PerimeterGuard
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# Security Guard Application

*General Liability, Excess Liability, and Workers' Compensation*

## I. APPLICANT INFORMATION

Proposed Effective Date: _____ Date Business Started: _____

Named Insured(s): _____ Website: _____

Mailing Address: _____

Physical Address: _____

Contact Phone: _____ Contact Name: _____ Contact Email: _____

Inspection Contact Name: _____ Phone: _____ Email: _____

State(s) of Operations: _____ License #(s): _____

Ownership Structure: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other: _____

Coverage(s) Requested: ☐ General Liability (GL) ☐ Excess Liability (XS) ☐ Workers' Compensation (WC)

General Liability Aggregate Limit Desired: ☐ $2,000,000 ☐ $3,000,000 ☐ $5,000,000

Principal's Security Industry Experience (Background): _____

_____

**Prior Operations:**

Has any principal of the firm previously operated a similar business under a different name? ☐ Yes ☐ No

If Yes, provide the former name(s) and when utilized: _____

_____

## II. GENERAL INFORMATION

**1. Is there a formal safety program in operation?** ☐ Yes ☐ No

If Yes, check all that apply: ☐ Written Safety Manual ☐ Dedicated Safety Officer ☐ Other (describe): _____

**2. In the past five years, has any policy or coverage been canceled or non-renewed, or has there been any lapse in insurance coverage?** *(Not applicable in MO)* ☐ Yes ☐ No

If Yes, explain: _____

_____

**3. Any past losses or claims involving allegations of assault, battery, or abuse?** ☐ Yes ☐ No

*If Yes, attach details, including the nature of the allegations, dates, outcomes, and describe any corrective actions taken (changes to operations, training, contracts, or client mix).*

**4. In the past five years, has any applicant been indicted or convicted of fraud, arson, or any insurance-related offense, or experienced a foreclosure, repossession, tax lien, or bankruptcy?** ☐ Yes ☐ No

*If Yes, attach details (dates, jurisdictions, outcomes, and any mitigating actions taken).*

**5. Do you employ any security personnel who are under the age of 21 or age 65 or older?** ☐ Yes ☐ No

*If Yes, provide the number in each category and describe their duties:*

**# of Personnel Under 21:** _____ **Duties:** _____

**# of Personnel Over 65:** _____ **Duties:** _____

**6. Are you aware of any incidents in the past five years that have not been reported to insurance but could result in a claim?** ☐ Yes ☐ No

If Yes, explain: _____

_____

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## III. CLIENT ENGAGEMENTS & CONTRACTS

**Approximately what percentage of your clients are under a written contract for services?**

☐ **100%** under contract

☐ **90–99%** under contract

☐ **75–89%** under contract

☐ **< 75%** under contract

**Do you have a standard client services contract used for engagements?** ☐ Yes ☐ No

*If Yes, please attach a sample copy of your standard contract.*

## IV. POST ORDERS (SITE INSTRUCTIONS) – *"Post Orders" are written, site-specific guard instructions.*

1. **Are Post Orders developed for each client site?** ☐ Yes ☐ No
2. **Do all Post Orders require management review and approval?** ☐ Yes ☐ No
3. **How often are Post Orders reviewed and updated?** _____ *(e.g., "annually," "at each contract renewal")*
4. **Do any Post Orders allow active guard intervention or differ significantly by location?** ☐ Yes ☐ No

If Yes, describe the special instructions or circumstances: _____

_____

## V. GUARD OPERATIONS – DISTRIBUTION BY CLIENT TYPE

*For the next 12 months, estimate the distribution of your guard services for each applicable category below. Check each category that applies and enter the anticipated **Armed vs. Unarmed** breakdown **EITHER** as approximate **annual payroll (in dollars) or** as **percent of total operat ons**. Leave blank if not applicable.* **When asterisk (*) is present, provide complete details, including the specific client(s) & worksite(s) where services are performed and a brief summary of the applicable post orders.**

