



PROPERTY/CASUALTY INSURANCE APPLICATION
MULTI-STATE

P.O. Box 5670
Cortland, NY 13045
Phone: (800) 822-3747
Fax: (607) 756-5051
Email: applications@mcneilandcompany.com

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____ Date proposal needed: _____
Legal Name of Organization: _____
(Include all organizations that are to be included as insureds including Fire Districts, Fire Companies, Rescue Squads and Auxiliaries)
FEIN: _____
Mailing Address: _____
County: _____
Location Address: _____
County: _____
Website Address: _____ Phone #: _____
Chief: _____ Phone #: _____ E-Mail: _____
Training Officer: _____ Phone #: _____ E-Mail: _____
Inspection Contact: _____ Phone #: _____ E-Mail: _____

INSURANCE AGENT INFORMATION

Producer: _____ CSR or Other Contact _____
Name of Agency: _____
Address: _____
Telephone: _____ Fax: _____ E-mail address: _____
Do you currently write this account? Yes No
If yes, for how long? _____ Carrier Name: _____
Is the account Sub-Brokered? Yes No
If yes, please indicate Agency Name and Address: _____

BUSINESS INFORMATION

Which best describes the organization (please check one):
 Fire Suppression only (no EMS) Fire and Rescue/EMS
 Rescue/EMS Squad or Ambulance Squad Other (please describe): _____
The organization is a (please check one):
 Tax District Independent Non-Profit Organization County Department/Organization
 Municipal, Village or Town Department Other (please describe): _____
If a municipal, village or town department, is the organization a separate legal entity? Yes No
If a county department or organization:
Does the county utilize a risk manager who oversees each department/emergency service organization and designs/implements loss control procedures? Yes No
Is each department/emergency service organization assessed and responsible for their share of premiums? Yes No

BUSINESS INFORMATION (CONTINUED)

Population served on a first-call basis: _____ Years in operation: _____

Have you been Cancelled, Non-Renewed or Declined in the past 3 years? Yes No

If Yes, Please Explain: _____

REAL AND PERSONAL PROPERTY

Please complete the schedule below. If the coverage is blanket, be sure to show a breakout of the building and contents values at each location.

Location Number	Address			Limit of Insurance Building		Limit of Insurance Personal Property		Number of Stories	
Construction Type <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive		Occupancy Type <input type="checkbox"/> Station <input type="checkbox"/> Social Hall <input type="checkbox"/> Storage <input type="checkbox"/> Other (describe) _____		<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built _____ Year Updated _____	Building Square Footage _____	Square Footage You Occupy _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No
Location Number	Address			Limit of Insurance Building		Limit of Insurance Personal Property		Number of Stories	
Construction Type <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive		Occupancy Type <input type="checkbox"/> Station <input type="checkbox"/> Social Hall <input type="checkbox"/> Storage <input type="checkbox"/> Other (describe) _____		<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built _____ Year Updated _____	Building Square Footage _____	Square Footage You Occupy _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No
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- Type 1-Frame** - Buildings where the exterior walls are wood or other combustible materials including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood.
- Type 2-Joisted Masonry** - Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.
- Type 3-Non-Combustible** - Buildings where the exterior walls and the floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials.
- Type 4-Masonry Non-Combustible** - Buildings where the exterior walls are constructed of masonry materials as described in Code 2, with the floors and roof of metal or other non-combustible materials.
- Type 5-Modified Fire Resistive** - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive material with a fire resistance rating of one hour or more but less than two hours.
- Type 6-Fire Resistive** - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

For additional locations please complete and attach a separate Property Supplement.

REAL AND PERSONAL PROPERTY (CONTINUED)

Please indicate if Blanket Coverage is desired Building Only Contents Only Building & Contents Combined

Are there any other buildings on the location(s) for which coverage is not requested? _____

Indicate the desired Property Deductible: \$500 \$1000 \$2500 \$5000 Other _____

Please list names and addresses of any mortgagees or loss payees for each location:

Loc. No.	Type	Name and Address
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	

Do you currently have a wind/hail or named storm deductible? Yes No

If yes, what amount? \$ _____ or percentage _____ %

FLOOD AND EARTHQUAKE COVERAGE

\$1,000,000 flood and earthquake coverage at each location will be quoted. If flood and earthquake limits exceed \$1,000,000 at any one location, please indicate the limits needed at each such location.

Loc. No.	Flood Limit	Earthquake Limit

For additional locations please complete and attach a separate Property Supplement.

Do you carry NFIP coverage at any location? Yes No

If yes, please provide locations and limits: _____

GENERAL LIABILITY

Desired coverage:

Limits of Liability (Occurrence Form Only): \$1,000,000 Each Occurrence/\$3,000,000 Aggregate
 \$1,000,000 Each Occurrence/\$10,000,000 Aggregate

Fire legal limit \$ _____

Med pay limit \$ _____

*** Depending on the type of organization (i.e. Associations, Dispatch Centers, etc.) ESIP may not be able to offer a \$10,000,000 aggregate**

Are you involved in Community Paramedicine/Community Health? Yes No

If yes, please provide a brief explanation of services provided _____

How many visits do you make annually? _____

What is the annual revenue generated from Community Paramedicine/Community Health? _____

Please indicate the area (square footage) and usage (occupancy) for each location.

	Location No.				
	1	2	3	4	5
Fire Department (including garage areas)					
Ambulance/Rescue Squad (including garage areas)					
Social Hall					
Other (please describe)					
•					
•					
TOTAL					

FELLOW MEMBER COVERAGE

Does the insured carry Workers Compensation coverage? Yes No

Are all paid and volunteer staff covered by Worker's Compensation coverage? Yes No

If no, please explain: _____

If yes, please provide the following information:

Name of Carrier: _____ Policy Number: _____

Effective Dates: _____ Policy Limits: _____

Are all paid and volunteer staff covered by Accident & Sickness insurance providing a minimum of \$20,000 AD&D, \$10,000 Medical Expense, and \$200 Weekly Disability Indemnity? Yes No

If yes, name of Accident & Sickness carrier: _____

Are all paid and volunteer staff covered by Group Term Life insurance providing a minimum of \$10,000 with line of duty benefits? Yes No

If yes, name of Group Term Life carrier: _____

If you would like to receive a quote for Accident & Sickness or Group Term Life Insurance please complete the Accident & Sickness Application which can be downloaded from our website at: <http://www.mcneilandcompany.com/mcneil.aspx?page=forms#esip>

OPERATIONS

Employees/Volunteers

Total number of career personnel _____ Total number of emergency service volunteers _____ Turn-over rate _____

Calls

Annual Fire calls _____

Annual EMS calls _____

*Emergency Ambulance Calls _____

Emergency – The assignment was dispatched as a true emergency

*Non-Emergency Ambulance Calls _____

Non-Emergency – The Assignment was not dispatched as a true emergency

*Non-Medical Calls _____

Non-Medical – Any Ambulette and/or Wheelchair transportation

Highest Level of EMS services provided?

Advanced Life Support Basic Life Support Advanced first Aid/CPR Only First Responder Only No EMS

EMS Personnel

_____ Number of Paramedics

_____ Number of nurses

_____ Number of EMT's

_____ All other (Administrative, Non-EMT Drivers, First Responders, etc.)

Does the organization utilize a licensed physician as its Medical/EMS Director? Yes No

Does the organization provide medical transport service? Yes No

Do you use Firefighters or Paramedics that are contracted out to you by a leasing company? Yes No

Do you contract out any of your Firefighters or Paramedics? Yes No

If yes to either of these, Please provide a copy of the contract.

