



ARMS Insurance Application

Legal Name of Company: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Website: _____

Type of Business: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____

Federal Employer ID # _____ Years in Business: _____

Effective Date of Policy: _____ Retro Date: _____

Limit of Liability Requested: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ Claims-Made ☐ Occurrence

Deductible/SIR: ☐ \$5,000.00 ☐ \$10,000 ☐ \$25,000 ☐ Other: _____

Have you ever been canceled, restricted or refused to renew your products liability insurance? ☐ Yes ☐ No If Yes, Explain _____

List any associations you are a member: _____

Operations: Check all that applies in respect to the operations of your business:

Project Gross Receipts

☐ Firearms Manufacturer \$ _____

Type(s) of Firearms Produced: _____

☐ Ammunition Manufacturer \$ _____

Type(s) of Ammunition Produced: _____

☐ Reloading Ammunition \$ _____

Type(s) of Ammunition Reloaded: _____

☐ Wholesale/Distributor \$ _____

Type(s) of Products Distributed: _____

☐ Importer/Exporter \$ _____

Type(s) of Products Imported/Exported: _____

☐ Manufacturer of Other Products* \$ _____
*Firearms Related Accessories

Type(s) of Products Produced: _____

☐ Firearms Retail/Dealer \$ _____

☐ Indoor/Outdoor Ranges \$ _____

#of Indoor Ranges: _____ #of Outdoor Ranges: _____

☐ Trap, Skeet, Clay Fields \$ _____

#Fields: _____

☐ Gunsmith Operations \$ _____

Payroll: \$ _____ #of Gunsmiths: _____

☐ Hunting/Shooting Clubs and Associations \$ _____

#of Members: _____

☐ Other: _____ \$ _____

Type(s) of Products Produced: _____

Section 1: General Questions

1. Number of Employees: _____ Projected Payroll next 12 months: \$ _____
2. Past 12 Months Annual Revenue: \$ _____ Past 12 Months Annual Payroll: _____
3. Do you sell product to any customers who require you to name them as an Additional Insured on your General Liability Policy? ☐ Yes ☐ No
If Yes, List Additional Insured's: _____
4. List all of your Federal Firearm Licenses that you hold: _____
5. What was the date of your last ATF Inspection? _____ Were there any violations cited? ☐ Yes ☐ No
If yes, please advise the citation and your resolution: _____
6. Do you conduct background investigation on all new hires? ☐ Yes ☐ No
7. Do you provide continuing education training to all your employees? ☐ Yes ☐ No If yes, how often? _____
8. Are your employees versed in Federal, State and Local Laws regarding the distribution of guns, ammunition and guns power (black and smokeless)? ☐ Yes ☐ No
9. Do you or your employees hold any special certifications or training? If yes, please describe: _____
10. Do you operate any other businesses from this location? If yes, please identify Type of Business (i.e. Corporation, LLC) and the detail of your Operations:

11. Please advise security procedure, guarding against theft or burglary, are in place to safeguard your product while on premises during business hours and when closed for business? _____

Section 2: Products Information

1. Are all of your firearms/ammunition products purchased from U.S. manufacturers or distributors? ☐ Yes ☐ No
If No, _____% are directly imported by you from foreign companies
If No, _____% are purchased from foreign wholesalers/distributors
2. Do you import foreign products that go into the products that you manufacture? ☐ Yes ☐ No If yes, what products: _____
3. Do you distribute foreign products that you import directly? ☐ Yes ☐ No
If yes, from what country? _____
If yes, are you added as an additional insured onto their foreign policy? ☐ Yes ☐ No
(Provide copy of AI & Certificate of Insurance)
4. Have you discontinued or are considering discontinuing any product (s) to be covered by this Insurance Policy? ☐ Yes ☐ No
If yes, please describe: _____
5. Are you contemplating any new products? ☐ Yes ☐ No If yes, please advise: _____
6. Do you perform the design work on your own products? ☐ Yes ☐ No If yes, please describe: _____
7. Are your products subject to independent review, tested by a Universal Laboratory or by in-house design engineers? If so, please advise:
 - a. Are written quality control and testing procedures followed? ☐ Yes ☐ No
 - b. How long do you maintain quality control records? _____
 - c. Do your records indicate the date and the procedures followed when each product was tested? ☐ Yes ☐ No
8. Do you Sub-Contract any of your manufacturing or gunsmith operations? If so, do you have a written contract in place, verify insurance or are named as an additional insured? ☐ Yes ☐ No If no, please advise: _____

Section 3: Firearms/Gunsmith Operations

9. Do you build or assemble firearms? ☐ Yes ☐ No If yes, # of assembled per year _____
10. Do you manufacture the receiver? ☐ Yes ☐ No If no, whom do you purchase your receiver from? _____
11. Are the actions/receivers thoroughly checked prior to assembly? ☐ Yes ☐ No Are they New or Used? ☐ New ☐ Used
12. Do you alter firearms from the original factory specifications? ☐ Yes ☐ No or Repair Only? ☐ Yes ☐ No
13. Do you to test fire the firearms after assembly? ☐ Yes ☐ No
14. Do you put a serial number on the firearms? ☐ Yes ☐ No
15. Does your name appear anywhere eon the firearm? ☐ Yes ☐ No Please advise where? _____
16. Do you provide a written owner's manual, warning and safety instructions with each firearm? ☐ Yes ☐ No
17. Do you assemble or manufacture to the specifications of your customers? ☐ Yes ☐ No If yes, do you require they test the product upon receipt? ☐ Yes ☐ No
18. Please advise how long guns (rifles, shotguns, etc) are secured during business hours to prevent theft? _____
After Business Hours? _____
19. Please advise how handguns are secured during business hours to prevent theft? _____
After Business Hours? _____

Section 4: Ammunition Manufacturing (New/Reloading) Operations

1. Do you manufacture or reload ammunitions? ☐ Manufacturer ☐ Reload ☐ Both
2. Please provide any formal training (e.g. NRA course completion and certified): _____
Attached copy of certification
3. Do you utilize a reloading reference manual? ☐ Yes ☐ No If yes, please provide Name and Edition Date: _____
4. Do you identify your product on the packaging? ☐ Yes ☐ No If yes, please provide copy of packing with instructions and warning labels
5. Do you put a serial number or a print identifier on your packaging that identifies your product? ☐ Yes ☐ No
6. Are the casing utilized: ☐ New ☐ Used Are casing Brass, Lead or other (i.e. aluminum), please advise: _____
7. Are quality control measures in place to check individual product runs? ☐ Yes ☐ No If yes, please advise how results are recorded and kept for reference: _____
8. Do you randomly test? ☐ Yes ☐ No
9. Do you provide a written owner's manual, warning and safe handling instructions? ☐ Yes ☐ No
10. If operations are Reloading Ammunition, please identify the equipment utilized:
- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Shell Holders | <input type="checkbox"/> Measuring Tools | <input type="checkbox"/> Meplat Uniforming Equipment | <input type="checkbox"/> Loading Blocks | <input type="checkbox"/> Case Preparation |
| <input type="checkbox"/> Reloading Press | <input type="checkbox"/> Reloading Dies | <input type="checkbox"/> Powder Handling Equipment | <input type="checkbox"/> Priming Tools | <input type="checkbox"/> Case Cleaning |
| <input type="checkbox"/> Bullet Casting | Please advise how you check for Gas, Lube & Sizer Dies, Top Punches, Cast Moulds, etc? | | | |

11. Do you store or display any black powder, smokeless powder or primers? ☐ Yes ☐ No
If Yes, how much do you display? _____ lbs
If Yes, how do you store the remainder black /smokeless powder and primers that are not being displayed?

If Yes, do you comply with NFPA 495 storage procedures? ☐ Yes ☐ No

12. Do you have written approval from your Local Fire Department verifying your compliance? ☐ Yes ☐ No If yes, please provide a copy.

13. Is a casting furnace utilized in your operations? ☐ Yes ☐ No
If yes, please advise the placement of the furnace _____
If yes, please how the area is ventilated _____
14. Is your production building equipped with a fire sprinkler system? ☐ Yes ☐ No What % of building is sprinklered? _____%
15. Do you have a contract in place for the maintenance of the sprinkler system? ☐ Yes ☐ No
16. What are your procedures in the event of a fire?: _____
17. Do you have firewalls within your building(s)? ☐ Yes ☐ No
If yes, describe how they separate flammable materials within your operations: _____

Section 5: Retail Operations

1. Describe Gunsmith Services Offered: _____
2. Do you sell ammunition with your label not manufactured by you? ☐ Yes ☐ No
If yes, does the manufacturer provide a "Vendors Endorsement" liability insurance with you as an Additional Insured? ☐ Yes ☐ No
3. Do you sell at gun shows? ☐ Yes ☐ No If yes, what percentage of your sales are at gun shows? _____%
4. Do you sell or provide hand loaded ammunition? ☐ Yes ☐ No
5. Do you sell Fully Automatic Weapons? ☐ Yes ☐ No If yes, please complete the attached Fully Automatic Supplemental Section.
6. Have employees been trained in the detection of "Straw Sales"? ☐ Yes ☐ No
7. Do you participate in Pawn and Pawn Shop Operations? ☐ Yes ☐ No
8. Do you sell your products through the internet? ☐ Yes ☐ No
If yes, what is the percentage of total sales? _____%
If yes, do you have procedures in place to address state specific laws/regulations? ☐ Yes ☐ No
List all states, jurisdictions that you will not ship to: _____
Do you ship to license FFL Dealers? ☐ Yes ☐ No If yes, do you secure and keep a copy of the FFL Dealers License on file? ☐ Yes ☐ No

Section 6: Range Operations – Indoor/Outdoor, Trap, Skeet, and Sporting Clay Fields, Hunting / Shooting Clubs and Associations

