

AGENCY CUSTOMER ID: Agency Customer ID  
 LOC #: Commercial BLDG #: Commercial  
 Structure Building Number  
 Structure Building Number  
 DATE (MM/DD/YYYY)  
 09/08/2024



**CRIME SECTION**  
 Complete ACORD 141 for each Location

AGENCY Producer Full Name		CARRIER Insurer Full Name		NAIC CODE Insurer
POLICY NUMBER Policy Number Identifier	EFFECTIVE DATE 09/08/20-	APPLICANT (FIRST NAMED INSURED) Robin		NAIC Code

COVERAGE		BASIS FOR COVERAGE: <input checked="" type="checkbox"/> DISCOVERY		LOSS SUSTAINED	
COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT	DEDUCTIBLE
EMPLOYEE THEFT <input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 12,345.67	\$12,	INSIDE THE PREMISES ROBBERY OR BURGLARY OF OTHER PROPERTY	\$ 12,345.67	\$12,
<input checked="" type="checkbox"/> ERISA PER OCCURRENCE	\$ 12,345.67	345.67	<input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 12,345.67	\$12,
AGGREGATE	\$ 12,345.67	N/A	OUTSIDE THE PREMISES	\$ 12,345.67	345.67
ERISA EXCESS AMOUNT OVER BLANKET LIMIT	\$ 12,345.67	N/A	MONEY AND SECURITIES	\$ 12,345.67	\$12,
TOTAL ASSET VALUE	\$ 12,345.67	N/A	OTHER PROPERTY	\$ 12,345.67	\$12,67
TOTAL ASSET VALUE (Per Plan)	\$ 12,345.67	N/A	<input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 12,345.67	345.67
EMPLOYEE THEFT GOVERNMENTAL CRIME <input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 12,345.67	\$12,	COMPUTER FRAUD	\$ 12,345.67	\$12,
PER LOSS <input type="checkbox"/> PER EMPLOYEE <input type="checkbox"/>	\$ 12,345.67	345.67	FUNDS TRANSFER FRAUD	\$ 12,345.67	345.67
FORGERY OR ALTERATION	\$ 12,345.67	\$12,	MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$ 12,345.67	\$12,
INSIDE THE PREMISES THEFT OF MONEY AND SECURITIES	\$ 12,345.67	345.67	Crime Coverage Other Coverage	\$ 12,345.67	345.67
<input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 12,345.67	\$12,		\$ 12,345.67	\$12,
		345.67			345.67

COVERAGE ENDORSEMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Crime Coverage Endorsements Remarks

**ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION**

NAME OF PLAN Crime ERISA Employee Theft Name of Plan	PLAN ADMINISTRATOR ADDRESS 123 Main St #234	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS 12,345	NUMBER OF PLAN PARTICIPANTS 12,345
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y/N) San Francisco CA 94106			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y/N
1. ARE VOLUNTEERS USED? (If "YES", # of volunteers): 12,345	
2. ANY EMPLOYEES LEASED TO OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED TO OTHERS: 12, 34-5	
3. ANY EMPLOYEES LEASED FROM OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED FROM OTHERS: 12, 34-5	
4. ANY EMPLOYEES PERFORM MONEY INVESTING OR TRADING?	
5. ANY EMPLOYEES RECEIVE OR ISSUE WAREHOUSE RECEIPTS?	
6. ANY EMPLOYEE(S) BEEN CANCELLED FOR CRIME COVERAGE BY ANY INSURER? (Missouri Applicants - Do not answer this question)	
7. DOES APPLICANT HAVE ANY WRITTEN AGREEMENTS WITH CLIENTS?	
8. DOES APPLICANT TRANSFER ANY FUNDS VIA PHONE OR FAX?	
9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY?	

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**CLASSIFICATION OF EMPLOYEES / LOCATIONS**

LIST ALL OFFICERS AND EMPLOYEES (Including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
12, ACCOUNTANTS AND ASSTS	12, COLLECTORS	12, LOCKER ROOM ATTENDANTS	12, STOCK CLERKS
327, ADJUSTERS	327, COMPUTER PROGRAMMERS	327, MAITRE D'S AND ASSTS	327, STOREKEEPERS
327, ADMINISTRATORS AND ASSTS	327, COMPTROLLERS AND ASSTS	327, MANAGERS AND ASSTS	327, STOREROOM PERSONNEL
327, APPRAISERS AND CLERKS ACTING AS APPRAISERS	327, CREDIT CLERKS AND MANAGERS	327, MEDICAL DIRECTORS	327, SUPERINTENDENTS AND ASSTS
327, ATTORNEYS	327, CUSTODIANS	327, MESSENGERS, OUTSIDE	327, SUPERVISORS AND ASSTS
327, AUDITORS AND ASSTS	327, DELIVERY PERSONS	327, PAYROLL DISTRIBUTORS	327, TAXI DRIVERS
327, BOOKKEEPERS	327, DEMONSTRATORS	327, PURCHASING AGENTS AND ASSTS	327, TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
327, BUS DRIVERS	327, DIETITIANS WHO ORDER FOOD	327, RECEIVING CLERKS	327, TIMEKEEPERS AND ASSTS
327, BUYERS AND ASSTS	327, DRIVERS AND DRIVERS' HELPERS	327, REFINERY GAUGERS OF OIL COS HANDLING REFINED GASOLINE& OILS	327, TRUCK DRIVERS
327, CANVASSERS (Door-to-door salespeople)	327, FOOD INSPECTORS	327, SALESPeOPLE	327, WAREHOUSE PERSONNEL
327, CASHIERS AND ASSTS	327, HEAD PHARMACISTS	327, SECURITY PERSONNEL	327, WINE CELLAR PERSONNEL
327, CHAIRPERSONS	327, INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	327, SERVICE STATION ATTENDANTS	327, WINE STEWARDS/ESSES
327, CHEFS WHO ORDER FOOD	327, JANITORS	327, SHIPPING CLERKS	327, ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
NUMBER OF OFFICERS: 12, TOTAL NUMBER OF OTHER EMPLOYEES: 12,345	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS: 12,345	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES: 12,345	

**HIRING PRACTICES**

NO EXPLANATION REQUIRED	Y / N
1. IS PRIOR EMPLOYER HISTORY CHECKED?	Crime Hiring Practices Management of Business With Questions
2. IS EDUCATION AND TRAINING VERIFIED?	Crime Hiring Practices Management of Business With Questions
3. IS DRUG TESTING CONDUCTED?	Crime Hiring Practices Management of Business With Questions
4. IS A FORMAL TRAINING PROGRAM ESTABLISHED AND FOLLOWED?	Crime Hiring Practices Management of Business With Questions
5. ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS?	Crime Hiring Practices Management of Business With Questions
6. ARE SOCIAL SECURITY NUMBERS VERIFIED?	Crime Hiring Practices Management of Business With Questions
7. IS CRIMINAL HISTORY CHECKED?	Crime Hiring Practices Management of Business With Questions
8. ARE MANAGERS PROVIDED WITH NAMES AND SALARIES OF ALL ASSIGNED EMPLOYEES?	Crime Hiring Practices Management of Business With Questions

**CONTROLS AND AUDIT PROCEDURES - AUDITS**

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE	Y / N
1. AUDIT IS PERFORMED BY: <input checked="" type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF	Crime Controls and Audit Procedures Audit Performed Other Description
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT Robin W. Smith 123 Main St #234 San Francisco CA 94106	Crime Controls and Audit Procedures Audit Performed Other Description
3. DATE OF COMPLETION OF LAST AUDIT OF CASH & ACCOUNTS: 09/08/2024 DATE OF COMPLETION OF LAST AUDIT OF INVENTORY: 09/08/2024	Crime Controls and Audit Procedures Audit Performed Other Description
4. AUDIT FREQUENCY? <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY	Crime Controls and Audit Procedures Audit Performed Other Description
5. AUDIT REPORT IS RENDERED TO: <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS	Crime Controls and Audit Procedures Audit Performed Other Description
6. FINANCIAL FORMAT IS: <input checked="" type="checkbox"/> AUDIT <input type="checkbox"/> REVIEW <input type="checkbox"/> COMPILATION	Crime Controls and Audit Procedures Audit Performed Other Description
7. ARE ALL LOCATIONS AUDITED?	Crime Controls and Audit Procedures Audit Performed Other Description
8. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? (If "NO", explain on separate sheet)	Crime Controls and Audit Procedures Audit Made in Accordance
9. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? (If "YES", submit a copy of the audit and auditor's comments)	Crime Controls and Audit Procedures Any Discrepancies or Loose Practices Commented Upon
10. DOES AUDIT INCLUDE INVENTORY?	Crime Controls and Audit Procedures Audit Includes Inventory
11. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY?	Crime Controls and Audit Procedures Audit Checks Employment History
12. DOES AUDIT DEPARTMENT HAVE A PROGRAM TO DETECT GHOST EMPLOYEES?	Crime Controls and Audit Procedures Department Has Program to Detect Ghost Employees
13. IS PAYROLL SYSTEM AUDITED ANNUALLY?	Crime Controls and Audit Procedures Payroll System Audited Annually
14. IS A COMPLETE PHYSICAL INVENTORY MADE? (If "YES", how often): Often Complete Physical Inventory Made	Crime Controls and Audit Procedures Complete Physical Inventory Made
15. IS INVENTORY MADE BY PERSONS WHO DO NOT HAVE CUSTODY CONTROL?	Crime Controls and Audit Procedures Inventory Made by Persons Who Do Not Have Custody Control
16. IS A REQUISITION / SHIPPING ORDER REQUIRED FOR REMOVAL OF GOODS FROM STOREROOM / WAREHOUSE?	Crime Controls and Audit Procedures Requisition / Shipping Order Required

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**CONTROLS AND AUDIT PROCEDURES - BANKING / OTHER**

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE		Structure	Building	Y / N
1.	ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?	Crime Controls and Audit Procedures	Building Number	
2.	IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?:	Crime Controls and Audit Procedures	Countersignature of Check Required Who Signs	
3.	WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?	Crime Controls and Audit Procedures	Secur	
4.	ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?	Crime Controls and Audit Procedures	All Officers and	
5.	IS THERE A WRITTEN POLICY REGARDING EFTS?	Crime Controls and Audit Procedures	Wh	
6.	WHAT IS THE LARGEST SINGLE AMOUNT THAT CAN BE TRANSFERRED?: \$	12,345.67		
7.	PRIOR TO FUNDS TRANSFER, DOES FINANCIAL INSTITUTION VERIFY AUTHENTICITY WITH ANOTHER EMPLOYEE?	Crime Controls and Audit Procedures	Financ	
8.	ARE HARD COPIES OF FUNDS TRANSFER CONFIRMATIONS RECEIVED AND RECONCILED?	Crime Controls and Audit Procedures	Hard Copi	
9.	ARE DETAILED RECORDS OF BANK DEPOSITS MAINTAINED?	Crime Controls and Audit Procedures	Detailed R	

**MONEY - SECURITIES**

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK / SAFE DEPOSIT)
INSIDE	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67
MESSENGER #1	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	
MESSENGER #2	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	

**PURCHASING / RECEIVING CONTROLS**

NO EXPLANATION REQUIRED		Y / N
1.	ARE DUTIES SEGREGATED?	Crime Purchasing/Receiving Contr
2.	ARE DEPARTMENTS SUPERVISED BY SOMEONE NOT AUTHORIZED TO PAY BILLS?	Crime Purchasing/Receiving Controls
3.	IS RESPONSIBILITY FOR CHECKING MERCHANDISE RECEIVED / CONTROLLED BY MORE THAN ONE INDIVIDUAL?	Crime Purchasing/Receiving Controls Respons
4.	IS ACTUAL RECEIPT OF MERCHANDISE VERIFIED BEFORE PAYMENT IS MADE?	Crime Purchasing/Receiving Controls Actual Receipt
5.	IS A NUMBERED PURCHASE ORDER SYSTEM IMPLEMENTED AND FOLLOWED?	Crime Purchasing/Receiving Controls Numbered Purchas

**COMPUTER FRAUD CONTROLS**

NO EXPLANATION REQUIRED		Y / N
1.	DO INTERNAL AUDIT PROCEDURES INCLUDE COMPUTER OPERATIONS?	Crime Computer Fraud Controls Internal Audit Pro
2.	IS THERE AN EMPLOYEE OR DEPARTMENT WHOSE SOLE DUTY IS SECURITY?	Crime Computer Fraud Controls
3.	ARE SUSPICIOUS TRANSACTIONS REVIEWED AND INVESTIGATED?	Crime Computer Fraud Controls Su
4.	IS PHYSICAL ACCESS TO COMPUTER ROOM AND EQUIPMENT RESTRICTED TO AUTHORIZED PERSONNEL?	Crime Computer Fraud Controls Acc

**PROPERTY**

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	\$12,345.67

**MISCELLANEOUS INFORMATION**

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY (Y / N)	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED (Y / N)	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? (Y / N)	OTHER INFORMATION
Start: <u>Crime</u> Close: <u>Miscella-</u>	<u>12,345</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> DAILY <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Crime Miscella-ous Locks</u>

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**SAFE / VAULT**

MANUFACTURER	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS (EXCL BOLTWORK)	BUILDING NUMBER
			ROUND	SQUARE	OUTER	INNER	CHEST		
Crime Safe/Vault Manufacturer Name 1	X UL SMNA	Crime Safe/Vault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crime Safe/Vault	Building Number
Crime Safe/Vault Manufacturer Name 2	X UL SMNA	Crime Safe/Vault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crime Safe/Vault	Building Number

**MESSENGER PROTECTION**

# OF MESSENGERS	# OF GUARDS PER MESSENGER	# OF ARMORED VEHICLES	PRIVATE CONVEYANCE USED? (Y/N)	SAFETY SATCHEL USED? (Y/N)
12,345	12,345	12,345	<input type="checkbox"/>	<input type="checkbox"/>

**PREMISES / SAFE PROTECTION**

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
<input checked="" type="checkbox"/> HOLD-UP <input type="checkbox"/> PREMISES <input type="checkbox"/> SAFE	<input checked="" type="checkbox"/> LOCAL GONG <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> POLICE CONNECT <input type="checkbox"/> WITH KEYS	Crime Premises Protection	SAFE / VAULT <input checked="" type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE	PREMISES <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Crime Premises Protection Alarm Installed and Serviced by	12, 12,	X RPT/CENTRAL CLOCK ONLY DON'T SIGNAL
CERTIFICATE NUMBER Crime Premises Protection Certificate No. 09708/2024			ACCESSIBLE OPENINGS & PROTECTION Crime Premises Protection Accessible Openings & Protection			OTHER PROTECTION (Fences, Floodlights, etc.) Crime Premises Protection Other Protection		
EXPIRATION DATE: 09/08/2024								

**EMPLOYEE SCHEDULE (Complete if required)**

NAME OF EMPLOYEES TO BE COVERED	TITLE	LIMIT	DEDUCTIBLE
Robin W. Smith	Crime Title of Employee 1	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 2	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 3	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 4	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 5	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 6	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 7	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 8	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 9	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 10	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 11	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 12	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 13	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 14	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 15	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 16	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 17	\$12,345.67	\$12,345.67
Robin W. Smith	Crime Title of Employee 18	\$12,345.67	\$12,345.67

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

Location Building  
 Number Number

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