



ALIGN SHOOTING SPORTS PROGRAM APPLICATION

Legal Name of Company: _____

Physical Address: _____

Mailing Address: _____

Type of Business: Corporation __ Partnership __ Individual __ LLC __

Federal Employer ID # _____ Years in Business: _____

Website Address/URL: _____ Tel. No. _____

List any associations you are a member: _____

Proposed Effective Date _____

Current GL Carrier _____ Current GL Premium _____

If no prior General Liability insurance coverage, how many years has business been in operation? _____

Occurrence Form __ or Claims Made Form __ Retro Date _____

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

If Yes, Explain _____

PART 1: GENERAL LIABILITY AND DESIGN PROFESSIONAL LIABILITY

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

- Firearms Manufacturer Type(s) of firearms produced: _____
Projected Gross Receipts: \$ _____
- Ammunition Manufacturer Any reloading operations? Yes No *(If yes, see below)*
Projected Gross Receipts: \$ _____
- Distributor / Wholesaler Types of products distributed _____
Projected Gross Receipts: \$ _____
- Ammunition Reloading Types of ammunition reloaded _____
Projected Gross Receipts: \$ _____
- Importer/Exporter Types of products imported/exported _____
Projected Gross Receipts: \$ _____
- Gunsmith services Total Revenues from Operations _____
Payroll: \$ _____ Number of Gunsmiths _____
- Manufacturer of other products (Shooting Sports)
List other products that you manufacture & type: _____
Projected Gross Receipts: \$ _____
- Firearms Retailer / Dealer Projected Gross Receipts: \$ _____
- Indoor / Outdoor Ranges Number of Indoor Ranges: _____ Number of Outdoor Ranges _____
Projected Gross Receipts: \$ _____



- Certified Firearms Instruction Number of Certified Instructors: _____
Projected Gross Receipts: _____
- Trap, Skeet, and Sporting Clay Fields Number of Fields: _____
Projected Gross Receipts: \$ _____
- Firearms Importer Only Types of products imported _____
Projected Gross Receipts: \$ _____
- Hunting / Shooting Clubs and Associations Number of Members: _____
Projected Gross Receipts: \$ _____
- Other Describe and provide ISO CGL Code: _____
Projected Gross Receipts: \$ _____

2. Total number of employees: _____ Total Projected Payroll next 12 months: \$ _____
Total Projected Gross Sales next 12 months: \$ _____

SECTION I OPERATIONS INFORMATION

1. Do you conduct background investigations on all new hires? Yes No
2. Do you provide continuing education training to your employees? Yes No
 - a. If yes, how often? _____
3. Are your employees versed in Federal, State and Local laws regarding the distribution of guns, ammunition, and gun powder (black and smokeless)? Yes No
4. Do you or your employees hold any special certifications or training? Yes No
 - a. If yes, please describe? _____
5. Have employees been trained in the detection of "Straw Sales?" Yes No
6. Do you participate in pawn/pawn shop operations? Yes No
7. Do you use the services of an independent gunsmith? Yes No
 - a. If yes, does the gunsmith have liability insurance? Yes No
If yes, attach a copy of the Certificate of Insurance with this application.
8. Do you have a written safety program for which specific individuals have responsibility for Implementation?
 Yes No



9. Do you have a written procedure for accidents, injuries, and complaints, involving your products?
 Yes No
- a. If yes, do you provide for examining, preserving and storing of the alleged defective product?
 Yes No
- b. If yes, have you made your distributors or consumers aware of your need to obtain this information?
 Yes No
10. If yes, are the results recorded and maintained? Yes No If yes, how Many Years? _____
11. Since the inception of your company, have you issued or been notified of, or are you aware of, any defect in any products you sell or intend to sell? Yes No
- a. If yes, please explain _____
12. Since the inception of your company, have you issued or been notified of any products recalled?
 Yes No If yes, please explain: _____
13. Do you have written product recall procedures? Yes No
14. Do you offer any warranties on any of your products or do you sell any products that offer warranties?
 Yes No
15. Do you offer personal training or instructions in the use of any of your products? Yes No
- a. If yes, please explain: _____
16. Do you offer mail order or internet sales? Yes No
- a. If yes, what percentage of your annual sales is mail order and/or internet sales? _____
- b. If yes, do you have procedures in place to address state specific laws/regulations? Yes No
List all states, jurisdictions that you will **NOT** ship to:

- c. Do you ship to licensed FFL Dealers? Yes No
- d. If yes, do you secure and keep a copy of the FFL Dealers License on file? Yes No
17. Do you operate any other businesses from this location? Yes No
- a. If yes, please identify type (e.g. Corporation, Partnership, Individual, LLC, or Other) and a detailed description. _____

18. Do you Sell, Rent, or Serve any of the following items:
 Liquor Food Catering Services Clubhouse for private functions
19. List all Federal Firearms Licenses that you currently hold: _____



20. What was the date of your last ATF inspection? _____
- a. Were there any violations cited? Yes No
 - b. If yes, how did you resolve the citation? _____
21. Describe your quality control procedures or attach any checklists/QC guides that your employees use:

22. Are your products subject to independent review, tested by an Universal Laboratory or by in-house design engineers? Yes No
- a. If so, please advise:
 - i. Are written quality control and testing procedures followed? Yes No
 - ii. How long do you maintain quality control records? _____
 - iii. Do your records indicate the date and the procedures followed when each product was tested? Yes No
23. Please advise on security procedures, guarding against theft or burglary, are in place to safeguard your product while on premises **DURING** and **AFTER** business hours and when closed for business?

24. Have you discontinued or are considering discontinuing any product(s) to be covered under this Insurance Policy? Yes No
- a. If yes, please describe: _____
25. Are you contemplating introducing any new products? Yes No
- a. If yes, please advise: _____
26. Do you sell to any customers who require you to name them as an additional insured on your general liability policy? Yes No
- a. If yes, please describe and list Additional Insureds:

27. Do you have any contracts or lease agreements that require you to name them as Additional Insureds on your General Liability Policy? Yes No
- a. If yes, please describe and list Additional Insureds:

28. Do you Sub-Contract any of your manufacturing or gunsmith operations? Yes No
- a. If yes, do you have a written contract in place, verify insurance or are named as an additional insured? Yes No If no, please advise: _____
29. Do you perform the design work on your own products? Yes No
- a. If yes, please describe: _____



30. Do you import foreign products that go into the products that you manufacture? Yes No

a. If yes, what products:

b. If yes, are you added as an additional insured onto their foreign policy? Yes No

(Provide a copy of the applicable Vendors Endorsement/AI/Certificate of Insurance)

31. Do you distribute foreign products that you import directly? Yes No

a. If yes, are you added as an additional insured onto their foreign policy? Yes No

(Provide a copy of the applicable Vendors Endorsement / AI / Certificate of Insurance)

SECTION II FIREARMS

1. Do you build or assemble firearms? Yes No

a. If yes, # built or assembled per year _____

2. Do you manufacture the receiver? Yes No

a. If no, who provides the receiver? _____

3. Are the actions/receivers thoroughly checked prior to assembly? Yes No

a. Are they New or Used? New Used

4. Do you alter firearms from the original factory specifications? Yes No

5. Do you assemble or manufacture to the specifications of your customers? Yes No

a. If yes, do you require they test the product upon receipt? Yes No

6. Are all your firearm products purchased from U.S. manufacturers or distributors? Yes No

a. If no, _____% are directly imported by you from foreign companies

_____% are purchased from foreign wholesalers/distributors

b. If no, and you are a direct importer, are you named on a foreign manufacturer's insurance policy for

