



**CONTACT INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

|                           |      |     |      |                           |      |     |      |
|---------------------------|------|-----|------|---------------------------|------|-----|------|
| CONTACT TYPE:             |      |     |      | CONTACT TYPE:             |      |     |      |
| CONTACT NAME:             |      |     |      | CONTACT NAME:             |      |     |      |
| PRIMARY PHONE#            | HOME | BUS | CELL | SECONDARY PHONE#          | HOME | BUS | CELL |
| PRIMARY E-MAIL ADDRESS:   |      |     |      | PRIMARY E-MAIL ADDRESS:   |      |     |      |
| SECONDARY E-MAIL ADDRESS: |      |     |      | SECONDARY E-MAIL ADDRESS: |      |     |      |

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

|                            |         |        |  |      |         |          |                  |                                  |
|----------------------------|---------|--------|--|------|---------|----------|------------------|----------------------------------|
| LOC #                      | STREET  |        |  | CITY | LIMITS  | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
|                            |         |        |  |      | INSIDE  | OWNER    |                  | OCCUPIED AREA: SQ FT             |
| BLD #                      | CITY:   | STATE: |  |      | OUTSIDE | TENANT   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|                            | COUNTY: | ZIP:   |  |      |         |          |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS: |         |        |  |      |         |          |                  | ANY AREA LEASED TO OTHERS? Y / N |

**NATURE OF BUSINESS**

|   |  |  |  |   |                          |                                    |
|---|--|--|--|---|--------------------------|------------------------------------|
| <input type="checkbox"/> APARTMENTS                   | <input type="checkbox"/> CONTRACTOR    | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT    | <input type="checkbox"/> SERVICE                    | <input type="checkbox"/> | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input type="checkbox"/> CONDOMINIUMS                 | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE        | <input type="checkbox"/> RETAIL        | <input type="checkbox"/> WHOLESALE                  | <input type="checkbox"/> |                                    |
| DESCRIPTION OF PRIMARY OPERATIONS                     |  |  |  |   |                          |                                    |
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: |  |  | INSTALLATION, SERVICE OR REPAIR WORK % | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK % |                          |                                    |
| DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED      |  |  |  |   |                          |                                    |

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional**

|  |  |   |  |                       |  |                         |           |
|--|--|---|--|-----------------------|--|-------------------------|-----------|
| <input type="checkbox"/> INTEREST<br><input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORTGAGEE<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> REGISTRANT<br><input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE POLICY SEND BILL |  |                       |  | INTEREST IN ITEM NUMBER |           |
|  |  |   |  |                       |  | LOCATION:               | BUILDING: |
|  |  |   |  |                       |  | VEHICLE:                | BOAT:     |
|  |  |   |  |                       |  | AIRPORT:                | AIRCRAFT: |
|  |  |   |  |                       |  | ITEM CLASS:             | ITEM:     |
| REFERENCE/ LOAN #:   |  |   |  | INTEREST END DATE:    |  | ITEM DESCRIPTION        |           |
| LIEN AMOUNT:   |  |   |  | PHONE (A/C, No, Ext): |  |                         |           |
| REASON FOR INTEREST:   |  |   |  | E-MAIL ADDRESS:       |  |                         |           |

**GENERAL INFORMATION**

**AGENCY CUSTOMER ID:** \_\_\_\_\_

| EXPLAIN ALL YES RESPONSES  |   |  |                                      |                                |                          |                  |  |         |                 | Y / N   |
|--|---|--|--------------------------------------|--------------------------------|--------------------------|------------------|--|---------|-----------------|---|
| 1a IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| PARENT COMPANY NAME  |   |  |                                      |                                | RELATIONSHIP DESCRIPTION |                  |  | % OWNED |                 |   |
| 1b DOES THE APPLICANT HAVE ANY SUBSIDIARIES?   |   |  |                                      |                                |                          |                  |  |         |                 |   |
| SUBSIDIARY COMPANY NAME  |   |  |                                      |                                | RELATIONSHIP DESCRIPTION |                  |  | % OWNED |                 |   |
| 2.   | IS A  | FORMAL SAFETY PROGRAM IN OPERATION?          |                                      |                                |                          |                  |  |         |                 |   |
|  |   | SAFETY MANUAL SAFETY POSITION                | MONTHLY MEETINGS OSHA                |                                |                          |                  |  |         |                 |   |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| LINE OF BUSINESS   |   |  | POLICY NUMBER                        |                                |                          | LINE OF BUSINESS |  |         | POLICY NUMBER   |   |
|  |   |  |                                      |                                |                          |                  |  |         |                 |   |
|  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| 5.   | ANY OPERATIONS? POLICY OR COVERAGE (Missouri) | Applicants DECLINED, CANCELLED, DO NOT STATE | OR NON-RENEWED DURING this question) |                                |                          |                  |  |         |                 | THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR |
|  | NON-PAYMENT NON-RENEWAL                       | AGENCY LONGER PRESENT UNDERWRITING           | CARRIER                              | CONDITION CORRECTED (Describe) |                          |                  |  |         |                 |   |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR 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? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). |   |  |                                      |                                |                          |                  |  |         |                 |   |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?   |   |  |                                      |                                |                          |                  |  |         |                 |   |
| OCCURRENCE DATE  |   | EXPLANATION                                  |                                      |                                |                          | RESOLUTION       |  |         | RESOLUTION DATE |   |
|  |   |  |                                      |                                |                          |                  |  |         |                 |   |
|  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?   |   |  |                                      |                                |                          |                  |  |         |                 |   |
| OCCURRENCE DATE  |   | EXPLANATION                                  |                                      |                                |                          | RESOLUTION       |  |         | RESOLUTION DATE |   |
|  |   |  |                                      |                                |                          |                  |  |         |                 |   |
|  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| OCCURRENCE DATE  |   | EXPLANATION                                  |                                      |                                |                          | RESOLUTION       |  |         | RESOLUTION DATE |   |
|  |   |  |                                      |                                |                          |                  |  |         |                 |   |
|  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST?   |   |  |                                      |                                |                          |                  |  |         |                 |   |
| NAME OF TRUST  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If 'YES', attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)  |   |  |                                      |                                |                          |                  |  |         |                 |   |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?   |   |  |                                      |                                |                          |                  |  |         |                 |   |

|   |
|---|
| <p><b>REMARKS/ PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</b></p> |
|---|

**PRIOR CARRIER INFORMATION**

**AGENCY CUSTOMER ID:** \_\_\_\_\_

| YEAR | CATEGORY        | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
|      | CARRIER         |                   |            |          |        |
|      | POLICY NUMBER   |                   |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  |                   |            |          |        |
|      | EXPIRATION DATE |                   |            |          |        |
|      | CARRIER         |                   |            |          |        |
|      | POLICY NUMBER   |                   |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  |                   |            |          |        |
|      | EXPIRATION DATE |                   |            |          |        |
|      | CARRIER         |                   |            |          |        |
|      | POLICY NUMBER   |                   |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  |                   |            |          |        |
|      | EXPIRATION DATE |                   |            |          |        |
|      | CARRIER         |                   |            |          |        |
|      | POLICY NUMBER   |                   |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  |                   |            |          |        |
|      | EXPIRATION DATE |                   |            |          |        |

**LOSS HISTORY**  Check if none (Attach Loss Summary for Additional Loss Information)

| ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS |      |   |               |             |                 | TOTAL LOSSES: \$  |                  |
|--|------|---|---------------|-------------|-----------------|-------------------|------------------|
| DATE OF OCCURRENCE   | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y / N | CLAIM OPEN Y / N |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |
|  |      |   |               |             |                 |                   |                  |

**SIGNATURE**

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON A REQUEST TO US.

INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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 FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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.

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

|                       |  |  |
|-----------------------|--|--|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print)<br><b>A BIZ ACTION INSURANCE AGENCY</b> | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
| APPLICANT'S SIGNATURE | DATE   | NATIONAL PRODUCER NUMBER                           |



**CONTRACTORS**

|  |                |                          |                    |                    |       |
|--|----------------|--------------------------|--------------------|--------------------|-------|
| EXPLAIN ALL YES RESPONSES (For all past or present operations)                               |                |                          |                    |                    | Y / N |
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?                         |                |                          |                    |                    |       |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?                |                |                          |                    |                    |       |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?        |                |                          |                    |                    |       |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?                         |                |                          |                    |                    |       |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? |                |                          |                    |                    |       |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?                       |                |                          |                    |                    |       |
| DESCRIBE THE TYPE OF WORK SUBCONTRACTED CONTRACTORS:   | \$PAID TO SUB- | % OF WORK SUBCONTRACTED: | # FULL-TIME STAFF: | # PART-TIME STAFF: |       |

**PRODUCTS / COMPLETED OPERATIONS**

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
|          |                    |            |                |               |              |                      |
|          |                    |            |                |               |              |                      |
|          |                    |            |                |               |              |                      |

|  |  |  |  |  |       |
|--|--|--|--|--|-------|
| EXPLAIN ALL YES RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. |  |  |  |  | Y / N |
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?  |  |  |  |  |       |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)  |  |  |  |  |       |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?   |  |  |  |  |       |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?   |  |  |  |  |       |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?  |  |  |  |  |       |
| 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?   |  |  |  |  |       |
| 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?   |  |  |  |  |       |
| 8. PRODUCTS UNDER LABEL OF OTHERS?   |  |  |  |  |       |
| 9. VENDORS COVERAGE REQUIRED?  |  |  |  |  |       |
| 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?   |  |  |  |  |       |

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL INTEREST/ CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

|   |                    |       |           |             |                         |           |
|---|--------------------|-------|-----------|-------------|-------------------------|-----------|
| INTEREST                                    | NAME AND ADDRESS   | RANK: | EVIDENCE: | CERTIFICATE | INTEREST IN ITEM NUMBER |           |
| <input type="checkbox"/> ADDITIONAL INSURED |                    |       |           |             | LOCATION:               | BUILDING: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR |                    |       |           |             | ITEM CLASS:             | ITEM:     |
| <input type="checkbox"/> LIENHOLDER         |                    |       |           |             | ITEM DESCRIPTION        |           |
| <input type="checkbox"/> LOSS PAYEE         |                    |       |           |             |                         |           |
| <input type="checkbox"/> MORTGAGEE          |                    |       |           |             |                         |           |
|   | REFERENCE/ LOAN #: |       |           |             |                         |           |

**GENERAL INFORMATION**

| EXPLAIN ALL YES RESPONSES (For all past or present operations)   | Y / N |
|--|-------|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?  |       |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?  |       |
| 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) |       |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?  |       |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?  |       |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?   |       |
| 7. ANY PARKING FACILITIES OWNED/RENTED?  |       |
| 8. IS A FEE CHARGED FOR PARKING?   |       |
| 9. RECREATION FACILITIES PROVIDED?   |       |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES?  |       |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED?   |       |
| 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?   |       |
| 13. ANY DEMOLITION EXPOSURE CONTEMPLATED?  |       |
| 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?   |       |
| 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?   |       |

**GENERAL INFORMATION (continued)**

**AGENCY CUSTOMER ID:** \_\_\_\_\_

| EXPLAIN ALL YES RESPONSES (For all past or present operations)   | Y / N |
|--|-------|
| 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?  |       |
| 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?  |       |
| 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?                       |       |
| 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?   |       |
| 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? |       |

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

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IN WASHINGTON, 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.





**FRAUD NOTICES**

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IN KANSAS, 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.

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**REMARKS**

[Empty box for remarks]