



25 NASSAU LANE · ISLAND PARK, NY 11558
 P: (516) 431-8300 · (866) 431-8100 · F: (516) 431-5351
 WWW.NEWEMPIREGROUP.COM · NEWBUSINESS@NEWEMPIREGROUP.COM

COMMERCIAL UMBRELLA APPLICATION
 FOR RISK PURCHASING GROUP PARTICIPATION
 (SINGLE LOCATION)

PRODUCER INFORMATION			
AGENCY		NAME	
ADDRESS		PHONE	FAX
CITY	ST	ZIP	EMAIL

INSURED INFORMATION			
NAMED INSURED			
CONTACT			
MAILING ADDRESS			
CITY		ST	ZIP
DOMICILED ADDRESS			
CITY		ST	ZIP

POLICY INFORMATION								
LIMIT(S) REQUESTED	\$1 MILLION	<input type="checkbox"/>	\$5 MILLION	<input type="checkbox"/>	\$10 MILLION	<input type="checkbox"/>	\$15 MILLION	<input type="checkbox"/>
	\$20 MILLION	<input type="checkbox"/>	\$25 MILLION	<input type="checkbox"/>	\$50 MILLION	<input type="checkbox"/>	\$100 MILLION	<input type="checkbox"/>

REQUESTED EFFECTIVE DATE: _____ EXPIRATION DATE: _____

IS THE PRIMARY ACCOUNT CONTROLLED BY THE ABOVE AGENCY?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF NO, WILL IT BE CONTROLLED WHEN THIS UMBRELLA POLICY TAKES EFFECT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
WHAT COMPANY PROVIDES THE EXPIRING UMBRELLA COVERAGE?				
WHAT IS THE EXPIRING LIMIT?	MILLION			
WHAT IS THE EXPIRING PREMIUM?				
WHAT IS THE TARGET PREMIUM FOR THE UPCOMING TERM?				

EXPOSURE INFORMATION				
(RISKS WITH A * REQUIRE FURTHER INFORMATION - SEE SUPPLEMENTAL SECTION)				
TYPE OF RISK	APARTMENT BUILDING	<input type="checkbox"/>	TIMESHARE	<input type="checkbox"/>
	CONDOMINIUM/COOPERATIVE	<input type="checkbox"/> *	CONDO HOTEL	<input type="checkbox"/>
	HOA/TOWNHOME/PUD	<input type="checkbox"/>	RETAIL/STRIP MALL	<input type="checkbox"/>
	SPONSOR-OWNED UNITS	<input type="checkbox"/>	ENCLOSED MALL	<input type="checkbox"/>
	AFFORDABLE HOUSING	<input type="checkbox"/> *	OFFICE BUILDING	<input type="checkbox"/>
	SENIOR HOUSING	<input type="checkbox"/> *	HOTEL/MOTEL	<input type="checkbox"/> *
	DWELLING (1 OR 2 FAMILY)	<input type="checkbox"/>	WAREHOUSE	<input type="checkbox"/>

LOCATION ADDRESS			STORIES
CITY	ST	ZIP	COUNTY
BUILDING SQ. FT.	CONSTRUCTION		YEAR BUILT

RESIDENTIAL UNITS/HOTEL ROOMS	COMMERCIAL SQ. FT.	(IF APPLICABLE)
LIST ALL COMMERCIAL OCCUPANCIES		

IS THIS BUILDING A MINIMUM OF 70% OCCUPIED AS OF THE REQUESTED EFFECTIVE DATE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
ANY CONSTRUCTION BEING PERFORMED OR SCHEDULED DURING THE POLICY PERIOD?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
IF YES, PLEASE DESCRIBE:					
ARE THERE SWIMMING FACILITIES ON THE PREMISES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
IF YES, HOW MANY?	IS THERE A DIVING BOARD?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
LIFEGUARD ON DUTY DURING OPERATING HOURS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
SECURED FROM UNAUTHORIZED USE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
DOES THE INSURED MAINTAIN PARKING FACILITIES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
IF YES, IS THERE A GARAGEKEEPERS EXPOSURE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
WHAT IS THE SQ. FT. OF THE PARKING GARAGE?	IF SQ. FT. NOT AVAILABLE, # OF SPOTS				



