERAGE INFORMATION				PREMIUM	COVERAGE TYPE		COVERAGE INFORMATION				PREMIUM
BUILDERS RISK		☒ INCLUDED		\$ 12,345.67		LIMIT \$ 12,345.67	FIRE DEPARTMENT SERVICE CHARGE		☒ INCLUDED		\$ 12,345.67		LIMIT \$ 12,345.67
THEFT BLDG MATERIALS		☒ INCLUDED		\$ 12,345.67		LIMIT \$ 12,345.67	INFLATION GUARD		50 % INCREASE		\$ 12,345.67		LIMIT \$ 12,345.67
COLLAPSE DUE TO HYDRO-STATIC PRESSURE		☒ INCLUDED		\$ 12,345.67		LIMIT \$ 12,345.67	LOSS ASSESSMENT		\$ 12,345.67		LIMIT \$ 12,345.67		LIMIT \$ 12,345.67
BUILDING ORD OR LAW COVERAGE		☒ INCLUDED		\$ 12,346		AGG 50 % REBUILD	MINE SUBSIDENCE		\$ 12,346		LIMIT \$ 12,346		LIMIT \$ 12,346
DEBRIS REMOVAL		☒ INCLUDED		\$ 12,345.67		LIMIT \$ 12,345.67	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		☒ INCLUDED		\$ 12,345.67		LIMIT \$ 12,345.67
EARTHQUAKE		50 % DED		TERR: Earthquake		LIMIT \$ 12,345.67	WATER BACKUP OF SEWERS & DRAINS		☒ INCLUDED		\$ 12,345.67		LIMIT \$ 12,345.67
		\$ 12,345.67 DED		RETROFIT: Earthquake		LIMIT \$ 12,345.67	WINDSTORM EXCL		☒ YES		(Not applicable in Arkansas)		LIMIT \$ 12,345.67
				MAS VENEER: Territory		LIMIT \$ 12,345.67							LIMIT \$ 12,345.67
COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM		
CODE Coverage	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67	CODE Coverage	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67		
DESCRIPTION Type	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67	DESCRIPTION Type	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67		
Coverage 1	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67	Coverage 5	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67		
DESCRIPTION Type	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67	DESCRIPTION Type	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67		
Coverage 2	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67	Coverage 6	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67		
DESCRIPTION Type	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67	DESCRIPTION Type	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67		
Coverage 3	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67	Coverage 7	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67		
DESCRIPTION Type	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67	DESCRIPTION Type	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67		
Coverage 4	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67	Coverage 8	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67		
DESCRIPTION Type	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67	DESCRIPTION Type	Co-	\$ 12,345.67	Cov-	\$ 12,345.67	12,345.67		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				Any Other Insurance
LINE OF BUSINESS		POLICY NUMBER		
Line of Business 1		Policy Number 1		
LINE OF BUSINESS		POLICY NUMBER		
Line of Business 2		Policy Number 2		
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)				Coverage Declined/Cancelled/M
Coverage Declined/Cancelled Explanation				
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?				Foreclosure/Bankrup
Foreclosure/Bankruptcy Explanation				
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?				Judgement or Lien
Judgement or Lien Explanation				
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?				Other Residence
Other Residence Explanation				
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				Insurance Transferred With
Insurance Transferred Explanation				
7. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY CRIME 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.)				Crime Conviction
Crime Conviction Explanation				

