

PACKAGE APPLICATION

Application Date: _____

Agency Name: _____

Agency Address: _____

City, State, and Zip: _____

Agency Phone: _____

Quote Need By Date: _____

Desired Effective Date: _____

Billing: ☐ Direct Bill ☐ Agency Bill

Bill To: ☐ Insured ☐ Mortgagee

Pay Plan: TBD

APPLICANT INFORMATION

First Named Insured: _____

Entity Type: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Joint Venture

☐ Other ****please specify:** _____

Additional Named Insureds:

☐ Supplemental Attached ****Required for Multiple Named Insureds**

Mailing Address: _____

City, State, and Zip: _____

County: _____

Phone: _____

Email: _____

FEIN#: _____

Website: _____

Inspection Contact Name: _____

Inspection Contact Phone: _____

Coverages To Quote:

- | | | |
|--|---|--|
| ☐ Property | ☐ General Liability | ☐ Equine Care, Custody, Control |
| ☐ Business Auto | ☐ Workers Compensation | ☐ Scheduled Personal Property |
| ☐ Watercraft | ☐ Excess Liability | ☐ Employers Benefits Liability |

Provide specific forms for the following coverages:

Business Auto requires ACORD 127 and available loss history (5 years preferred).

Workers Compensation requires state specific ACORD 130 and 133 for quoting purposes.

Watercraft coverage requires state specific ACORD 82 for quoting.

State specific Employee Benefits Liability Supplemental Questionnaire required for EBL Coverage

GENERAL UNDERWRITING QUESTIONS

Loss History: ☐ None ***List all losses for the past 5 years in above coverage lines*

Date	Coverage Line	Description	Paid	Open	Closed
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Prior Coverage:

Coverage Line	Company	# of years	Expiring Premium
Property			
Liability			
Care, Custody, Control			
Workers Compensation			
Excess			

- Are you 18 years of age or over? ☐ Yes ☐ No
- In the past 3 years, has your insurance been declined, cancelled or non-renewed? ☐ Yes ☐ No
If **yes**, provide details: _____
- Have you had any past losses or claims relating to sexual abuse or molestation, allegations, discrimination, or negligent hiring? ☐ Yes ☐ No
If **yes**, provide details: _____
- During the last five years, have you 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? ☐ Yes ☐ No
If **yes**, provide details: _____
- How many years of experience in the business with horses? _____

LOCATION SCHEDULE

☐ Additional Locations Supplemental Attached

PC = Protection Class

Street Address	City/State	County	Zip	PC	Owned	Acres
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	

- Do you own or lease any land for farm related operations or activities, including but not limited to equine that is not listed in the above schedule? ☐ Yes ☐ No
If **yes**, provide all such land/premises including street address, city, state, zip and acres of each additional location(s).

If no Property Coverage is desired, skip to page 6, General Liability Section.

UNDERWRITING QUESTIONS – PROPERTY

DWELLING SCHEDULE

☐ Additional Dwelling Supplement Attached

	Dwelling #1	Dwelling #2	Dwelling #3	Dwelling #4
Location # (see Location Schedule)				
Attached to barn? Y/N				
Distance to Hydrant/Fire Station	/	/	/	/
Deductible Amount				
Wind/Hail Deductible %	%	%	%	%
Building Class				
A. Dwelling Limit				
B. Appurtenant Structures (10%)				
C. Household Contents (70%) (1)	☐ RC	☐ RC	☐ RC	☐ RC
D. Loss of Use (20%)				
Cause of Loss (2)				
Extended Replacement Cost (3)	☐	☐	☐	☐
Dwelling Enhancement Endorsement	☐	☐	☐	☐
Dwelling is Located Inside City Limits	☐	☐	☐	☐
Occupancy: Owner/Tenant/Employee				
Full-time, Part-time, or Primary?				
Year Built				
Construction Type (4)				
Total Area / Living Area (sq ft)	/	/	/	/
Roof Construction (5)				
Year of Updates (for Dwellings over 20 years of age)	Roof	Roof	Roof	Roof
	Heating	Heating	Heating	Heating
	Plumbing	Plumbing	Plumbing	Plumbing
	Electrical	Electrical	Electrical	Electrical
Smoke Detectors Present?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Carbon Monoxide Det. Present?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Burglar Alarm? (6)	☐ Local ☐ CS	☐ Local ☐ CS	☐ Local ☐ CS	☐ Local ☐ CS
Fire Alarm? (6)	☐ Local ☐ CS	☐ Local ☐ CS	☐ Local ☐ CS	☐ Local ☐ CS
Sprinkler System & Maint Contract?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Abbreviation Key:

- (1) RC = Replacement Cost
- (2) BA = Basic, BR = Broad, SP = Special
- (3) Extended Replacement Cost (Reputable - Replacement Cost Estimate is required) – Up to 125% Limit of Insurance for Coverage A includes Ordinance or Law Coverage
- (4) Construction Type Choices: Frame, Masonry, Steel frame, Pole or Mobile Home/Modular Home
- (5) Type of Roof Choices: Asphalt, Fiberglass, Metal, Tile, Cedar
- (6) CS = Central Station alarm monitored by remote monitoring company

UNDERWRITING QUESTIONS – PROPERTY Continued

BARN / OUTBUILDING SCHEDULE ☐ Additional Outbuildings Supplement Attached

Is coverage desired on a Blanket Farm Structures Schedule?

☐ Yes ☐ No

If **yes**, complete the Blanket Farm Structures Supplemental for each location separately.

	Building #1	Building #2	Building #3	Building #4
Location # (see Location Schedule)				
Building Name				
Use of Outbuilding?				
Distance to Hydrant/Fire Station	/	/	/	/
Deductible Amount				
Wind/Hail Deductible %	%	%	%	%
Building Class				
Outbuilding Limit				
Cause of Loss (Basic/Broad/Special)				
(Optional) Inflation Guard: 4% or 6%	%	%	%	%
Avg # - hay bales stored in building				
# of Apartments in Outbuilding?				
Type of Occupancy in Apartment?				
Full or part-time occupancy in Apt?				
Area of any Office/Living Area (sq ft)				
Year Built				
# of Stories				
# of Open Sides on Building				
Construction Type ⁽¹⁾				
Total Area				
Roof Construction ⁽²⁾				
Heat Type				
Year of Updates (for Buildings over 20 years of age)	Roof	Roof	Roof	Roof
	Heating	Heating	Heating	Heating
Smoke Detectors Present?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Burglar Alarm? ⁽³⁾	☐ Local ☐ CS	☐ Local ☐ CS	☐ Local ☐ CS	☐ Local ☐ CS
Fire Alarm? ⁽³⁾	☐ Local ☐ CS	☐ Local ☐ CS	☐ Local ☐ CS	☐ Local ☐ CS
Fire Extinguisher?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sprinkler System & Maint Contract?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Abbreviation Key:

(1) Construction Type Choices: Frame, Masonry, Steel frame, Pole or Mobile Home/Modular Home

(2) Type of Roof Choices: Asphalt, Fiberglass, Metal, Tile, Cedar

(3) CS = Central Station alarm monitored by remote monitoring company

UNDERWRITING QUESTIONS – PROPERTY Continued

1. Is **Loss of Farm Income Coverage** desired? ☐ Yes ☐ No
If **yes**, what Limit? _____
2. Is **Extra Expense Coverage** desired? ☐ Yes ☐ No
If **yes**, what Limit? _____
3. Are there any vacant or unoccupied structures on your property? ☐ Yes ☐ No
If **yes**, describe structure and explain oversight/security and plans for occupancy or sale:

- Do any buildings on any of your properties have a Wood Burning Stove? ☐ Yes ☐ No
If **yes**, provide a completed Wood Burning Stove Questionnaire for each building with a Wood Stove.

MORTGAGEES☐ Additional Mortgagees Supplement Attached

Mortgagee Name/Address	Loan#	Loc #(s)	Building(s)

SCHEDULED PERSONAL PROPERTY☐ Additional Scheduled Personal Property Supplemental Attached**An appraisal or sales receipt with photos must accompany all items with an individual value of \$10,000 or more**

Loc. #	Category: (Jewelry / Fine Arts / Etc.)	Item Description	Limit

FARM PERSONAL PROPERTY☐ Additional Scheduled Farm Property Supplemental AttachedDeductible: ☐ \$500 ☐ \$1000 ☐ \$2500 ☐ \$5000 Other: _____Cause of Loss: ☐ Basic ☐ Broad ☐ Special ☐ **Equine Coverage Extension Endorsement**
☐ Replacement Cost on Scheduled Tack ☐ Replacement Cost on Scheduled Office Contents

Loc. #	Year/Make/Model OR Description	Serial #	Limit

LOSS PAYEE SCHEDULE☐ Additional Loss Payee Supplemental Attached**(For Item # Use the number corresponding to that particular piece of Farm Personal Property item above)**

Name	Address	Item#

UNDERWRITING QUESTIONS – GENERAL LIABILITY

Limits: ☐ \$100,000/200,000 ☐ \$300,000/600,000 ☐ \$500,000/1,000,000 ☐ \$1,000,000/\$2,000,000

1. List all Equine Operations: _____

Are you engaged in any other farm business, profession, or trade including but not limited to hay sales and/or custom farming? ☐ Yes ☐ No

If **yes**, provide details: _____

2. Is the applicant or its affiliates involved in any of the following activities? (Check all activities that apply)

- | | |
|---|--|
| ☐ Dude Ranch | ☐ Polo/Horse Ball |
| ☐ Entertainment/Amusements involving animal farms/Agritourism/Agritainment | ☐ Therapeutic or Riding for the Handicapped |
| ☐ Pony Rides/Petting Zoos | ☐ Hunting/Fishing on premises (non-residents) |
| ☐ Hay/Carriage/Sleigh Rides | ☐ Motorcycles, ATV's (other than resident) |
| ☐ Public Horse Rentals/Trail Rides | ☐ Vaulting |
| ☐ Fox Hunting | ☐ Holds Races on Premises |
| ☐ Parades | ☐ Gymkhana/Mounted Games |
| ☐ Rodeos | ☐ Mounted Shooting |
| ☐ Equine Assisted Therapy | ☐ Equine Sports Therapy (including massage) |
| | ☐ Birthday Parties |

Explain any checked box: _____

3. Type of Fencing? _____

Are all pastures entirely fenced? ☐ Yes ☐ No

How often is fencing checked? _____

4. Do you own/maintain dogs on the described premises? ☐ Yes ☐ No

If **yes**, how many and what breed(s): _____

Has any dog of yours ever bitten or caused injury to anyone? ☐ Yes ☐ No

If **yes**, explain: _____

Are clients' dogs allowed at the facility? ☐ Yes ☐ No

If **yes**, are leashes required? ☐ Yes ☐ No

If **no**, explain: _____

5. Do you own/maintain any other animals (ostriches, emus, alpacas, etc.)? ☐ Yes ☐ No

If **yes**, how many and what type(s)? _____

6. Liability coverage for Recreational Motor Vehicle Liability (AL7405) ☐ Yes ☐ No

Year	Make	Model #	Serial #	# of Wheels	Primary Use

7. Liability coverage for Farm Vehicle? ☐ Yes ☐ No

Year	Make	Model	VIN #	CGVW	Licensed
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