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RISK MANAGEMENT			
DOES THE INSURED REQUIRE CERTIFICATES FOR ALL COMMERCIAL TENANTS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
DOES THE INSURED MAINTAIN COPIES OF THE ABOVE CERTIFICATES?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
DO ALL TENANT LEASES CONTAIN A HOLD HARMLESS AGREEMENT FAVORABLE TO THE INSURED?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ARE CERTIFICATES REQUIRED AND MAINTAINED WHEN CONTRACTING FOR WORK PERFORMED ON THE BUILDING?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY LOCATIONS OWNED BY THIS INSURED THAT ARE NOT INCLUDED IN THIS SUBMISSION?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
DOES THE INSURED MAINTAIN SECURITY?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, IS THE SECURITY UNARMED?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THIS LOCATION IN COMPLIANCE WITH ALL LOCAL ORDINANCES, PROPERTY STATUTES AND BUILDING CODES?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

FIRE/LIFE SAFETY			
DO ALL UNITS HAVE SMOKE DETECTORS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
BATTERY <input type="checkbox"/> HARDWIRED <input type="checkbox"/>			
SMOKE DETECTORS IN ALL COMMON AREAS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
BATTERY <input type="checkbox"/> HARDWIRED <input type="checkbox"/>			
BATTERY MAINTENANCE PLAN IN EFFECT FOR ALL BATTERY-OPERATED SMOKE DETECTORS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY ALUMINUM WIRING IN THE BUILDING?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HAS IT BEEN REMEDIATED?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHAT TYPE OF REMEDIATION HAS BEEN PERFORMED?			
IS THE BUILDING SPRINKLERED?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/>			
IS THERE A FIRE ALARM IN THE BUILDING?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
MANUAL <input type="checkbox"/> CENTRAL <input type="checkbox"/>			
(HIGH-RISE BUILDINGS – 7 STORIES OR MORE)			
MINIMUM OF TWO MEANS OF EGRESS FROM EACH FLOOR?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ARE ALL STAIRWAYS EQUIPPED WITH EMERGENCY LIGHTS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE A MINIMUM OF TWO (2) ENCLOSED STAIRWAYS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE A STANDPIPE FOR DELIVERING WATER TO UPPER FLOORS IN CASE OF FIRE?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

VACANT LAND			
IS THERE A VACANT LAND EXPOSURE?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HOW MANY ACRES?			
IS THE VACANT LAND EXPOSURE INSURED ON THE SAME POLICY?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE ANY CONSTRUCTION OR DEVELOPMENT PLANNED DURING THE POLICY PERIOD?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THE VACANT LAND OCCUPIED OR LEASED TO A THIRD PARTY OR PARTIES?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

LOSS HISTORY			
ANY INDIVIDUAL GENERAL LIABILITY LOSSES EXCEEDING \$250,000 IN THE PAST THREE (3) YEARS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
AGGREGATE LOSSES EXCEEDING \$300,000 OVER THE PAST THREE (3) YEARS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY INCURRED DIRECTORS AND OFFICERS LOSSES IN THE PAST THREE (3) YEARS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY REPORTED DIRECTORS AND OFFICERS LOSSES IN THE PAST YEAR?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
PLEASE PROVIDE THE PAST FIVE (5) YEARS OF LOSS HISTORY, VALUED WITHIN THE PAST 90 DAYS			
IF NO LOSS HISTORY AVAILABLE, SELECT A REASON:	NEW BUILDING	<input type="checkbox"/>	DATE OF PURCHASE
	NEW PURCHASE	<input type="checkbox"/>	
	OTHER (DESCRIBE)	<input type="checkbox"/>	



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UNDERLYING COVERAGE					
TYPE	WRITING COMPANY	EFFECTIVE	EXPIRATION	PREMIUM	LIMITS
GENERAL LIABILITY					EACH OCC. GENERAL AGG
BUSINESS AUTO HIRED/NON-OWNED					CSL LIMIT
EMPLOYERS LIABILITY					BI BY ACCIDENT BI BY DISEASE (EMP) BI BY DISEASE (POL)
DIRECTORS & OFFICERS					EACH CLAIM AGGREGATE DEFENSE OUTSIDE?
GARAGEKEEPERS					EACH OCC.
OTHER (DESCRIBE)					EACH OCC.

IF THERE IS A BUSINESS AUTOMOBILE EXPOSURE, PLEASE COMPLETE THE BELOW SCHEDULE OF VEHICLES:

PRIVATE PASSENGER/SUV _____	VAN 1-8 PASSENGERS _____
LIGHT TRUCK _____	VAN 9-20 PASSENGERS _____
MEDIUM TRUCK _____	HEAVY TRUCK _____

DOES THE INSURED OWN/OPERATE ANY VEHICLES NOT LISTED ABOVE (I.E. BUS)? YES NO

IF HIRED/NON-OWNED COVERAGE IS CARRIED, IS THE COVERAGE INCLUDED IN THE GL? YES NO

ANY EMPLOYEES USING THEIR OWN VEHICLES FOR BUSINESS ON A REGULAR BASIS? YES NO

LEAD LIABILITY SUPPLEMENTAL SECTION (PLEASE COMPLETE ONLY IF APPLICABLE)