GENERAL INFORMATION - RESIDENTIAL

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE										Y / N											
1. ANY BUSINESS CONDUCTED ON PREMISES?										Any Business Conducted on											
☒ FARMING		☒ TELECOMMUTER		☒ DAY CARE # OF CHILDREN: <u>3</u>		Business Conducted - Other Explanation															
☒ HOME OFFICE / BUSINESS																					
2. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?										Flooding/Brush/Forest Fire/Lan											
Flooding/Brush/Forest Fire/Landslide Hazard Detail																					
3. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?										Animals/Exotic Pet											
ANIMAL TYPE		BREED		BITE HISTORY (Y/N)		ANIMAL TYPE		BREED		BITE HISTORY (Y/N)											
Animal Type 1		Breed 1		Bite History 1 (Y/N)		Animal Type 2		Breed 2		Bite History 2 (Y/N)											
4. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: <u>12,345</u> LAND USED FOR:										Land Used For											
5. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?										Uncorrected Fire/Building Coc											
Uncorrected Fire/Building Code Violations Explanation																					
6. IS THE DWELLING FOR SALE? (no explanation needed)										Dwelling For Sale											
7. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)										Property Within 300 Feet Commerci											
Property Within 300 Feet Commercial/Non-Residential Detail																					
8. IS THERE A TRAMPOLINE ON THE PREMISES?										Trampoline on Premi											
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)										Trampoline Safety N											
9. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?										Structure Originally Built for Other Tha											
ORIGINAL OCCUPANCY: <u>Original Occupancy</u>																					
10. ANY LEAD PAINT?										Any Lead Paint -											
Lead Paint Explanation																					
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)										Fuel Tank on Premis											
INSURANCE COMPANY: <u>Fuel Tank Insurance Company</u> LIMIT: <u>\$12,345.67</u> CLEANUP/SUBLIMIT: <u>\$12,345.67</u>																					
12. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: <u>Name of Community (Gated)</u>										Residence in Gated Com											
13. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?										Building Under Construction - Ger											
START DATE		COMP DATE		INT		EXT		ADDITION		ADD LEVEL		STRUC CHANGES		MATERIALS UNATTACHED		OCC DURING REN		COST OF PROJECT			
10/01/2026		10/01/2026		50.3 %		50.3 %		12, sq. ft.		12, sq. ft.		Struc Changes Y/N		INCL		EXCL		OCC During REN Y/N		\$12,346	
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)										Carbon Monoxide Ala											
15. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)										Named Insured is Ow											
OWNER'S NAME: <u>Robin W. Smith</u>																					

AGENCY CUSTOMER ID: Agency Customer ID

LOC #: LOC #

PRIOR COVERAGE ☒ NO PRIOR COVERAGE

PRIOR CARRIER <u>Prior Carrier</u>	PRIOR POLICY NUMBER <u>Prior Policy Number</u>	EXPIRATION DATE <u>10/01/2026</u>
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LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 12,345 YEARS, AT THIS OR AT ANY OTHER LOCATION? ☒ YES, INDICATE BELOW ☐ NO 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)
10/01/20-	Loss	Description of Loss 1	CA-	\$ 12,345.67	Enter	Dispute (Y/N)
26/01/20-	Type 1	Description of Loss 2	CA-	\$ 12,345.67	Enter	Dispute (Y/N)
26/01/20-	Type 2	Description of Loss 3	CA-	\$ 12,345.67	Enter	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	<u>Robin W. Smith</u>				
☐ LENDER'S LOSS PAYABLE	<u>123 Main St</u>				
☐ LIENHOLDER	<u>#234</u>				
☐ LOSS PAYEE	<u>San Francisco</u>				
☐ MORTGAGEE	<u>CA 94106</u>				
☐ TRUSTEE					
☐ Other Interest					
	REFERENCE / LOAN #:	<u>Reference</u>			

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	☒ true
☒ LEAD FREE PAINT CERTIFICATION	☒ PROTECTION DEVICE CERTIFICATE	☒ STATE SUPPLEMENT(S) (If applicable)	☒ true
☒ PERSONAL INLAND MARINE SECTION	☒ REPLACEMENT COST ESTIMATE	☒ WATERCRAFT SECTION	☒ Remarks/Attachments

Other 3
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE <u>10/01/2026</u>	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.
EXPIRATION DATE <u>10/01/2026</u>	
TIME <u>Binder Time</u>	
☒ COVERAGE IS NOT BOUND	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.

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.)

☒ 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.)

FRAUD STATEMENTS / SIGNATURE

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) Robin W. Smith	STATE PRODUCER LICENSE NO (Required in Florida) State Producer
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER National Producer Number