GENERAL LIABILITY – UNDERWRITING QUESTIONS – Continued

8. Do any non-Boarders, Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc. use your facility? ☐ Yes ☐ No
If **yes**, explain: _____
9. Do you lease any part(s) of your land, building(s), stables, stall space, or operations to others? ☐ Yes ☐ No
If **yes**, explain: _____
10. Is there a pool, aqua treadmill, hyperbaric chamber or similar item on your property? ☐ Yes ☐ No
If **yes**, provide details: _____
11. Is hunting and/or fishing permitted on your scheduled premises? ☐ Yes ☐ No
If **yes**, provide details: _____
12. Is there an airstrip or helicopter pad on your scheduled premises? ☐ Yes ☐ No
If **yes**, provide details: _____
13. Do you lease horses to or from others? ☐ Yes ☐ No
If **yes**, provide to or from with details: _____
14. Do you Judge shows? ☐ Yes ☐ No
If **yes**, annual receipts? _____
15. Do you have any operations or horses in any country outside of the U.S.? ☐ Yes ☐ No
If **yes**, explain: _____
Do you have liability coverage in place in other countries? ☐ Yes ☐ No

ADDITIONAL INSURED

☐ Supplemental Additional Insureds Schedule Attached

Name and Address	Relationship to Insured

If you are requesting a quote for monoline liability and would like to schedule any locations, please fill out and attach the additional location supplemental.

PERSONAL LIABILITY for "Personal Activities" desired?

☐ Yes ☐ No

If yes, then please list below the names and addresses of all individuals to be afforded Personal Liability coverage.

****Note: it is **not** necessary to list the spouse, children, and relatives of these listed individuals if they live in a "residence premises" or dwelling that we insure for a premium charge.**

Name	Address (include city, state, and zip)

GENERAL LIABILITY – UNDERWRITING QUESTIONS – Continued

RIDING INSTRUCTION (*Teaching the Rider*)

☐ Not Applicable

1. Riding Instruction is provided by: ☐ You ☐ Independent Instructor ☐ Employee(s)
2. How many Independent Instructors are giving instruction? _____
3. Describe the experience/qualifications of you and your employees: _____
Are you/employee a certified instructor? _____
If **yes**, by whom? _____
4. Number of students per week given lessons by you and/or your employee: _____
5. Number of students per week given lessons by an independent instructor: _____
6. What is the minimum age of the students? _____
7. What is the maximum number of students per instructor per lesson? _____

DAY CAMPS

☐ Not Applicable

1. Do you hold day camps? ☐ Yes ☐ No
If **yes**, complete the separate Camp Supplemental.

RIDING CLUB

☐ Not Applicable

1. Do you manage a riding club? ☐ Yes ☐ No
2. If **yes**, complete the separate Club Supplement

HORSE TRAINING (*Training of Horses*)

☐ Not Applicable

1. What type of training is given (*specify discipline*)? _____
2. Annual payroll related to Training: _____
3. What is the average number of horses trained per year? _____

HORSE BOARDING

☐ Not Applicable

1. Total # of non-owned horses, including non-owned broodmares: _____
of stalled non-owned horses: _____; # of pastured non-owned horses: _____
2. Annual Payroll for Boarding
3. Is temporary overnight boarding provided? ☐ Yes ☐ No
If **yes**, describe: _____
4. Boarding type is: ☐ Self Board ☐ Full Service

HORSE BREEDING

☐ Not Applicable

1. Annual payroll for breeding operations/activities:
2. # of Owned Broodmares: _____ # of Non-Owned Broodmares: _____
of Owned Stallions: _____ # of Non-Owned Stallions: _____
3. Do you offer foaling services? ☐ Yes ☐ No

OWNED HORSES (*owned, leased, or used by insured*)

1. Total number of owned or leased horses used for:
riding instructions: _____ for training: _____ for racing: _____
for breeding: _____ for sale: _____ for showing: _____
2. Total number of foals/weanlings (at any given time): _____
3. Total number of equines you own or lease: _____

GENERAL LIABILITY – UNDERWRITING QUESTIONS – Continued

SALES

☐ Not Applicable

1. Are you in the business of selling horses? ☐ Yes ☐ No
How many horses do you sell per year? Owned by you: _____ Owned by Others: _____
What are the annual gross sales receipts? _____
If **yes**, describe: _____
Sales method (*check all that apply*): ☐ Private ☐ Treaty ☐ Auction ☐ Consignment
2. Do you (or your employees) perform any type of farrier services? ☐ Yes ☐ No
3. Do you sell tack or apparel? ☐ Yes ☐ No
If **yes**, are they (*check all that apply*): ☐ New ☐ Used ☐ Reconditioned Tack
Annual receipts for tack and apparel sales: _____

