



PHONE: 405-848-8888  
 TOLL FREE: 877-848-8883  
 FAX: 405-848-8891

**COMMERCIAL TRUCKING  
 SMALL/MEDIUM FLEET APPLICATION**

AGENCY: \_\_\_\_\_ PRODUCER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PROPOSED EFFECTIVE DATE: \_\_\_\_\_ DATE QUOTE DESIRED: \_\_\_\_\_

NEW  RENEWAL

**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_ TAX ID (FEDERAL ID OR SS#): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

YEARS IN TRUCKING INDUSTRY: \_\_\_\_\_ YEARS OPERATING UNDER BUSINESS NAME: \_\_\_\_\_

**DESCRIPTION OF OPERATIONS:**

CARRIER TYPE:  COMMON  CONTRACT  PRIVATE  BROKERAGE  OTHER: \_\_\_\_\_

IF CONTRACT, FOR WHOM: \_\_\_\_\_

US DOT NUMBER: \_\_\_\_\_ LATEST DOT RATING: \_\_\_\_\_ YEAR: \_\_\_\_\_

MC NUMBER: \_\_\_\_\_ IS CARRIER INVOLVED IN ANY NON-TRUCK BUSINESS?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

**OWNERSHIP INFORMATION:**

NAME	POSITION/TITLE	NO. OF YEARS	% OWNERSHIP
1)			
2)			
3)			

LOSS CONTROL SERVICES CONTACT PERSON NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT EMAIL ADDRESS: \_\_\_\_\_

**TERMINAL, PLANT OR WAREHOUSE LOCATIONS (ADDRESS, CITY, STATE, ZIP):**


*LIST ADDITIONAL LOCATIONS IN THE "COMMENTS" SECTION, OR ATTACH SEPARATE PAGE IF NECESSARY*

**SCOPE OF OPERATIONS**

RADIUS BY %: 0-50 MI \_\_\_\_\_ 51-200 MI \_\_\_\_\_ 201-500 MI \_\_\_\_\_ 501+ MI \_\_\_\_\_

AREAS:  EAST COAST  SOUTHEAST  SOUTHWEST  MIDWEST  WEST COAST  NORTHEAST  NORTHWEST

RANGE OF TRANSPORT: INTERSTATE \_\_\_\_\_ INTRASTATE \_\_\_\_\_

OPERATIONS LESS THAN 300 MILE RADIUS (LIST CITY DESTINATIONS): \_\_\_\_\_

**OPERATIONS BEYOND 300 MILE RADIUS - IDENTIFY METROPOLITAN AREAS TRAVELED THROUGH OR INTO**

- |                                    |  |                                       |                                      |  |   |  |
|------------------------------------|--|---------------------------------------|--------------------------------------|--|---|--|
| <input type="checkbox"/> ATLANTA   | <input type="checkbox"/> CINCINNATI      | <input type="checkbox"/> HOUSTON      | <input type="checkbox"/> LOUISVILLE  | <input type="checkbox"/> NEW ORLEANS   | <input type="checkbox"/> PHOENIX        | <input type="checkbox"/> SAN DIEGO     |
| <input type="checkbox"/> BALTIMORE | <input type="checkbox"/> CLEVELAND       | <input type="checkbox"/> INDIANAPOLIS | <input type="checkbox"/> MEMPHIS     | <input type="checkbox"/> NEW YORK CITY | <input type="checkbox"/> PITTSBURGH     | <input type="checkbox"/> SAN FRANCISCO |
| <input type="checkbox"/> BOSTON    | <input type="checkbox"/> DALLAS/FT WORTH | <input type="checkbox"/> JACKSONVILLE | <input type="checkbox"/> MIAMI       | <input type="checkbox"/> OKLAHOMA CITY | <input type="checkbox"/> PORTLAND       | <input type="checkbox"/> SEATTLE       |
| <input type="checkbox"/> BUFFALO   | <input type="checkbox"/> DENVER          | <input type="checkbox"/> KANSAS CITY  | <input type="checkbox"/> MILWAUKEE   | <input type="checkbox"/> OMAHA         | <input type="checkbox"/> RICHMOND       | <input type="checkbox"/> TAMPA         |
| <input type="checkbox"/> CHARLOTTE | <input type="checkbox"/> DETROIT         | <input type="checkbox"/> LITTLE ROCK  | <input type="checkbox"/> MINNEAPOLIS | <input type="checkbox"/> ORLANDO       | <input type="checkbox"/> ST. LOUIS      | <input type="checkbox"/> TULSA         |
| <input type="checkbox"/> CHICAGO   | <input type="checkbox"/> HARTFORD        | <input type="checkbox"/> LOS ANGELES  | <input type="checkbox"/> NASHVILLE   | <input type="checkbox"/> PHILADELPHIA  | <input type="checkbox"/> SALT LAKE CITY |  |