| | Commercial & Industrial Clients: | Armed Payroll | Unarmed Payroll |
|---|---|---|---|
| | **Office Buildings** (Corporate / Commercial) | | |
| | **Banks & Financial Institutions** | | |
| | **Industrial Facilities** (Factories / Warehouses) | | |
| | **Construction or Demolition Sites** | | |
| | **Utilities** (Power / Water Plants, non-nuclear & no in-field shut off) | | |
| | **Auto Dealerships** (Car Sales Lots) | | |
| | **Cannabis Industry** ___% Dispensaries ___% Grow Ops ___% Transport | | |
| | **Production Studios** (Film / TV – Closed Set) | | |
| | **Inside Retail** (In-Store Theft Surveillance) | | |
| | **Museums / Galleries** | | |
| | **Private Clubs** (Golf / Yacht / Tennis) | | |

| | Retail & Hospitality: | Armed Payroll | Unarmed Payroll |
|---|---|---|---|
| | **Fast Food Restaurants** (Quick Serve) | | |
| | **Sit-Down Restaurants** (Table Service) | | |

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| | | | |
|---|---|---|---|
| | **Bars, Taverns, & Nightclubs** | | |
| | **Casinos & Gambling Venues** | | |
| | **Convenience Stores & Grocery / Big-Box Retail** | | |
| | **Outside Retail** (Parking Lot Patrols) | | |
| | ***Hotels** (Full-Service) | | |
| *Details if applicable:* _____ | | | |
| | ***Motels** (Limited-Service Lodging) | | |
| *Details if applicable:* _____ | | | |
| | **Convention Centers / Expos** | | |
| | **Arenas & Stadiums** (Large Venues, 5,000 or more attendees) | | |
| | **Community Special Events** (Concerts, Festivals, etc., smaller scale, less than 5,000 attendees) | | |

| **Residential & Community:** | **Armed Payroll** | **Unarmed Payroll** |
|---|---|---|
| | ***Housing – Low Income** (Public / HUD) | | |
| *Details if applicable:* _____ | | |
| | ***Housing – Mid / High Income** | | |
| *Details if applicable:* _____ | | |
| | ***Gated Communities / HOAs** | | |
| *Details if applicable:* _____ | | |
| | ***Private Residential Estates** | | |
| *Details if applicable:* _____ | | |

| **Institutional & Public Sector:** | **Armed Payroll** | **Unarmed Payroll** |
|---|---|---|
| | **Government Facilities** (Offices, Courthouses, Bases) | | |
| | ***Schools – K-12** | | |
| *Details if applicable:* _____ | | |
| | ***Colleges / Universities** | | |
| *Details if applicable:* _____ | | |
| | ***Hospitals** (Main Lobby, Parking Areas) | | |
| *Details if applicable:* _____ | | |
| | ***Healthcare Facilities** (ERs, Clinics, Treatment Centers) | | |
| *Details if applicable:* _____ | | |
| | ***Places of Worship** (Churches, Temples, etc.) | | |
| *Details if applicable:* _____ | | |
| | ***Detention / Correctional Facilities or Prisoner Transport** (including medical setting security for this population) | | |
| Details if applicable: _____ | | |
| | ***Shelters & Social Service Centers** | | |
| *Details if applicable:* _____ | | |

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| Transportation & Specialized: | Armed Payroll | Unarmed Payroll |
|---|---|---|
| ☐ ***Airports – Interior** (Passenger / Baggage Screening) | | |
| *Details if applicable:* _____ | | |
| ☐ ***Airports – Exterior** (Perimeter Security Patrols) | | |
| *Details if applicable:* _____ | | |
| ☐ ***Transportation Hubs** (Bus / Train Terminals) | | |
| *Details if applicable:* _____ | | |
| ☐ ***Armored Car / Cash-In-Transit Services** | | |
| *Details if applicable:* _____ | | |
| ☐ ***ATM Servicing / Cash Escort** | | |
| *Details if applicable:* _____ | | |
| ☐ ***Courier** (not cash) | | |
| *Details if applicable:* _____ | | |
| ☐ **Trucking & Freight Terminals** | | |
| ☐ **Nuclear Facilities** | | |
| ☐ **Strike Assignments / Labor Disputes** | | |
| ☐ ***Traffic Control Duties** (Road / Construction) | | |
| *Details if applicable:* _____ | | |
| ☐ **Waterfronts / Piers / Marinas** | | |
| ☐ ***Executive Protection** (Non-Celebrity) | | |
| *Details if applicable:* _____ | | |
| ☐ ***Bodyguard** (Celebrity / VIP) | | |
| *Details if applicable:* _____ | | |
| ☐ **Other** (specify)**:** _____ | | |
| ☐ **Other** (specify)**:** _____ | | |

