

APPLICANT INFORMATION	PRODUCER INFORMATION
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Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Website: _____	Producer Code #: _____
Desired Effective Date: From _____ to _____	
Quote Needed by: _____	
Tax ID/SSN: _____	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (describe): _____	

COVERAGES REQUESTED*

- | | |
|--|---|
| <input type="checkbox"/> Section A – Yacht Dealers Coverage | <input type="checkbox"/> Section E – Commercial Tools & Equipment Coverage |
| <input type="checkbox"/> Section B – Marina Operators Legal Liability Coverage | <input type="checkbox"/> Section F – Owned Watercraft Coverage |
| <input type="checkbox"/> Section C – Protection & Indemnity Coverage | <input type="checkbox"/> Section G – Yacht Club Supplemental Questionnaire |
| <input type="checkbox"/> Section D – Piers, Wharves and Docks Coverage | <input type="checkbox"/> Other Marine Coverages – Attach Appropriate Applications |

**Be advised that only the above listed coverages can be quoted using this application. For all other coverages, please use ACORD's or other supporting forms and/or applications.*

GENERAL INFORMATION

1. Business of applicant: _____
2. Number of years in business: _____
3. Does applicant have any divisions or affiliates not to be insured hereunder? Yes No
If yes, please name & describe: _____
4. Has the applicant had any insurance policy declined, cancelled, or non-renewed during the prior 3 years? Yes No
If yes, give details: _____
(MISSOURI APPLICANTS NEED NOT APPLY)
5. Does the applicant have any knowledge of any facts which might give rise to a claim under these policies? Yes No
If yes, give details: _____
6. Has the applicant ever declared bankruptcy? Yes No
If yes, give details: _____

PLEASE ATTACH

- 1) The applicant's most current annual report, Form 10K or other Financial Information
- 2) Sales brochure describing the applicant's products
- 3) Copies of Storage and Rental Agreements, if applicable

SECTION A – YACHT DEALERS COVERAGE

1. LIMITS DESIRED

\$ _____ On any one vessel
 \$ _____ While in transit by land
 \$ _____ While on exhibit at _____
 \$ _____ While on premises at _____
 \$ _____ In any one occurrence

2. Average Total Inventory (vessels & goods each named location) \$ _____
 3. Maximum Inventory (vessels & goods each named location) \$ _____

	Inside	Outside	Waterborne
4. Average value any one vessel	\$ _____	\$ _____	\$ _____
5. Maximum value any one vessel	\$ _____	\$ _____	\$ _____

6. Average number of vessels in inventory (each named location): _____

7. Maximum number of vessels in inventory (each named location): _____

8. Estimated number of vessels in transit per year: _____

9. Estimated number of Boat Shows / Exhibitions per year: _____

10. Estimated number of Demonstrations per year: _____

Are applicant's personnel in charge? Yes No If no, explain how demonstrations are performed? _____

11. Are any boats taken out of inventory for:

a. Rental? Yes No If yes, estimate of annual receipts: \$ _____

b. Personal use by owner/employees? Yes No If yes, number of times per year: _____

c. Loaners? Yes No

12. List all main manufacturers and major hull models sold:

13. a. Percent of inventory represented by foreign-made products: _____ %

b. Percent of inventory that are High Performance (capable of speeds greater than 60 mph): _____ %

14. a. Any products other than boats or boat accessories? Yes No If yes, percentage of sales: _____ %

b. Describe non-boat products: _____

15. a. What percent of inventory is built by a non-U.S. manufacturer? _____ %

b. Do all foreign manufacturers carry U. S. product liability? Yes No (Provide current certificates)

16. Yacht Dealers Extension Endorsement to be included? Yes No

\$ _____ False Pretense Coverage (if over \$25,000 is desired)

Yacht Dealers Extension Coverages: • Title E&O \$300,000 • Insurance Agents E&O \$300,000

• Engine Operating Hours Meter Alteration \$300,000 • Truth in Lending E&O \$300,000 • False Pretense \$25,000

17. Deductible requested (Minimum \$1,000): Optional Deductible: \$ _____

18. Reporting Form Non-Reporting

19. Loss Payee: _____

20. a. Yacht brokers coverage desired? Yes No Commissions: \$ _____

b. Yacht brokers average value: Any one vessel \$ _____ Maximum value \$ _____

c. States where you conduct business: _____

Attach a copy of the Yacht Broker Agreement

SECTION B – MARINA OPERATORS LEGAL LIABILITY COVERAGE

1. Limit of Liability

\$300,000 \$500,000 \$1,000,000 (Higher limits may be available through a Bumbershoot policy)

