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General Information

Date of survey: _____ Insurance Renewal Date: _____ Date proposal is needed: _____

Legal Name of Business: _____
 (please include all businesses that are to be included as insureds)

FEIN: _____

Mailing Address: _____

County: _____

Location Address: _____

Telephone: _____ Fax: _____

Website Address: _____ E-Mail: _____

Owner/President: _____ Cell Phone #: _____ E-Mail: _____

Inspection Contact: _____ Cell Phone #: _____ E-Mail: _____

Business Information

Description of business: Sole Proprietorship Partnership Corporation Other _____

Years in business _____ Years of experience _____

If in Business for less than 3 years, please attach resume and summary of experience of Manager.

Number of Employees: _____ Number of Executives/Officers/Owners: _____

Is your business a subsidiary or division of another company? Yes No

If yes, please provide the name of the company, the address and relationship: _____

Has your business had any changes in ownership over the past 3 years? Yes No

If yes, please provide details: _____

Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? (N/A in MO) Yes No

If yes, please provide dates, coverage and explanation: _____

Insurance Agent Information

Agent's Name: _____

Name of Agency: _____

Address: _____

Agency telephone: _____ Fax #: _____ E-mail: _____

Do you currently write this account? Yes No If Yes, for how long? _____ With what Carrier? _____

Is the account Sub-Brokered? Yes No

If yes, please indicate Agency name: _____

Real and Personal Property

N/A

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.

Current Carrier: _____ Current Premium: \$ _____

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"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <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"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <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.

Indicate the coinsurance percentage desired: 80% 90% 100% Other _____

Indicate the property deductible desired: \$500 minimum \$1000 \$2500 \$5000 Other _____

Are there any other buildings at locations listed above that are not being quoted? Yes No

If yes, please explain: _____

Please list name and address of any mortgagee (MTG) or loss payee (LP) for each location:

Location Number	Type	Name and Address
1.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
2.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
3.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
4.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
5.	<input type="checkbox"/> MTG <input type="checkbox"/> LP	

CGL Limits of Insurance

Current Carrier: _____

Current Premium: \$ _____

Limits of Liability: \$ 500,000 Occurrence/\$1,000,000 Aggregate Occurrence Claims-made* Retroactive Date: _____
 \$1,000,000 Occurrence/\$2,000,000 Aggregate Occurrence Claims-made* Retroactive Date: _____
 \$1,000,000 Occurrence/\$3,000,000 Aggregate Occurrence Claims-made* Retroactive Date: _____
 \$ _____ Occurrence Claims-made* Retroactive Date: _____

Medical Expense \$5,000 \$10,000 Other: _____

Damage To Rented Premises \$100,000 Other _____

***If claims-made coverage is requested, please provide a copy of the declarations page from the current policy.**

Certificates of Insurance & Additional Insureds

List any entities that need Certificates of Insurance or Additional Insured endorsements for liability coverage.

For Additional Insureds, describe their interest in your business.

Loc. No.	Name & Address	Certificate of Insurance	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			

Receipt Information

Please check all that apply to your business:

Location Number	Type of Wash/Receipts (\$)	Other Sales	# of Bays	Car Count
—	<input type="checkbox"/> Self-Serve \$ _____ <input type="checkbox"/> In-Bay Automatic \$ _____ <input type="checkbox"/> Exterior Wash \$ _____ <input type="checkbox"/> Full Service \$ _____ <input type="checkbox"/> Dog Wash \$ _____ <input type="checkbox"/> Hand Wash \$ _____	<input type="checkbox"/> Gas \$ _____ <input type="checkbox"/> LPG Sales \$ _____ <input type="checkbox"/> Lube \$ _____ <input type="checkbox"/> Conv. Store \$ _____ <input type="checkbox"/> Laundry \$ _____ <input type="checkbox"/> Other _____ \$ _____	—	—
—	<input type="checkbox"/> Self-Serve \$ _____ <input type="checkbox"/> In-Bay Automatic \$ _____ <input type="checkbox"/> Exterior Wash \$ _____ <input type="checkbox"/> Full Service \$ _____ <input type="checkbox"/> Dog Wash \$ _____ <input type="checkbox"/> Hand Wash \$ _____	<input type="checkbox"/> Gas \$ _____ <input type="checkbox"/> LPG Sales \$ _____ <input type="checkbox"/> Lube \$ _____ <input type="checkbox"/> Conv. Store \$ _____ <input type="checkbox"/> Laundry \$ _____ <input type="checkbox"/> Other _____ \$ _____	—	—
—	<input type="checkbox"/> Self-Serve \$ _____ <input type="checkbox"/> In-Bay Automatic \$ _____ <input type="checkbox"/> Exterior Wash \$ _____ <input type="checkbox"/> Full Service \$ _____ <input type="checkbox"/> Dog Wash \$ _____ <input type="checkbox"/> Hand Wash \$ _____	<input type="checkbox"/> Gas \$ _____ <input type="checkbox"/> LPG Sales \$ _____ <input type="checkbox"/> Lube \$ _____ <input type="checkbox"/> Conv. Store \$ _____ <input type="checkbox"/> Laundry \$ _____ <input type="checkbox"/> Other _____ \$ _____	—	—

