



Hospitality Insurance Group
 106 Southville Road
 Southborough, MA 01772
 HMIC.com/ 877-366-1140

BUSINESS OWNERS' POLICY (BOP) APPLICATION

Agent Name: _____ Address: _____

Phone: _____ Email: _____

Applicant Information

Legal Entity Individual Partnership Corporation LLC Joint Venture Other: _____

Business Name: _____

DBA: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone Number: _____

Email address: _____ Website Address: _____

Policy Term Requested: Effective from _____ to _____

Date Business Started: _____ New Owners/Ventures: Provide # years of experience in this trade/business: _____
 Details of prior experience: _____

Does applicant own or operate any other business or premises under the same legal entity name/ownership?

Yes No

Is any other business being submitted for this insured: Liquor Liability * Excess Liability

Does Insured sell, serve, or allow bring your own alcohol? Yes* No

*If yes, complete liquor liability supplement attached.

If yes, has the insured had any liquor license violations, suspensions, or revocations? Yes No

Description of Operations: _____

Number of Locations _____ (for each location below must be completed):

Location Address(s) (if other than mailing address shown above):

Have you had prior business owners' insurance in the past 3 years? Yes No

If Yes, Prior Carrier: _____ Expiring Premium: _____

Any losses more than \$5,000 paid or reserved in the past 3 years or more than 2 losses in the past 3 years?

Yes No

Any Cyber losses within the past 3 years? Yes No

Any Employment Practices Liability losses within the past 3 years? Yes No

Loss History: Total number of claims in the past 3 years _____ (If any claims, provide loss runs - If loss runs are not provided, please complete below)

<u>Date</u>	<u>Type/Description</u>	<u>Amount Paid</u>	<u>Amount Reserved</u>	<u>Open/Closed</u>
_____	_____	_____	_____	Open
_____	_____	_____	_____	Open

General Underwriting Information

Complete all questions, for each location. Attach separate sheet as needed.

Check all protective systems that apply:

Automatic Fire Alarm Local Central: Yes No Burglar Alarm Local Central: Yes No
 Smoke Detectors – Hard Wired: Yes No Smoke Detectors – Battery: Yes No
 Security Service Company: Yes No Service Contract: Yes No
 Security Personnel/employee: Yes No

If contracted Security, are they armed: Yes No; Is there a hold harmless contract in place naming insured harmless: Yes No; Copy of Contract Required

Is this a seasonal operation (Closed more than 30 days): Yes No; If yes, describe: _____

Is there any entertainment ever held on site: Yes No; If yes, describe: _____

Are the following on the premises – check all that apply: Swimming Pool: Yes No; Playground: Yes No; Fire Pit: Yes No; Working Wood Fireplace: Yes No

Any sales of guns or ammunition: Yes No Any firearms on premise: Yes No

Do/have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material: Yes No

Are athletic teams sponsored: Yes No

Are sub-contractors allowed to work without providing a certificate of insurance? Yes No; If no, who checks certificates: _____

During the last five years has any applicant been indicted 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: Yes No

Have police been called to premise in the last 3 years: Yes No If yes, describe: _____

Any policy or coverage declined, cancelled or non-renewed during the prior 3 years: Yes No; If yes, describe: _____

Do you own or operate any other business: Yes No; If yes, describe: _____

Any other insurance with this company: Yes No; If yes, describe: _____

Are you involved in manufacturing, mixing, relabeling, or repackaging of products: Yes No

Do you rent or loan equipment to others: Yes No; If yes, describe: _____

Has applicant had a foreclosure, repossession, bankruptcy judgement or lien during the past 5 years: Yes No; If yes, describe: _____

Any cast iron sectional boilers used for the production or processing of products: Yes No; If yes, UW referral required.

