

COMBINED GENERAL LIABILITY AND SITE POLLUTION LIABILITY

This application is for a Claims Made and Reported Site Specific Pollution Liability and General Liability

INSTRUCTIONS	
<ul style="list-style-type: none"> Please print or type clearly. 	<ul style="list-style-type: none"> Answer all questions completely. If any question(s) does not apply, print or type "N/A" in the space provided.
<ul style="list-style-type: none"> This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the Named Insured. 	<ul style="list-style-type: none"> If additional space is needed to answer any question, attach details on a separate sheet and reference the applicable question number.
PLEASE ATTACH TO THIS APPLICATION	
<ul style="list-style-type: none"> List of proposed covered locations 	<ul style="list-style-type: none"> Operations and Maintenance Plan(s).
<ul style="list-style-type: none"> Three years of currently valued general liability, property and pollution loss runs. 	<ul style="list-style-type: none"> Audited financials and/or 10-Ks for the past two (2) fiscal years.
<ul style="list-style-type: none"> Any Environmental Site Assessment(s), surveys, or audits performed at any of the proposed locations. 	<ul style="list-style-type: none"> If coverage for underground storage tanks is being requested – please also complete Table 12 below.
<ul style="list-style-type: none"> List of Subsidiaries or other related entities also requesting coverage. 	<ul style="list-style-type: none"> ACORD General Liability Application.

APPLICANT INFORMATION		
Applicant Name:		
Mailing Address:		
City:	State:	Zip Code:
Name of Contact:	Title:	
Telephone:	E-Mail:	
Fax:	Website:	
FEIN:		
Firm Type: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Other:		

PROPOSED COVERAGE INFORMATION: <input type="checkbox"/> New Business <input type="checkbox"/> Renewal	
Policy Term:	Retention Amount:
Per Pollution Condition Limit:	Total All Pollution Conditions and Claims Limit:
Policy Effective Date:	Policy Expiration Date:
Retention Amount – General Liability:	Retention Amount – Site Pollution Liability:
Retention Amount – Contractors Pollution Liability:	Retention Amount – Products Pollution Liability:

PAST AND CURRENT IN-FORCE COVERAGE: Please provide a copy of the policy and/or endorsements.				<input type="checkbox"/> Check this box if this section does not apply.	
Carrier	Term	Retroactive Date	Limits or Sub-Limits	Self-Insured Retention	Premium

PROPOSED COVERED LOCATION DESCRIPTION(S): (Attach additional pages if necessary)				
Street Address / City / State / Zip Code		Years at this location	Facility Size (Acreage and Square Footage under roof)	Owned or Leased
1.				
2.				
3.				

CURRENT PROPERTY USE(S) (Attach additional pages if necessary)	
1.	
2.	
3.	

PRIOR PROPERTY USE(S) (Attach additional pages if necessary)	
1.	
2.	
3.	

DESCRIBE USE(S) OF SURROUNDING PROPERTY(IES) AND APPROXIMATE DISTANCE (Attach additional pages if necessary)	
1.	
2.	
3.	

WHAT IS THE APPROXIMATE DISTANCE FROM THE PROPOSED LOCATION TO THE NEAREST SURFACE WATER (STREAMS, LAKES, WETLANDS, ETC.) (Attach additional pages if necessary)	
1.	
2.	
3.	

COMPLIANCE HISTORY, RECORD AND CHANGES IN USE		
(Attach additional pages if necessary)		
Yes	No	For EACH location listed in Table 4 above, please answer the following:
<input type="checkbox"/>	<input type="checkbox"/>	a. Has any insurance company denied, canceled or non-renewed pollution liability coverage? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	b. Are there any plans for future development, improvement, excavation, betterment, demolition or plans for changes in use? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	c. Are you aware of any past or present contamination at any location or migrating from the proposed location, or any circumstances which may reasonably be expected to give rise to a claim for bodily injury, property damage or cleanup costs or generate a request for coverage under this policy? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	d. Have there ever been any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations? If yes, please provide details and attach copies of applicable reports.
<input type="checkbox"/>	<input type="checkbox"/>	e. During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	f. Are you aware of any waste materials that have been disposed of or buried on the proposed location? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	g. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	h. Have there ever been any pollution claims for bodily injury, property damage or cleanup costs including, but not limited to, claims by private persons, public entities, governmental agencies or other third parties? If yes, please provide details and attach copies of applicable reports.
<input type="checkbox"/>	<input type="checkbox"/>	i. Are there any future plans to sell or sublease the proposed location? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	j. Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	k. Are there or were there ever any underground storage tanks located on the proposed location?
<input type="checkbox"/>	<input type="checkbox"/>	l. If yes to k. above, but are no longer in use, have the tanks been closed in accordance with applicable regulations? If yes, please attach evidence of proper closure (NFA letter, closure letters, etc.)

INDOOR AIR QUALITY		
(Attach additional pages if necessary)		
Yes	No	For EACH location listed in Table 4 above, please answer the following:
<input type="checkbox"/>	<input type="checkbox"/>	a. Is this location located in a 100 year flood plain or in an area subject to periodic ponding or flooding? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	b. Has this location had an indoor air quality and/or mold problem that cost more than \$25,000 to resolve? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	c. Has this location had maintenance problems or construction defects (including problems from HVAC systems, roof, window, exterior siding, or plumbing leaks, as well as sewer backups) that resulted in any water intrusion, indoor air quality and/or mold problems? If yes, provide details:
<input type="checkbox"/>	<input type="checkbox"/>	d. Are there any visible signs of mold growth at this location? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	e. Has a complaint ever been made by a third party relating to indoor air quality and/or mold problems at this location? If yes, please provide details:
<input type="checkbox"/>	<input type="checkbox"/>	f. Have indoor air quality and/or mold inspections been performed at this location? If yes, please provide details and attach copies of applicable reports:
<input type="checkbox"/>	<input type="checkbox"/>	g. Do you have a formal process to document and track indoor air quality and/or mold complaints?
<input type="checkbox"/>	<input type="checkbox"/>	h. Is this location supplied potable water from non-municipal water systems? If yes, please provide details:

WASTE GENERATION AND MANAGEMENT PRACTICES					
Describe wastes generated and method of waste disposal utilized for each proposed location					
1.					
2.					
3.					
EFFLUENT/EMISSION TREATMENT AND DISCHARGE				<input type="checkbox"/> Check if this section does not apply	
	Discharge Composition	Daily Amount	Treatment Process	What is material discharged to?	For how many years?
1.					
2.					
3.					

STORAGE TANK SYSTEM INFORMATION		<input type="checkbox"/> Check this box if this section does not apply.			
Please complete the following for EACH proposed covered location – refer to Table 4 (Attach additional pages if necessary)					
Location #:					
Number of USTs at this location:			Number of ASTs at this location:		
Yes	No	Storage Tank System(s)			
<input type="checkbox"/>	<input type="checkbox"/>	a.	At the time of signing this application, do all storage tank systems comply, at a minimum, with the United States Environmental Protection Agency's (US EPA) requirements regarding construction, overfill/spill protection and leak detection for tanks, piping and dispensing systems? If no, provide details		
<input type="checkbox"/>	<input type="checkbox"/>	b.	Do you have plans to upgrade, repair, remove or replace any of the storage tanks submitted for coverage in the next twelve (12) months? If yes, attach a detailed description of the planned activities with a timeline for activities to be completed.		
<input type="checkbox"/>	<input type="checkbox"/>	c.	Do you use a remote monitoring system with an outside vendor, who receives an alarm when a release occurs and is responsible for notifying the appropriate parties? If yes, provide:		
		Name of Firm			
		Contact		Telephone	
<input type="checkbox"/>	<input type="checkbox"/>	d.	Are there any tanks at this location that are not registered with the applicable state regulatory agency or that are not included within this application? If yes, provide details:		
<input type="checkbox"/>	<input type="checkbox"/>	e.	Is the most recent annual storage tank site inspection report available? If yes, attach a copy.		
		f.	Describe any groundwater monitoring at the proposed locations. Indicate the number of wells and provide a copy of the two most recent groundwater monitoring reports.		

TANK DETAILS				
Tank ID:				
Type:	<input type="checkbox"/> UST <input type="checkbox"/> AST	<input type="checkbox"/> UST <input type="checkbox"/> AST	<input type="checkbox"/> UST <input type="checkbox"/> AST	<input type="checkbox"/> UST <input type="checkbox"/> AST
Original Install Date:				
Capacity (gallons):				
Contents:				
Tank Construction:	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW
Is tank equipped with secondary containment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Piping Construction Type:				
Piping Wall Construction:	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW
Piping Diameter (inches):				
Piping Length (feet):				
Spill Bucket Installation Date:				
Date of most recent spill bucket testing:				

Date of most recent spill bucket repair:				
Average monthly thru put (gallons):				
Automatic Fuel Delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of Fuel Delivery:				
* If coverage for more than four (4) storage tanks is requested at any location, please submit a completed Table 12				

RISK MANAGEMENT AND PLANNING		
(Attach additional pages if necessary)		
Yes	No	For EACH location listed in Table 4 above, please answer the following:
<input type="checkbox"/>	<input type="checkbox"/>	a. Do you have a Spill Prevention Control and Countermeasures Plan (SPCC)?
<input type="checkbox"/>	<input type="checkbox"/>	b. Do you have an Emergency Response Plan?
<input type="checkbox"/>	<input type="checkbox"/>	c. Do you have a Corporate Health and Safety Plan?
<input type="checkbox"/>	<input type="checkbox"/>	d. Do you have one person who is responsible for environmental management and/or compliance? If yes, please provide contact information:

PRODUCTS LIABILITY SECTION		
(Attach additional pages if necessary)		
Yes	No	For EACH location listed in Table 4 above, please answer the following:
<input type="checkbox"/>	<input type="checkbox"/>	a. Is there a written quality control plan in-place?
<input type="checkbox"/>	<input type="checkbox"/>	b. Is there a testing lab on premises?
<input type="checkbox"/>	<input type="checkbox"/>	c. If yes to b. above, are incoming raw materials or supplies checked for quality?
<input type="checkbox"/>	<input type="checkbox"/>	d. If yes to b. above, is testing done for outside parties or customers?
<input type="checkbox"/>	<input type="checkbox"/>	e. Have your products been involved in a recall?
<input type="checkbox"/>	<input type="checkbox"/>	f. Are any raw materials imported from outside the United States? If yes, describe raw materials and quantity:
<input type="checkbox"/>	<input type="checkbox"/>	g. Are any products exported outside the United States? If yes, which product(s) and to what country(ies)?
<input type="checkbox"/>	<input type="checkbox"/>	h. Have any products been discontinued in the past five years?
		i. How long are sales and batch records retained?
		j. How long are batch samples retained?
<input type="checkbox"/>	<input type="checkbox"/>	k. Are MSDS and labels reviewed by legal counsel?
<input type="checkbox"/>	<input type="checkbox"/>	l. Are your products used in the food, pharmaceutical or aerospace industries? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	m. Do you sell liquid product in bulk containers such as drums or totes?
<input type="checkbox"/>	<input type="checkbox"/>	n. Do you provide any warranties for the product? If yes, please for how long:

PREMISES LIABILITY SECTION		
(Attach additional pages if necessary)		
Yes	No	For EACH location listed in Table 4 above, please answer the following:
<input type="checkbox"/>	<input type="checkbox"/>	a. Is the facility completely fenced?
<input type="checkbox"/>	<input type="checkbox"/>	b. Are security cameras or after-hours security in-place?
<input type="checkbox"/>	<input type="checkbox"/>	c. Are any guard dogs used on premises?
<input type="checkbox"/>	<input type="checkbox"/>	d. Is there an active railroad sidetrack/spur on premises?
<input type="checkbox"/>	<input type="checkbox"/>	e. Are contractors working on site required to carry general liability and workers compensation coverage and provide a certificate of insurance?
<input type="checkbox"/>	<input type="checkbox"/>	f. Are lock-out/tag-out and confined space entry procedures in-place for visiting contractors?
<input type="checkbox"/>	<input type="checkbox"/>	g. Is there a "hot work" program for contractors performing welding operations or using torches?

<input type="checkbox"/>	<input type="checkbox"/>	h.	Are visitors to operations areas provided safety training, PPE and employee escort?
<input type="checkbox"/>	<input type="checkbox"/>	i.	Are pedestrian walkways and customer drop-off points clearly marked?
<input type="checkbox"/>	<input type="checkbox"/>	k.	Are operational areas secured by physical means to prevent unauthorized entry?
<input type="checkbox"/>	<input type="checkbox"/>	l.	Are there any reported injuries to third-parties on your premises in the last five years?

CONTRACTORS SECTION			
(Attach additional pages if necessary)			
Yes	No	For EACH location listed in Table 4 above, please answer the following:	
<input type="checkbox"/>	<input type="checkbox"/>	a.	Does your company provide any off-site contracting services? If yes, please explain in detail and provide the revenue associated with such services:
		b.	If yes to a. above, have such services ever caused a pollution event? If yes, please describe in detail:

CYBER EXPOSURES			
<input type="checkbox"/> Check here if this section does not apply			

Limits Requested

Aggregate Sublimit(s) of Insurance	Aggregate Limit of Insurance	
\$10,000	\$25,000	<input type="checkbox"/>
\$25,000	\$50,000	<input type="checkbox"/>
\$50,000	\$100,000	<input type="checkbox"/>
\$100,000	\$200,000	<input type="checkbox"/>
\$250,000	\$500,000	<input type="checkbox"/>
\$500,000	\$1,000,000	<input type="checkbox"/>

Annual revenue generated from or attributable to activities conducted on your web site(s) (If Applicable):

Summary of E-Commerce Activities Conducted Via Your Web Site(s):

Encryption

a) Does your organization encrypt all e-mails containing sensitive information (e.g., Personally Identifiable Information [PII], Personal Health Information [PHI], Payment Card Information [PCI]) sent to external parties? ☐ Yes ☐ No

b) Does your organization encrypt all sensitive information (e.g., PII, PHI, PCI) Stored on mobile devices (e.g., phones, tablets, wearable computers, flash drives)? ☐ Yes ☐ No

Information Security Leadership

Does your organization have an individual officially designated for overseeing Information security? ☐ Yes ☐ No

Cloud

Does your organization have sensitive information (e.g., PII, PHI, PCI) stored on the cloud (e.g., Carbonite, Google Drive, Dropbox)? ☐ Yes ☐ No

If so, which provider(s) is used?:

Employee Management

Does your organization provide mandatory information security training to all employees at least annually? ☐ Yes ☐ No

If yes, are your information security personnel provided with additional training to help them understand current security threats? ☐ Yes ☐ No

Please describe:

CYBER INSURANCE COVERAGE HISTORY

1. List prior cyber/security privacy insurance for past three years, including both stand-alone policies and supplemental coverage provided under some other type of insurance.

Insurance Company	Insurance Limits	Deductible/Retention	Policy Period	Premium
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

2. Has any cyber/security privacy insurance policy listed above been canceled or nonrenewed? ☐ Yes ☐ No

3. What is the Retroactive Date of your Cyber Insurance Policy currently in effect? If you do not have a Cyber Insurance Policy currently in effect, please answer N/A.

Insuring Agreement	Retroactive Date
a) Security Agreement	
b) Extortion Threats	
c) Replacement or Restoration of Electronic Data	
d) Business Income and Extra Expense	
e) Public Relations Expense	
f) Security Breach Liability	

During the last three years has your organization suffered a security breach requiring Customer or third-party notification according to state or federal regulations? ☐ Yes ☐ No

If Yes, please describe both the cause of the security breach and the economic loss to your organization:

If Yes, how did your organization respond to the security breach?

VEHICLE EXPOSURES

Number of company owned vehicles (list below)		Number of drivers	
Private Pass:		Light Trucks:	Medium Trucks:
Heavy Trucks:		Heavy Truck Tractors:	Extra-Heavy Trucks:
Extra-Heavy Truck Tractors:		Trailers:	

Do you have a written procedure for the screening and hiring of drivers? If yes, please provide details: ☐ Yes ☐ No

Are MVR's pulled on all drivers? If yes, please provide details: ☐ Yes ☐ No

As part of a formal driver qualification program are MVR's reviewed using set criteria at least annually by the insured? If MVR's are reviewed but not by the insured, please identify who reviews them: ☐ Yes ☐ No

Is there a vehicle maintenance program in place? If yes, please provide details: ☐ Yes ☐ No

Do employees use personal vehicles in business? If yes, list percentage of employees who use their own vehicles: ☐ Yes ☐ No

Do you use owner/operators? If yes, please describe: ☐ Yes ☐ No

Do you allow employees to take company vehicles home? ☐ Yes ☐ No

If you allow employees to take company vehicles home, are they allowed to drive the vehicles during non-work hours? ☐ Yes ☐ No

Do you have a written policy regarding the use of cell phones while operating vehicles? If yes, please describe: ☐ Yes ☐ No

EMPLOYEE JOBSITE EXPOSURES

Number of employees		Employee turnover rate	
Percent union employees		Percent non-union employees	
Do you use temporary employees? If yes, please provide details:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is job training provided? If yes, please provide details:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain a written employment application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain pre/post-employment physicals? If yes, which one (pre or post-employment)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you perform drug/substance abuse tests?			
If yes, for all employees or just CDL drivers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate what testing is done: pre-hire, post-accident, random and/or for-cause?			
Do you use a specific medical provider to treat injured employees? If yes, please provide details:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a full time Safety Director? If yes, please provide their name:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a written safety program? If yes, please provide copy of table of contents.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have a written safety program does it include a positive incentive program? If yes, please provide details:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are safety/tailgate meetings conducted? If yes, how often?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a written fall protection program? If yes, indicate at what height 100% fall protection is required:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any work performed above 2 stories?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you perform roof work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use scaffolds?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you perform any excavation or below-grade work? If yes, please provide details?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you perform any confined space work? If yes, please provide details?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a lock-out/tag-out program? If yes, please provide details?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a hazardous materials communication program? If yes, please provide details?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a formal equipment inspection/maintenance program? If yes, please provide details?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have set procedures for reporting a claim? If yes, please provide details?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a formal accident investigation report? If yes, please provide details?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is modified duty offered to injured employees?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Return To Work program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

18. NOTICE TO APPLICANT:

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage for cleanup costs, bodily injury and property damage liability coverage for claims first made against the insured and reported to the insurer, in writing, during the policy period. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Applicant Signature	
Printed Name	
Title	
Date	
Agent/Broker Firm	
Broker Address	

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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.

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 insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO 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 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 civil fines and criminal 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 PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND: 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 TENNESSEE 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 VIRGINIA 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 WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.