

HABITATIONAL GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Mailing Address:	Agent Name:
Location Address:	Applicant's E-mail Address:
Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
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1.	APPLICANT INFORMATION	
a.	Years in business	
b.	Is applicant a Real Estate or Property Management Company	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	During the past three (3) years has any company ever cancelled, non-renewed, declined or refused similar insurance to the applicant (not applicable in Missouri)? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does applicant have other business ventures for which coverage is not requested? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Does applicant engage in the generation of power, other than emergency back-up power, for own use or sale to power companies? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Any prior losses due to mold? If yes, has mold been completely remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Any temporary emergency shelter or medical housing provided to occupants by others? If yes, PROHIBITED	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.	TOTAL	
a.	Total number of Locations – Maximum 5 Except dwellings and mobile homes 75	
b.	Total units all locations – Maximum 1,000 Except dwellings and mobile homes Maximum 75	,
c.	Largest number of units at a single location -Maximum 250	

3.	CLASSIFICATION OF RISK Use Alpha code on location schedule	
	<input type="checkbox"/> Apartment Buildings – One – Threes stories- A <input type="checkbox"/> Apartment Buildings –Four Stories or More- B <input type="checkbox"/> Apartment Buildings – Garden - C <input type="checkbox"/> Apartment Buildings or Hotels time sharing - D <input type="checkbox"/> Apartment Hotels – greater than 4 stories - E <input type="checkbox"/> Apartment Hotels – 4 stories or less– F <input type="checkbox"/> Assisted Living - PROHIBITED <input type="checkbox"/> Apartment Hotels – G <input type="checkbox"/> Boarding and Rooming Houses – H <input type="checkbox"/> Condominium Association Risk only - I <input type="checkbox"/> Convalescent Homes - PROHIBITED <input type="checkbox"/> Cooperative Housing Corporation Association risk-JI	<input type="checkbox"/> Dwellings – 4 family – Lessors Risk Only --K <input type="checkbox"/> Dwellings – 3 family – Lessors Risk Only --L <input type="checkbox"/> Dwellings – 2 family – Lessors Risk Only --M <input type="checkbox"/> Dwellings – 1 family – Lessors Risk Only –N <input type="checkbox"/> Hostel- O <input type="checkbox"/> Mobile Homes (All must be tied down)- P <input type="checkbox"/> Nursing Home – PROHIBITED <input type="checkbox"/> Senior Housing - PQ <input type="checkbox"/> Sorority or Fraternity PROHIBITED <input type="checkbox"/> Student Housing- R <input type="checkbox"/> Other (Describe) - S

4.	PROPERTY LOCATIONS			
Loc. #	Name (if applicable)	Street Address	City, County	State, Zip

5.	PROPERTY DETAILS	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
a.	Occupancy (use alpha code).					
b.	No. of Beds (H & N)					
c.	Years owned					
d.	Year built					
e.	No. of Stories					
f.	No of total units					
g.	Units per fire division					
h.	No. of buildings					
i.	Total square feet					

	PROPERTY OCCUPANCY DETAILS	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
	Describe occupancy other than habitational Square feet					
	Percent of student occupancy					
	Percent of vacancy (use 0 if none)					
	Buildings condemned or scheduled for demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conversion being done to/from condominiums and/or townhouses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	PROPERTY DETAILS Fire protection	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
	Type of roof					
	Sprinklered – all units	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
	Sprinklered – Common area only	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
	Fire Extinguishers – All units	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
	Fire Extinguishers – Common area only	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
	Fire Extinguishers – How often checked					
	Smoke Detector in each unit	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery	<input type="checkbox"/> Hardwire <input type="checkbox"/> Battery

	PROPERTY DETAILS Updates	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
	Paint	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial
	Parking Areas	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial
	Patios, balconies, railings	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial
	Sidewalks	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial	Year <input type="checkbox"/> Full <input type="checkbox"/> Partial

6.	PROPERTY DETAILS SWIMMING POOLS	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
a.	Number of swimming/wading pools					
b.	Number of diving boards/platforms					
c.	Height of board/platforms					
d.	Pool maintained by applicant or outside contractor	<input type="checkbox"/> applicant <input type="checkbox"/> contractor	<input type="checkbox"/> applicant <input type="checkbox"/> contractor	<input type="checkbox"/> applicant <input type="checkbox"/> contractor	<input type="checkbox"/> applicant <input type="checkbox"/> contractor	<input type="checkbox"/> applicant <input type="checkbox"/> contractor
e.	Pool completely surrounded by building walls or fence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Height of fence					
g.	Equipped with self-closing and self-latching gates/doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Lifeguards provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	If yes, by applicant or pool management company	<input type="checkbox"/> applicant <input type="checkbox"/> mgt. co.	<input type="checkbox"/> applicant <input type="checkbox"/> mgt. co.	<input type="checkbox"/> applicant <input type="checkbox"/> mgt. co.	<input type="checkbox"/> applicant <input type="checkbox"/> mgt. co.	<input type="checkbox"/> applicant <input type="checkbox"/> mgt. co.
j.	If outside contractor are certificates of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Depth of pool markings clearly visible	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l.	Warning signs and rules posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m.	Life-safety equipment available at poolside	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
n.	Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.	OTHER EXPOSURES Number of:		
a.	Baseball fields Basketball court(s) Bathing Beaches Bicycle trails (miles) Boat dock/slip(s) Clubhouse (sq. feet)	Lakes/ponds (acres) Parks (acres) Playground(s) Racquetball court(s) Saunas Shooting Ranges	Shuffleboard court(s) Spa/Hot tubs Stables Streets/roads (miles) Tennis Court(s) Volleyball Court(s)
b.	Other amenities not listed, describe		
c.	Are any of these exposures available to non-residents for a fee? If yes, Receipts	<input type="checkbox"/> Yes <input type="checkbox"/> No	

8.	PROPERTY DETAILS Maintenance	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
a.	Janitorial Operations	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
b.	Lawn care operations	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
c.	Upkeep of sidewalks/driveways	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
d.	Snow/ice removal operations	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor

9.	SUBCONTRACTED WORK EXPOSURE	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
a.	Any new ground up construction anticipated in the next 12 months? If yes - cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Renovation anticipated within the next 12 months? If yes, cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Renovation going on currently? If yes Cost Describe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10.	SUBCONTRACTED WORK - CONTINUED	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
a.	General Contactor used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Sub-contractor used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	If yes a or b, certificate of insurance on file? Limits required	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Is the applicant named as additional insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Hold harmless agreement in favor of applicant in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11.	SECURITY (Not required for dwellings)	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
a.	Is there a manager on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	How does management monitor master keys?					
c.	Does management advise residents of all criminal activity that has taken place on the property? If yes, how is this done?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Is this information provided to prospective residents, if requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Is gated access provided? If yes, hours per day	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Is entire complex gated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Does applicant monitor any alarms in residential units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

12.	SECURITY - PATROLS	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
a.	Are premises patrolled? If yes, please answer b. – h.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Number of armed guards					
c.	Number of unarmed guards					
d.	Are guards employees of management or independent contractor?	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
e.	If independent contractor, are certificates of insurance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Is applicant named as additional insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Security 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Are guards responsible for residents' safety and/or complex amenities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

13.	SECURITY WITHIN UNITS	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc.5
	Do units contain the following:					
a.	Call buttons	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Deadbolts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Lock pins for windows and sliding glass doors.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Window locks/bars	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 prepares 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 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 subjects such person to criminal and civil penalties.

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 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: 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.

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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.

APPLICANT'S STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.