Deductible: _____

2. Docking

Number of slips available: _____ Number of docks available: _____

Value of vessels docked: Average \$ _____ Maximum \$ _____

Estimated Gross Receipts for proposed policy period \$ _____

3. Fueling

Type of fuel (gas, diesel, LPG): _____

Fire protection (Describe safeguards): _____

Who supervises fueling? _____

Is after-hours self-pump service offered? Yes No

Estimated Gross Receipts for proposed policy period \$ _____

4. Hauling & Launching (Other than in conjunction with Repairs or Storage)

Approximate number of vessels handled per year: _____

Maximum value of any one vessel: \$ _____

Three prior years receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period \$ _____

5. Mooring & Anchoring

Maximum number of vessels moored: _____

Maximum value of any one vessel: \$ _____

Three prior years receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period \$ _____

6. Ship Repairers (Repairs, alteration, maintenance or restoration)

Value of vessels handled: Average \$ _____ Maximum \$ _____

What percentage of repair receipts are for commercial / non-pleasure craft? _____ %

If primarily a yacht repair facility, provide breakdown of repair operations:

_____ % Painting _____ % Refinishing _____ % Fiberglassing

_____ % Engine Repair _____ % Spray Painting _____ % General Repair

_____ % Welding _____ % Electrical _____ % Woodworking

Three prior years receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period \$ _____

7. Storage Ashore

Individual value of vessels stored: Average \$ _____ Maximum \$ _____

Value of vessels stored and method of storage:

Outside in open racks: \$ _____ (Average) \$ _____ (Maximum) _____ (Number)

Non-racked: \$ _____ (Average) \$ _____ (Maximum) _____ (Number)

Inside on racks: \$ _____ (Average) \$ _____ (Maximum) _____ (Number)

Non-racked: \$ _____ (Average) \$ _____ (Maximum) _____ (Number)

Three prior years receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period \$ _____

8. Other

Give details for other activities/services offered by the marina; installation of aftermarket product (i.e., Tuna towers, electronics) _____

Three prior years receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period \$ _____

TOTAL ESTIMATED GROSS RECEIPTS (TOTAL OF 2 through 8)..... \$ _____

(Section B Continued on Next Page)

SECTION B – MARINA OPERATORS LEGAL LIABILITY COVERAGE (cont'd)

OTHER RECEIPTS

Rental Boats (Attach a complete description of vessels)

Number of Vessels: _____

Does your rental agreement contain a Hold Harmless agreement? Yes No If yes, provide a copy

Three prior years receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period \$ _____

Ships Store Sales

What percentage of sales are consumables (food, drink, etc.)? _____ %

Three prior years receipts: (1) _____ (2) _____ (3) _____

Estimated Gross Receipts for proposed policy period \$ _____

Storage Ashore

If any part of operations include storage on land, in buildings, or outside, in racks or in any other way, please complete the following details

1. How many levels are racks (2, 3 or 4 high)? _____
2. Are vessels ever left on trailers? Yes No If yes, describe safeguards to guard against theft: _____

3. What is construction of storage building(s)? Brick Concrete Block Frame Steel Other
Explain "Other" type of construction: _____
4. If storage building has a flat roof, is snow removal a common practice in part of the country where applicable? Yes No N/A
If yes, describe procedures: _____
5. Winter Storage
Batteries Removed? Yes No If yes, done by: Insured Vessel Owner(s) Both
Fuel topped off or emptied? Yes No If yes, done by: Insured Vessel Owner(s) Both
6. What is the age of the building? _____
7. Is building sprinklered? Yes No If yes, describe system: _____
8. What protection systems are currently used? Central Station Indicate rating: _____
Describe system and give Certificate #: _____ Expiration Date: _____
 Fire Alarm (type) _____ Burglar Alarm (type) _____
 Night Watchman Flood Lights Fencing Other
Explain "Other" type of protection system: _____
9. Are all vessel owners required to maintain liability insurance? Yes No
If yes, minimum limit required: \$ _____
Are Certificates of Insurance obtained from all vessel owners and kept on file? Yes No
Is a signed contract with Hold Harmless wording utilized by the insured for storage? Yes No

