



## PAWN SHOP INSURANCE APPLICATION

1. Applicant's Name: \_\_\_\_\_  
 2. Proposed First Named Insured: \_\_\_\_\_  
 (First Named Insured is responsible for premium payment, cancellation and changes—refer to policy wording.)

3. Other Insureds: \_\_\_\_\_  
 (Relationship to the first Named Insured)

4. Mailing Address: \_\_\_\_\_

5. Inspection/Audit Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

6. Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

7. E-mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

8. Principal Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

9. Form of Business:  Individual  Partnership  Corporation  
 LLC  Other: \_\_\_\_\_

10. Years in business at this location: \_\_\_\_\_ Years of Industry Experience: \_\_\_\_\_  
 Proposed Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_

11. Additional Interests:  
 Type: Mortgagor (M) Additional Insured (AI) Loss Payee (LP)

| Type | Name | Address | City | State | Zip Code |
|------|------|---------|------|-------|----------|
|      |      |         |      |       |          |
|      |      |         |      |       |          |
|      |      |         |      |       |          |

12. Pawn Shop Location Information

| Loc No. | Street Address | City | County | State | Zip Code |
|---------|----------------|------|--------|-------|----------|
|         |                |      |        |       |          |
|         |                |      |        |       |          |
|         |                |      |        |       |          |

13. Loss Information—(Loss Information for the past three years is required. If no insurance—state no insurance.)

| Year | Carrier | Policy No. | Incurred Losses | Description of Loss |
|------|---------|------------|-----------------|---------------------|
|      |         |            |                 |                     |
|      |         |            |                 |                     |
|      |         |            |                 |                     |



**14. Coverage Requested**

**Limits of Insurance: Property**

| Loc. No. | Building Limit | BPP Limit (incl. TI) | Pledged (OTFJ) | Unpledged (OTFJ) | Pledged (FJ) | Unpledged (FJ) | Constr. | PC | Sq. Footage |
|----------|----------------|----------------------|----------------|------------------|--------------|----------------|---------|----|-------------|
|          |                |                      |                |                  |              |                |         |    |             |
|          |                |                      |                |                  |              |                |         |    |             |
|          |                |                      |                |                  |              |                |         |    |             |

(OTFJ=Other than Firearms and Jewelry FJ=Firearms and Jewelry)

**Pledged means Items taken in on Pawn as collateral. Unpledged means everything but Pledged.**

|                     |   |
|---------------------|---|
| Equipment Breakdown | <input type="checkbox"/> Include <input type="checkbox"/> Exclude |
|---------------------|---|

|   |
|---|
| <p><b>Deductibles</b></p> <p>Building: _____</p> <p>BPP/OTFJ: _____</p> <p>Firearms/Jewelry: _____ \$1,000 Min.</p> |
|---|

**Optional Coverage Limits:**

|   |                               |                |
|---|-------------------------------|----------------|
| Show Windows—Protected  | Open: See Coverage Extensions | Closed: \$     |
| Show Windows—Unprotected  | Open: \$                      | Closed: \$     |
| Inventory with Other Dealers (memoing)                                    | \$                            |                |
| Property In Transit (Merchant Parcel or Armored Car)                      | \$                            |                |
| Ordinance of Law - Coverage A <input type="checkbox"/>                    | Coverage B: \$                | Coverage C: \$ |
| Increased <b>Per Item</b> Jewelry Theft Limit                             | \$ (\$10,000 Included)        |                |
| Bullion <input type="checkbox"/> Include <input type="checkbox"/> Exclude | \$                            |                |

**General Liability Limits**

|                                    |  |
|------------------------------------|--|
| Per Occurrence                     | \$   |
| Aggregate                          | \$   |
| Fire Damage Legal Liability        | \$   |
| Medical Payments                   | \$   |
| Firearms Products Liability        | <input type="checkbox"/> Include—Limit <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000<br><input type="checkbox"/> Exclude |
| Hired and Non-Owned Auto Liability | <input type="checkbox"/> Include <input type="checkbox"/> Exclude  |
| Employee Benefits Liability        | <input type="checkbox"/> Include <input type="checkbox"/> Exclude  |



**Other Coverages**

|   |   |                          |
|---|---|--------------------------|
| <b>Cyber Insurance</b> with a \$50,000 Aggregate Limit  | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | Request Higher Limit: \$ |
| Montana, New Hampshire, New York and North Dakota require minimum limits of \$100,000.  |   |                          |
| <u>For requested limits of \$100K or \$250K, answer questions below. If they do not apply, indicate "N/A"</u>   |   |                          |
| 1. Has your organization suffered a breach of personal information in the last 12 months? .. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |   |                          |
| 2. Do you conduct background screens for prospective employees? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |   |                          |
| 3. Do you maintain regularly updated computer security measures, e.g. firewall, secured wireless connectivity, virus protection?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |   |                          |
| 4. Are your employee, customer, and other physical records maintained in a secure environment with limited access?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A               |   |                          |

|                                       |   |
|---------------------------------------|---|
| <b>Employment Practices Liability</b> | <input type="checkbox"/> Include — Limit <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000<br><input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000<br><input type="checkbox"/> Exclude<br><br>Deductible <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000<br>Minimum Deductible in California is \$5,000 |
|---------------------------------------|---|

