

Supplemental Application

THIS SUPPLEMENTAL APPLICATION IS PART OF AN OVERALL APPLICATION FOR COVERAGE.

PLEASE READ THE APPLICANT INSTRUCTIONS BELOW CAREFULLY AND FILL OUT THIS APPLICATION COMPLETELY.

APPLICANT INSTRUCTIONS:

1. Answer all questions; leave no blank spaces.
2. If any questions do not apply, or the answer is “No”, please indicate.
3. Please fill out this Application completely for each location for which coverage is desired. A spreadsheet should be attached for multiple locations.
4. In addition to completing this Application, please attach copies of the following:
 - Past three (3) years of the Insured's Financial Statements, including balance sheets and income statements.
 - Accord Applications for all coverages.
 - Resumes of Safety Director and Mechanics.
 - Owner/Operator Agreement(s).
 - Driver Safety Manual.
 - Driver Training Procedure Manual.
 - Vehicle Maintenance Program.
 - Past five (5) years the Insured's Loss Runs for all coverages. Also, please provide a written explanation of all losses in excess of \$10,000.
 - Complete Driver list, which includes the following for each driver: License Number; Date of Birth; and State.
 - Spill Plan.
 - Security Plan.
 - Driver Hiring Criteria.

APPLICATION:

Submitting Agency:

Street Address: _____
City/State/Zip Code: _____
Contact Name: _____ Contact Title: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____ Website: _____
Policy Expiration Date: _____
Date Quote Needed By: _____

To the best of your knowledge, is this account currently written by or has it been submitted to any other division of XL Group? ☐ Yes ☐ No

If yes, please explain:

A. GENERAL INFORMATION:

1. Applicant Name:

Street Address: _____
City/State/Zip Code: _____
Contact Name: _____ Contact Title: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____ Website: _____
Federal Employer Identification Number (FEIN): _____

Applicant is: ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Individual
☐ Other (please explain):
☐ Public or ☐ Private

Identify the Name(s) and Title(s) of those responding to this survey:

Name: _____ Title: _____
Name: _____ Title: _____

2. The Applicant has been in the trucking business since?

3. The Applicant has been under current ownership/management since?

4. Does the Applicant operate under any other name? ☐ Yes ☐ No
If yes, provide exact name(s): _____

5. Within the past three (3) years, has the Applicant purchased any other trucking company? ☐ Yes ☐ No
If yes, provide exact name and date of purchase: _____

6. Within the past three (3) years, has any insurance been declined, non-renewed or canceled? ☐ Yes ☐ No
If yes, provide company, coverage and reason: _____

B. DESIRED COVERAGE(S):

Note: Copies of Accord Applications must be provided for all coverages indicated below.

- ☐ Auto Liability ☐ Cargo ☐ Trailer Interchange
☐ Physical Damage ☐ General Liability ☐ Property

C. COMMODITIES HAULED:

Note: If the Applicant is involved in hauling any hazardous waste or materials, Section D. below must also be completed.

1. Please complete the following table:

Specific Commodity	% of Total Revenue	% of Total Miles	Average Value	Maximum Value
	%	%	\$	\$
	%	%	\$	\$
	%	%	\$	\$
	%	%	\$	\$
	%	%	\$	\$
	%	%	\$	\$
	%	%	\$	\$

2. Does the Applicant assume ownership of any Commodity?

☐ Yes ☐ No

D. HAZARDOUS WASTE/MATERIALS INFORMATION:

Note: If the Applicant is involved in hauling any hazardous waste or materials, this Section must also be completed.

1. Please check any material that the Applicant hauled within the last twelve (12) months:

- | | | |
|---|---|---|
| <input type="checkbox"/> Flammable Gas | <input type="checkbox"/> Etiologic Agents | <input type="checkbox"/> Gas Cylinders |
| <input type="checkbox"/> Flammable Solids | <input type="checkbox"/> Corrosive Acid | <input type="checkbox"/> Cyanides |
| <input type="checkbox"/> Combustible Liquid | <input type="checkbox"/> Corrosive Base | <input type="checkbox"/> Sulfides |
| <input type="checkbox"/> Combustible Gas | <input type="checkbox"/> Insecticides | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Combustible Solid | <input type="checkbox"/> Air Reactives | <input type="checkbox"/> Waste Oil |
| <input type="checkbox"/> Oxidizers | <input type="checkbox"/> Water Reactives | <input type="checkbox"/> Salt Water, Brine, Drilling Mud etc. |
| <input type="checkbox"/> Explosives ABC | <input type="checkbox"/> Poisons "A" | <input type="checkbox"/> Other (describe below): |
| <input type="checkbox"/> Lab Chemicals | <input type="checkbox"/> Poisons "B" | |

2. Of materials hauled, provide percentage of:

Bulk: % Drummed: % Cylinder: % Other: %

If Other, please explain:

3. **List all Transportation, Storage and Disposal (TSD) facilities and provide facility permit numbers and complete address for those facilities currently used by the Applicant. Separately indicate any other facilities the Applicant has used since 1980:**

Attach additional sheets, if necessary.