## VI. SERVICES PROVIDED *(Check all that apply)*

☐ **Security Guard / Patrol Services** (Uniformed)

☐ **Private Investigation Services**

☐ **Security Consulting / Risk Assessment** (Advisory only)

☐ **Alarm Installation / Monitoring / Service** *(Complete separate Alarm supplement if applicable)*

☐ **Other (describe):** _____

**1.** If providing any Private Investigation services, *estimate **annual revenue and payroll** for applicable categories:*

| Investigation Service | Armed Payroll | Unarmed Payroll | Revenue |
|---|---|---|---|
| ☐ Background Checks / Pre-Employment | $ | $ | $ |
| ☐ Domestic / Family Investigations | $ | $ | $ |
| ☐ Insurance or Legal Surveillance | $ | $ | $ |
| ☐ Fraud (Financial, Cyber) Investigations | $ | $ | $ |
| ☐ Process Serving / Legal Support | $ | $ | $ |

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| | | | | |
|---|---|---|---|---|
| ☐ | Bounty Hunting / Fugitive Recovery | $ | $ | $ |
| ☐ | Repossession (Auto or Other) | $ | $ | $ |
| ☐ | Polygraph / Lie Detection | $ | $ | $ |
| ☐ | Criminal Investigations | $ | $ | $ |
| ☐ | Civil Investigations / Litigation Support | $ | $ | $ |
| ☐ | Insurance Fraud (SIU) Investigations | $ | $ | $ |
| ☐ | Narcotics Surveillance | $ | $ | $ |
| ☐ | Psychological Stress Evaluator (Voice Stress Analysis) | $ | $ | $ |
| ☐ | Missing Persons Investigations | $ | $ | $ |
| ☐ | Other: _____ | $ | $ | $ |
| | **Total Annual Payroll** (Armed + Unarmed)**:** | **$** | | |
| | **Total Annual Revenue:** | **$** | | |

**2. Do you assume any duties NOT related to security as part of your contracts?** ☐ Yes ☐ No

If Yes, describe: _____

_____

**3. Do you use any guard dogs (K9 units) in your operations?** ☐ Yes ☐ No

If Yes, **# of dogs**: _____

Dogs used for: ☐ Patrol / Deterrence ☐ Explosives Detection ☐ Narcotics Detection ☐ Other: _____

**Are all dogs handled by on-duty personnel (never left unattended)?** ☐ Yes ☐ No

## VII. OPERATIONS & RISK MANAGEMENT

**1. Do you use any subcontractors for security or investigative work?** ☐ Yes ☐ No

If Yes, Annual subcontracted cost: **$** _____ Describe subcontracted duties: _____

_____

**a)** Do all subcontractors sign a written agreement with hold-harmless in your favor? ☐ Yes ☐ No

**b)** Do you obtain Certificates of Insurance from all subcontractors? ☐ Yes ☐ No

**c)** Do you require subcontractors to carry GL limits equal to yours and name you as Additional Insured? ☐ Yes ☐ No

**d)** Are any subcontractors off-duty or retired law enforcement officers? ☐ Yes ☐ No

If Yes, are they armed? ☐ Yes ☐ No

**2. Do you use any drones (Unmanned Aerial Vehicles) in your operations?** ☐ Yes ☐ No

If Yes, describe purpose (surveillance, patrol, etc.): _____

**3. Do you utilize any electronic guard-tour or patrol monitoring systems to supervise guards on duty?** ☐ Yes ☐ No

If Yes, provide details (system type, usage): _____

**4. Do you collect or use any biometric data (e.g., fingerprints, facial scans) in your operations?** ☐ Yes ☐ No

If Yes, do you have a **written policy** governing biometric data use? *Attach copy if Yes* ☐ Yes ☐ No

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## VIII. EMPLOYEES & TRAINING

