

# APPLICATION FOR GENERAL LIABILITY INSURANCE

(IF A POLICY IS ISSUED IT WILL BE ON AN OCCURRENCE BASIS)

(DEFENSE COSTS ARE NOT WITHIN THE LIMITS OF LIABILITY)

## General Information:

1. Full name of applicant: \_\_\_\_\_
2. Complete mailing address: \_\_\_\_\_
3. Individual to contact: \_\_\_\_\_ Web-Site: \_\_\_\_\_
4. Telephone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Applicant is:  Individual  Corporation  Partnership  LLC  Other: \_\_\_\_\_
6. Federal Employers ID #: \_\_\_\_\_ or Social Security #: \_\_\_\_\_
7. Years in business \_\_\_\_\_ If new venture, attach a narrative describing your business & firearms experience.
8. Location of premises to be insured. Complete the following information for each location. (Use a separate sheet of paper if necessary): \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_
  - a) Is it a  commercial building or  dwelling? If it is a dwelling, is it a detached building?  Yes  No.
  - b) Please provide evidence of homeowners insurance if the business is located on the same property as your home.
  - c) Are you the:  Owner  Tenant  Lease part of the Building?  
Total square footage you occupy: \_\_\_\_\_  
If you are not the sole occupant of the premises please describe other occupants: \_\_\_\_\_  
\_\_\_\_\_
  - d) If you are required to add your landlord as an additional insured, please provide name and address. \_\_\_\_\_
9. Proposed effective date of coverage: \_\_\_\_\_
10. How did you hear about this insurance program: \_\_\_\_\_  
\_\_\_\_\_

## Membership:

1. Indicate the organizations you are a member of:  
 NSSF  NAFR  NRA  NASR  OTHER \_\_\_\_\_
2. List ALL classes of Federal Firearms Licenses which you hold: \_\_\_\_\_  
**Please attach copies of ALL Federal Firearms Licenses.**

## Business Information:

Check ALL operations, which describe your business:

- Wholesale/Distributor  Retail Sales  Gunsmithing  Range  Shooting or Hunting Club
- Ammunition manufacturing (including Reloading)
- Manufacturer of any product. **Submit** detailed narrative about the product(s) together with literature, brochures, price lists
- Other \_\_\_\_\_

**Rating Information:**

1. What were your Gross Sales/Receipts for the past 12 months? \$ \_\_\_\_\_
2. What are your projected Gross Sales/Receipts this policy year? \_\_\_\_\_
3. What is your projected payroll this policy year? \$ \_\_\_\_\_
4. Do you use the services of an independent gunsmith?  Yes  No. If yes, does the gunsmith have liability insurance?  Yes  No. Please attach a copy of the Gunsmith's Certificate of Liability Insurance.
5. Please provide estimated sales for each classification, rounding off to the nearest thousand dollars. If you have no sales for a particular classification, indicate that by writing "NONE" for that classification.

The following items can be deducted from gross sales:

- Sales or excise taxes which are collected and submitted to a governmental division.
- Freight charges, if charged as a separate item on customer invoices.

	Classification	Estimated Sales/Receipts
A.	Wholesale or Distributor	
	1. Firearms, Ammunition & Associated Products*	\$ _____
	2. All Other Products (Describe on Page 5)	\$ _____
B.	Retail Sales	
	1. Firearms, Ammunition & Associated Products*	\$ _____
	2. All Other Products (Describe on Page 5)	\$ _____
C.	Gunsmithing	\$ _____
D.	Manufacturing of Reloaded Ammunition	\$ _____
E.	Manufacturing of New Ammunition (Include Imported Ammo)	\$ _____
F.	Bullet Manufacturing	\$ _____
G.	Firearms Instruction	\$ _____
H.	Ranges/Club (Indoor)	\$ _____
	Ranges/Club (Outdoor)	\$ _____
I.	Skeet, Trap & Sporting Clays	\$ _____
J.	Archery Range (Indoor)	\$ _____
	Archery Range (Outdoor)	\$ _____
K.	Hunting Preserve	\$ _____
L.	Custom Stocker***	\$ _____
M.	Custom Barrel Maker***	\$ _____
N.	Associated Classes***	\$ _____
<b>TOTAL ESTIMATED SALES/RECEIPTS</b>		
<b>NOTE:</b> Total Sales/Receipt should equal your projected Gross Sales/Receipts.		\$ _____

**\*NOTE:** Associated products include component parts of ammunition and firearms (Assemblies, magazines, clips, etc.) Holsters, Scopes, Gun Racks and Cases are considered "All Other Products".

**\*\*\*NOTE:** Submit a detailed narrative of products together with literature and brochures, sample of packaging, indicating instructions and warnings along with a price list.

**Products (Please Provide Brochures):**

1. Indicate suppliers of products you purchase for resale:

- U.S. manufacturer, distributor or wholesaler
- Direct purchase from a foreign manufacturer or distributor
- Trade-Ins or Trade Shows/Gun Shows
- Other \_\_\_\_\_

Have you ever directly imported firearms or ammunition from a foreign country?  Yes  No.

Have you ever directly imported any other products from a foreign country?  Yes  No. Please describe

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2. If you are a direct importer, are you named on the foreign manufacturer's liability insurance policy as an Additional Insured?  Yes  No. If yes, provide a copy of the policy or a certificate of insurance including you as an Additional Insured and limits in US Dollars.

3. If you are a wholesaler or distributor, are you named as Additional Insured on the manufacturer or importer's Products Liability Insurance policy?  Yes  No. If yes, provide Certificate of Insurance.

Do you obtain updated Certificates of Insurance on an annual basis?  Yes  No

4. Do you sell by mail order?  Yes  No Do you sell over the internet?  Yes  No

If yes, describe all products sold or provide us with your catalogue, advertisement and your internet address: \_\_\_\_\_

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**Ammunition/Powder:**

1. How much Black Powder do you display? \_\_\_\_\_ lbs.

Describe how you store your stock of Black Powder that is not displayed? (Including types of magazines and/or containers) NOTE: Safes are not acceptable. \_\_\_\_\_

2. How much Smokeless Powder do you display? \_\_\_\_\_ lbs.

How do you store the remainder of Smokeless Powder that is not displayed? \_\_\_\_\_

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Has your local Fire Department approved your storage of Black and/or Smokeless Powder? Yes  No

If no, why? \_\_\_\_\_

Attach written approval, if available.

**NOTE:** In accordance with the National Fire Protection Association rule 495, a commercial establishment should not display more than 1 lb. of black powder and/or 100 lbs or smokeless powder. The balance of black powder must be stored in an approved magazine. Storage of smokeless powder should not exceed more than 100 lbs indoors and up to 800 lbs in an approved outdoor magazine.

**Employee Training:**

1. Number of employees? \_\_\_\_\_
2. Describe employee training and orientation: \_\_\_\_\_  
\_\_\_\_\_
3. Have you and your employees read and understand form 4473, as well as all other federal and local laws concerning the sale of firearms, ammunition, black and smokeless powder?  Yes  No. If no, it is imperative that you and your employees do so.
4. Have employees been trained in the detection of Straw Sales (Don't Lie for the Other Guy)?  Yes  No
5. List specific training seminars that you and your employees attend. \_\_\_\_\_  
\_\_\_\_\_

**Prior Insurance:**

1. State premiums and losses for the previous five years. Please provide 5 years of insurance carrier loss runs, if available.

	Premium	Losses	Insurance Company
Current Year			
1 <sup>st</sup> Prior Year			
2 <sup>nd</sup> Prior Year			
3 <sup>rd</sup> Prior Year			
4 <sup>th</sup> Prior Year			

2. Applicant is not aware of any losses in the past 5 years: Confirm  \_\_\_\_\_ signature
3. Provide details of all losses over \$5,000.00: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Has coverage been canceled or non-renewed within the past three years? (MISSOURI APPLICANTS NEED NOT RESPOND) Reason: \_\_\_\_\_  
\_\_\_\_\_

**Reminder:**

1. Please submit copies of all Federal Firearms Licenses.
2. Submit Training Certificates for Gunsmiths, if available.
3. Submit pictures of EXTERIOR AND INTERIOR, which portray your entire facility.
4. Insurance Company loss runs for the past five (5) years, if available.

**All Other Products Checklist:**

Please check those products below which are presently held for sale. Also, if certain products were sold in the past, but have since been discontinued, please indicate.

- Archery Equipment
- ATV or Other Recreational Vehicles
- Automobile Parts and Accessories
- Baseball, Hockey or Football Equipment
- Bicycles
- Boats, Wave Runners or Jet Skis
- Chainsaws
- Farm Machinery or Equipment
- Fuel Oils, Kerosene, Propane Gas (Indicate if you refill tanks)
- Gas Stoves (Portable Type), Kerosene or Electric Stove or Space Heater
- Gymnastics Equipment
- Ice or Inline Skates
- Liquor, Wine or Beer
- Martial Art Supplies
- Paint Ball Equipment
- Police Protective Equipment or Bullet Proof Vests
- Scuba or Skin Diving Equipment
- Skiing Equipment
- Tree Stands, Tree Steps or similar devices
- Weight Training and Exercise Equipment

**NOTE:** If you have sales of products other than those listed above; please describe:

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**Gunsmith Supplement**

Name of Applicant \_\_\_\_\_

1. Do you use the services of any gunsmiths who are not your employees?  Yes  No

Please attach certificates of insurance from each gunsmith not employed by you.

