[ ]  **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**[ ]  Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

[ ]  **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

**HABITATIONAL APPLICATION**

|  |  |
| --- | --- |
| Applicant’s Name:             Mailing Address:             Location Address:               | Agency Name:       Agent No.:       Address:             E-mail:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.” (N/A)

**Applicant is:** [ ]  Individual [ ]  Corporation [ ]  Partnership [ ]  Joint Venture

[ ]  Limited Liability Company [ ]  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone No.:**

Is applicant a Real Estate or Property Management company? [ ]  Yes [ ]  No

**Limits Of Liability and Deductible Requested:**

|  |  |
| --- | --- |
| General Aggregate (other than Products/Completed Operations) | $      |
| Products and Completed Operations Aggregate | $      |
| Personal and Advertising Injury (any one person or organization) | $      |
| Each Occurrence | $      |
| Damage To Premises Rented To You (any one premise) | $      |
| Medical Expense (any one person) | $      |
| Other Coverages, Restrictions and/or Endorsements:        | $      |
| Deductible | $      |

**1. Property Locations:**

**Business Name (if applicable), Street Address, City, County, State and Zip Code:**

**Loc. No. 1:**

**Loc. No. 2:**

**Loc. No. 3:**

**Loc. No. 4:**

**Loc. No. 5:**

**2. Description Of Locations:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Years owned |       |       |       |       |       |
| Type of occupancy\* |       |       |       |       |       |
| Year built |       |       |       |       |       |
| No. Stories |       |       |       |       |       |
| No. Units—total |       |       |       |       |       |
| No. Buildings |       |       |       |       |       |
| Total square feet |       |       |       |       |       |
| Type of roof |       |       |       |       |       |
| Pool? (see Section **12.**) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Manager on premises? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If occupancy is other than habitational, please describe the occupancy and square footage. |       |       |       |       |       |
| Monthly rent per unit: |  |  |  |  |  |
| Apartments: 1 BR | $      | $      | $      | $      | $      |
| 2 BR | $      | $      | $      | $      | $      |
| 3 BR | $      | $      | $      | $      | $      |
| Other | $      | $      | $      | $      | $      |
| Dwellings: | $      | $      | $      | $      | $      |
| Percent of university or college students as tenants |    % |    % |    % |    % |    % |
| Vacant? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Building(s) condemned or scheduled for demolition? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Subcontracted work—Anticipated cost next twelve (12) months | $      | $      | $      | $      | $      |

\*Use alpha code listed for type of occupancy: A—Apartment Building G—Dwelling/four family

B—Garden Apartments H—Boarding or Rooming House

C—Apartment Hotel I—Mobile Home

D—Dwelling/one family J—Time-share

E—Dwelling/two family K—Vacation Rentals

F—Dwelling/three family

**3.** **If occupancy is Mobile Home, are they tied down?** [ ]  Yes [ ]  No

**4.** **Are any of the properties operated as a hostel?** [ ]  Yes [ ]  No

If yes, number of beds:

**5. Are any of the properties fraternity or sorority houses?** [ ]  Yes [ ]  No

If yes, is fraternity or sorority academic? [ ]  Yes [ ]  No

**6.** **Are any of the properties assisted living facilities?** [ ]  Yes [ ]  No

**7. Are any of the properties nursing/convalescent homes?** [ ]  Yes [ ]  No

**8.** **Are any of the properties senior housing?** [ ]  Yes [ ]  No

**9. Is any dwelling location owner occupied?** [ ]  Yes [ ]  No

**10.** **Number of years in business?**

**11. Year Of Updates:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Year & Indicate Full or Partial Update Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Heating | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |
| Paint | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |
| Parking areas | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |
| Patio balconies/railings | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |
| Plumbing | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |
| Roof | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |
| Sidewalks | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |
| Wiring & Electrical | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update | Year:      [ ]  Full Update[ ]  Partial Update |

**12. Current Renovations:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Cost of renovation | $      | $      | $      | $      | $      |
| Type of renovation |       |       |       |       |       |
| Certificates for subcontractors on file? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**13. Swimming Pool(s):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Number of swimming/wading pools |       |       |       |       |       |
| Number of diving boards/platforms |       |       |       |       |       |
| Height of diving boards/platforms |       |       |       |       |       |
| Number of slides/rafts |       |       |       |       |       |
| Height of slides |       |       |       |       |       |
| Pool maintained by applicant or outside contractor? | [ ]  Applicant[ ]  Contractor | [ ]  Applicant[ ]  Contractor | [ ]  Applicant[ ]  Contractor | [ ]  Applicant[ ]  Contractor | [ ]  Applicant[ ]  Contractor |
| If outside contractor, are certificates of insurance on file? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Pool completely surrounded by building walls or fence? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Height of fence |       |       |       |       |       |
| Equipped with self-closing and self-latching gates/doors? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Lifeguards provided? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, by Applicant or Pool Management Company? | [ ]  Applicant[ ]  Mgmt. Co. | [ ]  Applicant[ ]  Mgmt. Co. | [ ]  Applicant[ ]  Mgmt. Co. | [ ]  Applicant[ ]  Mgmt. Co. | [ ]  Applicant[ ]  Mgmt. Co. |
| If outside contractor, are certificates of insurance on file? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Underwater lighting? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Steps into shallow end with handrails? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Ladder at deep end with handrails? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Depth of pool markings clearly visible? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Warning signs and rules posted? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Life-safety equipment available at poolside? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**14. Maintenance:**

**Who performs:**

Janitorial operations? [ ]  Contractor [ ]  Employee

Lawn care operations? [ ]  Contractor [ ]  Employee

Upkeep of sidewalks and driveways? [ ]  Contractor [ ]  Employee

Snow/ice removal operations? [ ]  Contractor [ ]  Employee

**For all operations performed by an outside contractor:**

Are certificates of insurance on file? [ ]  Yes [ ]  No

Is applicant named as additional insured on their policy? [ ]  Yes [ ]  No

**15. Fire Protection:**

**a. Sprinklered?** [ ]  Yes [ ]  No

If yes: All units? [ ]  Yes [ ]  No

Common areas? [ ]  Yes [ ]  No

**b. Smoke detectors in each unit?** [ ]  Yes [ ]  No

If yes: [ ]  Hard-wire [ ]  Battery

How often checked?

**c. Fire extinguishers?** [ ]  Yes [ ]  No

If yes: All units? [ ]  Yes [ ]  No

Common areas? [ ]  Yes [ ]  No

**d. Number of units per fire division:**

**16. Security:**

**Completion of Security Section not required for dwelling or boarding/rooming house occupancies.**

**a. Master keys and locks:**

**(1)** How does management handle the monitoring of master keys?

**(2)** Are locks changed/re-keyed when residents vacate the premises? [ ]  Yes [ ]  No

**b. Criminal incidents:**

**(1)** Does management advise residents of all criminal activity that has taken place on the
properties? [ ]  Yes [ ]  No

If yes, how is this done?

**(2)** Is this information provided to prospective renters if requested? [ ]  Yes [ ]  No

**c. Do the residents’ doors or windows contain any of the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Deadbolts? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Lock pins for windows and sliding glass doors? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Door Viewer or Peephole in front doors? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Window locks/bars? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**d. Is security provided?** [ ]  Yes [ ]  No

If yes, what type? [ ]  Gated access [ ]  Patrol [ ]  Security alarm systems

**(1) If gated, please answer the following questions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Entire apartment complex gated? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Who is given access? |       |       |       |       |       |
| How is access obtained: guard at gate, card or security code? | [ ]  Guard[ ]  Card[ ]  Code | [ ]  Guard[ ]  Card[ ]  Code | [ ]  Guard[ ]  Card[ ]  Code | [ ]  Guard[ ]  Card[ ]  Code | [ ]  Guard[ ]  Card[ ]  Code |
| If guard at gate, advise how many and if armed or unarmed. | No.       [ ]  Armed[ ]  Unarmed | No.       [ ]  Armed[ ]  Unarmed | No.       [ ]  Armed[ ]  Unarmed | No.       [ ]  Armed[ ]  Unarmed | No.       [ ]  Armed[ ]  Unarmed |
| If gate is card or security code access, how often is maintenance done on the gate? |       |       |       |       |       |
| What procedure is in place if gate is not working? |       |       |       |       |       |

**(2) If patrol, please answer the following questions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Number of armed guards |       |       |       |       |       |
| Number of unarmed guards |       |       |       |       |       |
| Are guards employees of management or independent contractor? | [ ]  Mgmt.[ ]  Contractor | [ ]  Mgmt.[ ]  Contractor | [ ]  Mgmt.[ ]  Contractor | [ ]  Mgmt.[ ]  Contractor | [ ]  Mgmt.[ ]  Contractor |
| If independent contractor, are certificates of insurance required? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Is applicant named as additional insured on their policy? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Security twenty-four (24) hours? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Are guards responsible for residents’ safety and/or complex/amenities? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**(3) If security alarm systems are provided, please answer the following questions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provide Detail Per Location** | **Loc. No. 1** | **Loc. No. 2** | **Loc. No. 3** | **Loc. No. 4** | **Loc. No. 5** |
| Alarm systems in every unit? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Residents shown how to operate the alarm systems? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Who monitors the alarms? |       |       |       |       |       |

**17. Other Exposures:**

**Number of:** Baseball field(s)       Lakes/Ponds (acres)       Shuffleboard court(s)

Basketball court(s)       Parks (acres)       Spa/Hot tub(s)

Bathing Beaches       Playground(s)       Stables

Bicycle trails (miles)       Racquetball court(s)       Streets/Roads (miles)

Boat docks/slips       Saunas       Tennis court(s)

Clubhouse (sq. ft.)       Shooting Ranges       Volleyball court(s)

Other:

Are any of these exposures available to nonresidents for a fee? [ ]  Yes [ ]  No

If yes, annual receipts: $

**18. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant?** (Not applicable in Missouri) [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain:       |

**19. Any prior losses due to mold?** [ ]  Yes [ ]  No

If yes, has mold been completely remediated? [ ]  Yes [ ]  No

**20. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, describe:       |

**21. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain and advise where insured:       |

**22. Any new ground up construction operations anticipated within the next twelve (12) months?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, describe:       |

**23. Any construction or remodeling operations for conversion to or from condominiums and/or
townhouses?** [ ]  Yes [ ]  No

**24.** **Additional Insured Information:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Interest** |
|       |       |       |
|       |       |       |
|       |       |       |

**25. Prior Carrier Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year:       | Year:       | Year:       | Year:       | Year:       |
| Carrier |       |       |       |       |       |
| Policy Number |       |       |       |       |       |
| Coverage |       |       |       |       |       |
| Total Premium | $      | $      | $      | $      | $      |

**26. Loss History:**

|  |
| --- |
| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. [ ]  **Check if no losses in the last five years** |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or Closed)** |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA)

**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 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 an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** 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, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA 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.

**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 a denial of insurance benefits.

**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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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:** 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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties
under state law.

**FRAUD WARNING (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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing state-ments are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

IOWA LICENSED AGENT (IF APPLICABLE):

(Applicable in Iowa only)

AGENT’S NAME:       AGENT’S LICENSE NUMBER:

(Applicable to Florida agents only)

|  |
| --- |
| NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AUDIT:       |

|  |  |  |
| --- | --- | --- |
|  | IMPORTANT NOTICE |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |