



# Artisan Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

**Coverage(s) Desired:**  Property  General liability  Contractors equipment

Please fill out the Instant Quote Information section, along with the section (s) you are requesting coverage.

## I. INSTANT QUOTE INFORMATION

*Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.*

Applicant's name (include DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Web/Facebook address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Other \_\_\_\_\_

### Description of Operations:

1. What year did the business start? \_\_\_\_\_

2. Have there been any property or liability losses in the last three years?  Yes  No

*If "Yes," please provide the following information; additional claims or information may be submitted on a separate sheet.*

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

3. Total annual revenue: \$ \_\_\_\_\_

4. Is any work subcontracted to others?  Yes  No **Annual subcontractor cost (include labor and materials)**

- If "Yes":  Yes  No
- a. Does the applicant subcontract work in connection with building construction, reconstruction repair or erection of one or two family dwellings? \$ \_\_\_\_\_
  - b. Does the applicant subcontract work not involving structures?  Yes  No \$ \_\_\_\_\_
  - c. Does the applicant subcontract work in connection with building construction, reconstruction repair or erection of buildings other than one or two family dwellings?  Yes  No \$ \_\_\_\_\_
  - d. Are certificates of insurance required from all independent contractors naming the applicant as an additional insured?  Yes  No

**Direct Payroll – Please provide annual payroll for all work/trades performed by owners, employees, or casual laborers**

<input type="checkbox"/> Advertising sign companies – outdoor	\$	<input type="checkbox"/> Air conditioning systems or equipment – dealers or distributors and installation, servicing or repair	\$
<input type="checkbox"/> Alarm and alarms systems – installation, service, or repair	\$	<input type="checkbox"/> Appliance and accessories – installation, service, or repair	\$
<input type="checkbox"/> Carpentry – NOC	\$	<input type="checkbox"/> Carpentry – construction of residential property not exceeding three stories in height	\$
<input type="checkbox"/> Carpentry interior – nonstructural work only	\$	<input type="checkbox"/> Carpentry shop only – incidental to operations	\$
<input type="checkbox"/> Carpet, rug, furniture or upholstery cleaning – on customers' premises	\$	<input type="checkbox"/> Ceiling or wall installation – metal	\$
<input type="checkbox"/> Concrete construction – structural	\$	<input type="checkbox"/> Debris removal – construction site – incidental to operations	\$
<input type="checkbox"/> Door, window or assembled millwork – installation – metal	\$	<input type="checkbox"/> Driveway, parking area or sidewalk – paving or repaving	\$
<input type="checkbox"/> Dry wall or wallboard installation	\$	<input type="checkbox"/> Electrical apparatus – installation, servicing, or repair	\$
<input type="checkbox"/> Electrical contractors	\$	<input type="checkbox"/> Electrical work – within buildings	\$
<input type="checkbox"/> Excavation	\$	<input type="checkbox"/> Fence erection	\$
<input type="checkbox"/> Floor covering installation – not ceramic tile or stone	\$	<input type="checkbox"/> Furniture or fixtures – installation in offices or stores portable – metal or wood	\$
<input type="checkbox"/> Grading of land	\$	<input type="checkbox"/> Heating or combined heating and air conditioning systems or equipment – dealers or distributors and installation, service or repair – no liquefied petroleum gas LPG equipment sales or work	\$
<input type="checkbox"/> House furnishing installation	\$	<input type="checkbox"/> Insulation work mineral – incidental to operations	\$
<input type="checkbox"/> Insulation work organic or plastic in solid state – incidental to operations	\$	<input type="checkbox"/> Insulation work plastic – incidental to operations	\$
<input type="checkbox"/> Interior decorators	\$	<input type="checkbox"/> Janitorial services – incidental to operations	\$
<input type="checkbox"/> Landscape gardening	\$	<input type="checkbox"/> Lawn care services	\$
<input type="checkbox"/> Machinery or equipment – installation, service or repair	\$	<input type="checkbox"/> Masonry	\$
<input type="checkbox"/> Painting – exterior – buildings or structures less than three stories in height	\$	<input type="checkbox"/> Painting – interior – building or structures	\$
<input type="checkbox"/> Painting shop only – incidental to operations	\$	<input type="checkbox"/> Paperhanging	\$
<input type="checkbox"/> Plaster or stucco work – interior only – incidental to operations	\$	<input type="checkbox"/> Plumbing – commercial and industrial	\$
<input type="checkbox"/> Plumbing – residential or domestic	\$	<input type="checkbox"/> Roofing – commercial or residential	\$
<input type="checkbox"/> Siding installation	\$	<input type="checkbox"/> Sign painting or lettering – inside of buildings	\$
<input type="checkbox"/> Sign painting or lettering – on buildings or structures	\$	<input type="checkbox"/> Solar energy contractors	\$
<input type="checkbox"/> Swimming pool – installation, service or repair	\$	<input type="checkbox"/> Television or radio receiving set installation or repair	\$
<input type="checkbox"/> Tile, stone, marble, mosaic or terrazzo work – interior construction	\$	<input type="checkbox"/> Tree pruning, dusting, spraying, repairing, trimming or fumigating	\$
<input type="checkbox"/> Upholstering	\$	<input type="checkbox"/> Upholstery shop only – incidental to operations	\$
<input type="checkbox"/> Waterproofing	\$	<input type="checkbox"/> Window cleaning	\$
<input type="checkbox"/> All other classifications – Please describe:			\$

