

Agency Name:  
 Address  
 Contact Name:  
 Phone:  
 Email:

## Contractors Supplemental Application

TO BE USED WITH FULLY COMPLETED APPLICABLE ACORD APPLICATION OR EQUIVALENT  
 All questions must be answered in full. If necessary, attach a separate sheet of paper with complete details  
 All Applications must be signed and dated by the applicant

Applicant's Name And Mailing Address	Agent / Producer Information
_____	_____
_____	_____
_____	_____
_____	_____
<b>Business Name or Trading Name:</b> _____	<b>Applicant's Phone Number:</b> _____
<b>Proposed Policy Period:</b> _____ <b>to:</b> _____	<b>Applicant's Web Address:</b> _____
<b>Applicant is:</b>	<b>Inspection Contact:</b> _____
<input type="checkbox"/> <b>Individual (Include Date of Birth):</b> _____	<b>Contact Phone Number:</b> _____
<input type="checkbox"/> <b>Partnership (Include Dates of Birth):</b> _____	
<input type="checkbox"/> <b>Corporation</b> <input type="checkbox"/> <b>Joint Venture</b> or <input type="checkbox"/> <b>Other (Describe):</b> _____	

### BUSINESS OPERATIONS

- Years in Business? \_\_\_\_\_ Years of Experience in this field? \_\_\_\_\_  
 If new business or less than 3 years' experience, describe prior experience in this field: \_\_\_\_\_
- Your contractor's license number #: \_\_\_\_\_ Type of license: \_\_\_\_\_
- Indicate the percent of each type of work performed.

Type	Commercial	Residential	Industrial	% of Total Operations
New Construction	%	%	%	%
Remodeling	%	%	%	%
Repair/Service Work	%	%	%	%
Real Estate Developer	%	%	%	%

- Indicate below your role as a:(Percentage of Each):  
 General Contractor: \_\_\_\_\_ %      Real Estate Developer: \_\_\_\_\_ %      Subcontractor: \_\_\_\_\_ %

- Number of executive supervisors: \_\_\_\_\_  
 Indicate below the construction experience of your executive supervisors

Name	Years of Experience	Estimated Payroll	Largest Job Supervised	Years with Company

- Provide breakdown of annual receipts:  

2 <sup>nd</sup> Year Prior	1 <sup>st</sup> Year Prior	Current	Estimated Next Year
\$ _____	\$ _____	\$ _____	\$ _____

## BUSINESS OPERATIONS

1. Provide a general description of operations:

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2. Have you operated under any other name(s)? .....  Yes  No  
 If yes, complete the following:

Name	Years in Operation	State of Operation	Description of Operations

3. Are you a subsidiary of another entity or do you have any subsidiaries? .....  Yes  No

If yes, is a labor interchange agreement used with any business or subsidiary you have ownership interest in? .....  Yes  No

4. Any operations sold, acquired, or discontinued in last 5 years? .....  Yes  No

5. Have you been, or are you currently active in any joint venture? .....  Yes  No

6. Any bankruptcies, tax or credit liens against you in the past 5 years? .....  Yes  No

7. Do you lease employees to or from other employers? .....  Yes  No

8. Do you carry workers compensation insurance? .....  Yes  No

9. Describe protections used to prevent third party injury or property damage:

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10. Complete the following if you perform work in any state other than the state in which you are domicile or: .....  N/A

Are you licensed in all states where you perform work? .....  Yes  No

All work is performed by employees or licensed and insured subcontractors: .....  Yes  No

Provide a list of all states where current, past or future work performed:

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Provide a description of the work performed or projects completed (If more information, attach separate sheet.)

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11. Have you ever been involved in, or are you aware of any pending litigation against:

Any named insured concerning a construction defect? .....  Yes  No

Any subcontractor you hired to perform work for you? .....  Yes  No

Fungus or mold claims? .....  Yes  No

Describe any "Yes" responses:

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12. Do own or operate any of the following equipment (Check all that apply) or: .....  N/A

- |   |  |
|---|--|
| <input type="checkbox"/> Aerial Lift                  | <input type="checkbox"/> Forklift                |
| <input type="checkbox"/> Articulating Boom Truck      | <input type="checkbox"/> Scissor Lift            |
| <input type="checkbox"/> Cherry Picker/Personnel Lift | <input type="checkbox"/> Tree Spade Truck/Loader |
| <input type="checkbox"/> Crane                        | Other:   |

Maximum: Boom Length:        /ft     Jib Length:        /ft    

Maximum: Lifting Capacity:    /tons    GVW:                /lbs    

13. Complete the following if you operate mobile equipment over public roads (explain type and maximum distance) or: .....  N/A

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### SCHEDULE OF OPERATIONS

(Check all that apply – Items marked with an asterisk ( \* ) indicates additional information may be necessary)

