



# DWELLING FIRE APPLICATION

LOC #:

DATE (MM/DD/YYYY)

AGENCY		CARRIER			
		NAIC CODE			
<b>UniVista<sup>®</sup> INSURANCE</b>					
NAMED INSURED(S)					
CONTACT NAME: Lucas Menna		POLICY NUMBER			
PHONE (A/C, No, Ext): (305) 267-7138					
FAX (A/C, No): (305) 728-6493		PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE
E-MAIL ADDRESS: LMenna@univistainsurance.com					
CODE:	SUBCODE:	DATE AGENT LAST INSPECTED PROPERTY		HOW LONG HAVE YOU KNOWN THE APPLICANT	
AGENCY CUSTOMER ID:					

**APPLICANT INFORMATION**

APPLICANT'S NAME (First, Middle, Last)			APPLICANT'S MAILING ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			DATE AT MAILING ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS:	
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years): _____			SECONDARY E-MAIL ADDRESS:		DWELLING LOCATION <input type="checkbox"/> Check if same as mailing address
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			YEARS IN CURRENT OCCUPATION:		
			YEARS WITH CURRENT EMPLOYER:		YEARS WITH PREVIOUS EMPLOYER:

COVERAGE / LIMITS OF LIABILITY			FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	SPECIAL			
COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM				
DWELLING	\$	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$				
OTHER STRUCTURES	\$	\$	REPL COST - DWELLING	INCLUDED		\$				
			REPL COST - CONTENTS	INCLUDED		\$				
PERSONAL PROPERTY	\$	\$	TOTAL LOCATION PREMIUM \$							
LOSS OF USE	\$	\$	DEDUCTIBLES							
			ACTUAL LOSS SUSTAINED	DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT
BLANKET *	\$	\$	BASE	\$	%	NAMED HURRICANE*	\$	%		
RENTAL VALUE	\$	\$	ACTUAL LOSS SUSTAINED	WIND / HAIL	\$	%	ANNUAL HURRICANE**	\$	%	
				THEFT	\$	%		\$	%	
ADDITIONAL EXPENSE	\$	\$		\$	%		\$	%		
PERSONAL LIABILITY EA OCC	\$	\$		\$	%		\$	%		
MEDICAL PAYMENTS EA PER	\$	\$		\$	%	* Named Storm Percentage Deductible in North Carolina				
* Includes Dwelling, Other Structures, Personal Property, Loss of Use			** Not Applicable in North Carolina							

**FORMS AND ENDORSEMENTS (ACORD 829, Forms and Endorsements Schedule, may be attached if more space is required)**

LOC #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

**PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)**

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$			
BILLING  <input type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input type="checkbox"/> AGENCY BILL		PAYMENT PLAN  <input type="checkbox"/> FULL PAY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		PAYMENT METHOD			
				<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	MAIL POLICY TO:  <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED	
				<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION		
				<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)		
PAYOUT  <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>		PREMIUM FINANCED?		FINANCE COMPANY			
		<input type="checkbox"/> Y / N					

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**RATING / UNDERWRITING**

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO FIRE HYDRANT		FIRE STATION		
MASONRY VENEER			BUILDERS RISK RENOVATION RECONSTRUCTION		EXCELLENT	AVERAGE	SYSTEM	SMOKE	TEMP	BURG	CENTRAL			FT	MI
FRAME		GOOD			BELOW AVG	LOCAL							# FIRE DIVISIONS	# UNITS FIRE DIV	
MASONRY			OCCUPANCY		EXCELLENT	AVERAGE	DIRECT								
SIDING	%		OWNER	GOOD	BELOW AVG	LOCAL					TERRITORY	PERS LIAB TERR			
ALUMINUM SIDING			TENANT	ANY KNOWN LEAKS? (Y/N)		DOOR LOCK	SPRINKLER								
STUCCO			UNOCCUPIED			DEADBOLT	PARTIAL				PROT CLASS	FIRE EXTINGUISHER			
VINYL SIDING / PLASTIC			VACANT			SPRING	FULL					Y/N			
CEDAR, WOOD, SHINGLE															
EIFSCB (on cinder block)			RESIDENCE TYPE		ROOF MATERIAL		FIRE DISTRICT NAME				FIRE DIST CODE				
EIFSS (on studs)			DWELLING					PRIMARY HEAT	NONE	SECONDARY HEAT	NONE				
			APARTMENT												
YEAR EIFS INSTALLED:			CONDOMINIUM					DATE HEATING SYSTEM LAST SERVICED:							
USAGE TYPE			TOWNHOUSE					PURCHASE PRICE		PURCHASE DATE		WIRING	ELECTRICAL SYSTEMS		
PRIMARY	<input type="checkbox"/>	SEASONAL	ROWHOUSE					\$				COPPER	LAST INSPECTED DATE	CIRCUIT BREAKERS	
SECONDARY	<input type="checkbox"/>	FARM	CO-OP									ALUMINUM		FUSES	
												KNOB & TUBE		NUMBER OF AMPS	
YEAR BUILT	# ROOMS		# FAMILIES	RATING CREDITS		DWELLING LOCATION	RATING		RENOVATIONS		PART	COMP	YEAR		
MARKET VALUE \$	# APARTMENTS		# HOUSEHOLD RESIDENTS	NON-SMOKER		IN CITY LIMITS	CLASS	SPECIFIC	WIRING						
REPLACEMENT COST \$	# WEEKS RENTED		TAX CODE	MANNED SECURITY		IN FIRE DISTRICT	FOUNDATION	NONE	PLUMBING						
TOTAL LIVING AREA SQ FT	BLDG CODE GRADE			LIGHTNING PROTECTION		IN PROT SUBURB	OPEN		HEATING						
BASEMENT AREA SQ FT			INSPECTED (Y/N): <input type="checkbox"/>	OFF PREMISE THEFT EXCL			CLOSED		ROOFING						
GARAGE AREA SQ FT			FIREPLACES (Enter # or 0 for none)						FUEL STORAGE TANK LOCATION		NONE	EXTERIOR PAINT			
BREEZEWAY AREA SQ FT			CHIMNEYS						INDOORS ABOVE GROUND MASONRY FLOOR			WIND CLASS			
			HEARTHS						INDOORS ABOVE GROUND NO MASONRY FLOOR			<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE		
			PRE-FAB						OUTDOORS ABOVE GROUND			WINDSTORM			
			WOOD STOVE INSERT						OUTDOORS BELOW GROUND			STORM SHUTTERS			
									FUEL LINE LOCATION			A	B		
									UNDER GROUND			HURRICANE RESISTIVE GLASS			
									THROUGH FOUNDATION						