**Property Coverage**

<b>Building Construction:</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Masonry non-combustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive				
<b>Occupancy</b> (check all that apply): <input type="checkbox"/> Office <input type="checkbox"/> Workshop <input type="checkbox"/> Apartment <input type="checkbox"/> Other: _____				
Protection Class _____	Cause of Loss <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____				
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____				
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				
What is the age of the roof? _____ years				
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.				
What is the total square footage owned or occupied by you? _____ sq. ft.				
<b>Building Limit:</b> \$ _____ <b>Coinsurance</b> (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC				
<b>Existing Improvements and Betterments Value</b> \$ _____ <b>Coinsurance</b> (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC				
<b>Business Personal Property Limit:</b> \$ _____ <b>Coinsurance</b> (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC				
<b>Business Income Limit:</b> \$ _____ <b>Coinsurance</b> <u>or</u> <b>Monthly Limit of Indemnity</b>				
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6

**Additional Property Coverages Requested** (check all that apply)

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Value Plus endorsement	<input type="checkbox"/> Interruption of computer operations
<input type="checkbox"/> Glass _____ linear feet	<input type="checkbox"/> Improvements and betterments	<input type="checkbox"/> Accounts receivable \$ _____ (\$10,000 automatically provided)
<input type="checkbox"/> Outdoor sign \$ _____	<input type="checkbox"/> Valuable papers \$ _____	<input type="checkbox"/> Canopy/Awning \$ _____

**Contractor's Equipment Coverage** (check all that apply)

- Contractor's scheduled equipment \$ \_\_\_\_\_ (any items less than \$1,000 in value are considered tools and cannot be scheduled)
  - a. Is all contractor's equipment on this schedule stored in a well lit, totally enclosed fenced area or in a locked building when not in use?  Yes     No
  - b. Is all scheduled equipment five (5) model years old or newer?  Yes     No  
 If "Yes," add Replacement Cost Valuation?  Yes     No
  - c. Does equipment have a GPS system?  Yes     No
  - d. What is the highest value of a single piece of equipment on the schedule? \$ \_\_\_\_\_
  - e. Exclude theft?  Yes     No
- Miscellaneous contractor tools and equipment \$ \_\_\_\_\_ (all items less than \$1,000 in value)
  - a. Exclude theft?  Yes     No
- Rented borrowed equipment \$ \_\_\_\_\_
  - a. What are the total rental receipts for rented borrowed equipment? \$ \_\_\_\_\_
  - b. Are the rental costs more than \$25,000 per year?  Yes     No

**Contractor's Equipment – Schedule of Equipment valued over \$1,000**

(If a limit for scheduled equipment is requested above, we will need a full list at time of binding)

Model Year	Description, Make, Model, Serial Number	Limit
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**Liability Coverage**

5. Occurrence limit     \$100,000/\$200,000     \$300,000/\$600,000     \$500,000/\$1,000,000     \$1,000,000/\$2,000,000

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip Code	AI	LP	M
				<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"/>

6. Add blanket additional insured related to their contracting operations  Yes     No
7. Add an owner, lessee or contractor – completed operations as an additional insured related to their contracting operations?  Yes     No
- a. If “Yes,” how many additional insureds? \_\_\_\_\_
8. Add primary and non-contributory – written contract for an additional insured?  Yes     No
- a. If “Yes,” number of contracts? \_\_\_\_\_
9. Add “Waiver of Transfer of Rights of Recovery Against Others to Us”?  Yes     No
- a. If “Yes,” how many people or organizations need “Waiver of Transfer of Rights of Recovery Against Others to Us”? \_\_\_\_\_

**II. ELIGIBILITY CRITERIA**

**General Eligibility**

10. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes     No
11. Has insurance coverage been cancelled or non-renewed in the past three years? *(Not applicable in MO.)*  Yes     No

**Property Eligibility**

12. Does any building built prior to 1978 have aluminum or knob-and-tube wiring?  Yes     No
13. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?  Yes     No
14. Are there functioning and operational fire extinguishers readily available?  Yes     No

**General Liability Eligibility**

15. Has the applicant been in business for more than 12 months with no prior coverage?  Yes     No
16. Are there any past, present or future operations in Alaska, Colorado, Louisiana or West Virginia performed by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes     No
17. Have operations ever involved, or will they ever involve, projects in any capacity for new, ground up construction of tract housing (more than five structures at an single location), apartments, condominiums or townhomes by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes     No
18. Has there ever been an allegation or claim involving construction defect?  Yes     No
19. Is there any exterior work performed above four stories or above 50 feet from ground level by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes     No

20. Are there any services performed involving asbestos removal, pollution abatement or fire, water, soot, mold or any other property damage remediation, by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes  No
21. Is there any rigging work performed or cranes used by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes  No
22. Have operations ever involved, or will they ever involve, acting solely as a construction manager, project manager, construction consultant or a licensed architect or engineer?  Yes  No
23. Is there any drilling, blasting or demolition of buildings or structures, other than incidental, non-load bearing walls, by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes  No
24. Have operations ever involved, or will they ever involve, acting as a general contractor on a new ground up construction project?  Yes  No
25. Is there any work performed inside police or fire stations, hospitals, surgical facilities, nursing homes or assisted living facilities, by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes  No
26. Is there any work performed on public utilities, traffic signals, power lines, streets/roads/highways, railroads, bridges, or within tunnels or subways, by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes  No
27. Is there any work performed within or on the premises of airports, bus or train stations, industrial facilities, prisons, power generating facilities or waste treatment facilities, by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes  No

**CLASSIFICATION ELIGIBILITY CRITERIA** (complete only for applicable operations)

**Air Conditioning Systems or Equipment** – dealers or distributors and installation, servicing or repair; **Heating or Combined Heating and Air Conditioning Systems or Equipment** – dealers or distributors and installation, service or repair – no liquefied petroleum gas LPG equipment sales or work  **N/A**

28. Do owners, employees or casual laborers install, service, or repair boilers other than within 1-4 family dwellings?  Yes  No
29. Do owners, employees or casual laborers install, service or repair cooking exhaust systems including duct work?  Yes  No
30. Do owners, employees or casual laborers install, service or repair cooking equipment, appliances, or refrigeration equipment other than the connection of electric, gas, or water?  Yes  No

**Carpentry** – construction of residential property not exceeding three stories in height; **Carpentry** – NOC; **Carpentry Interior** – nonstructural work only  **N/A**

31. Is there any sanding or refinishing of wood flooring by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes  No
32. Do owners, employees or casual laborers perform any work involving temporary structures or stages at events, shows, or other performances?  Yes  No

**Carpentry Shop Only** – incidental to operations  **N/A**

33. Is there any fabrication of products other than roof trusses, framing, cabinets, wood trim, wood stairs, or shelving?  Yes  No

**Carpet, Rug, Furniture or Upholstery Cleaning** – on customers' premises  **N/A**

34. Is there any sanding or refinishing of wood flooring by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes  No

**Debris Removal** – Construction Site – incidental to operations  **N/A**

35. Are there any clean out services?  Yes  No
36. Are any jobs taken for debris removal only?  Yes  No

**Door, Window or Assembled Millwork** – installation – metal  **N/A**

37. Do owners, employees or casual laborers install, service or repair any overhead garage doors?  Yes  No

**Driveway, Parking Area or Sidewalk** – paving or repaving  **N/A**

38. Do owners, employees or casual laborers perform any work on foundations, basement slabs, chimneys or fireplaces, or any structural concrete work?  Yes  No

**Electrical Contractors; Electrical Work** – within buildings  **N/A**

39. Do owners, employees or casual laborers perform any work on or in swimming pools?  Yes  No
40. Is there any installation, service or repair of main utility service lines or work performed underground or pole to pole, by owners, employees, casual laborers or subcontractors (while hired by the applicant)?  Yes  No

41. Do owners, employees or casual laborers perform any work involving temporary lighting or audio equipment for events, shows, or other performances?  Yes  No
42. Do owners, employees or casual laborers install, service or repair machinery or mechanical equipment, other than connection of electric?  Yes  No
43. Do owners, employees or casual laborers install, service or repair cooking equipment, appliances, or refrigeration equipment other than the connection of electric, gas, or water?  Yes  No

**Floor Covering Installation – not ceramic tile or stone**  N/A

44. Is there any sanding or refinishing of wood flooring by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes  No
45. Do owners, employees or casual laborers install, service or repair floors or surfaces on athletic courts or facilities?  Yes  No

**Insulation Work Mineral – incidental to operations; Insulation Work organic or plastic in solid state – incidental to operations;**

**Insulation Work Plastic – incidental to operations**  N/A

46. Is there any spray foam applied or spray foam insulation performed by owners, employees, casual laborers or subcontractors (while hired by the applicant)?  Yes  No

**Janitorial Services – incidental to operations**  N/A

47. Are there any clean out services?  Yes  No
48. Do owners, employees or casual laborers perform any power washing operations?  Yes  No
49. Have operations ever involved acting as general maintenance contractor?  Yes  No