Employee Benefits Liability

N/A (not available in NY)

Current EBL Carrier: _____

Current Premium: \$ _____

Limits of Liability: \$ 500,000 Each Incident/\$ 500,000 Aggregate Occurrence Claims-made Retroactive Date: _____
 \$ 500,000 Each Incident/\$1,000,000 Aggregate Occurrence Claims-made Retroactive Date: _____
 \$1,000,000 Each Incident/\$2,000,000 Aggregate Occurrence Claims-made Retroactive Date: _____
 \$ _____ Occurrence Claims-made Retroactive Date: _____

Does the company have an Employee Benefits handbook? Yes No

Has any claim been made or suit filed against the company and/or its employees in the past five years alleging an error or omission in the administration* of your benefit programs? Yes No

If yes, please describe: _____

Does the company have knowledge of any matter(s) involving employee benefits, benefits administration, the handling of benefit claims, or any other benefits-related matter which would cause a reasonable person to believe that a claim or suit might result?

Yes No

If yes, please describe: _____

* 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.

Garage Keepers Liability Information

N/A

Please indicate the Garagekeepers **Legal** Liability Limit desired:

\$ _____ Address: _____

\$ _____ Address: _____

\$ _____ Address: _____

Does the insured perform mobile service or repair? Yes No

Where are customers vehicles stored overnight? _____

Type of Vehicle Storage Facility: Building Standard Open Lot Non-standard Open Lot

Please describe protection devices present, i.e. locks, alarms, sprinkler systems, fire extinguishers, lighting, fences, etc.:

Does the insured pick up and deliver customers' autos? Yes No

If Yes, please complete the Driver Information section & submit a list of all drivers including date of birth and license number.

Automobile Operations

What is the radius of your operations? _____ Miles

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: _____

Physical Damage Coverage

Please indicate the desired deductible for vehicles:

Comprehensive (ACV) \$500 \$1000 \$2000 \$3000 Other \$ _____

Collision (ACV) \$500 \$1000 \$2000 \$3000 Other \$ _____

Vehicle Schedule						
Veh No.	Year	Make, Model, Body Type	Cost New	VIN (Required)	GVW	Loc. No.
1.			\$			
2.			\$			
3.			\$			
4.			\$			
5.			\$			
6.			\$			

***If more than 10 vehicles, please attach Auto Acord Schedule.**

***Cost New is required if Physical Damage Coverage is requested.**

***Gross Vehicle Weight is required.**

Additional Insured / Loss Payee

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:

Veh. No.	Type	Name and Address
	<input type="checkbox"/> A.I. <input type="checkbox"/> LP	
	<input type="checkbox"/> A.I. <input type="checkbox"/> LP	
	<input type="checkbox"/> A.I. <input type="checkbox"/> LP	
	<input type="checkbox"/> A.I. <input type="checkbox"/> LP	
	<input type="checkbox"/> A.I. <input type="checkbox"/> LP	

Hired / Non-Owned Coverage

Hired / Borrowed Liability: State(s): _____ Cost of Hire: \$ _____ If Any Basis

Non-Owned Liability: State(s): _____

Group Type: Employees How Many? _____ Partners How Many? _____

Hired Physical Damage: State(s): _____ Number of Days: _____ Number of Vehicles: _____

Coverage: Comprehensive Deductible: \$ _____

Collision Deductible: \$ _____

Do you or any of your employees use their own vehicles for company business? Yes No

If yes, please indicate for what purpose:

Delivery of Products Sales Other, please describe: _____

Driver Information

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

If yes, how often? _____

Does the company have written criteria for acceptable MVR's? Yes No

Do all drivers have a license commensurate with state or local law (CDL, etc.)? Yes No

Please describe the driver training program currently being used: _____

Does a file exist for each driver containing documentation for all of the above information? Yes No

What selection criteria are used to select new drivers? _____

Number of drivers currently employed: _____ Full time _____ Part time _____ Contract

Percent of driver turnover in the last twelve months: _____

Business Operations Information

- Is there a formal maintenance program for buildings and grounds? Yes No
- Are employees required to wear uniforms? Yes No
- Do you accept: Coins Bills Credit Cards
- How often is cash pulled? _____ How often are deposits made? _____
- If credit card machines are on premises, are they alarmed? Yes No
- Are customers warned about restricted areas? Yes No
- Is the building equipped with an alarm system? Yes No
- If yes, what type of alarm? Central Alarm Local Alarm Audible Silent
- Are video surveillance cameras present? Yes No
- If yes, where are they located on the premises? _____
- Do exterior doors have double cylinder dead bolt locks? Yes No
- Do you use chemicals containing Hydrofluoric Acid (HF)? Yes No
- Do you use chemicals containing Ammonium Bifluoride (ABF)? Yes No
- Do you have and review Material Safety Data Sheets (MSDS) with employees? Yes No
- Are employees required to sign off on training? Yes No
- Are there any vehicle sales? Yes No
- Are any vehicles loaned, rented or leased? Yes No
- Are any automotive repair services completed on premises? Yes No
- Any dealer or transporter plates? Yes No
- Are the following signs clearly posted?
- Vehicle height Risk potential to customized equipment Restricted area Vehicle Hazards

Full Serve/Exterior

N/A

- Do employees drive customer's vehicles? Yes No
- If yes, are MVR's obtained? Yes No
- Do drivers wear distinguishing clothing? Yes No
- Are vehicles kept overnight? Yes No
- Does the business offer pick-up and/or delivery service? Yes No
- If yes, how frequently? _____ How far? _____
- Is there a procedure to note pre-existing damage? Yes No
- How are customer incidents handled? Explanation: _____
-

Self-Serve/In Bay Automation N/AIs the car wash attended? Yes No

If yes, how many hours daily? _____

Are bay floors heated? Yes No

How are customer incidents handled? Explanation: _____

Do wands have triggers? Yes NoAre oil and water separators present? Yes No**Gasoline Sales** N/A Full Service Self Service CombinationIs operation open 24 hours? Yes No

Number of Fuel Pumps: _____

Is Diesel fuel offered? Yes NoAre pumps accessible to tractor trailers? Yes NoAre canopy areas well-lighted? Yes NoAre pumps protected by an automatic suppression system? Yes NoIs it tested annually? Yes No

Date of last test? _____

Is there a spill procedure in place? Yes NoAre employees trained in this procedure? Yes No**LP Gas** N/ADo you distribute LP Gas tanks filled by others? Yes NoIf yes, do you require a certificate of liability insurance from the vendor? Yes NoDo you fill LP gas tanks? (If yes, please complete the questions below) Yes NoDo you have documentation that LP Fill Station meets all state and local LP codes? Yes NoAre employees certified and trained to fill LP gas tanks? Yes NoIs the fill station fenced or secured? Yes No

How many fixed LP Gas tanks do you have on premise? _____

Lube N/A

Which service set up does your operation use?

 Pits Lifts

If pits, are there protective nets or other safety devices?

 Yes No

If lifts, is there a regular maintenance program in place?

 Yes No

Is all work reviewed by a second technician?

 Yes No

Are customers allowed in the shop area?

 Yes No

Is there a separate waiting area for customers?

 Yes No

Does your facility use alternative/supplemental heating units?

 Yes No

If yes, please explain _____

Convenience Store N/A

Hours of operation? _____

Number of employees on duty at any given time: _____

Are any of the following on your premises?

 Alcohol Cigarettes Lotto tickets ATM Machine Restrooms for customer use

Do you have panic button devices?

 Yes No

Are firearms kept on the premises?

 Yes No

Are cash drawers emptied and left open at night?

 Yes No

Are exits clearly marked?

 Yes No

Is there a wet floor procedure in place?

 Yes No**Dog Wash** N/A

Is the dog wash attended?

 Yes No

How many tubs are available? _____

Are tubs in separate rooms?

 Yes No

Are there safety restraints in the tubs?

 Yes No

Do you offer any professional grooming services?

 Yes No

Are grooming supplies offered to your customers?

 Yes No**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)

Excess Liability

No Coverage Requested

Desired Limit of Insurance:

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1,000,000 bodily injury by accident/\$1,000,000 bodily injury by disease/\$1,000,000 bodily injury by disease policy limit for Employers Liability if provided.

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: _____

Effective Dates: _____ Policy Period: _____

Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident
\$ _____ Bodily Injury by Disease
\$ _____ BI by Disease Policy Limit

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

Prior Loss Information

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.*

Date of Occurrence	Date of Claim	Type of Claim & Description of Occurrence	Amount Paid	Amount Reserved	Claim Status
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed

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

SUBMISSION REQUIREMENTS

Attachments to this application **must** include the following:

- 3 years of currently valued, hard copy loss runs, including loss details and descriptions (for all lines requested).
- A complete drivers list with driver names, license numbers, dates of birth and date of hire (*required if auto coverage and for full service operations).
- Copies of motor vehicle reports for all drivers (if auto coverage requested).
- Photos.

A quotation will not be offered if the attachments are not included with the application.

Application Signatures & State Fraud Statement

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.

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.

Application Signatures & State Fraud Statement (Continued)

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.

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.