2. Complete the following for each employed gunsmith, including you.

<u>Name</u>	<u>Years Experience</u>	<u>Special Training</u>

3. List the specific services that you perform? \_\_\_\_\_  
\_\_\_\_\_

**Note:** Attach a copy of your Service Price list, showing the specific services you provide.

4. Do you alter firearms from the original factory specifications?  Yes  No

If yes, describe \_\_\_\_\_

5. Do you build or assemble firearms?  Yes  No. If yes, complete the following:

a) Number of units assembled per year? \_\_\_\_\_

b) Number of actions/receivers supplied by the customer? \_\_\_\_\_ By you? \_\_\_\_\_

c) Do you manufacture the receiver?  Yes  No. If no, indicate the actual manufacturer of the receiver? \_\_\_\_\_  
\_\_\_\_\_

d) Do you pay any Federal Excise Tax?  Yes  No

e) Do you put a serial number on the firearms?  Yes  No

f) Are the actions/receivers utilized new or used?  New  Used

g) Does your name appear anywhere on the firearm?  Yes  No

If yes, describe \_\_\_\_\_

h) Are you familiar with the history of the actions/receivers manufacturer?  Yes  No

i) Are the actions/receivers thoroughly checked prior to assembly?  Yes  No

j) Do you test fire the firearms after assembly?  Yes  No

k) Do you provide an owners manual, handling or safety instructions?  Yes  No

**Ammunition Manufacturing, Importing and Reloading Supplement**

Name of Applicant \_\_\_\_\_

1. What type of ammunition do you manufacture or reload?  
\_\_\_\_\_  
\_\_\_\_\_

2. Do others manufacture ammunition for you?  Yes  No
- a) Do you obtain a certificate of insurance from the manufacturer?  Yes  No
- b) Do you provide the packaging?  Yes  No
- c) Does your name appear on the packaging?  Yes  No
3. Is all ammunition newly manufactured?  Yes  No

a) What are your total sales of reloaded ammunition? \$ \_\_\_\_\_

b) What are your total sales of new ammunition? \$ \_\_\_\_\_

4. Describe your testing procedure include details of equipment used and how records are kept. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Check the method used to identify each production run:  
 Lot #     Production Date     Other Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Attach a copy of your 06 or 08 Federal Firearms License.

Submit sample of packaging (flat box with the instructions and warnings or a photocopy).

6. What steps are taken if you receive a product complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What corrective measures would be taken to prevent reoccurrence of product failure? \_\_\_\_\_  
\_\_\_\_\_

8. Describe storage of primers and powders including amount stored: \_\_\_\_\_  
\_\_\_\_\_

9. If you manufacture bullets, describe the placement of the furnace used to melt the lead and how the area is ventilated.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Range Supplement**

Name of applicant: \_\_\_\_\_

If you own or operate a shooting range, you must complete this application. If necessary, use a separate sheet to answer all questions fully.

1. Location of range: \_\_\_\_\_
2. Type of range:     Indoor         Outdoor         Pistol         Rifle         Air Gun  
                          Trap, Skeet or Sporting Clay     Archery             Simulation     Paint Ball
3. What are your range hours? \_\_\_\_\_
4. Is the range open to:     Public         Club Members         Law Enforcement

### **Indoor Range:**

1. Is the range built by:     Caswell/Detroit     Unysis     Action Target     Savage  
                          Shooting Range International     Other (pictures required)  
If other, what specifications were used? \_\_\_\_\_  
\_\_\_\_\_
2. Number of lanes: \_\_\_\_\_
3. What is the construction of the building? \_\_\_\_\_
4. Describe the ventilation system. \_\_\_\_\_
5. Describe the backstop. \_\_\_\_\_
6. Describe the partitions between firing points. \_\_\_\_\_
7. How do you dispose of the spent brass and lead? \_\_\_\_\_  
\_\_\_\_\_
8. Describe your range maintenance program, including range maintenance log, the procedure for cleaning the range floor, walls, ventilation system, and filtration system, describe the protective clothing worn, equipment used and protection of maintenance personnel, such as blood tests. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Outdoor Range:**

1. Number of fields: \_\_\_\_\_
2. Are there warning signs posted around the facility indicating "NO TRESPASSING" and "LIVE FIRE"?     Yes     No
3. Describe the impact area: \_\_\_\_\_
4. If this is a hunting preserve, what is the total acreage: \_\_\_\_\_

**Range Safety and Protection:**

1. Describe safety requirements, rules and procedures at your range. Include a photograph of posted range regulations and safety rules. Provide us with a copy of your policy and procedure manual. \_\_\_\_\_  
\_\_\_\_\_
2. Is a Rangemaster or range safety officer in control of the range when it is operating?  Yes  No
3. Is the Rangemaster or range safety officer present on the firing line when the range is operating?  Yes  No  
If no, how does he control the firing line? \_\_\_\_\_  
\_\_\_\_\_
4. Do you provide firearms training or instruction?  Yes  No
  - a) If the instructors are not your employees, do you secure certificates of insurance from them?  Yes  No  
If yes, are you named as an Additional Insured on their insurance policy?  Yes  No
  - b) Are all instructors NRA certified?  Yes  No. If no, how are they certified? \_\_\_\_\_  
\_\_\_\_\_
5. Do you rent firearms at your range?  Yes  No
  - a) Which of the following forms of identification do you require from customers wishing to rent guns?  
 Picture Drivers License  Social Security Card  Firearms Safety ID Card  NRA ID Card  
 School/Employment ID Card  Firearms ID Card  Hunters Safety Card
  - b) Do you determine renter's experience by requiring them to complete and sign a Firearms Experience Application?  
 Yes  No If yes, attach a copy. If no, it must be implemented into your procedures.  
A sample is available upon request.
6. As part of your enforcement of eye and hearing protection requirements, do you provide eye and hearing protection devices to those customers who do not have their own?  Yes  No
7. Is there a separate area for spectators?  Yes  No
  - a) If yes, please describe the spectator area: \_\_\_\_\_  
\_\_\_\_\_
8. Provide a copy of Emergency Procedures that have been developed at your range.
  - a) Are First-Aid supplies available?  Yes  No  
Are emergency telephone numbers (Police & Ambulance) prominently displayed?  Yes  No
9. Club House Facilities:
  - a) Do you serve or sell liquor?  Yes  No
  - b) Do you serve or sell food?  Yes  No Do you prepare and/or fry food?  Yes  No
  - c) Do you rent the clubhouse for private functions to:  Members  Non-Members?  
Examples: Parties, Special Events or Meetings (Provide details on a separate sheet of paper)
10. Do you host shooting events?  Yes  No If yes, How many per year? \_\_\_\_\_

\*Membership in The National Association of Shooting Ranges (NASR) is a valuable tool for proper range management.

## PROPERTY UNDERWRITING SUPPLEMENT

Please complete the application. Wherever limits of coverage are requested, please provide the total values at current replacement cost. (Cost to replace new, with materials of like quality and kind, NOT MARKET VALUE).

Name of applicant: \_\_\_\_\_  
Location street address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_

➤ **Please complete this section for each building/location**

1. Proposed effective date of coverage \_\_\_\_\_
2. Present insurance carrier, expiration date & premium \_\_\_\_\_
3. Has coverage been canceled or non-renewed within the past three years? (**MISSOURI APPLICANTS NEED NOT RESPOND**) Reason: \_\_\_\_\_  
\_\_\_\_\_
4. Describe all property losses within the past five years including the date, the amount, type of loss, whether paid or not. Indicate additional safeguard and/or improvements to prevent similar losses. Please confirm if no losses. Use additional paper if necessary. \_\_\_\_\_
5. If located in a coastal state, how many miles to the nearest body of water? \_\_\_\_\_
6. **PREMISES INFORMATION:**

Construction:       Wood/Frame       Joisted Masonry       Masonry Non-Combustible  
                          Metal                       Fire Resistive

Approximate year building built: \_\_\_\_\_

Date of last upgrades:    Roof: \_\_\_\_\_                      Electrical: \_\_\_\_\_                      Plumbing: \_\_\_\_\_

Number of floors: \_\_\_\_\_                      Square feet per floor: \_\_\_\_\_

Total Building Area (Sq. Ft.): \_\_\_\_\_ Total area you occupy: \_\_\_\_\_

Number of fire hydrants within 300 ft: \_\_\_\_\_ 1000 ft: \_\_\_\_\_

If none describe the water source in the area: \_\_\_\_\_

Distance to Fire Department: \_\_\_\_\_                       Paid       Volunteer

Is the building free standing?  Yes  No      are you the       Owner or       Tenant?

