

15. Has Applicant or Majority partner filed for bankruptcy in the past five years? Yes No

PROPERTY INFORMATION

1. Cause of Loss: Basic
 Broad
 Special
 Excluding Theft
 Including Theft
 Excluding Sprinkler Leakage
 Excluding Vandalism

2. Description of premises:

Location of Property:

Construction:

Year Built:

of Stories:

Square Footage:

Updates to Building: (date)

Plumbing:

Electrical:

Heating:

Roof:

3. Actual Cash Value of the Property?

4. Describe general condition of property?

5. How is building secured from unauthorized entry?

6. Any functional Alarm Systems (burglary, fire)? Yes No

7. Are utilities operational? Yes No

8. Is building sprinklered? Yes No
If yes, is system operational? Yes No

9. Is the building damaged (fire, wind damage, etc.)? Yes No

GENERAL LIABILITY INFORMATION:

1. Limits desired: \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 Other:

2. Please describe the insured premises:

Describe any specific hazards: (water exposures, outside storage, etc.)

Is there a swimming pool on premises? Yes No

3. Is the building on a piece of land that is greater than five acres? Yes No
If yes, how big is the land?



Remarks:

APPLICANT'S SIGNATURE

PRIVACY NOTICE

Personal information about you may be collected from persons other than you in connection with this application for insurance. 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. 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.

FRAUD NOTICE STATEMENTS

Notice to Alaska resident applicants: "a person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law."

Notice to Arkansas resident 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 Arizona resident applicants: "for your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties".

Notice to Colorado resident 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 knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies".

Notice to District of Columbia resident 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 resident 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 Kentucky resident 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 resident 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 resident 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 Maryland resident applicants: "any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 resident applicants: “any person who, with intent to defraud or knowing that he / she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud”.

Notice to New Jersey resident 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 resident 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 resident 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 such violation”.

Notice to Ohio resident applicants: “any person who, with intent to defraud or knowing that he / she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud”.

Notice to Oklahoma resident applicants: “any person who knowingly and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony”.

Notice to Oregon resident applicants: “any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law”.

Notice to Pennsylvania resident 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 resident 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 Texas resident applicants: if a life, health and accident insurer provides a claim form for a person to use to make a claim, that form must contain the following statement or a substantially similar statement: “any person who knowingly presents a 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 Virginia resident 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 and denial of insurance benefits”.

Notice to Washington resident 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 and denial of insurance benefits”.

Notice to West Virginia resident 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”.

Signing the application does not bind the Company to provide or you to purchase this insurance. It is understood that the information provided herein becomes part of the application for insurance and is subject to the same declarations, representations and conditions. This application must be signed by a director, executive officer, partner or equivalent.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant _____ Date _____

Agency Name _____

Signature of Agent _____ Date _____