CITIES OTHER THAN ABOVE OR REGULAR ROUTES: \_\_\_\_\_

LONGEST TRIP ONE WAY: \_\_\_\_\_ MILES: \_\_\_\_\_

**COMMODITIES HAULED:**

TYPE OF MERCHANDISE HAULED: (AVOID SUCH TERMS AS "GENERAL MERCHANDISE"). STATE APPROXIMATE PERCENTAGE OF AGGREGATE AND MAXIMUM LOAD VALUE. (100% CO-INSURANCE APPLIES. BE CERTAIN AMOUNT OF INSURANCE EQUALS MAXIMUM LOAD VALUE.)

COMMODITY	%	MAXIMUM VALUE	COMMODITY	%	MAXIMUM VALUE	COMMODITY	%	MAXIMUM VALUE	COMMODITY	%	MAXIMUM VALUE
Air Freight			Coal			Gas, Oil, Bulk, LPG, Butane, Propane			Pipe, Steel, PVC		
Alcoholic Liquors			Containers			Government Explosives			Poultry (live)		
Anhydrous Ammonia			Cotton (bailed)			Government Sensitive			Poultry (refrigerated)		
Appliances			Corrosive Material			Grain, Rice, Soy			Radioactive Materials		
Arms & Munitions			Cryogenic Fluid			Liquids			Reefer Freight		
Asphalt			Dry Van Freight			Livestock, Sheep, Hogs			Sand, Gravel		
Auto Hauler			Dynamite			Logging or Pulpwood			Scrap or Waste Materials		
Auto Parts			Eggs (shell)			Lumber, Ply, Panel			Seafood (general)		
Auto (Make)			Electronic Goods			Machinery			Shrimp, Crabs, Oysters, Scallops		
Blasting Agents			End Dump			Mail			Steel, Iron		
Bottom Dump			Etiologic Agents			Meat (packed)			Steel Products		
Building Materials			Explosives			Meat (swinging)			Tanker Operation		
Bulk Materials			Farm Products (non-perishable)			Merchandise (describe)			Textiles (cloth)		
Candy			Fertilizers			Milk, Cream			Tires (new and/or used)		
Canned Goods			Fireworks			Modular or Mobile Homes (single)			Tobacco (hogshead)		
Caustic Material			Flammable Solids			Modular or Mobile Homes (double)			Tobacco (leaf)		
Cement			Flatbed Freight			Nuts (domestic or imported)			Tobacco Products		
Chemicals			Fruit & Produce			Noxic or Toxic Materials			Toys		
Chlorine Gas			Frozen Food			Oilfield Equipment			Other:		
Class A, B or C Explosives			Furniture (Mfg)			Oversize or Overweight Loads			Other:		
Clothing (Mfg)			Garbage			Paper Products			Other:		

AVG LOAD VALUE: \_\_\_\_\_ MAXIMUM LOAD VALUE: \_\_\_\_\_ DEDUCTIBLE DESIRED: \_\_\_\_\_

DESCRIBE COMMODITIES: \_\_\_\_\_

**COMMODITY (CHECK ALL THAT APPLY) - ATTACH HAZARDOUS MATERIAL SUPPLEMENTAL APPLICATION IF APPLICABLE**

- |   |   |
|---|---|
| <input type="checkbox"/> HAZARDOUS MATERIALS REQUIRING \$1,000,000 LIABILITY LIMITS OR LESS     | <input type="checkbox"/> REFUSE / WASTE / GARBAGE |
| <input type="checkbox"/> HAZARDOUS MATERIALS REQUIRING LIABILITY LIMITS HIGHER THAN \$1,000,000 |   |

EXPLAIN: \_\_\_\_\_

**PRE-HIRING:**

DRUG TEST     ROAD TEST     WRITTEN TEST     MVR REVIEW     CHECK PRIOR EMPLOYMENT     MEDICAL CERT

MINIMUM AGE: \_\_\_\_\_ MINIMUM EXPERIENCE REQUIRED: \_\_\_\_\_  
 CURRENT MVR'S ATTACHED:     YES     NO    Max Violations: \_\_\_\_\_ Max # Accidents: \_\_\_\_\_  
 LIST OF DRIVERS ATTACHED:     YES     NO (INCLUDED HIRE DATE AND YEARS EXPERIENCE)    TEAM DRIVERS     YES     NO

**SAFETY PROGRAM: (ATTACH WRITTEN SAFETY PROGRAM)**

WRITTEN SAFETY PROGRAM?     YES     NO    COMMENTS: \_\_\_\_\_  
 SAFETY MEETINGS HELD?     YES     NO    FREQUENCY: \_\_\_\_\_  
 DRIVER ORIENTATION?     YES     NO    DESCRIPTION: \_\_\_\_\_  
 DRIVER INCENTIVES?     YES     NO    DESCRIPTION: \_\_\_\_\_  
 FULL TIME SAFETY DIRECTOR?     YES     NO    NAME: \_\_\_\_\_ YEARS EXPERIENCE: \_\_\_\_\_  
 DRIVER TURNOVER RATIO: \_\_\_\_\_

**MAINTENANCE PROGRAM:**

REPAIR SHOP?     YES     NO    TYPES OF REPAIRS:    MINOR    MAJOR    BODY  
 INSPECTIONS?     YES     NO    FREQUENCY: \_\_\_\_\_  
 MAINTENANCE RECORDS KEPT ON INDIVIDUAL VEHICLES?     YES     NO    NUMBER OF MECHANICS: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

**PRIOR LOSS EXPERIENCE:**

	POLICY PERIOD CARRIER NAME/VALUE DATE	NUMBER OF ACCIDENT	LOSSES PAID	LOSS RESERVE	TOTAL INCURRED WITH EXPENSE
CURRENT					
1ST YR PRIOR					
2ND YR PRIOR					
3RD YR PRIOR					
4TH YR PRIOR					

**SCHEDULE OF EQUIPMENT:**

	NUMBER OWNED	LONG TERM LEASE		TOTAL NUMBER OF UNITS	AVERAGE AGE OF UNITS
		LEASE W/O DRIVER	OWNER OPERATOR		
<b>TRACTORS</b>					
<b>TRAILERS (BY TYPE)</b>					
DRY VAN					
REEFER					
FLATBED					
OTHER:					
<b>LIGHT TRUCKS</b>					
<b>HEAVY TRUCKS</b>					
TOTAL:					

**EQUIPMENT/REVENUE/MILEAGE HISTORY:**

YEAR	NUMBER OF UNITS	GROSS REVENUE	GROSS IFTA MILEAGE
CURRENT YEAR			
1ST YR PRIOR			
2ND YR PRIOR			
3RD YR PRIOR			
4TH YR PRIOR			

**EQUIPMENT VALUES: (ONLY IF QUOTING PHYSICAL DAMAGE COVERAGE)**

TYPE OF EQUIPMENT	NUMBER OF UNITS	TOTAL VALUE	HIGHEST VALUED UNIT
TOTAL:			