Are there any other tenants in building?  Yes  No. If yes, please identify tenants(s) and operations(s): \_\_\_\_\_  
\_\_\_\_\_

Neighboring occupancies and distance: Left: \_\_\_\_\_

Right: \_\_\_\_\_ Rear: \_\_\_\_\_

Are there crash bars in front of doors and windows?                       Yes  No

Are there roll down metal shutters in front of doors and windows?                       Yes  No

Is the building equipped with a sprinkler system?                       Yes  No                       Full       Partial

    If partial, what area is covered? \_\_\_\_\_

Is there a sprinkler maintenance contract?       Yes  No      Date of last sprinkler test: \_\_\_\_\_

**Note:** The sprinkler test must be completed annually.

7. Describe the alarm system:

Make & Model: \_\_\_\_\_

Is the alarm:  Burglary  Fire  Smoke/Heat Other: \_\_\_\_\_

Central Station  Police Dept. Connection  Local

Battery back-up?  Yes  No Cell phone back-up?  Yes  No

UL Certified?  Yes  No. If yes, attach a copy of certificate.

Installed & serviced by? \_\_\_\_\_

Have the fire extinguishers been inspected and tagged within the last year?  Yes  No

Is there a watchman on premises?  Yes  No

8. Name and address of Mortgagee: \_\_\_\_\_

\_\_\_\_\_  
Name and address of Loss Payee: \_\_\_\_\_

9. Amount of coverage requested. (Full 100% Replacement Cost).

Building: \$ \_\_\_\_\_

Business Personal Property consists of:

	<u>Values</u>	<u>For Each Category Describe Storage and How Secured</u>
Long Guns	\$ _____	_____
Hand guns	\$ _____	_____
Gun Parts	\$ _____	_____
Ammunition	\$ _____	_____
Powder	\$ _____	_____
Sporting Goods	\$ _____	_____
Machinery/Equipment	\$ _____	_____
Furniture/Fixtures	\$ _____	_____
TOTAL Limit of BPP	\$ _____	

Are all handguns locked in a safe during closing hours?  Yes  No

If no, describe additional safeguards taken against smash & grab (use a separate piece of paper).

Personal Property of Others \$ \_\_\_\_\_

Personal Property of Others is Personal Property in your Care, Custody & Control. (i.e. Guns left for repair or storage).  
This coverage is not automatically included in "Business Personal Property."

Business Income \$ \_\_\_\_\_

Business Income equals: Annual Gross Sales *LESS* Cost of Goods Sold and Expenses that do not continue while your business is closed due to a covered loss. (or: Net Profit + Continuing Expenses).

Sign(s) \$ \_\_\_\_\_

On a separate sheet of paper, please provide a full description, pictures, and invoice for each sign.  
Indicate if the sign is free standing or attached to the building. (NECESSARY FOR QUOTE)

## FRAUD WARNINGS

**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 BE SUBJECT TO FINES AND CONFINEMENTS 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 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 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."

**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" (365:15-1-10,365:3613.1).

**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 VIRGINIA APPLICANTS:** "IT IS A CRIME O KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OR DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

I/WE UNDERSTAND THAT THIS APPLICATION FORMS THE BASIS OF ACCEPTANCE BY THE COMPANY AND THAT THE ABOVE STATEMENTS ARE TRUE, AS OF THIS DATE. IT IS FURTHER UNDERSTOOD THAT THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE, NOR THE APPLICANT TO PURCHASE THIS INSURANCE.

I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE, COMPLETE, ACCURATE, AND THAT I/WE HAVE NOT INTENTIONALLY WITHHELD ANY MATERIAL FACT THAT MIGHT INFLUENCE THE INSURANCE COMPANY TO PROVIDE THE INSURANCE REQUESTED BY THIS APPLICATION.

SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO ACCEPT INSURANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED.

If you agree to purchase and the company agrees to provide coverage, such coverage will be bound subject to satisfactory inspection. In the event of an unsatisfactory inspection, the company will issue a Notice of Cancellation providing you with 30 days (or the minimum allowed by law in your state, whichever is greater) to replace coverage.

**NOTE:** *This application is for informational purposes only. The exact coverage provided is subject to the terms, conditions and exclusions of the policies as issued.*

**Print Name of Applicant:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name of Agent/Broker:** \_\_\_\_\_

**Signature of Agent/Broker:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Date:** \_\_\_\_\_