**Coverage Extensions:**

The following coverages are provided without additional charge at the limit indicated. For higher limits, please indicate desired limit in space below.

| Coverage                   | Limit Provided | Desired Limit | Coverage                       | Limit Provided | Desired Limit |
|----------------------------|----------------|---------------|--------------------------------|----------------|---------------|
| Accounts Receivable        | \$25,000       |               | Money Orders & Counterfeit     | \$ 1,000       |               |
| Animal Damage              | \$ 5,000       |               | Newly Acquired –Buildings      | \$500,000      |               |
| Automatic Fire Suppression | \$ 5,000       |               | Newly Acquired –BPP            | \$500,000      |               |
| Business Income            | ALS            | N/A           | Non-Owned Trailer              | \$ 5,000       |               |
| BI – Civil Authority       | \$10,000       |               | Off Premises – Utility Failure | \$25,000       |               |
| BI - Dependent Prop.       | \$10,000       |               | Ordinance or Law (A & B)       | \$10,000       |               |
| Computer Fraud             | \$10,000       |               | Outdoor Property               | \$10,000       |               |
| Debris Removal             | \$25,000       |               | Outdoor Signs                  | \$ 2,500       |               |
| Electronic Data            | \$15,000       |               | Personal Effects               | \$ 5,000       |               |
| Employee Dishonesty        | \$10,000       |               | Pollution Clean Up             | \$25,000       |               |
| Extra Expense              | \$25,000       |               | Property Mailed – USPS Express | \$25,000       |               |
| Fine Arts                  | \$ 5,000       |               | Property Off Premises          | \$10,000       |               |



| Coverage                   | Limit Provided | Desired Limit | Coverage                     | Limit Provided | Desired Limit |
|----------------------------|----------------|---------------|------------------------------|----------------|---------------|
| Fire Dept. Service Charge  | \$25,000       |               | Reward Payments              | \$ 5,000       |               |
| Fire Extinguisher Recharge | \$ 2,500       |               | Sewer Back Up                | \$10,000       |               |
| Forgery or Alteration      | \$10,000       |               | Show Windows- Open-Protected | \$10,000       |               |
| Key Replacement            | \$ 2,500       |               | Tenant Glass                 | \$ 2,500       |               |
| Loss Settlement Expense    | \$ 5,000       |               | Valuable Papers              | \$25,000       |               |
| Money & Securities         | \$10,000       |               |                              |                |               |

**Premises Protection (Check all that Apply)**

- Burglar Alarm:  None  Local (rings at premises)  Police Connected  Central Station
- Exterior Protections—Contacts on all:
  - All Doors  All Windows  Floor  Ceiling
  - All Walls  Battery Backup  Infrared  Motion Detectors
  - Premises Line Security:  Cell Backup  Other: \_\_\_\_\_
- Maximum Response Time: \_\_\_\_\_ Monitoring Co.: \_\_\_\_\_ Install Date: \_\_\_\_\_
- Hold-Up Alarm:  None  Local  Police Connected  Central Station  
Number of Signal Buttons: \_\_\_\_\_
- Safe/Vault: Number of Safes/Vaults: \_\_\_\_\_

Describe Each below:

| Safe No. | Prem. | Mfg. | Type (e.g., TL15, TL30) | Timelock   | Relock   | Alarm  |
|----------|-------|------|-------------------------|--|--|--|
| 1        |       |      |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2        |       |      |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3        |       |      |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4        |       |      |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- Safe/Vault Alarm:  None  Local  Police Connected  Central Station  Motion Detectors Only
- Extent of Protection:  Door  All Safe Walls Contact
- Other Security Protections:
  - Guard on Premises  Armed Guard  Guard Dogs  Bullet Proof Glass
  - Bars on Windows  Roll-down Gate  Surveillance Camera with Recorder
  - Surveillance Camera without Recorder  Other: \_\_\_\_\_



ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” OR “N/A”

**UNDERWRITING INFORMATION**

**General Section**

1. Pawned items include (check all that apply):

- Jewelry                       Guns                       Tools                       Motorcycles  
 Automobiles                       Boats                       Recreational Vehicles

If Motorcycles, Boats or Recreational Vehicles are checked, what percent of sales belong to these? ..... %

2. Operations (check all that apply and indicate percent of total sales):

- Auto Pawn ..... %     Title Pawn ..... %  
 Rent to Own..... %     Check Cashing..... %

3. Gross Sales: \$ \_\_\_\_\_ Interest from Pawns \$ \_\_\_\_\_  
 Gun Sales \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

4. Management Personnel

| Name | Age | Job Description | Years Employed | Percent of Ownership |
|------|-----|-----------------|----------------|----------------------|
|      |     |                 |                | %                    |
|      |     |                 |                | %                    |
|      |     |                 |                | %                    |