**ADDITIONAL UNDERWRITING QUESTIONS:**

1. DOES INSURED BACKHAUL?  YES  NO  
IF "YES", EXPLAIN: \_\_\_\_\_
2. DOES INSURED UTILIZE EMPLOYEE LEASING?  YES  NO  
IF "YES", EXPLAIN: \_\_\_\_\_
3. HAS INSURED EVER BEEN CANCELLED OR NON-RENEWED BY A PREVIOUS INSURANCE CARRIER?  YES  NO  
IF "YES", EXPLAIN: \_\_\_\_\_
4. DO YOU ACT AS A FREIGHT-BROKER OR FREIGHT-FORWARDER OR ARRANGE LOADS FOR OTHERS?  YES  NO  
IF "YES", PROVIDE BROKERAGE NAME: \_\_\_\_\_  
BROKER MC#: \_\_\_\_\_  
IF YES, IDENTIFY THE NAME AND POLICY NUMBER OF INSURANCE CARRIER PROVIDING TRUCK BROKER CONTINGENT LIABILITY COVERAGE: \_\_\_\_\_  
(Furnish copy of Dec Page. If coverage is written we will require 30 day certificate to be issued to TIP National, Inc.)
5. IS ALL EQUIPMENT OPERATED UNDER THE APPLICANT'S AUTHORITY SCHEDULED ON THE APPLICATION?  YES  NO  
IF "NO", EXPLAIN: \_\_\_\_\_
6. IS ALL OWNED EQUIPMENT SCHEDULE ON THIS APPLICATION?  YES  NO  
IF "NO", EXPLAIN: \_\_\_\_\_
7. DO YOU HIRE OTHER COMPANIES OR INDEPENDENT OWNER-OPERATORS TO HAUL FOR YOU?  YES  NO  
IF "YES", ANSWER QUESTIONS A AND B BELOW. IF "NO", SKIP TO QUESTION #11.
- A. ARE HIRED VEHICLES PERMANENTLY LEASED TO YOUR COMPANY?  YES  NO  
IF "YES": 1) ARE THESE VEHICLES LISTED ON THE APPLICATION?  YES  NO  
2) ARE THESE VEHICLES LEASED WITH DRIVERS?  YES  NO  
3) DO YOU REQUIRE LEASED VEHICLE OWNERS TO PURCHASE NON-TRUCKING LIABILITY COVERAGE?  YES  NO
- B. DO YOU HIRE ADDITIONAL DRIVERS OR EQUIPMENT TO HAUL FOR YOU UNDER A TRIP LEASE OR SUBHAUL AGREEMENT?  YES  NO  
IF "YES": 1) INDICATE ESTIMATED NUMBER OF TRIPS: PER MONTH: \_\_\_\_\_ PER YEAR: \_\_\_\_\_  
2) INDICATE ESTIMATED ANNUAL COST OF HIRE: PER MONTH: \_\_\_\_\_ PER YEAR: \_\_\_\_\_
8. DO YOU LEASE TO OTHERS?  YES  NO  
IF "YES", WHO MUST PROVIDE PRIMARY INSURANCE?  YOU  OTHER: \_\_\_\_\_  
IF YOU PROVIDE INSURANCE, IS COVERAGE DESIRED FOR LESSEES?  YES  NO
9. DO YOU PROVIDE OUTSIDE SERVICE WORK FOR OTHERS?  YES  NO
10. DO YOU ALLOW PASSENGERS?  YES  NO  
IF YES, DOES APPLICANT HAVE SEPARATE PASSENGER LIABILITY COVERAGE?  YES  NO
11. DO YOU PULL DOUBLES AND/OR TRIPLES?  YES  NO  
IF "YES", SPECIFY: \_\_\_\_\_
12. DO YOU OPERATE ANY MOBILE EQUIPMENT SUBJECT TO COMPULSORY OR FINANCIAL RESPONSIBILITY LAW OR OTHER MOTOR VEHICLE INSURANCE LAW IN THE STATE WHERE IT IS LICENSED OR PRINCIPALLY GARAGED?  YES  NO