Description	Employee Annual Payroll	Subcontract Annual Cost	Description	Employee Annual Payroll	Subcontract Annual Cost
*Air Conditioning System			Heating and Combined Air Conditioning System Installation		
*Alarm Systems			Household Furnishings Install		
Appliance Installation			*Janitorial– Office/Residential		
*Blasting Operations			*Janitorial –Comm'l/Retail/Indust		
Bridge Construction			*Insulation – Organic		
*Carpentry – Finish Interior			*Insulation – Plastic/Foam		
*Carpentry – Residential Construction < 3 Stories			*Insulation – Other		
*Carpentry – Residential Construction > 3 Stories			*Landscaping		
*Carpentry – Construction Other			Lead Paint Abatement		
Caisson or Cofferdam Work			*Masonry - Landscape		
Ceiling or Wall Installation			*Masonry - Restoration		
Clearing of Rights of Way			Metal Erection - Structural		
*Concrete – Foundation New			Overhead doors – Comm'l		
*Concrete – Foundation Repair			*Painting – Interior		
*Concrete – Patio/Driveway			*Painting – Exterior		
Concrete - Structural			Parking Lot Paving/Repaving		
Debris Removal			Paperhanging		
Demolition or Wrecking - Exterior			Pile driving		
Demolition or Wrecking - Interior			Playground installation		
Door or Window - Residential			*Plumbing - Residential		
Drilling			*Plumbing - Comm'l/Industrial		
Drywall or Wallboard			*Pressure Washing		
Earthquake Repair/Retrofit			Retaining Walls		
Electrical - Residential			*Roofing – Residential		
Electrical – Comm'l or Industrial			*Roofing – Comm'l or Industrial		
*Excavation			Siding Installation		
Fire Extinguisher Service/Testing or Refilling			Snow or Ice Removal		
Fire Extinguishing Sys Inst/Svc or Repair– Ansul			*Sprinkler – Fire		
Fire Extinguishing Sys Inst/Svc or Repair - Other – e.g. Halon			*Sprinkler – Landscape		
Fire/Smoke/Water Restoration			Street or Road Construction		
Fireproofing or Fire-Retardant Materials Application			Structural Alteration or Remodeling		
Forestry Services			Stucco - Cementitious		
Framing			Stucco – Synthetic (EIFS)		
*Grading/Clearing of Land			Tile, Stone – Interior (Other than Masonry Exterior)		
Guard Rail Installation			*Tree Trimming or Pruning		
*Heating Systems Installation			Water / Mold Remediation		

**\*ADDITIONAL INFORMATION – CLASS SPECIFIC**

<p><b>1. Air Conditioning/Combined Heating &amp; AC:</b> ..... <input type="checkbox"/> N/A          Boiler/Pressure Vessels Install / Repair: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Commercial Refrigeration Systems: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Direct importer of machinery or equipment: . <input type="checkbox"/> Yes <input type="checkbox"/> No          Encapsulation or removal of asbestos: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Maximum working height: ..... /ft</p>	<p><b>2. Alarm System Installation/Service/Repair:</b> ..... <input type="checkbox"/> N/A          Type of Alarms:          Automatic Sprinkler Systems: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Burglar Alarm: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Fire / Smoke Alarm: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Fire Suppression Systems (e.g., Ansul®): . <input type="checkbox"/> Yes <input type="checkbox"/> No          Service Other Than Installation:          Alarm System Design: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Alarm Monitoring: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>3. Concrete Construction:</b> ..... <input type="checkbox"/> N/A          Foundation work: ..... New: ___ % Repair: ___ %          Guniting of pools, tunnels or highways: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Industrial/Waste Sediment ponds: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Maximum working depth: ..... /ft          Maximum working height: ..... /ft          Pre-Stressed or Post tension: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Waterproofing or coating: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>4. Demolition/Wrecking of Buildings:</b> ..... <input type="checkbox"/> N/A          Type of structures: ..... Detached: ___ % Attached: ___ %          Blasting or use of explosive charges: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Bridge demolition: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Underground tank removal: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Use of Ball and Chain apparatus          Maximum working height: ..... /ft</p>
<p><b>5. Excavation Work:</b> ..... <input type="checkbox"/> N/A          All excavations marked and covered: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Maximum working depth: ..... /ft          Type of Work:          Basements: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Foundations: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Underground Cable Work: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Water sewer or septic: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>6. Insulation Work:</b> ..... <input type="checkbox"/> N/A          Encapsulation or removal of asbestos: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Fireproofing of buildings or structures: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Flame retardant materials: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Steam Pipe, Boiler or Pressure Vessels: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Watercraft or Ocean Going Vessels: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Waterproofing materials: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7. Janitorial Services</b>          Floor Cleaning or Waxing ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Sanitizing for infectious Agents: : ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Customer Base:          Residential/Office: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Retail/Commercial (other than office): ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Industrial: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>8. Landscaping:</b> ..... <input type="checkbox"/> N/A          Application of Herbicides or Pesticides: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Grading of Land or Excavation: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Maximum working depth: ..... /ft          Snow or ice removal: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Sprinkler Installation: ..... <input type="checkbox"/> Yes ___% of Ops <input type="checkbox"/> No          *Tree Trimming/Removal: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>9. Masonry Work:</b> ..... <input type="checkbox"/> N/A          Foundation work: ..... New: ___ % Repair: ___ %          Maximum working depth: ..... /ft          Maximum working height: ..... /ft          Pre-Stressed or Post tension Construction: . <input type="checkbox"/> Yes <input type="checkbox"/> No          Retaining Walls: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Maximum height: ..... /ft          Waterproofing or Coating: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>10. Painting:</b> ..... <input type="checkbox"/> N/A          Encapsulation or Removal of Lead Paint: .... <input type="checkbox"/> Yes <input type="checkbox"/> No          Fireproofing or flame retardant application: . <input type="checkbox"/> Yes <input type="checkbox"/> No          Open flame or torch removal: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Percent of work: ..... Interior: ___ % Exterior: ___ %          For Exterior - Prior notice given: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Maximum working height: ..... /ft          Tanks for fuel or chemical: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>11. Plumbing:</b> ..... <input type="checkbox"/> N/A          Boiler Inspection/Repair/Installation: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Chemical, Petroleum, Corrosive Systems: .. <input type="checkbox"/> Yes <input type="checkbox"/> No          Commercial Refrigeration Systems: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Encapsulation or removal of asbestos: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          High pressure or Steam Systems: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Maximum working depth: ..... /ft</p>	<p><b>12. Pressure Washing:</b> ..... <input type="checkbox"/> N/A          Cleaning interior of tanks: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Pressurized: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Non-Pressurized: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Chemicals/Hazardous Materials: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Cleaning or washing of aircraft or ships: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Cleaning solutions non-toxic/non-caustic: ... <input type="checkbox"/> Yes <input type="checkbox"/> No          Maximum PSI of the pressure apparatus: ..... ___ PSI</p>
<p><b>13. Roofing:</b> ..... <input type="checkbox"/> N/A          Maximum working height: ..... /ft          Overspray Coverage Requested: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Procedures to ensure job is          Not left unattended: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Covered before leaving jobsite: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Type of Work:          Composition ..... /%          Hot Tar/Open Flame: ..... /%          Other (Type: _____): ..... /%</p>	<p><b>14. Tree Trimming:</b> ..... <input type="checkbox"/> N/A          Clearing land for firefighting or mitigation: ... <input type="checkbox"/> Yes <input type="checkbox"/> No          Controlled burns: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Dusting spraying or fumigating crops: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Freeway, highway or railroad right of way: .. <input type="checkbox"/> Yes <input type="checkbox"/> No          Orchard or vineyard management: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Removal of vegetation for power or utilities: <input type="checkbox"/> Yes <input type="checkbox"/> No          Snow or ice removal: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          Tree girdling or grafting: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>



## CONTROLLING THE SUBCONTRACTORS EXPOSURE

- Complete the following if you subcontract work to others or: .....  N/A
1. Are certificates of insurance required from all subcontractors? .....  Yes  No
  2. Do your subcontractors carry coverage or limits less than yours? .....  Yes  No  
If yes, what are the minimum limits you accept? \_\_\_\_\_
  3. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? .....  Yes  No
  4. (A copy of the standard contract is mandatory to bind coverage.)
  5. Are you named as an additional insured on the subcontractors' policy? .....  Yes  No
  6. How long are Certificates of Insurance kept? .....  Until job ends  One year  Other  
If other is checked, provide details: \_\_\_\_\_

## STAFF TRAINING AND EXPERIENCE

1. Are all employees at least 18 years of age? .....  Yes  No
  2. Employee workforce: .....  Full-Time \_\_\_%  Part-Time \_\_\_%  Seasonal \_\_\_%
  3. Average length of employment: .....
  4. Are employees provided a written Employee Manual: .....  Yes  No
  5. Do you have a written employee safety program? .....  Yes  No  
(if yes, attach a copy)
  6. How often are safety meetings conducted: .....  Daily  Weekly  Before Each Job  Other: \_\_\_\_\_
  7. Are all employees trained in the operation of all machinery or material handling equipment they operate: .....  Yes  No
- Comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## SPECIAL HAZARDS:

1. Do you or have you had any past, present or discontinued operations involving storing, treating discharging applying, disposing, or transporting of:  
Asbestos: .....  Yes  No  
Hazardous material (e.g. chemicals, explosives, flammables, fuel tanks, oil tanks, waste water, etc.): .....  Yes  No  
Hydrofracking waste water: .....  Yes  No
  2. Are you involved in any operations outside of the construction industry? .....  Yes  No  
Describe: \_\_\_\_\_
  3. Complete the following if you lease equipment to others with or without operators or: .....  N/A  
Attach a copy of lease agreement  
For equipment leased with operators, are all employees certified in the operation of the equipment? .....  Yes  No  
Provide a list of equipment (attach a separate sheet if necessary)
- \_\_\_\_\_
- \_\_\_\_\_

**NOTES: Use a separate sheet if necessary to include a complete description of all information previously requested.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER INSURANCE – PROFESSIONAL LIABILITY**

Professional Liability - Name of Carrier (If Applicable)	Limits of Insurance	Policy Term	Retro-Date (If any)
		to	

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT – FOR THE STATE(S) OF:**

**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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.

**Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia**

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

**Florida**

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

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, 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.

### **Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### **Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

### **New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### **New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **Ohio**

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

### **Oklahoma**

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

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date