CLINICS

☐ Not Applicable

1. Do you hold and/or sponsor clinics for non-students on your premises? ☐ Yes ☐ No
Off premises? ☐ Yes ☐ No
2. Type of Clinics: _____
3. Number of annual Clinics: _____; Number of days per Clinic: _____
4. Number in Attendance per day: _____
5. Who teaches the Clinic? _____
6. If outside Clinician, is proof of coverage obtained and retained prior to Clinic? ☐ Yes ☐ No

HORSE SHOWS

☐ Not Applicable

1. Do you manage/sponsor any horse shows on your premises? ☐ Yes ☐ No
Do you manage/sponsor any horse shows off premises? ☐ Yes ☐ No
2. Number of spectators per day _____; Number of participants per day _____
Are there any individual show dates where the number of participants exceeds 150 or the number of spectators exceeds 1000? If yes, Specify below: ☐ Yes ☐ No
3. Dates of shows: _____
4. Types of Shows: _____
5. Waive Athletic Sports Participants Exclusion ☐ Yes ☐ No
(*The Athletic Sports Participation Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, eventing and rodeo type events.*)
6. Do you have bleachers or grandstands? ☐ Yes ☐ No
Construction: _____; Height: _____; Seating Capacity: _____
Bleachers/grandstands are: ☐ Owned ☐ Rented
7. Do you sell feed, grain, hay or shavings to participants? ☐ Yes ☐ No
If **yes**, annual receipts: _____
8. Do you provide RV or camper hookups during these shows? ☐ Yes ☐ No
Number of hookups: _____; Receipts: _____
9. Do you directly provide concessions during these shows? ☐ Yes ☐ No
If **yes**, explain: _____
The annual receipts: _____
10. Do you have vendors on the premises during these shows? ☐ Yes ☐ No
If **yes**, explain items sold: _____
11. Describe any entertainment/activities managed by you at the event (*other than equine-related*): _____

RISK MANAGEMENT CONTROLS *(Required for General Liability and Care, Custody, Control)*

Review <https://www.animallaw.info/content/map-equine-activity-liability-statutes>

Certificate of Insurance on file for Independent Contractors <i>(Riding Instruction/Training)</i>	☐ Yes	☐ No
Certificate of Insurance shows WC coverage for Independent Trainers <i>(Racehorse Training only)</i>	☐ Yes	☐ No
Certificate of Insurance obtained from all Vendors <i>(Horse Shows/Clinics)</i>	☐ Yes	☐ No
Release/Hold Harmless agreement in use <i>(Riding Instruction/Training/Boarding/Breeding/Shows)</i>	☐ Yes	☐ No
Boarding Contract in Place <i>(Boarding)</i>	☐ Yes	☐ No
Lease Agreement in Place <i>(Owned Horses Leased to Others)</i>	☐ Yes	☐ No
State Equine Liability Signs Posted <i>(All Exposures)</i>	☐ Yes	☐ No
24 Hour Supervision of facility <i>(All Exposures)</i>	☐ Yes	☐ No

EQUINE CARE, CUSTODY, CONTROL – UNDERWRITING QUESTIONS

Limits:

- | | |
|--|--|
| ☐ \$25,000 per horse/\$250,000 aggregate | ☐ \$250,000 per horse/\$1,000,000 aggregate |
| ☐ \$50,000 per horse/\$250,000 aggregate | ☐ \$500,000 per horse/\$1,000,000 aggregate |
| ☐ \$100,000 per horse/\$300,000 aggregate | ☐ \$1,500,000 per horse/\$3,000,000 aggregate |
| ☐ \$200,000 per horse/\$500,000 aggregate | ☐ \$2,500,000 per horse/\$5,000,000 aggregate |