**Employee Count & Payroll (Projected Next 12 Months):**

| Employee Category | # of Employees | Projected Annual Payroll |
|---|---|---|
| Armed Security Guards | _____ | $_____ |
| Unarmed Security Guards | _____ | $_____ |
| Supervisors (Field) | _____ | $_____ |
| Administrative / Clerical | _____ | $_____ |
| Private Investigators | _____ | $_____ |
| Other Staff (please describe): _____ | _____ | $_____ |

**Average Hourly Pay Rate:** **Armed Guards** - **$**/hr: _____ **Unarmed Guards** - **$**/hr: _____

1. **Personnel Changes (Past 12 Months):** New Hires: _____ Resignations: _____ Terminations: _____ Layoffs: _____
2. **Guard Training & Certification** *(Check all that apply):*

☐ Employee Handbook / SOPs ☐ On-the-Job Field Training ☐ Report Writing

☐ Powers of Arrest & Detention ☐ De-escalation & Conflict Resolution ☐ Defensive Tactics / Use-of-Force

☐ Firearms Safety & Qualification (armed guards) ☐ CPR / First Aid ☐ Active Shooter / Workplace Violence Response

☐ Other (specify): _____

**Average total training hours per guard per year:** _____ hours

**Is CPR / First Aid Training provided?** ☐ Yes ☐ No

If Yes, how many guards are currently certified? _____

3. **Do you have a written Active Shooter / Violent Intruder Response Plan?** ☐ Yes ☐ No

*If Yes, please attach a copy or provide a brief summary in Remarks.*

4. **Pre-Employment Screening** – *Check all steps you use when hiring new guards:*

☐ Criminal Background Check (multi-state / national)

☐ Fingerprinting

☐ Drug Testing

☐ Driving Record (MVR)

☐ Prior Employment Verification & References

☐ Social Security / ID Verification

☐ Credit History Check

☐ Physical / Medical Exam

☐ Psychological / Honesty Testing

☐ Other: _____

**If you may hire an applicant with a criminal history, explain what offenses are acceptable:** _____

_____

5. **If you employ armed guards,** do you verify that all armed guards are **properly licensed** to carry firearms?

☐ Yes ☐ No ☐ N/A *(no armed guards)*

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**IX. LARGEST CLIENTS / CONTRACTS:** *List up to 10 major clients. For each, provide the client's **name** and **primary location** (City/State), a brief description of **services provided & key post orders**, and the **annual guard services revenue or payroll** from that client.*

| | Client Name & Location | Services Provided & Key Post Orders | Annual Revenue/Payroll |
|---|---|---|---|
| 1 | **Name:** _____<br>**City/State:** _____ | | **$**_____ |
| 2 | **Name:** _____<br>**City/State:** _____ | | **$**_____ |
| 3 | **Name:** _____<br>**City/State:** _____ | | **$**_____ |
| 4 | **Name:** _____<br>**City/State:** _____ | | **$**_____ |
| 5 | **Name:** _____<br>**City/State:** _____ | | **$**_____ |
| 6 | **Name:** _____<br>**City/State:** _____ | | **$**_____ |
| 7 | **Name:** _____<br>**City/State:** _____ | | **$**_____ |
| 8 | **Name:** _____<br>**City/State:** _____ | | **$**_____ |
| 9 | **Name:** _____<br>**City/State:** _____ | | **$**_____ |
| 10 | **Name:** _____<br>**City/State:** _____ | | **$**_____ |

**X. NEXT 12 MONTHS POST ORDERS** – *For the clients you will provide services in the next 12 months, indicate the percentage for each post order type. **The total must equal 100%.***

**PASSIVE Percentage** _____**%** - *Engagements may include any of the activities below but the response to unwanted activity is solely confined to **Observe and Report**.*

☐ Patrolling/Monitoring
☐ Checking IDs
☐ Control Access and Egress
☐ Ticketing Taking/Checking
☐ Screening (without physical contact with persons or their property)
☐ Other (Describe): _____

**HYBRID PASSIVE Percentage _____%** - *Engagements that may include any of the activities listed in the passive section or listed immediately below but the response to unwanted activity is solely confined to* ***Observe and Report****.*

☐ Screening (pat-downs, bag searches, etc.)