Any past losses or claims relating to sexual abuse or molestation allegations, discrimination, or negligent hiring: Yes No; If yes, explain: _____

Any fire code violations in the past 5 years: Yes No; If yes, describe: _____

Does insured lease any part of the building to others: Yes No; If yes, describe: _____

What % of the building is currently vacant or unoccupied: _____

Apartments Yes No; : If yes, number of units: _____

Does insured have surveillance cameras? Yes No; If yes, in store: Yes No; Outside store: Yes No;

Are cashiers under surveillance: Yes No; How long are tapes kept: _____

Business Owners Package Coverage – Property & Liability

Complete for each location

(Attach Additional Location/Building Supplement pages as needed)

Location ____ of ____

Location Address: Same as the mailing address: Yes No; If No, please enter location address:

Street: _____

City: _____ State: _____ Zip: _____

Distance to Coast (miles): _____ Distance to nearest Fire Hydrant (feet): _____ Nearest Fire Station (miles): _____

Building ____ of ____

Insured is: ____ Owner ____ Tenant

Hours of Operation: From _____ to _____

Number of days a week open: _____

Year Built: _____ Number of stories: _____ Total Sq Feet of Building: _____ Sq Feet Occupied: _____

Portion of building unoccupied or vacant: _____%

Building Construction: Frame Joisted Masonry Fire Resistive Non -Combustible Non -Combustible Masonry

Year of last update: Electric _____ Heating/AC _____ Plumbing _____ Roof _____

Is building 100% sprinklered? Yes No

Are, there other business in the same building? Yes No; If yes, please provide complete description of other businesses: _____

Building Replacement Cost: \$_____; at 100% to value

Business Personal Property: \$_____; at 100% to value

Tenant's Improvements and Betterments value: \$_____; at 100% to value

Any surrounding exposures? Yes No; if yes, describe: _____

Does insured sell any goods under their own label? Yes No; if yes, list items: _____

Location Options and Coverages

Property Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000

If Applicable - Wind Hail Deductible: 1% 2% 5%

Business Income limit of Insurance Requested: \$_____

Equipment Breakdown Perishable Goods Limit: \$25,000 (limit included): Additional limits available, select Limit:

\$50,000 \$75,000 \$100,000

Damage to Premises Rented to you: \$50,000 (limit included): Additional limits available under Optional Coverages

Total Sales at this location:

Food: \$_____ Liquor: \$_____

Other: \$_____ Describe: _____

Annual Gasoline: \$_____ Total Gallons Sold per year: _____



Policy Level - Options and Coverages

Liability Limits – Select one:

- \$300,000 per occurrence/\$600,000 aggregate
\$500,000 per occurrence/\$1,000,000 aggregate
\$1,000,000 per occurrence/\$2,000,000 aggregate
\$2,000,000 per occurrence/\$4,000,000 aggregate (Underwriting approval required)

Damage to Premises Rented to You: Yes No; \$50,000 (included in policy) additional limits are available up to \$300,000; in increments of \$50,000. Limit Requested \$_____

Broadened Coverage for Damage to Premises Rented to You: Limits available up to \$300,000; in increments of \$50,000. Limit Requested \$_____ (cannot be purchased if you selected additional limits for Damage to Premises Rented to You above)

Year 2000 Computer-Related and other electronic problems: Yes No

Terrorism Coverage: Yes No

Association Membership: Yes No Association Name: _____

Employment Practices Liability: Yes No; Limit of \$25,000 (NH limit is \$100,000) with \$2500 Deductible
Additional Limits are available of \$50,000, \$100,000 and \$250,000 with a mandatory \$2500 deductible applicable.
Limit Requested \$_____ (Supplemental EPL Questionnaire required for higher limits of \$100,000 (N/A for NH) or \$250,000) # of Full Time Employees _____ # of Part Time Employees _____

Insured MUST be able to affirm all five statements below to secure coverage for EPL:

- 1. The insured has 100 full time equivalent employees or less.
2. There have been no EPL claims, suits or complaints nor are there any now pending against the insured or any executive, office, or owner.
3. The Insured and any executive, officer or owner has no knowledge or information of any act, error or omission which could reasonably be expected to give rise to an EPL claim, suit, or complaint.
4. All job applications are required to complete and sign an employment application.
5. In the past 12 months and the coming 12 months combined, there has not been nor does the insured expect any layoffs or reductions in force totaling more than 15% of the total employee count.

INSURED SIGNATURE CONFIRMATION REQUIRED TO BIND EPL: I affirm the above statements are true.

Insured Signature _____ Date _____

Location Level - Options and Coverages

(select only one Prime)

- Prime Plus Enhancement Yes No Location #(s) _____
Prime Enhancement Yes No Location #(s) _____
Prime Convenience Yes [] No Location #(s) _____
If yes, outdoor signs limit: _____(only for prime convenience)
Food Contamination Yes No Location #(s) _____
(Required for Restaurants)

Food contamination limits of insurance: \$10,000 – Higher limits available up to \$50,000 in increments of \$5,000. Limit requested \$_____

Additional Advertising Expense Limit of Insurance: \$3,000 – Higher limits up to \$5000 available. Limit requested \$_____

Location Level - Options and Coverages continued

Brands & Labels Yes No Location #(s) _____
(Automatically included for restaurants)

Theft of Clients Property Yes No Location #(s) _____

Automatically included for restaurants, do not select limit. All others must purchase Enhancement Endorsement – Prime or Prime Plus to purchase coverage.

Policy Limit: \$5,000 - Higher limits available of \$10,000 or \$25,000 available. Limit Requested \$ _____

Cyber Policy automatically includes limit of \$50,000 (NH limit is \$100,000) with \$1000 Deductible. Location #(s) _____

Additional Limits available \$100,000 or \$250,000 with a mandatory \$2500 deductible. Limit Requested: \$ _____
(Supplemental Cyber Questionnaire required for higher limits)

Hired and Non-Owned Auto Liability Yes No Location #(s) _____

Does Insured have a commercial auto policy in force? Yes No (if yes, this optional coverage is not available)

Does insured offer delivery or valet parking? Yes No (if either are yes, this optional coverage is not available)

Limits Available - Select one: \$300,000 / \$600,000 \$500,000 / \$1,000,000 \$1,000,000 / \$2,000,000

Building Level - Options and Coverages

Ordinance or Law Coverage Yes No Building #(s) _____

Options: Coverage 1 only; Coverage 3 Only; Coverage 1 & 2; Coverage 1,2 & 3 with or without 2 & 3 Combined.

Coverage 1: Loss in value of undamaged portion of building due to demolition from ordinance.

Coverage 2: Limit of Insurance = \$ _____

Coverage 3: Limit of Insurance = \$ _____

Coverages 2 and 3: Combined Limit of Insurance \$ _____

Ordinance or Law Business Income Yes No

Inflation Guard (Policy automatically defaults to 8%): Building #(s) _____

Optional %: 2% 4% 6% 10%

Condominium Commercial Unit-Owners Optional Coverages Loss Assessment: Yes No Building #(s) _____

Limits available up to \$50,000, in increments of \$5000: Limit Requested \$ _____

Loss Assessment Deductible: \$500

Sub-Limit for Condominium Association Deductible (if other than \$1000): Limit Requested \$ _____

Additional Interests: (Mortgage, Loss Payee, Additional Insured) – if more than two, provide on separate sheet:

Name: _____ Interest: _____

Address: _____

Name: _____ Interest: _____

Address: _____

Insured Signature: _____

Date: _____

Email address: _____

Agent Signature: _____

Date: _____



RESTAURANT SUPPLEMENT

Attach restaurant supplement for each location

Is the restaurant operated by insured? Yes No; If no, please explain below:

How long has insured been at this location? _____

Has any other business other than a restaurant been at this location? Yes No; If yes, explain below:

Is restaurant on ground floor? Yes No If no, indicate floor # _____

Does restaurant maintain parking areas? ___ Yes ___ No; If no, indicate who is responsible: _____

Is restaurant seasonal? Yes No; If yes, please explain: _____

Has restaurant ever been cited by the board of health? Yes No; If yes, please explain below:

Hours of Operation: Kitchen Hours: _____ to _____ Bar/Lounge Hours: _____ to _____

Outside Patio area: Yes No

Deck: Yes No; If yes, Height of Deck: _____

Seating Capacity: _____

Dance Floor: Yes No

Is there entertainment: Yes No; If yes, please indicate type:

Live Entertainment: Bands DJ Karaoke Background Music: Piano Player, incidental soft music

Is there a catering exposure: Yes No; If yes, On premises Off Premises

If yes, describe: _____

Are delivery services offered? Yes No; If yes, please indicate the method of delivery below:

Company auto Employee auto Delivery service (Uber Eats, Grub Hub etc.)

Does insured serve alcohol? Yes No

Are you requesting Liquor Liability Coverage (Liquor App Required)? Yes No

If no, please explain: _____

Does applicant conduct "happy hours" or other promotional events? Yes No; If yes, please explain below:

Restaurant Supplement continued

Select all the cooking methods used:

- Wood burning stove Tandoor Hot Pot Hot Stone Tableside Hibachi or cooking
- Open Pit Barbeque BBQ Table Other: _____
- None of the above

Does insured have Banquet/Function Hall Facilities:	Yes	No
Are all commercial cooking appliances covered by a wet chemical UL 300 Automatic Extinguishing System (AES) that is serviced every 6 months?	Yes	No
Have the life safety requirements (NFPA 101) for emergency lighting and number of exists been met?	Yes	No
Are all cooking appliances that produce smoke or grease laden vapors placed under a hood and duct system?	Yes	No
Is the hood, filter and duct system(s) inspected daily and professionally cleaned every 6 months?	Yes	No
Are the deep fat fryer(s) equipped with an automatic fuel shutoff for temperatures above 475 degrees?	Yes	No
Do the deep fat fryer(s) have a steel or glass baffle of at least 10 inches between the fryer and adjacent cooking surfaces?	Yes	No
Is a K-Rated fire extinguisher present in the kitchen?	Yes	No
Has applicant ever been fined by any federal, state, or local governmental agency or entity related to any past or current business operations?	Yes	No
If yes, describe: _____		

Insured Signature: _____

Date: _____

Email address: _____

Agent Signature: _____

Date: _____

CONVENIENCE STORE SUPPLEMENT

Attach convenience store supplement for each location

ATM on premises?	Yes	No
Deli Service?	Yes	No
Lottery Sales?	Yes*	No
If yes, lottery sold over the counter?	Yes	No
If yes, sold via lottery machine?	Yes	No
Check cashing service?	Yes	No
Does insured sell tobacco products?	Yes	No
If yes, are procedures displayed and followed to verify the age of customers buying tobacco products?	Yes	No
Are ID's checked to verify the age of customers buying liquor or alcohol?	N /A	Yes / No
Do all exterior doors have double cylinder deadbolts?	Yes	No
Is there a safe on premise?	Yes	No
If yes, does insured utilize a drop safe? Yes No	Yes	No
Are there signs posted regarding drop safe usage? Yes	Yes	No
If yes, are all monies and securities always stored inside a locked safe when the business is closed? Yes	Yes	No
Are deposits made daily?	Yes	No
What is the maximum amount of cash in all registers at any one time? _____		
What is the average amount of cash kept on store premises? _____		
Are guard dogs on the premises?	Yes	No
Do cashiers have a panic button connected to the police or central stations?	Yes	No
Parking spaces adjacent to the building?	Yes	No
If yes, are there concrete or steel posts or barriers preventing vehicles from colliding with the structure? Yes	Yes	No
Are there convex mirrors?	Yes	<input type="checkbox"/> No

Convenience Stores with Gasoline

Number of Pumps: _____		Value of Pumps: _____
Does insured own the tanks?	Yes	<input type="checkbox"/> No
If yes, does insured own the gasoline? Yes <input type="checkbox"/> No	Yes	<input type="checkbox"/> No
Are the tanks/gasoline insured elsewhere? Yes	Yes	<input type="checkbox"/> No
Are there canopies?	Yes	<input type="checkbox"/> No
If yes, are they made entirely of steel/metal? Yes <input type="checkbox"/> No	Yes	<input type="checkbox"/> No
Do they contain any wood parts? Yes	Yes	<input type="checkbox"/> No
Gasoline pump full service? Yes <input type="checkbox"/> No	Yes	<input type="checkbox"/> No
Gasoline pump self-service only?	Yes	<input type="checkbox"/> No
Are all pumps equipped with automatic shut-off capability?	Yes	<input type="checkbox"/> No
Are all pumps protected by steel or concrete barriers to prevent contact and collision from automobiles?	Yes	<input type="checkbox"/> No
Are "no smoking" signs posted in all areas where fuels are stored or dispensed?	Yes	<input type="checkbox"/> No
Are there any above ground storage tanks on premise?	Yes	<input type="checkbox"/> No
Does the insured have electric car chargers on premise?	Yes	<input type="checkbox"/> No
If yes, how many? _____ Value of chargers: _____		
Does the insured own the tanks? Yes No	Yes	No
Does the insured own the gasoline? Yes No	Yes	No
Are the tanks and/or gasoline insured elsewhere? Yes No	Yes	No
Carrier: _____		



BOP Liquor Liability Supplement

Attach liquor supplement for each location as needed

Named Insured: _____

D/B/A: _____

Location Address: _____

Member of Association: Yes No Name of Association: _____

Retail Stores - including package stores, markets & gas stations; no consumption on premises

Restaurants – liquor sales less than 50% of total food & liquor sales

Policy Limits Requested:

- \$50,000 per person / \$100,000 per occurrence / \$100,000 aggregate
- \$100,000 per person / \$200,000 per occurrence / \$200,000 aggregate
- \$250,000 per person / \$500,000 per occurrence / \$500,000 aggregate
- \$500,000 per person / \$1,000,000 per occurrence / \$1,000,000 aggregate
- \$1,000,000 per person / \$1,000,000 per occurrence / \$2,000,000 aggregate

Optional Endorsements

Property Damage Endorsement

Terrorism

Assault & Battery Endorsement – select A&B Sublimit:

\$100,000 / \$200,000 / \$200,000

\$50,000 / \$100,000 / \$100,000

\$500,000 / \$1,000,000 / \$1,000,000

\$250,000 / \$500,000 / \$500,000

\$1,000,000 / \$1,000,000 / \$2,000,000

I decline to purchase Assault & Battery Coverage:

Business Sales

Liquor Sales – On Premises Consumption \$ _____

Food Sales - On Premises Consumption \$ _____

Liquor Sales – Off Premises Consumption \$ _____

Food Sales - Off Premises/ Catering \$ _____

Price of Domestic Bottle of Beer: \$ _____

Bottle Service Available

Sales Verification Documentation Options – Required for quotes with total sales over \$1,000,000

- Print out of insured's POS system for past 12 months
- MassConnect – MA Online Sales Tax form for the past 12 months (MA only)
- Accounting statement for past 12 month (signed by licensed accountant)

Entertainment – Are any of the following provided at this premises? (Check all that apply) No Entertainment

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Darts | <input type="checkbox"/> DJ with Dancing | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Pool Tables | <input type="checkbox"/> Live Bands | <input type="checkbox"/> Mechanical Bulls | <input type="checkbox"/> Dance Floor |
| <input type="checkbox"/> Pub Crawls | <input type="checkbox"/> Happy Hour | <input type="checkbox"/> Exotic Dancing | <input type="checkbox"/> Drinking Games/Tournaments |

Other: _____

Number of Days with live entertainment per week: _____

Number of days open per week: _____

Additional Insureds (applicable to liquor liability):

Name: _____ Interest: _____

Address: _____

Name: _____ Interest: _____

Address: _____

BOP Liquor Liability Supplement continued

Alcohol Training / Security Training Information

Are any bouncers, doorpersons or security used? Yes No; If yes, are they: Company Employees Contracted
Is there a written alcohol serving policy in place? Yes No

Name of Alcohol Training Program (if applicable): _____

Have 100% of management and 100% non-management servers been certified? Yes No

Name of Security Training Program (if applicable): _____

Have 100% of management and 100% non-management servers been certified? Yes No

Are employees permitted to consume alcohol on the applicant's premises prior to, during or after their shift ends? Yes No

Citations And / Or Hearings

Has the applicant had any citations or hearings with their local liquor licensing board? Yes No

If yes, please provide details: _____

Has the applicant been fined or cited for ABC violations of law or ordinances related to illegal activities or the sale of alcohol?

Yes No; If yes, please provide: Date: _____ Fine: _____ Penalty Assessed: _____

Security Information

Security Cameras Outside Premises Yes No Length of time video is saved _____

Security Cameras Inside Premises Yes No Length of time video is saved _____

Prior Coverage History

Has the applicant had any losses, claims, lawsuits or incidents in the past 3 years? Yes No

If yes, please provide detailed loss explanation: _____

Has the insured had prior coverage? Yes No ; If yes, please provide prior carrier information:

Year	Company	Premium
		\$
		\$

AGENT'S / APPLICANT'S CERTIFICATION & AUTHORIZED SIGNATURES

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent's /applicant's knowledge and belief. By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company's reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant's retail and wholesale purchases of alcoholic beverages.

APPLICANT'S SECTION

Applicant's Name: _____ Title: _____

Applicant's Signature: X _____ Date: _____

AGENT / BROKER'S SECTION

Name of Agency: _____ Address: _____

Name of Agent: _____ Telephone: _____ Email: _____

Agent's Signature: X _____ Date: _____

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 subjects such person to criminal and civil penalties.

Fraud Notice

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.

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 or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO 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 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 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

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 in 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 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 include imprisonment, fines and 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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

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: 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.

NOTICE TO OREGON APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.