IS LEAD COVERAGE MAINTAINED AS PART OF THE GENERAL LIABILITY COVERAGE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CAN YOU CONFIRM THAT LEAD COVERAGE IS NOT OFFERED AS A SUB-LIMIT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS LEAD OFFERED ON AN OCCURRENCE BASIS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CAN YOU CONFIRM THAT THERE HAVE BEEN NO LEAD CLAIMS REPORTED AT THIS LOCATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE BUILDING BEEN UPDATED/REHABBED/RENOVATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE ALL APARTMENTS PAINTED BY THE LANDLORD PRIOR TO NEW OCCUPANCY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE PRIMARY CARRIER INSPECTED THE BUILDING WITHIN THE PAST THREE (3) YEARS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE ANY AND ALL LOSS RECOMMENDATIONS REGARDING LEAD COVERAGE SATISFIED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ANY CARE, CUSTODY, OR CONTROL OF CHILDREN UNDER THE AGE OF 6 (EX. DAY CARE CENTER)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CERTIFIED "LEAD SAFE" BY LICENSED CONTRACTOR ACCORDING TO GOVERNMENT GUIDELINES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THE BUILDING COMPLIANT WITH NEW YORK CITY LOCAL LAW 1 OF 2004?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SUPPLEMENTAL QUESTIONS (IF APPLICABLE)

SENIOR HOUSING

IS THIS BUILDING AN ELDERLY COMMUNITY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO ALL RESIDENTS LIVE INDEPENDENTLY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE ANY MEDICAL OR NURSING FACILITIES ON THE PREMISES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS AN EVACUATION PLAN IN PLACE IN THE EVENT OF AN EMERGENCY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

AFFORDABLE HOUSING

IS THE TAX SUBSIDY CREDITABLE ONLY TO THE OWNER OF THE BUILDING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE A TENANT SCREENING PROCESS IN PLACE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THE EVICTION RATE BELOW 5%?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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SUPPLEMENTAL QUESTIONS CONTINUED (IF APPLICABLE)

COMMUNITY ASSOCIATIONS (CONDOMINIUMS, HOAS, ETC)		
DOES THE ASSOCIATION HAVE A POSITIVE RESERVE FUND?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS CONTROL BEEN TRANSFERRED FROM THE DEVELOPER TO THE BOARD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THE DEVELOPER STILL SITTING ON THE BOARD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE THERE BOAT SLIPS LOCATED ON THE INSURED PREMISES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HOW MANY SLIPS?		
ARE SLIPS RESERVED FOR RESIDENTS USE ONLY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE A MARINA EXPOSURE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, IS IT SEPARATELY INSURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THE INSURED STORING GASOLINE ON THE PREMISES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

HOTELS/MOTELS		
IS THIS A FRANCHISED LOCATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHAT FRANCHISE?		
NAME OF OWNER		
DOES THE LOCATION CONTAIN:		
RESTAURANT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, IS IT OWNED AND OPERATED BY THE INSURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE AN AUTOMATIC FIRE EXTINGUISHING SYSTEM IN PLACE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE LIQUOR RECEIPTS LESS THAN 30% OF THE TOTAL RECEIPTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
BAR/NIGHTCLUB?		
IF YES, IS IT OWNED AND OPERATED BY THE INSURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS IT OPEN PAST 10 PM?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS LIVE ENTERTAINMENT OR A DJ PROVIDED BY THE ESTABLISHMENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE COVER CHARGES AND/OR LIQUOR SALES THE PRIMARY SOURCE OF REVENUE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THE CAPACITY MORE THAN 200 PEOPLE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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NOTICE TO 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 ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS 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 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 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 AUTHORITIES."

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 OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

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 INSURANCE ACT, WHICH IS A CRIME."

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."



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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 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 A 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, 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."

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." (365:15-1-10, 36 §3613.1)

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 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 BENEFITS."

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.

SIGNATURE PAGE

ALL WRITTEN STATEMENTS, AND SUPPLEMENTAL MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT, HAVING MADE DUE INQUIRY (INCLUDING BUT NOT LIMITED TO DUE INQUIRY OF THE LEGAL AND RISK MANAGEMENT DEPARTMENTS), DECLARES THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN OR ATTACHED HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT, AGREES THAT THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF ANY COVERAGE ISSUED BY US AND WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

AGENT SIGNATURE: _____ DATE: _____
AGENT NAME (PRINT): _____
INSURED SIGNATURE: _____ DATE: _____
INSURED NAME (PRINT): _____