Facility Name	Permit Number	Facility Address

4. **Does the Applicant select the site of disposal for hazardous waste?** ☐ Yes ☐ No

5. **Is the Applicant authorized to sign hazardous waste manifests?** ☐ Yes ☐ No

If yes, please provide the name(s) and title(s) of those individuals that are authorized to sign hazardous waste manifests:

Name:

Title:

Name:

Title:

Is this part of the employee(s) regular job description?

☐ Yes ☐ No

6. **Does the Applicant comply with all applicable Department of Transportation (DOT) rules with regard to placarding and labeling to properly identify hazardous waste?** ☐ Yes ☐ No

7. **List locations where the Applicant's vehicles are decontaminated:**

Attach additional sheets, if necessary.

Location 1:

Location 2:

8. **Describe the Applicant's method of decontamination:**

E. EQUIPMENT INFORMATION:

1. **Number of units operated by the Applicant (please complete table below):**

Power Units	Company Owned	Owner/Operator	Trailers	Company Owned	Owner/Operator
Tractors:			Flats:		
X-Heavy Trucks:			Vans:		
Heavy Trucks:			Tankers:		
Medium Trucks:			Reefers:		
Pick-Ups:			Dump:		
Private Passenger:			Other:		

2. **Are Owner/Operators hired under a formal agreement?** ☐ Yes ☐ No

If yes, a copy of agreement must be provided.

3. Does trip leasing comprise more than 5% of the Applicant's gross receipts? ☐ Yes ☐ No
If yes, please explain:
4. Are any of the Applicant's units operated affected by seasonal operations? ☐ Yes ☐ No
If yes, please explain:
5. Are the Applicant's vehicles equipped with theft alarms? ☐ Yes ☐ No
If yes, please explain:
6. Are the Applicant's vehicles equipped with electronic on board recorders (EORB) and/or global positioning systems (GPS)? ☐ Yes ☐ No
7. Are any of the Applicant's vehicles left unlocked while unattended? ☐ Yes ☐ No
If yes, please explain:
8. Are any of the Applicant's vehicles left loaded overnight? ☐ Yes ☐ No
If yes, please explain:
9. Does the Applicant rent any vehicles? ☐ Yes ☐ No
If yes, please explain:

F. TERRITORY/OPERATION:

1. Does the Applicant engage in any other operations other than trucking? ☐ Yes ☐ No
If yes, please explain:

2. Identify the Application's radius of operations by completing the following table:

Local Hauls (0 – 50 miles)	Intermediate Hauls (51 – 200 miles)	Long Hauls (200+ miles)	Maximum Radius per Trip (miles)

3. Does the Applicant have any fuel storage or any other product storage facilities? ☐ Yes ☐ No
If yes, please provide details:

4. Provide exact address of all terminals, plants and warehouse locations:

Note: If Property Coverage is desired, include construction, private protection and alarm information.

- a.
- b.
- c.
- d.

5. Indicate all areas in which units are operated:

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Dallas	<input type="checkbox"/> Little Rock	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Richmond
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Denver	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New York City	<input type="checkbox"/> St. Louis
<input type="checkbox"/> Boston	<input type="checkbox"/> Detroit	<input type="checkbox"/> Louisville	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> Salt Lake City
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Hartford	<input type="checkbox"/> Memphis	<input type="checkbox"/> Omaha	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Houston	<input type="checkbox"/> Miami	<input type="checkbox"/> Phoenix	<input type="checkbox"/> Tulsa
<input type="checkbox"/> East Chicago	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia	
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Minneapolis	<input type="checkbox"/> Pittsburgh	
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Nashville	<input type="checkbox"/> Portland	

6. Indicate all states in which filings are required:

(L = Liability; C = Cargo)

L	C	State	L	C	State	L	C	State	L	C	State
<input type="checkbox"/>	<input type="checkbox"/>	Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	<input type="checkbox"/>	Alaska	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	<input type="checkbox"/>	Arizona	<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	<input type="checkbox"/>	California	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	<input type="checkbox"/>	Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Texas
<input type="checkbox"/>	<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input type="checkbox"/>	<input type="checkbox"/>	Utah
<input type="checkbox"/>	<input type="checkbox"/>	Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	<input type="checkbox"/>	Florida	<input type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	Washington
<input type="checkbox"/>	<input type="checkbox"/>	Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	<input type="checkbox"/>	Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	Wyoming

7. Provide Numbers, where applicable:

ICC/DOT: # PA PUC: #
 OH PUC: # TN HF: #
 KY KYU: # IN PSCI: #
 OK OCC: # FI TAX: #

8. Identify EXACT Name(s) and Address(es) as it/they should appear on the filings:

Attach additional sheets, if necessary.