WATERCRAFT/AIRCRAFT

Does the organization own any watercraft? Yes No

If yes, please list below:

Year	Manufacturer	Model	Length	Motor Type	Horsepower	Replacement Cost
			'			\$
			'			\$
			'			\$

WATERCRAFT/AIRCRAFT (CONTINUED)

Where the watercraft is primarily stored? _____

Where the watercraft is principally operated? _____

Please describe the use of the watercraft. _____

Please describe the experience and training of watercraft operators. _____

Does the organization own or operate any Aircraft? Yes No

Does the organization own any unmanned aircraft, commonly known as drones? Yes No

If yes, please list below:

Manufacturer	Model	Replacement Cost	Description of Use
		\$	
		\$	
		\$	

Please describe the qualifications and training of drone operators. _____

CONTRACTS

Does the organization hire subcontractors? (e.g. Snow Removal, Landscaping) Yes No

If yes, are certificates of insurance obtained from all subcontractors? Yes No

Please describe the work performed by all subcontractors:

Work Performed _____

Work Performed _____

Does the organization have any contractual agreements to provide services for other entities (excluding normal mutual aid agreements)? Yes No

If yes, please describe: _____

Do any of these contracts require that the organization include the other entity as an additional insured? Yes No

If yes, please describe: _____

ERRORS AND OMISSIONS / EMERGENCY SERVICES LIABILITY

Type of coverage **currently** carried: Occurrence Form Claims-Made Form

If **Claims-Made**, provide the following information: Name of carrier: _____

Was any claim made or suit filed against the organization and/or any of its members in the past five years for any of the following or does the organization and/or any of its members have any knowledge of any matter(s) alleging or involving any of the following:

- Employment Discrimination
- Wrongful Termination
- Sexual Harassment
- Failure to render professional duties (Directors, Officers or Board Members)
- Employment Related Matters
- Errors or Omission in administration* of your benefits program
- None

ERRORS AND OMISSIONS / EMERGENCY SERVICES LIABILITY (CONTINUED)

Please provide a complete description of the claim, suit or incident including names and dates: _____

Does the Company have a written Employment Practices handbook? Yes No

* Determining who is eligible to participate; enrolling new participants; terminating participants; determining benefits; processing claims; collecting funds and applying them as required; preparing reports required by government agencies; giving advice to participants or prospective participants; providing reports, booklets, pamphlets, memos or messages to participants.

CYBER LIABILITY

Does the insured carry Cyber Liability coverage? Yes No

If so, what type of coverage is currently carried? Occurrence Claims Made (Retro Date: _____)

Privacy Event Mitigation Expense Limit: \$50,000 \$100,000 \$250,000

MISCELLANEOUS LIABILITY

Does the organization sell subscriptions for service? Yes No

If yes, does the organization respond to all calls for emergency service within its service area without regard to whether the victim is a subscriber?

Yes No

Does the organization have a Junior Firefighter, Cadet, or similar program? Yes No

If yes, please describe its activities and indicate the age range and approximate number of youthful members:

OTHER ACTIVITIES /COMMUNITY EVENTS

NO ACTIVITIES/COMMUNITY EVENTS

Describe the fund-raising activities of the organization:	# of times per year	Total Annual Receipts
Field Days / Carnivals		
Do you own or rent any Amusement Rides ? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
If Rented, is a Certificate of Insurance obtained from the owner of the rides? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach Certificate of Insurance showing the organization as an additional insured.		
If Owned, Do you rent any mechanically operated Amusement Rides to others? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are rides inspected after set-up prior to public use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, by whom?		
Do you own or rent any Live Animal Rides ? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
If Rented, is a Certificate of Insurance obtained from the owner of the Animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach Certificate of Insurance showing the organization as an additional insured.		
Do you provide Fireworks at the Field Days / Carnival? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, is a certified pyrotechnic professional used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach Certificate of Insurance showing the individual or organization as an additional insured.		
Bingo Avg. # of Attendees:		
Hall Rental		
Breakfasts / Dinners		
Sale of Smoke Alarms / Fire Extinguishers		
Motorized events (e.g. rodeos, poker runs, demolition derby)		
Other Activities Not outlined above: Please Describe		

LIQUOR LIABILITY

If alcohol is SOLD in any manner by or through your organization, please complete and attach a Liquor Supplement.