Attach a copy of storage contract currently in use

SECTION C – PROTECTION & INDEMNITY COVERAGE

1. Limit of Liability

Yacht Dealers: \$300,000 \$500,000 \$1,000,000 (Higher limits are available through a Bumbershoot policy)

Marina Operators: \$300,000 \$500,000 \$1,000,000 (Higher limits are available through a Bumbershoot policy)

Owned Watercraft: \$300,000 \$500,000 \$1,000,000 (Higher limits are available through a Bumbershoot policy)

(Coverage only applies to those vessels specifically listed under Section F – Owned Watercraft Coverage)

Medical Payment of \$2,000 included

Crew Include Exclude

 Number of Crew: _____

Sailing Instruction Include Exclude

 Maximum number of Instructors at any one time: _____

 Maximum number of Students at any one time: _____

Water Ski Liability (\$300,000 maximum limit available) Include Exclude

Regatta Liability Include Exclude

Towers Liability: Do you offer Commercial Towing Assistance for Hire? Yes No

 If yes, describe: _____

Sudden & Accidental Pollution Liability (\$300,000 maximum limit available) Include Exclude

2. Deductible requested: \$ _____

3. Average experience of employees

	Number of	Years With Applicant	Total Years Experience
Captains – Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No.....	_____	_____	_____
Engineers.....	_____	_____	_____
Deckhands.....	_____	_____	_____
Other (describe): _____	_____	_____	_____

SECTION D - PIERS, WHARVES AND DOCKS COVERAGE

1. Brief description of property to be insured (Attach a diagram, indicating distances between where there is more than one pier, and include a photo of site): _____

2. Type of construction: Wood Concrete Steel Other (describe): _____
 Fixed Floating Percentage of dock covered over with roof, if any: _____ %
Number of docks: _____ Electricity on docks? Yes No Separate fuel dock? Yes No
3. Year(s) of construction: _____
4. Were the docks built to a specific wind resistant rating? Yes No If yes, what speed? _____
5. If docks are set with pylons, how many feet above the high tide mark are they? _____
6. For anchored docks, are all cables, winches & anchor connections inspected and repaired annually? Yes No
7. Describe the maintenance program: _____

8. Describe firefighting capabilities at pier: _____

9. Local fireboat available? Yes No
10. Is any property removed from water during winter? Yes No
11. Has any company refused or cancelled any similar coverage applied for or in force during the past three years? Yes No
If yes, give details: _____

12. Deductible
All perils \$ _____ (\$5,000 minimum deductible applies)
Wind, Hail & Wind Driven Water (Storm Surge) \$ _____ (\$25,000 minimum deductible for covered docks)
13. Total value of the docks: \$ _____ Attach Schedule of Dock Values *OR* complete the following (**Mandatory**)
Valuation: Actual Cash Value Replacement Cost (90% Coinsurance applies)
Submit a survey or appraisal for Replacement Cost valuation

DOCK SCHEDULE FOR:

Dock Label	Type of Construction	Manufacturer	Year Built	Dock Covered (Yes/No) If yes, give roof type	Number of Slips	Wind Rating?	Snow Load Rating?	Fixed or Floating	Length X Width of Dock	Pilings or Cables & Anchor (Date cable last serviced)	Limit Requested	ACV or RC*
Total											\$	

Completed By (printed):

Signature:

Title:

Date:

*ACV = Actual Cash Value, RC = Replacement Cost

FLOATING PROPERTY SCHEDULE FOR:

Building Description	Use	Dock Location	Type of Construction	Roof Construction	Year Built	Sq Foot	Sprinklered	Building Limit	BPP Limit

Completed By (Printed):	Signature:
Title:	Date:

- 14. Business income limit of insurance desired: \$ _____ (minimum 50% of receipts)
- 15. Include Equipment Breakdown coverage (Boiler & Machinery Endorsement)? Yes No

SECTION E – COMMERCIAL TOOLS & EQUIPMENT COVERAGE

1. Coverage

- Limits of Liability – Equipment & Tools insured \$ _____
- a) Equipment: List all equipment valued over \$2,500 or attach schedule
- b) Tools: \$10,000. Unscheduled - \$5,000. Employees Tools - \$5,000. Owned Tools - \$1,000. \$ _____
- Any one item.
- Maximum value of any one item (\$1,000 incl.) Additional amount of insurance desired on any one item \$ _____
- c) Deductible per occurrence (Scheduled equipment only) \$ _____