Name:

Street Address:

Cit/State/Zip Code:

G. DRIVER/SAFETY/TRAINING:

1. Number of Drivers:

Employed Full-Time:

Employed Part-Time:

Owner/Operator:

Total Drivers:

2. Does driver selection include:

Written Application?

☐ Yes ☐ No

Reference Check?

☐ Yes ☐ No

Written Test?

☐ Yes ☐ No

Road Test?

☐ Yes ☐ No

Physical Exam?

☐ Yes ☐ No

Substance Abuse Test?

☐ Yes ☐ No

MVR Check?

☐ Yes ☐ No

3. Who is responsible for driver selection?

Name

Title

4. At what location are driver files maintained?

5. Are driver files current and in compliance with DOT regulations?

☐ Yes ☐ No

6. Is there a full-time safety director?

☐ Yes ☐ No

If yes, please attach resume.

If no, please explain:

7. Are passengers allowed in company-insured vehicles?

☐ Yes ☐ No

If yes, is management approval needed?

☐ Yes ☐ No

If yes, are liability release forms obtained?

☐ Yes ☐ No

If yes, provide copy of liability release form.

8. Are there any current drivers with convictions within the past three (3) years for DUI, DWI or reckless driving?

☐ Yes ☐ No

If yes, please provide MVRs.

9. How often are driver safety/training meetings held?

10. Is the topic discussed and driver attendance documented?

☐ Yes ☐ No

11. Is there a company safety manual?

☐ Yes ☐ No

If yes, please provide copy.

12. Do drivers receive training for tie-down and weight distribution procedures for flat bed operations?

☐ Yes ☐ No

13. Are Owner/Operators held to the same standards as an Applicant's driver?

☐ Yes ☐ No

14. Driver Turnover %

H. VEHICLE MAINTENANCE:

1. Is there a written maintenance program?

☐ Yes ☐ No

If yes, please provide copy.

2. Is an individual service record file maintained on each vehicle? ☐ Yes ☐ No
3. Are vehicle condition reports (VCRs) completed daily? ☐ Yes ☐ No
4. Does the Applicant service their own vehicles? ☐ Yes ☐ No

If yes, please indicate type and provide resumes or required certification for mechanics.

☐ Minor Repairs ☐ Major Repairs ☐ Body Work ☐ State Inspections

If no, who does?

5. Does the Applicant perform maintenance work for Owner/Operators? ☐ Yes ☐ No
6. Does the Applicant's mechanics inspect Owner/Operator equipment? ☐ Yes ☐ No
7. Does the Applicant maintain Owner/Operator maintenance records? ☐ Yes ☐ No
8. Is there a means to monitor the due date of inspections on Owner/Operator equipment? ☐ Yes ☐ No

If yes, please explain:

9. At what location are vehicle files maintained?

10. Is there a Title Maintenance Program? ☐ Yes ☐ No

If yes, please provide copy.

I. COMPANY GROWTH HISTORY:

Please provide information for the past five (5) years.

Period	Gross Revenues	Total Mileage	Payroll	# of Owned Units	# of Owner/Operators
			\$		
			\$		
			\$		
			\$		
			\$		

J. INSURANCE HISTORY:

Please provide information for the previous five (5) years for all lines of coverage referenced below.

1. Auto Liability:		
Year	Carrier Name	Premium
		\$
		\$
		\$
		\$
		\$

2. Physical Damage:		
Year	Carrier Name	Premium
		\$
		\$
		\$
		\$
		\$

3. General Liability:		
Year	Carrier Name	Premium
		\$
		\$
		\$
		\$
		\$

4. Cargo:		
Year	Carrier Name	Premium
		\$
		\$
		\$
		\$
		\$

K. ADDITIONAL INFORMATION:

Please provide us with an overview of the Applicant's operation and any additional information you feel is needed regarding your operation.

APPLICANT FRAUD WARNINGS

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 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by 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.

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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and 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 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: All Commercial Insurance, Except As Provided for Automobile Insurance: 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.

Automobile Insurance: 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 the payment of a fine of up to \$15,000.

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

NOTICE TO RHODE ISLAND 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 TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation 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.

Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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 purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA 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 ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

NOTICE TO NEW YORK APPLICANTS: General: All applications for commercial insurance, other than automobile insurance: 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.

All applications for automobile insurance and all claim forms: Any person who 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.

Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

Applicant Signature: _____ Title: _____

Print Applicant's Name: _____ Date: _____

Agent/Broker Name: _____