Is alcohol consumed on your premises at any time throughout the year? Yes No

If yes, please describe: _____

If yes, is access restricted (i.e. locked cabinet/room)? Yes No

Is alcohol consumed away from your premises at any function held by you at any time throughout the year? (i.e. Field Days, Christmas Parties, banquets, meeting nights, etc.) Yes No

When	Where	# of Times Per Year	Avg. Total # of Attendees

If yes to either of the above, who provides the alcohol? _____

Who serves the alcohol? _____

Please describe procedures in place to manage and monitor consumption: _____

PORTABLE EQUIPMENT

Guaranteed Replacement Cost coverage normally will be provided for all portable equipment used away from the premises for firefighting, emergency medical aid, rescue service, or teaching/training purposes. This equipment will be covered while on premises and while away from the premises, including while in transit, in storage, or in use. Portable equipment includes boats, motors, and ATV's.

Desired Deductible: \$250 \$500 \$1000 \$2500 \$5000 Other _____

OTHER PROPERTY

Description	Amount of Insurance
_____	\$ _____
_____	\$ _____
_____	\$ _____

Desired Deductible: \$250 \$500 \$1000 \$2500 \$5000 Other _____

AUTOMOBILE LIABILITY

Indicate the desired coverage below:

- \$ _____ Auto Liability
- \$ _____ Medical Payments
- \$ _____ OBEL (Applies only in NY)
- \$ _____ PIP / No-Fault (Medical Expense Benefits – Applies Only in PA)
- \$ _____ Additional PIP (Increased Medical Expense Benefits – Applies Only in PA)
- \$ _____ Uninsured Motorists/ Underinsured Motorists B.I. Stacking Non-Stacking (if applicable)
- \$ _____ Uninsured Motorists/ Underinsured Motorists P.D.

A single deductible will apply to emergency vehicles, service vehicles, trailers and antiques.

Please indicate the desired deductible for these vehicles: \$500 \$1000 \$2500 \$5000 Other \$ _____

AUTOMOBILE LIABILITY (CONTINUED)

Please indicate the desired deductible for all private passenger type vehicles (PPT's):

Comprehensive \$250 \$500 \$1000 \$2000 \$3000 Other \$ _____
 Collision \$250 \$500 \$1000 \$2000 \$3000 Other \$ _____

Is Automatic Increase coverage desired? Yes No

If yes, by how much should the Agreed Values be increased annually? 3% 6% 9% 12%

Does the organization service any major metropolitan areas? Yes No

If yes, please describe: _____

Does the organization check MVR's? Yes - all members Yes - drivers only No

If yes, how often? _____

Please describe the driver training program currently being used: _____

What selection criteria are used to select new drivers? _____

Has the organization implemented an automated system which identifies responders, as well as, when and where they arrive (such as lamResponding.com)? Yes No

If yes, please advise what system: _____

Do the autos have black box or event recorders? Yes No

In the below **Vehicle Schedule**

- for emergency vehicles, service vehicles, trailers and antiques, show the desired Agreed Value;
- for all vehicles, show the location where it is usually garaged. Location numbers should correspond to those described in the Property section of this survey.
- DRL - Indicate if the vehicle utilizes daytime running lights (applicable only in New York State).
- GRC valuation is available for vehicles under five years. Please attach original Bill of Sale.

Vehicle Types							
TKR	(Tanker or Tender)	LR	(Light Rescue-under 10,000 GVW)	PMP	(Pumper)	COM	(Command)
P-T	(Pumper-Tanker)	MR	(Medium Rescue-under 20,000 GVW)	M-P	(Mini-Pumper)	ANT	(Antique)
AER	(Aerial device-any type)	HR	(Heavy Rescue-over 20,000 GVW)	BT	(Brush Truck)	HAZ	(HazMat)
ALS	(Advanced Life Support)	BLS	(Basic Life Support Unit)	TRL	(Trailers)	AIR	(Air Cascade)
U/S	(Utility or Salvage)	PPT	(Private Passenger Type)	FOM	(Chemical Foam)		

Vehicle Schedule							
Veh. No.	Year	Make, Model, Type	Cost New (PPT's Only)	Agreed Value	VIN (Required)	DRL	Loc. No.
1.			\$	\$		<input type="checkbox"/>	
2.			\$	\$		<input type="checkbox"/>	
3.			\$	\$		<input type="checkbox"/>	
4.			\$	\$		<input type="checkbox"/>	
5.			\$	\$		<input type="checkbox"/>	
6.			\$	\$		<input type="checkbox"/>	
7.			\$	\$		<input type="checkbox"/>	
8.			\$	\$		<input type="checkbox"/>	
9.			\$	\$		<input type="checkbox"/>	
10.			\$	\$		<input type="checkbox"/>	
11.			\$	\$		<input type="checkbox"/>	
12.			\$	\$		<input type="checkbox"/>	
13.			\$	\$		<input type="checkbox"/>	
14.			\$	\$		<input type="checkbox"/>	
15.			\$	\$		<input type="checkbox"/>	

If there are any additional vehicles, please attach a Vehicle Schedule Supplement.

AUTOMOBILE LIABILITY (CONTINUED)

Does the organization own or lease any vehicles that are not shown on the Vehicle Schedule of this survey? Yes No

If yes, please describe: _____

Do any of these vehicles require an Additional Insured or Loss Payee to be listed on the policy? Yes No

If yes, indicate the vehicle number and the name and address of the Additional Insured or Loss Payee:

Name & Address _____ Vehicle # _____ A.I. L.P.

Name & Address _____ Vehicle # _____ A.I. L.P.

Name & Address _____ Vehicle # _____ A.I. L.P.

CRIME

Please list all treasuries within the organization: _____

What is your annual revenue? \$ _____

Fidelity

Type of Bond:

Commercial Blanket Limit of Insurance \$ _____

Number of Class I Employees/Volunteers (direct contact with funds) _____

Number of Class II Employees/Volunteers (all others) _____

Position Schedule Position Limit of Insurance Excess over Blanket

_____ \$ _____ Yes No

_____ \$ _____ Yes No

_____ \$ _____ Yes No

_____ \$ _____ Yes No

Computer Fraud and Funds Transfer \$ _____

Faithful Performance

Forgery or Alterations Limit of Insurance: \$ _____

Computer Fraud/Funds Transfer Fraud

How are department computers secured? _____

How are online login credentials secured? _____

Does anyone have access to a department credit card (including debit cards)? Yes No

If so, are they authorized to make online purchases? Yes No

Does anyone have access to department accounts from home? Yes No

If so, do they use a department-issued computer, or a personal computer? Department Personal

If they use a department computer, are other household members barred from using it? Yes No

Money and Securities

Note: \$25,000 money and securities coverage is provided under the Property Coverage Extensions. If increased limits are needed only to cover *special events*, describe below:

Event	Date of Event	Limit Needed
_____	_____	\$ _____
_____	_____	\$ _____

CRIME (CONTINUED)

General Crime Information

List all persons managing funds/internet banking access:

Name _____ Title _____
Name _____ Title _____
Name _____ Title _____

Are internal account reviews conducted? Yes No

If yes, by whom and how often are accounts examined? _____

When were the accounts last examined? _____

Are Invoices or Requisitions, Check Registers and Bank Statements cross-checked against each other at reconciliation? Yes No

Largest amount of Petty Cash kept of hand? \$ _____

Do all checks require 2 signatures? Yes No

If No, do checks over a certain amount require 2 signatures? Yes in excess of: \$ _____ No

Are procedures in place requiring segregation of duties so that no single transaction can be fully controlled from organization to completion by one person? Yes No

Do you prohibit employees who reconcile monthly bank statements from Signing Checks? Yes No

Making Withdrawals? Yes No

Handling deposits? Yes No

Do you maintain a list of authorized vendors? Yes No

Do you verify invoices against a corresponding purchase order, receiving report and/or vendor list prior to issuing payment? Yes No

Do you perform reference checks, including criminal history checks, on persons who frequently handle money? Yes No

Fund Raising Events: Approximate maximum receipts per day: \$ _____

UMBRELLA AND EXCESS LIABILITY

Desired Limit of Insurance (maximum \$10 million): \$ _____/Occurrence \$ _____/Aggregate
(These limits will apply to Excess Liability and Umbrella Liability)

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, and \$1 million CSL for Auto Liability.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Policy Period: _____

Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident (\$100,000 min)

\$ _____ Bodily Injury by Disease (\$100,000 min)

\$ _____ BI by Disease Policy Limit (\$500,000 min)

**Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*

PREMIUM HISTORY

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): _____ \$ _____
 (current year)

Carrier(s): _____ \$ _____
 (1st prior year)

Carrier(s): _____ \$ _____
 (2nd prior year)

CLAIMS HISTORY

Have there been any claims or losses in the last five years: Yes No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.*

DOL	Description	Status	Amount

*Attach separate pages if needed. Provide the carrier loss runs if available

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

APPLICABLE IN ALABAMA - ALABAMA FRAUD STATEMENT

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.

APPLICABLE IN ALASKA - ALASKA FRAUD STATEMENT

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

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.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

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.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

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. In addition, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal or civil penalties.

APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

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 KANSAS - KANSAS FRAUD STATEMENT

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 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.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS (CONTINUED)

APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

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.

APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT

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.

APPLICABLE IN MAINE - MAINE FRAUD STATEMENT

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.

APPLICABLE IN MARYLAND - MARYLAND FRAUD STATEMENT

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.

APPLICABLE IN MASSACHUSETTS - MASSACHUSETTS FRAUD STATEMENT

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MICHIGAN - MICHIGAN FRAUD STATEMENT

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to one year and payment of a fine of up to \$5,000.

APPLICABLE IN MINNESOTA - MINNESOTA FRAUD STATEMENT

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEBRASKA - NEBRASKA FRAUD STATEMENT

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 may subject the person to criminal and civil penalties.

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

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 NEW MEXICO - NEW MEXICO FRAUD STATEMENT

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.

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Other than Auto: 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 violation.

Auto: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

Any person who, with the 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.

APPLICABLE IN OKLAHOMA - OKLAHOMA FRAUD STATEMENT

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.

APPLICABLE IN OREGON - OREGON FRAUD STATEMENT

Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS (CONTINUED)

APPLICABLE IN OREGON - OREGON FRAUD STATEMENT (Continued)

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

APPLICABLE IN PENNSYLVANIA - PENNSYLVANIA FRAUD STATEMENT

Other than Auto: 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.

Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

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.

APPLICABLE IN VERMONT - VERMONT FRAUD STATEMENT

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, may be committing a crime, subjecting the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA - VIRGINIA FRAUD STATEMENT

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.

APPLICABLE IN WASHINGTON - WASHINGTON FRAUD STATEMENT

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.

GENERAL FRAUD STATEMENT

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. (NOT APPLICABLE IN CO, FL, KS, MA, MN, NE, OH, OK, OR, VT, OR WA.)

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature _____ Date: _____
(TO BE ASSIGNED BY SOMEONE WHO DOES NOT HAVE ACCESS TO FUNDS)

APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF EMERGENCY SERVICE LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS THEN EMERGENCY SERVICE LIABILITY COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THIS POLICY IS IN FORCE, DURING A RENEWAL OF THIS POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE ENDORSEMENT FOR THIS COVERAGE MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: _____ Date: _____