2. Optional Coverages

- Is replacement cost desired? Yes No Not available on equipment over 10 years of age
- Is coverage desired on employees' tools? Yes No
- Number of employees: _____
- Amount of insurance desired on any one employee: \$ _____
- Maximum value on any one item: \$ _____
- Total amount of employees' tools: \$ _____
- Is coverage desired for Rental Reimbursement? Yes No
- What limit of liability is desired? \$ _____

3. Storage & Repair at Location

- Where is equipment stored? _____
- Are tools kept in locked compartments when premises are closed? Yes No

4. Maintenance

- Is there a regular equipment maintenance program in effect at present? Yes No If yes, please describe: _____
- _____
- _____

5. Schedule of Equipment in Excess of \$1,000 per Item

TRADE NAME OF MACHINE	YEAR BUILT	MFG's SERIAL OR MODEL #'s	TYPE OF FUEL	COST NEW	LIMIT OF INSURANCE
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

SECTION F – OWNED WATERCRAFT COVERAGE

1. Rental / Workboat / Personal / Water Skiing (towing of persons) Boat Coverage

Hull & Machinery							
TRADE NAME	USE OF BOAT*	YEAR BUILT	LENGTH	TOTAL H.P.	VALUE	TYPE OF FUEL	MATERIAL OF HULL
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		

* Indicate whether Rental, Workboat, Personal or if boat can be used for Water Skiing or towing of persons

2. Navigation area of above vessel(s): _____
3. Are surveys available on all hulls over 3 years old? Yes No
 If yes, attach copies of most recent survey(s)
 If no, on what date will survey(s) be accomplished? _____
4. a. If Houseboats are scheduled, do any contain rear exhaust for engines or generators? Yes No
 b. Are all vessels equipped with c/o detectors? Yes No
5. Deductible requested: \$ _____ (\$500 minimum applies)

SECTION G – YACHT CLUB SUPPLEMENTAL QUESTIONNAIRE

1. Number of Members: _____ Open Year Round Open from: _____ to _____
 If not open year round, is security provided during the off season? Yes No

2. Do any special zoning laws apply to the property in the event of a loss? Yes No If yes, please specify: _____

3 a. Value of trophies and/or fine arts: \$ _____ (Any one item > \$2,500 must be specifically scheduled.)

b. Are trophies ever off the premises? Yes No

c. Coverage desired? Yes No Deductible requested: \$ _____

4. Special Services (check all that apply): Swimming Pool Bathing Beach Restaurant Snack Bar Tennis Courts

5. Annual Income Breakdown

Annual Dues <i>Per Member</i>	\$ _____	Pool Fees	\$ _____
Total Annual Dues	\$ _____	Tennis Fees	\$ _____
Dockage Receipts	\$ _____	Boat Instruction Fees	\$ _____
Mooring Charges	\$ _____	Fuel Sales	\$ _____
Winter Storage Charges	\$ _____	Slip Rental Fee (per ft.)	\$ _____
Repair Receipts	\$ _____	Total Annual Slip Fees	\$ _____

Maximum Value		Average Value	
of Any One Vessel Docked	\$ _____	of Vessels Docked	\$ _____

6. Number of Slips: _____ Number of Moorings: _____

7. Is a full-time dockmaster employed during the season? Yes No

8. Does the club own or lease vehicles? Yes No

If yes, please submit an ACORD Automobile Application. Include information regarding vehicle usage.

9. Number of employees: _____ List employees positions: _____

10. Does club own and/or lease boats? Yes No (If yes, you must complete Section G of this application)

Sailboats Powerboats

11. Does club provide sailing instructions? Yes No

Annual Revenue: \$ _____ Number of Students: _____ Ages: _____ Length of Program: _____

Name and address of person in charge of sailing program: _____

Certification: USSA ARC Other

Experience with sailing instruction: _____

Instructors certified in CPR: Yes No First Aid: Yes No

Coverage may also be available for Buildings, Business Contents, Business Automobile, Commercial General Liability, Inland Marine, Boiler & Machinery, Crime, Business Interruption and Umbrella.

PLEASE ATTACH APPROPRIATE ACORD APPLICATIONS FOR DESIRED COVERAGE

LOSS HISTORY

Please attach a loss history for the last five (5) years

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Applicant's
Signature: _____ Date: _____
Print Name: _____ Title: _____

FRAUD WARNINGS

(Last updated 6/15)

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

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 PREPARED 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 MATERIAL 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

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 NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

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: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.