



# AGRIBUSINESS INSURANCE APPLICATION

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Renewal of #	<b>APPLICANT INFORMATION SECTION</b>	Date:
Producer: Global Insurance Alliance, Inc.  Agency Contact: Melissa Braun Agency Phone #: 480-816-5665	Carrier:  Website: www.globalinsaz.com	Underwriter:
Code:	Sub Code:	Please indicate applications attached:
Status of Submission:	<input type="checkbox"/> Property <input type="checkbox"/> Farm or General Liability <input type="checkbox"/> Umbrella <small>(may not be bound)</small>	
<input type="checkbox"/> Quote <input type="checkbox"/> Issue Policy  <input type="checkbox"/> Bound (give date and/or attach binder)	<input type="checkbox"/> Automobile <input type="checkbox"/> Farm personal property <input type="checkbox"/> Cargo/Transit  <input type="checkbox"/> Personal articles & recreation vehicles <input type="checkbox"/> Other	
Effective Date:	Expiration Date:	Quote Desired By:
Name of Applicant:		
Mailing Address:		
City, State, Zip:		
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Inspection Contact:		Accounting Contact:
Telephone #:		Telephone #:
Method of Payment: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill                      Number of Payments		
<b>Type of Farm or Ranch</b> <input type="checkbox"/> (921) Berries, Fruits, & Nuts <input type="checkbox"/> (928) Horses <input type="checkbox"/> (90C) Fish Farms <input type="checkbox"/> (92E) Vineyards <input type="checkbox"/> (923) Vegetables <input type="checkbox"/> (929) Livestock-Containment <input type="checkbox"/> (90D) Estate Farms <input type="checkbox"/> (92F) Bee Keeper <input type="checkbox"/> (924) Grain & Field Crops <input type="checkbox"/> (935) Ranches-Open Range <input type="checkbox"/> (92A) Cotton <input type="checkbox"/> (927) Other <input type="checkbox"/> (925) Dairy <input type="checkbox"/> (90A) Citrus <input type="checkbox"/> (92C) Hobby Farms <input type="checkbox"/> (926) Poultry <input type="checkbox"/> (90B) Nurseries <input type="checkbox"/> (92D) Wineries		
Total number of acres:	Number of acres cultivated:	Number of acres grazed:
Farmed by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
How long has applicant actively farmed?		Gross farming receipts?
Date you last inspected premises and buildings?		Photo(s) attached?
Is this new business to your agency?		How long have you known applicant?
Does applicant have another source of income other than farming?		If yes, explain:
Remarks:		
Applicant's signature: _____		Agent's signature: _____
Date: _____		Date: _____



Applicant:

Producer:

PRIOR CARRIER INFORMATION				
Line	Category	Year	Year	Year
<b>PROPERTY</b>	Carrier	•		
	Policy No.			
	Policy Type			
	S PD			
	Mod Factor			
	Total Premium	•		
<b>LIABILITY</b>	Carrier	•		
	Policy No.			
	Policy Type			
	BI/CSL			
	PD			
	Total Premium	•		
<b>OTHER</b>	Carrier	•		
	Policy No.			
	Policy Type			
	Amount			
	Mod Factor			
	Total Premium	•		

**LOSS HISTORY**

Enter all claims or occurrences that may give rise to claims for the prior five years  Check here if none

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	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
						<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
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed

NOTE: Fidelity requires a six year loss history  See attached loss summary

Has any policy been cancelled?  Yes  No      Nonrenewed?  Yes  No      Declined?  Yes  No

Explain yes answers:

Name of prior carrier and policy number:

- Not required in California

## OPERATIONS OVERVIEW

Applicant:

Producer:

<b>ADDITIONAL INTERESTS</b>	Affiliated or subsidiary companies to be insured	Relationship		
	Additional insureds	Interest	Sec.I	Sec.II

Loc. #	Sec.I	Sec.II	Location to be insured (incl. zip code)	*PC	# of Acres	Check if <b>no</b> Bldgs.	Insured's Interest		
							Owner Occupant	Lessee	Lessor
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Protection Class

**SEE ADDITIONAL SCHEDULE OF OPERATIONS CP-4857A**

## UNDERWRITING INFORMATION

Applicant:

Producer:

### PROPERTY

*Please explain all "yes" answers marked with an asterisk.*

1. Is there a telephone on the premises?  Yes  No
2. Is there a year-round usable water supply?  Yes  No
  - If yes, (a) Source =  Well  
 Pond/Lake
  - Hydrant within 1,000 ft.
  - Other
  - (b) Quantity =  Less than 1,000 gallons  
 1,000-3,000 gallons  
 Over 3,000 gallons
3. Are any wood or coal fired stoves used in outbuildings?  Yes  No
4. Does applicant own rental property?  Yes\*  No

### LIABILITY

*If yes is answered to any question, please explain (use reverse of form) and provide annual gross receipts or cost.*

1. Are independent contractors hired to perform any farming operations?  Yes  No
2. Is any part of the farm used or leased for organized recreational use?  Yes  No
3. Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee?  Yes  No
4. Does applicant mix, process, slaughter butcher or otherwise prepare for any "end consumer" his or any other grower's product?  Yes  No
5. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?  Yes  No
6. Are any contract or service operation performed for others such as tilling, excavating or ditching?  Yes  No
7. Are the farm premises open to the public for roadside stands, "U-Pick", recreational, "rent-a garden", auction sales show, food or beverage service, animal boarding, or Christmas tree sales uses?  Yes  No
8. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?  Yes  No

9. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs?  Yes  No
10. Is there an airstrip on the premises?  Yes  No
11. Are any "hold harmless" or "indemnifying" agreements in effect?  Yes  No
12. **Is the applicant engaged in any other business, profession or trade?**  Yes  No
13. If livestock is kept, are all areas well-fenced?  Yes  No  
If no, please explain  
Premises is in:  open range area  
 closed range area
14. Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? If no, explain.  Yes  No
15. Any non-owned horses on any insured premises?  Yes  No  
Any owned horses?  Yes  No
16. Does insured board, race, breed or rent horses?  Yes  No
17. Is any land held for real estate development or speculation?  Yes  No
18. Does applicant maintain any vacation or seasonal premises?  Yes  No
19. If dairy farm, is there any processing of milk?  Yes  No
20. If dairy farm, is there any retail sales of milk products to the public?  Yes  No  
Receipts
21. Number of cows milked
22. Are any premises used for hunting purposes?  Yes  No.  
 By owners:  no charge  fee
23. Does applicant maintain a non-farm office or private school in an insured building?  Yes  No
24. Is there a swimming pool on premises?  Yes  No  
If yes, is it fenced?  Yes  No  
Diving Board?  Yes  No
25. Does applicant serve on any boards for remuneration?  Yes  No
26. Is the applicant a subsidiary of another or does the applicant have subsidiaries?  Yes  No
27. Is a formal safety program in existence?  Yes  No

Explain Yes Answers:

# AGRIBUSINESS PROPERTY

(ISO Coverage A, B, C, D & G)

Applicant:

Producer:

Property Deductible:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other (specify)							
Location #	Fire Protection Class			District Name				
Coverage (A, B, C, D)	R/C		Covered Causes of Loss			Limit	Rate	Premium
Main Dwelling	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Other Structures	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Household Personal Prop.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Broad	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Loss of Use	N/A		N/A					

**MAIN DWELLING (underwriting information)**

Year Built	Sq. Ft.	Type of Construction	Type 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Age of Roof	Occupancy  Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/>	Type of Heat	Age of Unit	Woodstove or Wood Insert Yes <input type="checkbox"/> No <input type="checkbox"/>  If Yes, please complete woodstove application CP-4866
Mortgagee: Loss Payable: Address:						Are any burglary and/or fire alarms on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? Type of Alarm?		

**Other Dwellings and Farm Structures (Coverage G)**

No.	Description	Diag. #	Valuation*	Const.	Type Heat	Sq. Ft.	Causes of	Type 1 2 3	Limit
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**Dwelling and Farm Structures Detail Information**

No.	Type 1,2 or 3	Smoke/Heat Detectors Y/N	Wood Stoves Y/N	Year Built	Year Last Updated	Sq. Feet of Ground Floor	Occupied Seasonal or Vacation Y/N

\* Valuation

\*\* Causes of loss

R = RC

A = ACV

U = Utility Value (functional RC)

1 = Basic

2 = Broad

3 = Special

**SEE UNIT OWNERS COVERAGE SUPPLEMENTAL APPLICATION CP-6660**

**SEE ADDITIONAL PROPERTY SCHEDULE CP-4857B**

**AGRIBUSINESS SCHEDULED FARM PERSONAL PROPERTY**  
(ISO Coverage E)

Applicant:

Producer:

Deductible:     \$250         \$500         \$1,000         Other (specify)

Cause of Loss (Perils)  
1) Basic 2) Broad  
3) Special

Company Use Only	Description (include year, make, model & serial #; livestock info., etc.)	1	2	3	Custom Use	Limit of Insurance
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
	16.					
	17.					
	18.					
	19.					
	20.					
	21.					
	22.					
	23.					
	24.					
	25.					
	26.					
	27. Transit					
	28.					
	29. Hay on premises in open (stack \$        maximum clear space        ft.)					
	30. Hay on premises in barn (stack \$        maximum clear space        ft.)					
<b>TOTAL LIMIT</b>						\$0
		Cause of Loss (perils)			Limit of	
1.	Miscellaneous tools, equipment and supplies (Not exceeding \$2,000 per item)					
<b>TOTAL LIMIT</b>						\$0









## OPTIONAL COVERAGES

Agri-Plus II Property Endorsement <input type="checkbox"/>		
Computer Coverage <input type="checkbox"/>		
Watercraft Hull Coverage:	Year	Length
	Model/Mfg	Horsepower
		Limit
Extra Expense <input type="checkbox"/>		
Restoring Records <input type="checkbox"/>		
Dwelling Glass <input type="checkbox"/>		
Dairy Farms Endorsement <input type="checkbox"/>		
Equine Property Endorsement <input type="checkbox"/>		
Sewer Back-up <input type="checkbox"/>		
Orchard and Vineyard Growers Property Endorsement <input type="checkbox"/>		
Disruption of Farming Operations <input type="checkbox"/>		
High Value Dwelling Endorsement <input type="checkbox"/>		
Identity Fraud Expense Coverage <input type="checkbox"/>		
Equipment Breakdown Coverage <input type="checkbox"/>		
Extended Replacement Cost Coverage		
Location Number	Building Number	RC %

## AGRIBUSINESS FARM LIABILITY SECTION

Applicant:

Producer:

Coverages	Limits of Liability
Coverage H – Bodily Injury and Property Damage Liability	Each "Occurrence" Limit General Aggregate Limit
Coverage I – Personal and Advertising Injury Liability	Each "Occurrence" Limit General Aggregate Limit
Coverage J – Medical Payments	Any One Person Limit Each "Occurrence" Limit
Coverage H – Bodily Injury and Property Damage Liability Fire Damage Limit	Any One Fire
Additional Coverage b. – Damage to Property of Others	\$
Commercial General Liability <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete commercial general liability application

Code	Coverage	*ILF	Basis/Rate	Premium
<input type="checkbox"/>	Initial farm premises, 0 to 160 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, 161 to 500 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, 501 to 2000 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, Over 2000 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
01418 <input type="checkbox"/>	Additional farm premises maintained by named insured Loc. #			
09250 <input type="checkbox"/>	Additional non-farm premises occupied by insured Loc. # <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent			
05117 <input type="checkbox"/>	Additional residence rented to others, numbers of families    Loc. #			
04122 <input type="checkbox"/>	Additional insured – non-relative resident			
	Additional insured			
	Additional CPL    Name:			
07106 <input type="checkbox"/>	Custom farming receipts \$    (rate per \$1,000 Receipts)			
01235 <input type="checkbox"/>	Roadside stands – farm products principally on the insured farm – (rate per \$1,000 gross sales) Sales \$			
* <input type="checkbox"/>	Enhanced Pollutant Clean-up (refer to company)    Limit:			
<input type="checkbox"/>	Chemical Drift			
01360 <input type="checkbox"/>	Contingent Liability for Crop Dusting by Independent Aircraft – (rate per \$1,000 cost) Cost \$    Limit \$			
<input type="checkbox"/>	Domestic Workers' Comp <input type="checkbox"/> Inservant <input type="checkbox"/> Outservant			
<input type="checkbox"/>	Animal Collision    # of Livestock    Limit per Head:			
<input type="checkbox"/>	Products:			
<input type="checkbox"/>	Other:			

\*ILF – Increased Limits Factors

**Supplemental Application (Snowmobiles, All Terrain Vehicles, Watercraft)**

Named Insured

<b>A: Snowmobiles/All Terrain Vehicles</b>										
Unit No.	Model Year	Type (Snow/ATV)	Make	Identification Number	C.C./C.I. Displacement	Horse-power	Limit of Liability	Stated Amt. or Cost New	Where Used?	Licensed For Highway?
A1										
A2										