5. Bonding:

Are you bonded? .....  Yes  No  
 Are your employees bonded?.....  Yes  No

6. Do you perform criminal background checks on all employees? .....  Yes  No

7. List any State and/or National Association Pawnbroker membership number: \_\_\_\_\_

8. Business Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

9. Total Employees: \_\_\_\_\_ Minimum Number of Employees at One Time: \_\_\_\_\_

10. All Firearms kept on the premises are (check all that apply):

- Cabled                       Locked                       Stored in Locked Cases

11. Has your license been revoked or suspended within the past five years?.....  Yes  No  N/A

12. Has any employee or owner ever had any prior convictions for illegal activities? .....  Yes  No  N/A

13. Are all employees handling firearms properly trained? .....  Yes  No  N/A

14. Are firearms test fired on the premises?.....  Yes  No  N/A

15. Do you have the proper state and local license to sell firearms? .....  Yes  No  N/A

16. Do you offer warranties on goods sold? .....  Yes  No  N/A

17. Have any of your operations been sold, acquired, or discontinued within the past five years? .....  Yes  No  N/A



18. Are your parking facilities in common areas free from defects and adequately lighted? .....  Yes  No  N/A
19. Are any products of others sold or repackaged under your own label? .....  Yes  No  N/A
20. Do you have any other operations, other than Pawn brokering not described above? .....  Yes  No  N/A  
If yes, please describe: \_\_\_\_\_
21. Do you have any owned autos (if yes, ineligible for HNOA coverage)? .....  Yes  No  N/A

**Property Section**

1. Building Information (indicate year of updates)

| Prem. No. | Bldg. Age | Bldg Area (sq ft) | Roof | HVAC | Plumbing | Electrical | Sprinklered  | Fire Alarm*   |
|-----------|-----------|-------------------|------|------|----------|------------|--|---|
|           |           |                   |      |      |          |            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS |
|           |           |                   |      |      |          |            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS |
|           |           |                   |      |      |          |            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS |

\* (L=local, P=Police Connected, CS= Central Station)

2. Building Ownership

| Prem. No. | Own or Lease | List All Other Occupancies | List Adjacent Operations |
|-----------|--------------|----------------------------|--------------------------|
|           |              |                            |                          |
|           |              |                            |                          |
|           |              |                            |                          |

3. Do you lease space to others in any of the above locations? .....  Yes  No  
If yes, which premises? \_\_\_\_\_
4. Do you restore, repair, service or refinish any inventory? .....  Yes  No  
If yes, what? \_\_\_\_\_
5. If ammunition or gunpowder is sold, how is it stored? \_\_\_\_\_
6. How do you establish the value of items (i.e., Blue Book, Orion, Other)? \_\_\_\_\_
7. How were property values determined for pledged items:  
 Loan plus Interest  Multiplies of Loan (indicate times): \_\_\_\_\_  
 Wholesale Replacement  Other: \_\_\_\_\_
8. How were property values determined for unpledged (previously pawned items):  
 Loan plus Interest  Multiplies of Loan (indicate times): \_\_\_\_\_  
 Wholesale Replacement  Other: \_\_\_\_\_
9. How were property values determined for non-pledged items (items purchased from wholesalers or direct from public):  
 Wholesale Replacement  Other: \_\_\_\_\_
10. How is the stock inventory kept?  Computer Printout  Manual  Other: \_\_\_\_\_
11. How often are your inventory records updated? \_\_\_\_\_



12. Where is data/media and records stored when not in use?  Safe/Vault  Computer  Other: \_\_\_\_\_
13. Is key data duplicated and stored elsewhere? .....  Yes  No  
If yes, where: \_\_\_\_\_
14. What is the maximum dollar amount of loose gems and diamonds you have on the premise at any one time? \*The standard policy provides a maximum amount up to \$50,000\* ..... \$ \_\_\_\_\_

**WARRANTIES AS TO PROPERTY INSURED WHEN PREMISES ARE CLOSED:**

While the business is closed, stock consisting of firearms and jewelry will be stored as follows:

| Storage                       | Percent of Jewelry | Percent of Firearms |
|-------------------------------|--------------------|---------------------|
| Safe No. 1                    | %                  | %                   |
| Safe No. 2                    | %                  | %                   |
| Safe No. 3                    | %                  | %                   |
| Safe No. 4                    | %                  | %                   |
| Not in Safe                   | %                  | %                   |
| Off Premises                  | %                  | %                   |
| Cabled (applies to long guns) | N/A                | %                   |
| Total (must be 100%)          | 100%               | 100%                |

**Chart to be completed on Column Basis not on a by Row Basis.**

In the event a policy is issued by the company based on this application, this application shall become a part of the policy and shall constitute a warranty. Included in the policy is an agreement that I/We will maintain the security and safeguards at my premises as I/We have indicated in this application. In the event, the protection is not maintained and a loss occurs, coverage may not be provided. I/We have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement.

**FRAUD WARNINGS**

**NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING**

**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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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 ARKANSAS, NEW MEXICO AND 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.



**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 OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED 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 MATERIAL 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.

**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 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 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 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.

**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 OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

I/WE DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Applicant's Name: \_\_\_\_\_ Applicant's Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by an active owner, partner or officer)

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agent Address: \_\_\_\_\_