**Lawn Care Services**  N/A

50. Is there any work other than cutting, raking, edging, blowing, seeding and cleanup of grass and weeds, mulch or fertilizer applications?  Yes  No

**Landscape Gardening**  N/A

51. Do owners, employees or casual laborers perform any work on foundations, basement slabs, chimneys or fireplaces, or any structural concrete work?  Yes  No
52. Do owners, employees or casual laborers perform any work on or in swimming pools?  Yes  No
53. Do owners, employees or casual laborers perform any operations involving erosion control, excavation or grading?  Yes  No
54. Is there any commercial irrigation work performed at farms, nurseries, or golf courses?  Yes  No
55. Is there any planting, cutting, trimming, removal, spraying, or other work on trees taller than 12 feet?  Yes  No
56. Do owners, employees or casual laborers perform work on retaining walls greater than three feet in height?  Yes  No
57. Is there any installation, service, or repair of ponds deeper than 24 inches?  Yes  No

**Masonry**  N/A

58. Do owners, employees or casual laborers perform any work on foundations, basement slabs, chimneys or fireplaces, or any structural concrete work?  Yes  No
59. Do owners, employees or casual laborers perform any work on or in swimming pools?  Yes  No
60. Is there any exterior stucco work by owners, employees, casual laborers or subcontractors (while hired by the applicant)?  Yes  No
61. Do owners, employees or casual laborers perform work on retaining walls greater than three feet in height?  Yes  No

**Painting – exterior – buildings or structures less than three stories in height**  N/A

62. Is there any painting of structures other than buildings, fences, decks or gazebos?  Yes  No

**Painting shop only – incidental to operations**  N/A

63. Do owners, employees or casual laborers perform work on automobiles, boats, or aircraft?  Yes  No

**Plaster or Stucco Work – Interior only – incidental to operations**  N/A

64. Is there any exterior stucco work by owners, employees, casual laborers or subcontractors (while hired by the applicant)?  Yes  No

**Plumbing – commercial and industrial; Plumbing – residential or domestic**  N/A

65. Do owners, employees or casual laborers install, service or repair any fire suppression systems or automatic fire sprinklers?  Yes  No
66. Do owners, employees or casual laborers perform any work on or in swimming pools?  Yes  No



67. Do owners, employees or casual laborers install, service, or repair boilers other than within 1-4 family dwellings?  Yes  No
68. Do owners, employees or casual laborers install, service or repair cooking equipment, appliances, or refrigeration equipment other than the connection of electric, gas, or water?  Yes  No

**Siding Installation**  N/A

69. Is there any exterior stucco work by owners, employees, casual laborers or subcontractors (while hired by the applicant)?  Yes  No
70. Do owners, employees or casual laborers perform any roofing work?  Yes  No

**Television or Radio Receiving Set Installation or Repair**  N/A

71. Is there any installation, service or repair of main utility service lines or work performed underground or pole to pole, by owners, employees, casual laborers or subcontractors (while hired by the applicant)?  Yes  No

**Tile, Stone, Marble, Mosaic or Terrazzo Work – Interior construction**  N/A

72. Is there any sanding or refinishing of wood flooring by owners, employees, casual laborers, or subcontractors (while hired by the applicant)?  Yes  No
73. Do owners, employees or casual laborers install, service or repair floors or surfaces on athletic courts or facilities?  Yes  No

**Upholstering; Upholstery shop only – incidental to operations**  N/A

74. Do owners, employees or casual laborers perform work on automobiles, boats, or aircraft?  Yes  No

**Window Cleaning**  N/A

75. Do owners, employees or casual laborers perform any power washing operations?  Yes  No

**Contractor's Equipment**  N/A

76. Does the applicant perform or operate any mining, logging, rigging, salvage, scrap, recycling center, landfill, underground operation, lumber yards, quarries, custom harvesting, dredging or drag lines or rock crushing?  Yes  No
77. Are there any asphalt plants, cranes, conveyors or rock drills or mobile home type trailers on the schedule of equipment?  Yes  No
78. Are any scheduled vehicles licensed for over-the-road use?  Yes  No
79. Is there any equipment mounted on barges or used on the water in any way?  Yes  No
80. Does the applicant perform any work at nuclear facilities, chemical or petroleum plants?  Yes  No
81. Does the applicant sell, loan or rent equipment to others?  Yes  No

**FRAUD STATEMENTS**

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island 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.

**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.

**Florida Fraud Statement:** 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.

**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**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

**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.

**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.

**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.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky, Pennsylvania AND Ohio 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 subjects such person to criminal and civil penalties.

**Tennessee, Virginia and Washington 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.

**Fraud Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**STATE NOTICES**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_  
(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**New York 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 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.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_  
President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_