<b>B: Watercraft — Under 26 feet in length.</b>										
Unit No.	Description	Model Year	Manufacturer	Model Name and/or No.	Identification or Serial Number	Horse-power	Rated Speed	Length	Original Cost New	
B1	Boat & attached equipment								\$	
	Outboard Motor #1								\$	
	Outboard Motor #2								\$	

<input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inbound (Prop Shaft) <input type="checkbox"/> Inboard (Jet Drive)		<input type="checkbox"/> Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Other (describe)		<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other		Waters To Be Navigated Use (i.e., fishing, skiing, pleasure) Operator Discount <input type="checkbox"/> U.S. Coast Guard Aux. I.D. No. <input type="checkbox"/> U.S. Power Squadron I.D. No.				
--	--	--	--	--	--	--	--	--	--	--

<b>C. Trailers</b>				
Unit No.	Model Year	Manufacturer	Stated Amt. of Coverage	Used With (Boat, Snowmobile, Etc.)
			\$	

<b>Coverages and limits of liability — enter limits of liability and/or deductibles for each unit.</b>													
Unit No.	Part I				Part II	Part III				Part IV			
	Bodily Injury (Thousands) Each Person    Each Occurrence		Property Damage (Thousands) Each Occurrence	Single Limit B.I. and P.D. (Thousands) Each Occurrence	Medical Payments (Dollars) Each Person	Comprehensive Enter Deductible Applicable	Collision Enter Deductible Applicable	All Risk Physical Loss-Enter Deductible Applicable	Limit of Liab. Actual Cash Value Or As Shown Below	Uninsured Motorists (Thousands) B.I. Each Person    B.T. Each Accident    P.D. Each Accident			
A1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
A2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
B1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
C1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
C2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	

<b>Premiums</b>												Premium Totals	
A1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
A2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
B1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Other Coverages	Personal Effects Or Unattached Board	Limit of Liability \$	Unit No.	Premium \$
	Equipment	Limit of Liability \$	Unit No.	Premium \$
	Other		Unit No.	Premium \$

Coverage Parts, Forms and Endorsements Attached To and Becoming A Part of This Policy:	Total Annual Premium At Inception	\$
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Any Loss Is Payable As Interest May Appear To The Named Insured And	Unit No.
	Unit No.

<b>Has Any Operator</b>	Yes	No
1. Membership in an organized club concerned with any recreational vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
2. Less than one year's experience in the operation of type of vehicle or watercraft insured?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Is Any Recreational Vehicle:</b>		
8. Stored or moored at a location other than the applicant's residence?	<input type="checkbox"/>	<input type="checkbox"/>
9. Uses as a primary residence premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Used in organized races or competitive events?	<input type="checkbox"/>	<input type="checkbox"/>
11. Equipped for amphibious use?	<input type="checkbox"/>	<input type="checkbox"/>
12. Homemade, kit built or modified from factory specifications?	<input type="checkbox"/>	<input type="checkbox"/>
13. Rented or leased to others or used for other commercial purposes?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Recreational Vehicle Condition And Equipment</b>		
14. Does any vehicle or boat have body damage or cracked or broken glass?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is any boat equipped with a stove? (Describe installation and fuel in remarks)	<input type="checkbox"/>	<input type="checkbox"/>
16. Is any boat equipped with Coast Guard approved type fire extinguishers and personal flotation devices?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is any boat equipped with auto engine converted to marine use by anyone other than the manufacturer of the boat?	<input type="checkbox"/>	<input type="checkbox"/>



You may use this page to supplement your application with any additional information.

Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.

**ARKANSAS, NEW MEXICO, VERMONT AND WEST VIRGINIA:** 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.

**CALIFORNIA:** Auto: 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 and civil penalties. Other Than Auto: The "All Other States" statement applies to lines of business other than auto.

**COLORADO:** 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.

**DISTRICT OF COLUMBIA, MINNESOTA AND 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.

**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.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**LOUISIANA:** 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.

**MAINE AND VIRGINIA:** Same as Arkansas. In addition, penalties may include a denial of insurance benefits.

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

**MASSACHUSETTS:** Auto: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance. 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 may subject the person to criminal and civil penalties.





## FRAUD STATEMENT — CONTINUED

**NEW YORK:** 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. For Other Lines of Business: 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.

**OHIO:** 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.

**OKLAHOMA:** 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.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** 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 the 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.

**UTAH:** 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.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

Signature of Applicant:

Date:

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer Compensation Disclosure.html](http://www.travelers.com/w3c/legal/Producer%20Compensation%20Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183