☐ Other (Describe): _____

**ACTIVE Percentage _____%** - *Engagements include an expectation that in response to unwanted activity your personnel could do the following (Check all that apply):*

☐ Physically engage to deter or prevent unwanted activity

☐ Physically engage with persons at the direction of your client

☐ Arrest or detain persons

☐ Remove or evict persons from a premises

☐ Physically block access or egress

☐ Firefighting or providing medical assistance

☐ Take some action other than observe and report

☐ Other (Describe): _____

## XI. HIRED & NON-OWNED AUTO (HNOA)

*(Complete this section only if HNOA coverage is desired; no coverage is provided for owned / leased autos)*

**1. Do you own or lease any automobiles for business use?** ☐ Yes ☐ No

*If Yes, note that* ***owned/leased auto liability coverage is NOT provided*** *under this program.*

**2. Do employees use their personal vehicles for company business?**

*(e.g., traveling to job sites, running company errands)* ☐ Yes ☐ No

If Yes, how many employees do so regularly? _____

**3. Do you verify** each employee **maintains personal auto insurance** coverage with at least required liability limits? ☐ Yes ☐ No

**4. Do you obtain Motor Vehicle Reports (MVRs) for employees who drive on company business?** ☐ Yes ☐ No

If Yes, how often? ☐ At Hire ☐ Annually ☐ Semi-Annually ☐ Other: _____

**5. Driver Acceptability Criteria:** *Which of the following would disqualify an employee from driving on company business? (Check all that apply)*

☐ Any DUI / DWI conviction

☐ Suspended or revoked driver's license

☐ Two or more moving violations in the past 3 years

☐ Two or more at-fault accidents in the past 3 years

☐ Other: _____

**6. Do you rent or hire vehicles for business purposes (e.g., short-term rentals)?** ☐ Yes ☐ No

If Yes, provide estimated annual rental cost: **$** _____

## XII. REMARKS / ADDITIONAL INFORMATION

*(Attach a separate sheet to provide any extra information or explanations to questions above)*

## XIII. SUBMISSION REQUIREMENTS – Attach the following to your submission:

- **Loss Runs:** Four (4) years of currently valued loss runs
- **ACORD Applications:** WC & XS
- **Standard Contract:** Sample client contract *(if a standard service contract is used)*
- **Policies / Procedures:** Copy of any **Active Shooter / Intruder Response Plan** and **Biometric Data Policy** *(if applicable)*
- **Other Attachments:** Any additional information or documents referred to in this application *(e.g., training manual, supplemental schedules of clients or operations, etc.)*

**NOTICE TO APPLICANTS:** THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IF THE UNDERSIGNED LEARN OF ANY MATERIAL CHANGE IN THE INFORATION, YOU MUSY PROVIDE IT TO THE UNDERWRITERS. THE SIGNOR AGREES THAT THIS APPLICATION AND ALL SUPPORTION MATERIALS SHALL BE INCORPORATED INTO AND BECOME PART OF THE POLICY IF A POLIC IS ISSUED. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.

**APPLICANT'S SIGNATURE:** _____ **Title:** _____ **Date:** _____

**NOTICE TO PRODUCERS:** THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

**PRODUCER'S SIGNATURE:** _____ **License #:** _____ **Date:** _____

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## FRAUD WARNINGS

**GENERAL:** 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.(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)

**ALABAMA:** 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.

**ARIZONA:** 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.

**ARKANSAS:** 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.

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: 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.

**COLORADO:** 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.

**DISTRICT OF COLUMBIA:** 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.

**FLORIDA:** 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.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**LOUISIANA:** 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.

**MAINE:** 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.

**MARYLAND:** 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.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** 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.

**NEW YORK:** 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.

**OHIO:** 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.

**OKLAHOMA:** 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. OREGON: 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 thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**PENNSYLVANIA:** 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 to such person to criminal and civil penalties.

**RHODE ISLAND:** 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.

**TENNESSEE:** 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.

**VERMONT:** 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.

**VIRGINIA:** 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.

**WASHINGTON:** 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.

**WEST VIRGINIA**: 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.