1. Do you require any liability waivers to be signed by guest, client, customer or member? ☐ Yes ☐ No - Please provide a copy of the waiver
2. Do you require a NRA Certified Range Safety Officer or Chief Range Safety Office on premises during shooting hours? ☐ Yes ☐ No
Please advise the number of NRA Certified Range Safety Officers _____
3. Is the range in compliance with any recognized standards? ☐ Yes ☐ No If so List (AAC,NFAA, etc) _____
4. What are the hours of operation? _____ a.m. to _____ p.m. Days of Week _____
5. What is the minimum age of an unsupervised shooter? _____ What is the minimum age of a supervised shooter? _____
6. Is the premises secured and locked when not in operations? ☐ Yes ☐ No
7. Is the range visible from the retail section? ☐ Yes ☐ No Is there a viewing room / waiting room located on premises? ☐ Yes ☐ No
7. Are range rules and safety guidelines posted in a conspicuous manner? ☐ Yes ☐ No Are they discussed with the shooter? ☐ Yes ☐ No
8. Are shooter owned firearms inspected at check in? ☐ Yes ☐ No If yes, by whom? _____
9. Are eye and ear protection mandatory? ☐ Yes ☐ No Does the range offer these items for rent? ☐ Yes ☐ No
8. Are first aid kits located at each range? ☐ Yes ☐ No

9. Please advise the number of employees with Medic First Aid Certification? _____
10. What is the maximum distance of your ranges? _____
11. What kind of backstop or berm is used in your operation? (Please describe in detail) _____
12. What kind of ventilation system is being used? _____
13. Do you provide Lessons? ☐ Yes ☐ No If yes, do you require professional liability insurance? ☐ Yes ☐ No
Are you instructor's Independent Contractors? ☐ Yes ☐ No If Yes, do you require Professional Liability Insurance and to be named as an Additional Insured onto their policy? ☐ Yes ☐ No
14. Do you rent any of the following?
☐ handguns ☐ semi – automatic weapons ☐ automatic weapons ☐ rifles ☐ bows
16. Please advise the form of identification you require from the renter? (i.e. drivers' license, social security card)

17. Do you determine the experience of the renter prior to providing the rental? ☐ Yes ☐ No If yes, explain: _____

15. Do you provide any league or competitive shooting? ☐ Yes ☐ No
If yes, please describe: _____
If yes, how often? _____
16. Do you Sell, Rent or Serve any of the following items:
☐ liquor ☐ Prepared Foods ☐ Catering Services ☐ Clubhouse for private functions

Section 7: Loss Control/Claims Handling

1. Do you have a written safety program for which specific individuals have responsibility for Implementation? ☐ Yes ☐ No
2. Do you have written product recall procedures? ☐ Yes ☐ No
3. Do you have a written procedure for accidents, injuries, complaints, involving your products? ☐ Yes ☐ No
If yes, do you provide for examining, preserving and storing of the alleged defective product? ☐ Yes ☐ No
If yes, have you made your distributors or consumers aware of your need to obtain this information? ☐ Yes ☐ No
If yes, are the results recorded and maintained? ☐ Yes ☐ No How Many Years? _____
3. Since the inception of your company, have you issued or been notified of, or are you aware of, any defect in any products you sell or intend to sell? ☐ Yes
☐ No If Yes, please explain: _____
4. Since the inception of your company, have you issued or been notified of any products recalled? ☐ Yes ☐ No If yes, please explain: _____
5. Do you offer any warranties on any of your products or do you sell any products that offer warranties? ☐ Yes ☐ No
6. Do you offer personal training or instructions in the use of any of products? ☐ Yes ☐ No If yes, please explain: _____

Section 8: Fully Automatic Weapons Supplemental Questions

1. Number of fully automatic weapons sold: _____ Number of fully automatic weapons on premises: _____
2. Who is the customer base for selling fully automatic weapons? _____
3. Where and how are the fully automatic weapons store during business hours? _____
After business hours? _____
4. Estimated revenue from sales of fully automatic weapons \$ _____

Section 9: Additional Requirements

- All brochures describing any and all products and services
- Product Safety Manuals, Warnings, literature regarding use and/or maintenance
- Copy of Current Federal Firearm License (FFL)
- Any and all liability Waiver/Hold Harmless Agreement you may require, if applicable
- Details of any ATF Violations
- New Ventures – Provide resume of experience; certification, specialized training
- Currently valued insurance company loss runs for the current policy period plus 3 years or a No Known Loss Letter signed and dated by the insured on new ventures

FRAUD NOTICE STATEMENTS

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 INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA 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."

RESIDENTS OF 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."

RESIDENTS OF ARIZONA 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."

RESIDENTS OF 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 AGENCIES."

RESIDENTS OF 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."

RESIDENTS OF FLORIDA RESIDENTS 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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF MARYLAND 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."

RESIDENTS OF MINNESOTA 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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 SUCH VIOLATION."

RESIDENTS OF OHIO 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."

RESIDENTS OF 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."

RESIDENTS OF OREGON 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF TEXAS 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."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN AFFLICTION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF 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 MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF 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."

I /We understand 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 subjects the person to criminal and civil penalties.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to the questions on this application. He/She represents that the answers are true, correct and complete to the best of his/her knowledge.

Producers Signature: _____, Dated: _____

Producers Name (Please print): _____

Applicant's Signature: _____, Dated: _____

Applicant's Name (Please print) _____, Title: _____