vendors liability coverage? Yes No

7. Do you sell fully automatic firearms? Yes No

a. If yes: Number of fully automatic firearms sold: _____

Number of fully automatic firearms on premises: _____

b. Estimated revenue from sales of fully automatic firearms: \$ _____

8. Have you and your employees read and understand Form 4473, as well as all other federal and local laws

concerning the sale of firearms, ammunition, black and smokeless powder? Yes No

9. Do you test fire the firearms after assembly? Yes No



- 10. Do you only repair firearms? Yes No
- 11. Do you put a serial number on the firearms? Yes No
- 12. Does your name appear anywhere on the firearm? Yes No
- 13. Do you provide a written owner's manual, warning and safety instructions with each firearm? Yes No
- 14. How are long guns (rifles, shotguns, etc.) secured **during & after** business hours to prevent theft?
 - a. During: _____
 - b. After: _____
- 15. How are handguns (rifles, shotguns, etc.) secured **during & after** business hours to prevent theft?
 - a. During: _____
 - b. After: _____

SECTION III AMMUNITIONS

- 1. Do you manufacture or reload ammunitions? Manufacture Reload Both
- 2. Was any formal training completed with regards to reloading operations (e.g. NRA course completion and certification)? Yes No **(Attach copy of certification)**
- 3. Do you sell or provide hand loaded ammunition? Yes No
- 4. Do you utilize a reloading reference manual? Yes No
 - a. If yes, please provide name and edition date of manual: _____
- 5. Do you identify your product on the packaging? Yes No
 - a. If yes, please provide copy of packaging with instructions and warning labels.
- 6. Do you put a serial number or a print identifier on your packaging that identifies your product?
 Yes No
- 7. Are casings utilized that are new or used: New Used Both
 - a. Please list type (e.g. Brass, Lead, Aluminum, or other):

- 8. Are quality control measures in place to check individual product runs? Yes No
 - a. If yes, how are results recorded and kept for reference:

 - b. Do you randomly test? Yes No
- 9. Do you provide a written owner's manual, warning and safe handling instructions? Yes No



10. For all Reloading Ammunition operations, please identify the equipment utilized:

- Shell Holders Measuring Tools Meplat Uniforming Equipment Loading Blocks
- Case Preparation Reloading Press Powder Handling Equipment Priming Tools
- Case Cleaning Bullet Casting

11. Describe procedures used to check for Gas, Lube & Sizer Dies, Top Punches, Cast Moulds, etc.?

12. Is a casting furnace utilized in your operations? Yes No

- a. If yes, please advise the placement of the furnace _____
- b. If yes, is the area ventilated properly (describe) _____

13. Do you sell at gun shows? Yes No

- a. If yes, what percentage of your sales are at gun shows? _____%

14. Do you sell ammunition with your label, not manufactured by you? Yes No

- a. If yes, does the manufacturer provide a "Vendors Endorsement" liability insurance with you as an insured? Yes No

15. Do you subcontract any of your manufacturing or gunsmith operations? Yes No

- a. If yes, do you have a written contract in place, verify insurance, or are named as an additional insured? Yes No

16. Do you store or display any black powder or smokeless powder? Yes No

- a. If yes, how much smokeless powder do you display? _____
- b. If yes, do you comply with **NFPA Rule 495**, storage procedures? Yes No

17. How do you store the remainder of the smokeless powder that is not displayed? _____

18. Describe how you store your stock of black powder that is not displayed (including types of magazines and/or containers): Note: Safes are not acceptable. _____

19. Do you have written approval from your Local Fire Department verifying your compliance? Yes No

(Provide a copy of Fire Department compliance verification)

20. Is your production building equipped with a fire sprinkler system? Yes No

- a. If yes, what percentage of building is sprinklered? _____%

21. Do you have a contract in place for the maintenance of the sprinkler system? Yes No

22. What are your procedures in the event of a fire?



23. Do you have firewalls within your building(s)? Yes No

a. If yes, describe how flammable material are separated from operations:

SECTION IV INDOOR/OUTDOOR RANGES, TRAP, SKEET, AND SPORTING CLAY FIELDS, AND HUNTING/SHOOTING CLUBS & ASSOCIATIONS

1. Number of gunsmiths: _____

2. Describe services offered: _____

3. Do you require any liability waivers to be signed by guest, client, customer, or member? Yes No

a. If yes, provide copy of waiver utilized.

