

LOC #:



DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

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

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		YEARS AT PREVIOUS ADDRESS (if less than three years):	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 PREVIOUS EMPLOYER:		

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

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

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

OPTIONAL COVERAGES - ENDORSEMENTS

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

PRIOR COVERAGE NO PRIOR COVERAGE

LOC #: _____

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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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 / SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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.
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 HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. (Not applicable in AZ or MN) (Applicant's Initials): _____

IMPORTANT: ARIZONA residents should be given ACORD 38 AZ, Privacy Notification; In MASSACHUSETTS, credit scoring information may be used to determine your eligibility for insurance, and not for rating purposes; MINNESOTA residents should submit ACORD 38 MN to authorize release of personal information; Credit scoring cannot be used in OREGON for renewals unless requested by the insured.

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE 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.

IN FLORIDA, 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.

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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

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