

Agency Name:
 Address:
 Contact Name:
 Phone:
 Email:

Security Guard / Patrol 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
_____	_____
_____	_____
_____	_____
_____	_____
Business Name or Trading Name: _____	Applicant's Phone Number: _____
_____	Applicant's Web Address: _____
Proposed Policy Period: _____ TO: _____	Inspection Contact: _____
	Contact Phone Number: _____
Applicant is: <input type="checkbox"/> Individual (Include Date of Birth): _____ <input type="checkbox"/> Partnership (include Dates of Birth): _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture or <input type="checkbox"/> Other _____	
Years in business: _____ Years of Experience in this field: _____	

Location #1 _____
 Location #2 _____

OPERATIONS

1. Is the business licensed and/or certified according to federal, state, municipal or local statutes or regulations? Yes No
 2. Is the applicant owned by, associated with, engaged in or involved with any other enterprise? Yes No
- If yes, provide details:

3. Has applicant ever performed business under another name? Yes No
4. Does the applicant enter into a standard contract with all clients? Yes No

Attach a copy of the contract

5. Does the applicant have written procedures for reporting incidents? Yes No
 6. Does the applicant use dogs as part of their operation? Yes No
- If yes, who handles the training of the dogs?

What types of dogs are used?

Number of dogs that work with a handler _____

Are dogs kept leashed at all times? Yes No
 If yes, maximum length of leash: _____ feet

Are dogs left unattended at customer's facility? Yes No
 If yes, number of dogs working unattended: _____

Who is responsible to post warning signs: _____

Are employees responsible for kenneling and releasing the animals after business hours? Yes No

Is the customer responsible for kenneling or releasing the animals? Yes No

Are any animals used to detect explosives, narcotics, or weapons? Yes No

SCHEDULE OF HAZARDS (Answer all that apply – attach a separate sheet if necessary)

Details Of The Type Of Businesses Protected And Services Provided

Any service located in, or operations performed in, metropolitan areas with a population more than 250,000..... Yes No

Types of Businesses Protected or Services Offered	(E) Employee (S) Subcontractor				Percent of Operations
	Armed		Unarmed		
<input type="checkbox"/> Airports	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Alarm Installation	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Alarm Monitoring	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Apartments (Federal, Local, or State subsidized)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Apartments (in areas with a population > 250,000)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Armored Car / Armored Security	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Automobile Dealers	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Bail Bondsmen	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Banks or other financial institutions	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Bars or Nightclubs (Bouncers)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Body Guards / Executive Protection	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Bounty Hunters	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Churches	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Concerts	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Condominium or Townhouse Associations	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Courier Services	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Construction Sites	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Crowd Control	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Detention or Correctional Institutions (Federal, State, Private)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Employee Background Checks	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Event Security	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Executive protection services	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Federal subsidized housing (HUD)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Homeowners Association	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Hospitals	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Industrial Plants	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Investigations - Credit	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Investigations - Criminal	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Investigations - Divorce	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Investigations - Missing Persons	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Laboratories	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Law Enforcement Agency	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Legalized cannabis farms or related stores	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Local or state government subsidized housing	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Military Installations	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Mobile Check Cashing Services	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Municipalities	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Municipal Buildings – Courthouses	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Municipal Buildings – Holding or detention	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Municipal Buildings (Other - describe below)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___

SCHEDULE OF HAZARDS (Continued)

Types of Businesses Protected or Services Offered	(E) Employee (S) Subcontractor				Percent of Operations
	Armed		Unarmed		
<input type="checkbox"/> Narcotics or Weapons Locating Service	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Office Buildings	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Parking Enforcement (violations, disabling, towing)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Patrol	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Personal Escort Service	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Polygraph Operations	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Process Serving	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Repossessions or Collections	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Retail Stores (after business hours)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Retail Stores (plainclothes shoplifting surveillance)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Retail Stores (uniformed/during business hours)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Schools/Colleges including dormitories	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Special Events	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Strike Control	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Traffic Control (Special Events only)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Traffic Control (other than Special Events)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Transportation - Bus	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Transportation - Railway	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Transportation – Taxi or executive car service	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Utility Properties – Electric, Gas, Oil or Water	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Undercover Operations	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Vehicle Escort (e.g., executive or funeral)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Volunteer or Neighborhood Patrol or Watch Guard	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___
<input type="checkbox"/> Other (describe below – include percent of ops)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)	<input type="checkbox"/> (S)	___

PERSONNEL

Full Time Employees Payroll \$ _____ # Armed: ____ # Unarmed: ____

Part Time Employees Payroll \$ _____ Annual Gross Sales: _____

Off Duty Police: # ____ Employees under 21: # ____ Employees over 65: # ____

- Does the applicant obtain Background Checks (including any prior criminal records)? Yes No
- Does background investigation include out-of-state and federal (as required) background checks? Yes No
- Will the applicant hire any person who has a prior criminal record? Yes No
- Are all employees subject to ongoing education? Yes No
- Does the applicant offer crisis management counseling? Yes No
- Do employees carry weapons? If yes, advise type (check all that apply):..... Yes No
 - Baton Electroshock stun gun Pepper spray
 - Pistol Revolver Other (describe below)

7. Are all individuals who carry a weapon (provide details of any no responses):

Required to be licensed:..... Yes No

Subject to annual certification: Yes No

Trained by the applicant: Yes No

TRAINING:

1. Does the applicant operate a Security Guard Training Or Certification School? Yes No
 If yes, provide complete details including a copy of the curriculum or URL to online courses

Estimated annual gross sales? \$ _____
 Estimated number of students or certifications annually _____
 State(s) the applicant is licensed to provide certification or training:

2. Does the applicant provide firearms training or certification? (If yes, complete the following)..... Yes No
 Is instruction limited to employees or potential security guard trainees? Yes No
 Does the applicant offer firearms training to Law Enforcement? Yes No
 Does the applicant offer firearms training to the public to obtain a CWP, or CCP? Yes No
 Is the applicant in compliance with all federal, state, local or municipal firearms licensing requirements? Yes No
 Where is the firearms proficiency demonstration conducted? Owned Range Range Owned/Operated by Others

SUBCONTRACTED WORK

Does the applicant subcontract work to others? (If yes, complete the following): Yes No

What is the total Cost for subcontracted work? \$ _____

What percent of work is subcontracted to: Off Duty Police ___% Armed: ___% Unarmed ___%

Is General Liability and Workers Compensation coverage required of all subcontractors? Yes No

Do subcontractors carry General Liability limits equal or greater than the limits requested on the application? Yes No

Does the applicant require they be named as an Additional Insured on all subcontractor policies? Yes No

Are certificates of insurance maintained in file? Yes No

Describe services subcontracted to others:

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS (Complete Additional Insured Supplement - S318s)

Name And Address	Relationship to Applicant	Additional Insured	Certificate
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

OPTIONAL COVERAGE DESIRED:

- Additional Insured – Automatic Status When Required in a Written Contract Agreement
- Additional Insured – Owners, Lessees or Contractors – Designated
- Additional Insured – Primary and Noncontributory – Automatic Status When Required in Contract or Agreement
- Location General Aggregate Limit When Required by Contract or Agreement
- Waiver of Transfer of Rights of Recovery Against Others
- Other: _____

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