4. Do you require a NRA Certified Range Safety Officer or Chief Range Safety Officer on premises during shooting hours? Yes No

a. Number of Range Safety Officers on staff: _____

5. Is the range in compliance with any recognized standards? (i.e. AAC, NFAA, etc.) Yes No

a. If yes, please list: _____

6. What are the hours of operation? _____

7. What is the minimum age of an unsupervised shooter? _____

8. What is the minimum age of a supervised shooter? _____

9. Is the premises secured and locked when not operating? Yes No

10. Is Range visible from retail section if part of a retail operation? Yes No

11. Are range rules and safety guidelines posted in a conspicuous manner? Yes No

a. Are they discussed with the shooter? Yes No

12. Are shooter owned firearms inspected at check in? Yes No

a. If yes, by whom? _____

13. Are first aid kits located at each range? Yes No

14. Are any employees trained in medic first aid? Yes No

a. If yes, the number of employees with medic first aid certification? _____

15. What is the maximum distance of ranges? _____



16. What kind of backstop or berm is used? Please describe in detail:

17. List safety procedures and/or attach safety guidelines?

18. What kind of ventilation system is used? _____

19. Do you provide lessons? Yes No

a. If yes, do you require professional liability insurance? Yes No If yes, (**Complete Section V**)

20. Do you rent any of the following? Handguns Rifles Shotguns Bows

Fully Automatic Firearms

21. What form of identification do you require from the renter? (i.e. drivers' license, social security card)

22. Is the form of identification noted on the Rental Agreement? Yes No

23. Do you determine the experience of the renter prior to providing the rental? Yes No

24. Do you provide any league or competitive shooting? Yes No

a. If yes, please describe: _____

b. If yes, how often? _____

ADDITIONAL REQUIREMENTS

- All brochures describing any and all products and services if not detailed on website.
- Product Safety Manuals, Warnings, literature regarding use and/or maintenance.
- Copy of current Federal Firearms License (FFL).
- Any and all liability Waiver/hold-harmless agreement you may require, if applicable.
- Have you ever been fined by or had your FFL suspended/revoked by the ATF for any violation. Please provide details for any/all violations.
- New Ventures – Copies of resume(s), and evidence of experience/certification/specialized training.
- Currently valued insurance company loss runs for the current and three (3) years prior. No Known or Reported Loss Letter properly executed by the account is acceptable on new ventures.



SECTION V CERTIFIED FIREARMS INSTRUCTOR PROFESSIONAL LIABILITY

Instructions: Complete this section only if Certified Firearms Instructor Professional Liability is requested

- A. Please answer all questions. The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to the evaluation.
- B. If a question is not applicable, state "N/A". If more space is required to answer a question, attach any additional explanatory exhibits and reference the application question number to which the exhibit corresponds.
- C. The application must be signed and dated by an authorized officer, partner or principal of the Applicant.
- D. Attach copies of current certifications, by Instructor, internal controls and or quality control procedures.

1. How many Instructors are employed? Include full and part time if applicable

- a. Full-Time: _____
- b. Part-Time: _____

2. Are all Instructors employees or independent contractors?

a. If not employees, give details:

b. Give Names and Ages of all Instructors:

3. Are you certified as an Instructor? Yes No

a. If yes, list the certifying entity (e.g. NRA, etc.) _____

4. If NRA, are all Instructors current members? Yes No

5. Please list instructional courses completed and attach current certifications:

6. Are classes conducted in a classroom facility or range facility? Yes No

7. Is there live-fire training? Yes No

a. If yes, please list:

i. Provider of firearm: Student Range Other

b. If Instructor/Range, please list types of firearms:

c. Provider of ammunition: Student Range Other

8. Do you provide any simulation or security training courses? Yes No

9. Any additional background including military or law enforcement experience? Please provide details:



I /We understand any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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

Applicant's Signature: _____, Dated: _____

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



PART 2: PROPERTY UNDERWRITING SUPPLEMENTAL

Wherever limits of coverage are requested, please provide the total values at current replacement cost. (Cost to replace new, with materials of like quality and kind, Not Market Value)

Please complete this section for each building/location

Proposed effective date of coverage _____

Present insurance carrier, expiration date & premium _____

Has coverage been canceled or non-renewed within the past three years? (Missouri applicants need not respond)

Reason: _____

Describe all property losses within the past five years including the date, the amount, type of loss, whether paid or not. Indicate additional safeguard and/or improvements to prevent similar losses. Please confirm if no losses. Use additional paper if necessary. _____

If located in a coastal state, how many miles to the nearest body of water? _____

PREMISES INFORMATION

- 1. Construction: ___ Wood/Frame ___ Joisted Masonry ___ Masonry Non-Combustible
 ___ Metal ___ Fire Resistive ___ Tilt Up Concrete ___ Modified Fire Resistive
- 2. Approximate year built: _____ Roof Type: _____
- 3. Date of last upgrades: Roof: _____ Electrical: _____ Plumbing: _____ HVAC: _____
- 4. Number of floor (s): _____ Square feet per floor: _____
- 5. Total Building Area (Sq. Ft.): _____ Total area you occupy: _____
- 6. Distance to nearest hydrant or hydrants? _____
 a. If none, describe the water source in the area: _____
- 7. Distance to Fire Department: _____ Paid ___ Volunteer ___
- 8. Is the building free standing? Yes No Are you the: Owner Tenant
- 9. Does your lease require you to insure the Improvements & Betterments (from walls in)? Yes No
 a. If so, advise the Total Replacement Cost? _____
- 10. Do you require Additional Insured Landlord? Yes No
- 11. Are there any other tenants in the building? Yes No
 a. If yes, please identify tenants(s) and operations(s):

 b. Neighboring occupancies and distance:
 Left: _____ Right: _____ Rear: _____



- 12. Are there metal bars in front of doors and windows? Yes No
- 13. Are there crash barriers in front of building? Yes No
- 14. Are doors metal, glass, or frame? _____
- 15. Are there roll down metal shutters in front of doors and windows? Yes No
- 16. Is the building equipped with a sprinkler system? Yes No If yes, ___ Full ___ Partial
 - a. If partial, what area is covered? _____
 - b. Add Sprinkler Leakage Coverage? Yes No
 - c. Is there a sprinkler maintenance contract? Yes No
 - d. Date of last sprinkler test: _____ (The sprinkler test must be completed annually)
- 17. Describe the alarms system:
 - a. Make & Model: _____
 - b. Is the alarm: ___Burglary ___Fire ___Smoke/Heat Other: _____
 ___Central Stations ___Police Dept. Connection ___Local
 - c. Battery back-up? Yes No Cell phone back-up? Yes No
 - d. Any smoke detectors? Yes No ___Battery ___Hardwired
 - e. UL Certified? Yes No ***If yes, attach a copy of the certificate.***
 - f. Installed & serviced by?

 - g. Have the fire extinguishers been inspected and tagged within the last year? Yes No
 - h. Is there a watchman/security guard on premises? Yes No

18. Name and address of Mortgagee:

19. Name and address of Loss Payee (Equipment):



20. Amount of Coverage requested. (Amounts should equal 100% Replacement Cost)

- a. Building: \$ _____ Coinsurance: \$ _____ Ded: \$ _____
- b. Total Limit of BPP: \$ _____ Coinsurance: \$ _____ Ded: \$ _____
- c. Business Personal Property consists of:

	a. Values	Each Category Describe Storage and How Secured
Long Guns	\$ _____	_____
Hand Guns	\$ _____	_____
Gun Parts	\$ _____	_____
Ammunition	\$ _____	_____
Powder	\$ _____	_____
Sporting Goods	\$ _____	_____
Machinery/Equipment	\$ _____	_____
Furniture/Fixtures	\$ _____	_____
Stock	\$ _____	_____

- d. Finished Goods Coverage requested? Yes No
- e. Total Value held for sale (NOT) Retail Value: \$ _____
- f. Peak Season Coverage requested? Yes No
- g. Covered Property _____
- h. Additional Limit of Insurance \$ _____
 - i. Period: from _____ to _____

21. Equipment Breakdown: Yes No

- a. Certification: SAAMI, ANSI, ISO? _____
- b. Maintenance: _____

22. Personal Property of Others \$ _____

Personal Property of Others is Personal Property in your Care, Custody and Control. (i.e.: Guns left for repair or storage). This coverage is not automatically included in "Business Personal Property"

23. Business Income: \$ _____ Coinsurance \$ _____ Ded. \$ _____

Business Income equals: Annual Gross Sales Less Cost of Goods Sold and Expenses that do not continue while your business is closed due to a covered loss. (Or Net Profit + Continuing Expenses)

24. Glass \$ _____ Deductible \$ _____

- a. Premises _____ Building _____
- b. Number of Plates: _____
- c. Plate Size:
 - i. Length _____ Width _____ Area _____
 - ii. Description including any letter, safety glass: _____
 - iii. Use and Position in Building: _____
 - iv. Limit of Insurance: \$ _____
- d. Are there any painted plates? Yes No
- e. Are plates fixed, glued or in angle settings? Yes No



- f. Any construction for Unusual Settings? Yes No
- g. Is Glass protected by Wire Mesh or U.L. Approved Burglary Resistant Material? Yes No
- h. Is All Exterior Glass Above Second Floor? Yes No
- i. Is Any Glass Structural? Yes No

25. Signs: \$ _____

26. Property In Transit \$ _____

Actual Values Shipped Annually:

	Incoming	Outgoing	Interplant	Avg. Shipment Value
a. Contract Carrier:	\$ _____	\$ _____	\$ _____	\$ _____
b. Common Carrier:	\$ _____	\$ _____	\$ _____	\$ _____
c. Rail:	\$ _____	\$ _____	\$ _____	\$ _____
d. Air Carrier:	\$ _____	\$ _____	\$ _____	\$ _____
e. Owned Vehicles:	\$ _____	\$ _____	\$ _____	\$ _____

GENERAL INFORMATION

1. Do you have a gun safe? Yes No
 - a. If yes, what is the type, make and model? _____
2. Are all handguns locked in a safe during closing hours? Yes No
 - a. If no, describe additional safeguards taken against smash & grab *(If necessary, use a separate piece of paper)*. _____

3. Do you have power generating equipment (225Kw or higher)? Yes No
4. Describe other security protection: (i.e. cameras, dead bolts) _____
5. Is building within city limits? Yes No
6. Are all activities and locations in compliance with applicable federal, state, and local regulations?
 Yes No
7. Do you comply with NFPA 495 storage procedures for storage of Primers, Black Powder and /or Smokeless Powder? Yes No
8. Do you have written approval from your Local Fire Department verifying your compliance?
 Yes No *(If yes, please provide a copy)*
9. Are there any additional locations to be insured? Yes No
 - a. If yes, please provide address(es): _____

10. Do you attend Gun Shows? Yes No % of sales: _____



11. How much in inventory/business personal property will you have on site? \$ _____

PRIOR PROPERTY CLAIMS

- 1. Do you have any knowledge of any incident which may lead to a claim? Yes No
 - a. If yes, please explain _____

- 2. Have you had any claims in the last 5 years? Yes No *If yes, please explain below:*

Date	Description of Incident	Amount Paid/Reserved



FRAUD WARNINGS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

ARKANSAS, LOUISIANA AND 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 fines and confinement in 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 for 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 containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KENTUCKY: 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.

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 denial of insurance benefits.

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.

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.



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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO: Any person who knowingly and with the intent to defraud presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE, VIRGINIA & 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.

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.

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.



I /We understand any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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

Producers Signature: _____ Dated: _____

Producers Name (Please print): _____

Applicant's Signature: _____ Dated: _____

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