- What is the maximum # of non-owned horses you have at any time? _____
- Do you require mortality coverage for horses in your care, custody or control? ☐ Yes ☐ No
- Describe any losses or potential claims involving non-owned horses in the past 3 years including deaths of any animals in your custody, even if a claim was not presented: _____

- Are you for hire to transport non-owned horses not normally in your care? ☐ Yes ☐ No
Commercial Hauling of non-owned horses other than those you train/breed/board is excluded
- Do you own, lease/rent, or use a vehicle in order to transport non-owned horses? ☐ Yes ☐ No

If **yes**:

What is the maximum # of trips per year you transport non-owned horses? _____
What is the maximum trip radius for transporting non-owned horses? _____
What is the maximum # of horses per trip? Owned: _____; Non-Owned: _____
Type and capacity of trailer: _____

- Have any drivers had any traffic violations within the past 5 years? ☐ Yes ☐ No
If **yes**, explain: _____

- Do you have a safety maintenance program for vehicle(s)? ☐ Yes ☐ No
If **yes**, explain: _____
- Do you use any of the following for non-owned horses? *(mark all that apply)*
☐ Equine swimming pool ☐ Treadmill ☐ Hyperbaric chamber ☐ Acupuncture

EXCESS LIABILITY

Limits:

☐ \$1,000,000

☐ \$3,000,000

☐ \$5,000,000

☐ \$2,000,000

☐ \$4,000,000

☐ \$ _____

Underlying Insurance Schedule:

Company	Coverage Line	Limits
Policy # _____ Eff _____ To _____	General Liability ☐ Farm ☐ Commercial ☐ Personal	\$ _____ General Aggregate \$ _____ Products/Completed Ops \$ _____ Personal & Advertising Injury \$ _____ Each Occurrence
Policy # _____ Eff _____ To _____	Automobile Liability ☐ Farm ☐ Commercial ☐ Non-Owned ☐ Hired	\$ _____ Combined Single Limit \$ _____ Bodily Injury - Each Person \$ _____ Bodily Injury - Each Accident \$ _____ Property Damage
Policy # _____ Eff _____ To _____	Employer's Liability	\$ _____ Each Accident \$ _____ Each Policy \$ _____ Each Employee by Disease
Policy # _____ Eff _____ To _____	_____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	\$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____

1. Do you have any of the following exposures?

☐ Owned or Leased Aircraft

☐ Migrant workers used in farming operations

☐ Watercraft

☐ Custom Application of Farm Chemicals for Others

If **yes**, provide details: _____

2. Automobile information (if Core Specialty is not the only Auto Carrier)

Provide a copy of the underlying Auto Coverage Declarations, including premium breakdown.

Are there any drivers under the age of 21?

☐ Yes ☐ No

Do you check MVR's for all drivers prior to allowing them to use of your vehicles?

☐ Yes ☐ No

Uninsured/Underinsured Motorist (UM/UIM) Coverage is excluded on the excess with the following exceptions:

FL and WV: Is UM/UIM coverage desired?

☐ Yes ☐ No

If yes, the maximum selected Excess limit is \$1,000,000.

LA, NH and VT: UM/UIM is included but the maximum Excess limit is \$1,000,000.

The above statements given are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application

Applicant's Signature:

Date _____

Agents Signature:

Date _____

FRAUD WARNINGS:

NOTICE TO APPLICANTS: (Not applicable to applicants in AL, AR, CO, DC, FL, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, or WA.) 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 may subject the person to criminal and civil penalties.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

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

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 insurance company who knowingly provide 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing false, incomplete, or misleading information is guilty of a felony of the third degree. Statement must be approved by Office of Insurance Regulation of the Financial Services Commission.

NOTICE TO KENTUCKY APPLICANTS: 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 act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment or 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of 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.

NOTICE TO NEW YORK APPLICANTS: 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 violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: 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 purposes of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of 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.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

NOTICE TO WEST VIRGINIA APPLICANTS: 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.