**OPTIONAL COVERAGES - ENDORSEMENTS**

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM			
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	INFLATION GUARD	% INCREASE				\$	
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	INCR	\$	LOSS ASSESSMENT	\$	LIMIT			\$	
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	MINE SUBSIDENCE	\$	LIMIT	CONST MATERIAL:		\$	
EARTHQUAKE	% DED		TERR:		\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	
	\$ DED		RETROFIT TYPE:		\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED		\$	LIMIT	\$	
	MAS VENEER: %				\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)				\$	
COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM	
CODE		\$		\$	\$	CODE		\$		\$	\$	
DESCRIPTION		\$		\$		DESCRIPTION		\$		\$	\$	
	TERR: Y / N:							TERR: Y / N:				
CODE		\$		\$			CODE		\$		\$	
DESCRIPTION		\$		\$		DESCRIPTION		\$		\$		
	TERR: Y / N:						TERR: Y / N:					
CODE		\$		\$		CODE		\$		\$		
DESCRIPTION		\$		\$		DESCRIPTION		\$		\$		
	TERR: Y / N:						TERR: Y / N:					
CODE		\$		\$		CODE		\$		\$		
DESCRIPTION		\$		\$		DESCRIPTION		\$		\$		
	TERR: Y / N:						TERR: Y / N:					
CODE		\$		\$		CODE		\$		\$		
DESCRIPTION		\$		\$		DESCRIPTION		\$		\$		
	TERR: Y / N:						TERR: Y / N:					

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y / N		
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? <b>(Missouri Applicants - Do not answer this question)</b>				
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?				
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?				
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?				
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
7. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				

### GENERAL INFORMATION - RESIDENTIAL

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y / N							
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING <input type="checkbox"/> TELECOMMUTER <input type="checkbox"/> DAY CARE # OF CHILDREN: _____							
		<input type="checkbox"/> HOME OFFICE / BUSINESS							
2. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?									
3. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?									
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
4. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: LAND USED FOR:									
5. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?									
6. IS THE DWELLING FOR SALE? (no explanation needed)									
7. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)									
8. IS THERE A TRAMPOLINE ON THE PREMISES? a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)									
9. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY:									
10. ANY LEAD PAINT?									
11. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT:									
12. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:									
13. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?									
START DATE	COMP DATE	INT %	EXT %	ADDITION sq. ft.	ADD LEVEL sq. ft.	STRUC CHANGES <input type="checkbox"/> Y / N	MATERIALS UNATTACHED <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	OCC DURING REN <input type="checkbox"/> Y / N	COST OF PROJECT \$
14. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)									
15. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME:									

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**PRIOR COVERAGE****NO PRIOR COVERAGE**

PRIOR CARRIER		PRIOR POLICY NUMBER			EXPIRATION DATE			
LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION?		Y / N	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:		
LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS			CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
						\$		
						\$		
						\$		

**ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	SEND BILL
ADDITIONAL INSURED					
LENDER'S LOSS PAYABLE					
LIENHOLDER					
LOSS PAYEE					
MORTGAGEE					
TRUSTEE					
REFERENCE / LOAN #: _____					

**REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

EARTHQUAKE APPLICATION	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
FLOOD EXCLUSION NOTICE	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
LEAD FREE PAINT CERTIFICATION	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	
PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION	

**BINDER / NOTICE OF INFORMATION PRACTICES**

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
TIME	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.	
	NOON		
COVERAGE IS NOT BOUND			
THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.			
<u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.			

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO**

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.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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.

**Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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. \*Applies in ME Only.

**Applicable in NJ**

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

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**APPLICANT'S STATEMENT:** I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER