

## DWELLING FIRE APPLICATION

|                                                                                                                          |          |                                                 |                            |                                                                      |                                                                                                                   |                                       |                                 |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|----------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------|---------------------------------|--|
|                                                                                                                          |          |                                                 |                            |                                                                      |                                                                                                                   |                                       |                                 | Date:                           |  |
| Agency Name: UNIQUE INSURANCE SERVICE, INC.                                                                              |          |                                                 |                            | Applicant's Name:                                                    |                                                                                                                   |                                       |                                 |                                 |  |
| Address: PO BOX 750997, PETALUMA, CA 94975                                                                               |          |                                                 |                            | Mailing Address:                                                     |                                                                                                                   |                                       |                                 |                                 |  |
| Phone: (800) 232-3622                                                                                                    |          | Fax: (707) 773-3964                             |                            | City:                                                                |                                                                                                                   | State:                                | Zip:                            | County:                         |  |
| E-mail: PLNEWBUSINESS@ASBAGENT.COM                                                                                       |          |                                                 |                            | E-mail:                                                              |                                                                                                                   |                                       |                                 |                                 |  |
| Code: 14431                                                                                                              |          | Subcode:                                        |                            | Phone No.:                                                           |                                                                                                                   | Bus. Phone No.:                       |                                 |                                 |  |
| Agency Customer ID:                                                                                                      |          |                                                 |                            | Effective Date:                                                      |                                                                                                                   | Expiration Date:                      |                                 |                                 |  |
| <b>APPLICANT INFORMATION</b>                                                                                             |          |                                                 |                            |                                                                      |                                                                                                                   |                                       |                                 |                                 |  |
| Previous Address (If less than three years)                                                                              |          |                                                 | Years at Previous Address: |                                                                      | Location of property if different from above (attach Additional Location Supplemental Application, if necessary): |                                       |                                 |                                 |  |
| Street:                                                                                                                  |          |                                                 |                            |                                                                      | Street:                                                                                                           |                                       |                                 |                                 |  |
| City:                                                                                                                    |          | State:                                          | Zip:                       | City:                                                                |                                                                                                                   | State:                                | Zip:                            | County:                         |  |
| Applicant's Occupation (State nature of business if self-employed):                                                      |          |                                                 | Marital Status             | DOB                                                                  | Applicant's Employer Name and Address:                                                                            |                                       |                                 |                                 |  |
| Co-Applicant's Occupation (State nature of business if self-employed):                                                   |          |                                                 | Marital Status             | DOB                                                                  | Co-Applicant's Employer Name and Address:                                                                         |                                       |                                 |                                 |  |
| <b>COVERAGES/LIMITS OF LIABILITY</b>                                                                                     |          |                                                 |                            |                                                                      |                                                                                                                   |                                       |                                 | <b>PREMIUM</b>                  |  |
| Policy Type                                                                                                              | Dwelling | Other Structures                                | Personal Property          | ALE/Fair Rental Value                                                | Personal/Premises Liability Each Occurrence                                                                       | Med Pay Each Person                   | Est. Total Premium:             | \$                              |  |
|                                                                                                                          | \$       | \$                                              | \$                         | \$                                                                   | \$                                                                                                                | \$                                    | Deposit:                        | \$                              |  |
|                                                                                                                          |          |                                                 |                            |                                                                      |                                                                                                                   |                                       | Balance:                        | \$                              |  |
| <b>PERILS:</b> <input type="checkbox"/> Fire <input type="checkbox"/> EC <input type="checkbox"/> VMM                    |          |                                                 |                            |                                                                      |                                                                                                                   |                                       |                                 |                                 |  |
| Deductible Type & Amount (%/\$)                                                                                          |          | <input type="checkbox"/> All perils:            |                            | <input type="checkbox"/> Wind & Hail:                                |                                                                                                                   | <input type="checkbox"/> Named Storm: |                                 | <input type="checkbox"/> Other: |  |
| <b>ENDORSEMENTS/ADDITIONAL COVERAGES</b>                                                                                 |          |                                                 |                            |                                                                      |                                                                                                                   |                                       |                                 |                                 |  |
| <input type="checkbox"/> Replacement Cost Dwelling                                                                       |          | <input type="checkbox"/> Residence Burglary: \$ |                            | <input type="checkbox"/> Workers Comp (CA & NY - Primary Owner Only) |                                                                                                                   |                                       | <input type="checkbox"/> Other: |                                 |  |
| <input type="checkbox"/> Personal Injury (Primary Owner Only)                                                            |          | <input type="checkbox"/> Earthquake Zone:       |                            | <input type="checkbox"/> Tenant Relocation (MA only)                 |                                                                                                                   |                                       |                                 |                                 |  |
| <b>PAYMENT PLAN</b>                                                                                                      |          |                                                 |                            |                                                                      |                                                                                                                   |                                       |                                 |                                 |  |
| <b>Billing:</b> <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Agency Bill |          |                                                 |                            |                                                                      |                                                                                                                   |                                       |                                 |                                 |  |

## RATING/UNDERWRITING

| Year Built                                                                                                                                                                                | Purchase Date            | Construction Type                        |                                       | Structure Type                                                                                                                                                                                                                     | Usage Type                               | Occupancy                                                                   | No. Stories                                                                                               | Windstorm Loss Mitigation Features                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Square Feet                                                                                                                                                                               | Replacement Cost<br>\$   | <input type="checkbox"/> Frame           | <input type="checkbox"/> Modular Home | <input type="checkbox"/> Dwelling                                                                                                                                                                                                  | <input type="checkbox"/> Primary         | <input type="checkbox"/> Owner                                              | No. Families                                                                                              | <input type="checkbox"/> Hurricane Straps<br><input type="checkbox"/> Hurricane Shutters<br><input type="checkbox"/> HIP Roof<br><input type="checkbox"/> Impact Resistant Glass                |  |
|                                                                                                                                                                                           | Market Value<br>\$       | <input type="checkbox"/> Masonry         | <input type="checkbox"/> EIFS         | <input type="checkbox"/> Townhouse                                                                                                                                                                                                 | <input type="checkbox"/> Secondary       | <input type="checkbox"/> Unoccupied                                         |                                                                                                           |                                                                                                                                                                                                 |  |
|                                                                                                                                                                                           |                          | <input type="checkbox"/> Masonry Veneer  | <input type="checkbox"/> Log Home     | <input type="checkbox"/> Apartment                                                                                                                                                                                                 | <input type="checkbox"/> Seasonal        | <input type="checkbox"/> Tenant                                             |                                                                                                           |                                                                                                                                                                                                 |  |
|                                                                                                                                                                                           |                          | <input type="checkbox"/> Joisted Masonry | <input type="checkbox"/> Hand-hewn    | <input type="checkbox"/> Rowhouse                                                                                                                                                                                                  | <input type="checkbox"/> Vacation Rental | <b>No. Weeks Rented:</b>                                                    | No. H/H Residents                                                                                         |                                                                                                                                                                                                 |  |
|                                                                                                                                                                                           |                          | <input type="checkbox"/> Fire Resistive  | <input type="checkbox"/> Milled       | <input type="checkbox"/> Condo                                                                                                                                                                                                     | <input type="checkbox"/> Farm            | <input type="checkbox"/> Vacant                                             |                                                                                                           |                                                                                                                                                                                                 |  |
|                                                                                                                                                                                           |                          | <input type="checkbox"/> MFG/Mobile Home |                                       | <input type="checkbox"/> Co-op                                                                                                                                                                                                     | <b>Completion Date:</b>                  | <b>No. of Months:</b>                                                       |                                                                                                           |                                                                                                                                                                                                 |  |
| Territory Code                                                                                                                                                                            | Protection Class         | Distance To                              |                                       | Protection Device Type                                                                                                                                                                                                             |                                          |                                                                             | Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts |                                                                                                                                                                                                 |  |
|                                                                                                                                                                                           |                          | Hydrant                                  | Fire Station                          | System                                                                                                                                                                                                                             | Smoke                                    | Temp                                                                        | Burglar                                                                                                   | <input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors                                                                      |  |
|                                                                                                                                                                                           |                          | ft.                                      | mi.                                   | Central                                                                                                                                                                                                                            | <input type="checkbox"/>                 | <input type="checkbox"/>                                                    | <input type="checkbox"/>                                                                                  | Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial                                                                                                                      |  |
| Fire District/Code No.: /                                                                                                                                                                 |                          |                                          |                                       | Local                                                                                                                                                                                                                              | <input type="checkbox"/>                 | <input type="checkbox"/>                                                    | <input type="checkbox"/>                                                                                  | Swimming Pool: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide |  |
| Updates                                                                                                                                                                                   | Partial                  | Complete                                 | Year                                  | Details                                                                                                                                                                                                                            |                                          |                                                                             |                                                                                                           |                                                                                                                                                                                                 |  |
| Wiring                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>                 |                                       | Circuit Breakers: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                   |                                          | Fuses: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No       |                                                                                                           | No. of Amps: .....                                                                                                                                                                              |  |
|                                                                                                                                                                                           |                          |                                          |                                       | Aluminum: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                           |                                          | Knob & Tube: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                           |                                                                                                                                                                                                 |  |
| Plumbing                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                 |                                       | Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Other: ..... Any known leaks? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                           |                                          |                                                                             |                                                                                                           |                                                                                                                                                                                                 |  |
| Heating                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>                 |                                       | Primary: ..... Secondary: ..... <input type="checkbox"/> None<br>Wood Stove? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Portable Space Heaters? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |                                          |                                                                             |                                                                                                           |                                                                                                                                                                                                 |  |
| Roofing                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>                 |                                       | Roof Type/Material: ..... Condition of Roof: .....<br>Any known leaks? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Exclude Roof? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                 |                                          |                                                                             |                                                                                                           |                                                                                                                                                                                                 |  |
| LOSS HISTORY                                                                                                                                                                              |                          |                                          |                                       |                                                                                                                                                                                                                                    |                                          |                                                                             |                                                                                                           |                                                                                                                                                                                                 |  |
| Any losses, whether or <b>not</b> paid by insurance, in the last three years, at <b>this</b> or <b>any</b> other location? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                                          |                                       |                                                                                                                                                                                                                                    |                                          |                                                                             |                                                                                                           |                                                                                                                                                                                                 |  |
| If "Yes," indicate below:                                                                                                                                                                 |                          |                                          |                                       |                                                                                                                                                                                                                                    |                                          |                                                                             |                                                                                                           |                                                                                                                                                                                                 |  |
| DATE                                                                                                                                                                                      | TYPE                     | DESCRIPTION OF LOSS                      |                                       |                                                                                                                                                                                                                                    |                                          | AMOUNT PAID/RESERVED                                                        | OPEN/CLOSED                                                                                               |                                                                                                                                                                                                 |  |
|                                                                                                                                                                                           |                          |                                          |                                       |                                                                                                                                                                                                                                    |                                          | \$                                                                          | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed                                          |                                                                                                                                                                                                 |  |
|                                                                                                                                                                                           |                          |                                          |                                       |                                                                                                                                                                                                                                    |                                          | \$                                                                          | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed                                          |                                                                                                                                                                                                 |  |
|                                                                                                                                                                                           |                          |                                          |                                       |                                                                                                                                                                                                                                    |                                          | \$                                                                          | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed                                          |                                                                                                                                                                                                 |  |
| PRIOR/CURRENT COVERAGE                                                                                                                                                                    |                          |                                          |                                       |                                                                                                                                                                                                                                    |                                          |                                                                             |                                                                                                           |                                                                                                                                                                                                 |  |
| Prior carrier/Current carrier:                                                                                                                                                            |                          |                                          |                                       |                                                                                                                                                                                                                                    | Policy number:                           |                                                                             | Expiration date:                                                                                          |                                                                                                                                                                                                 |  |
| If lapse or no prior coverage, provide explanation:                                                                                                                                       |                          |                                          |                                       |                                                                                                                                                                                                                                    |                                          |                                                                             |                                                                                                           |                                                                                                                                                                                                 |  |

| GENERAL INFORMATION                                                                                                                                                                                                                                   |                                              |                       |                                                                                                                                                                                                                                                                                                                                                               |      |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|
| <b>Explain all "Yes" responses in the "Remarks" section</b>                                                                                                                                                                                           |                                              |                       | <b>Explain all "Yes" responses in the "Remarks" section</b>                                                                                                                                                                                                                                                                                                   |      |             |
| 1. Any business conducted on premises? (including farms, day care, etc.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                               |                                              |                       | 11. Is property situated on more than five acres? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>No. of acres: .....                                                                                                                                                                                                                       |      |             |
| 2. Any residence employees? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Number and type of full time and part time employees:                                                                                                   |                                              |                       | Describe land use:                                                                                                                                                                                                                                                                                                                                            |      |             |
| 3. Any brush, flooding, forest fire hazard, landslide, etc.? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                           |                                              |                       | 12. Other structures on premises? (barns, sheds, etc.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                         |      |             |
| 4. Any other insurance with this company? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>List policy numbers:                                                                                                                      |                                              |                       | If yes, describe:                                                                                                                                                                                                                                                                                                                                             |      |             |
| 5. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                           |                                              |                       | 13. Is building retrofitted for earthquake? (if applicable) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                    |      |             |
| 6. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                          |                                              |                       | 14. During the last five years (ten [10] years in RI), has any applicant or household member been indicted or convicted of any crime? (In Rhode Island, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |      |             |
| Reason:<br><br><input type="checkbox"/> Open      Date closed/discharged:                                                                                                                                                                             |                                              |                       | 15. Is there any existing fire, water or structural damage? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                    |      |             |
| 7. Is applicant delinquent on mortgage or tax payments? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                |                                              |                       | 16. Is building undergoing renovation or reconstruction? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Starting Date: .....                                                                                                                                                                                                               |      |             |
| 8. Are there any animals or exotic pets kept on premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Breed:<br>Bite History:                                                                                                   |                                              |                       | Starting Value: \$ .....                                                                                                                                                                                                                                                                                                                                      |      |             |
| 9. Any lake, pond or dock on premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                 |                                              |                       | Contractor Name: .....                                                                                                                                                                                                                                                                                                                                        |      |             |
| 10. Distance to tidal water: ..... <input type="checkbox"/> Miles <input type="checkbox"/> Feet                                                                                                                                                       |                                              |                       | Completion Date: .....                                                                                                                                                                                                                                                                                                                                        |      |             |
|                                                                                                                                                                                                                                                       |                                              |                       | 17. Is house for sale? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                         |      |             |
|                                                                                                                                                                                                                                                       |                                              |                       | 18. Is property within 300 ft. of a commercial or non-residential property? .... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                     |      |             |
|                                                                                                                                                                                                                                                       |                                              |                       | 19. Is there a trampoline on the premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                     |      |             |
|                                                                                                                                                                                                                                                       |                                              |                       | 20. Was the structure originally built for other than a private residence and then converted? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                  |      |             |
| <b>REMARKS</b> (Attach additional sheets if more space is required)                                                                                                                                                                                   |                                              |                       |                                                                                                                                                                                                                                                                                                                                                               |      |             |
|                                                                                                                                                                                                                                                       |                                              |                       |                                                                                                                                                                                                                                                                                                                                                               |      |             |
| ADDITIONAL INTEREST                                                                                                                                                                                                                                   |                                              |                       |                                                                                                                                                                                                                                                                                                                                                               |      |             |
| INT No.                                                                                                                                                                                                                                               | Type Of Interest                             | Mortgagee Information |                                                                                                                                                                                                                                                                                                                                                               |      | Loan Number |
|                                                                                                                                                                                                                                                       | <input type="checkbox"/> Mortgagee           | Name:                 |                                                                                                                                                                                                                                                                                                                                                               |      |             |
|                                                                                                                                                                                                                                                       | <input type="checkbox"/> Additional Interest | Address:              |                                                                                                                                                                                                                                                                                                                                                               |      |             |
|                                                                                                                                                                                                                                                       | <input type="checkbox"/> Trust               | City:                 | State:                                                                                                                                                                                                                                                                                                                                                        | Zip: |             |
|                                                                                                                                                                                                                                                       | <input type="checkbox"/> Mortgagee           | Name:                 |                                                                                                                                                                                                                                                                                                                                                               |      |             |
|                                                                                                                                                                                                                                                       | <input type="checkbox"/> Additional Interest | Address:              |                                                                                                                                                                                                                                                                                                                                                               |      |             |
|                                                                                                                                                                                                                                                       | <input type="checkbox"/> Trust               | City:                 | State:                                                                                                                                                                                                                                                                                                                                                        | Zip: |             |
| ADDITIONAL REQUIREMENTS/ATTACHMENTS                                                                                                                                                                                                                   |                                              |                       |                                                                                                                                                                                                                                                                                                                                                               |      |             |
| <input type="checkbox"/> Inspection <input type="checkbox"/> Photographs <input type="checkbox"/> Protection Class 9/10 Questionnaire <input type="checkbox"/> Woodstove Questionnaire/Photos (2) <input type="checkbox"/> Replacement Cost Estimator |                                              |                       |                                                                                                                                                                                                                                                                                                                                                               |      |             |

## NOTICES, FRAUD WARNINGS AND ATTESTATION

### PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any Nationwide company to issue, review, and renew the insurance for which I am applying.

### FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** 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.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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 STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)