**ADDITIONAL NOTES / COMMENTS:**

**APPLICATION FOR:**

- TRUCKERS LIABILITY
- MOTOR TRUCK CARGO
- OTHER: \_\_\_\_\_
- TRUCKERS PHYSICAL DAMAGE
- GENERAL LIABILITY

**BASIS OF QUOTATION:**

- ANNUAL
- REVENUE
- UNIT COUNT
- MONTHLY
- MILEAGE
- OTHER \_\_\_\_\_

LIABILITY	LIMITS	DEDUCTIBLES	NOTES/COMMENTS
<input type="checkbox"/> TRUCKERS FORM			
<input type="checkbox"/> UM/UIM COVERAGE			
<input type="checkbox"/> PIP <input type="checkbox"/> MEDICAL PAYMENTS			
<input type="checkbox"/> HIRED AUTO LIABILITY	COST OF HIRE: \$		
<input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY	# OF EMPLOYEES		

IS TRAILER INTERCHANGE LEGAL LIABILITY REQUIRED?  YES  NO

IF "YES", PROVIDE A COPY OF THE AGREEMENT AND ANSWER THE FOLLOWING:

- A) NUMBER OF DAYS: \_\_\_\_\_ NUMBER OF TRAILERS: \_\_\_\_\_
- B) MAXIMUM VALUE: \_\_\_\_\_ AVERAGE VALUE: \_\_\_\_\_
- C) DEDUCTIBLE: \_\_\_\_\_

**PHYSICAL DAMAGE:**

- COLLISION
- SPECIFIED PERILS
- COMPREHENSIVE

TOTAL INSURED VALUE: \_\_\_\_\_ SCHEDULE ATTACHED?  YES  NO

DEDUCTIBLE(S): \_\_\_\_\_ COMMENTS: \_\_\_\_\_

TERMINAL EXPOSURE: \_\_\_\_\_ AVERAGE: \_\_\_\_\_ MAXIMUM: \_\_\_\_\_

MOTOR TRUCK CARGO	LIMIT	COMMENTS/SPECIAL LIMITS
PER UNIT		
TERMINAL		
CATASTROPHE		
DEDUCTIBLE(S):		REFRIGERATED COMMODITIES / REEFER BREAKDOWN DEDUCTIBLE: \$

GENERAL LIABILITY	LIMIT	CLASS CODE: 99793
GENERAL AGGREGATE		PREMIUM BASIS:
PRODUCTS/COMPLETED OPERATIONS		PAYROLL: \$
PERSONAL & ADVERTISING INJURY		NO CLERICAL OR DRIVERS
EACH OCCURRENCE		COMMENTS:
DAMAGE TO PREMISES		
MEDICAL PAYMENTS		
DEDUCTIBLE(S):		

1. FULLY DESCRIBE THE INSURED'S OPERATION: \_\_\_\_\_
2. DOES THE INSURED HAVE ANY OPERATIONS OTHER THAN TRUCKING, SUCH AS:
  - A. STORAGE OF GOODS OF OTHERS (WAREHOUSING)  YES  NO
  - B. REPAIRS OF VEHICLES OR GOODS OF OTHERS  YES  NO
  - C. STORAGE OF VEHICLES OF OTHERS  YES  NO
  - D. SPACE LEASED TO OTHERS  YES  NO
  - E. SALE OF FUEL OR OTHER PRODUCTS  YES  NO
  - F. FREIGHT FORWARDING, CONSOLIDATION OR BROKERING  YES  NO
  - G. ANY SPORTING OR SOCIAL EVENTS SPONSORED  YES  NO
  - H. FARMING OPERATIONS  YES  NO
  - I. ANY OTHER BUSINESS ACTIVITIES LOCATED AT SAME PREMISES  YES  NO
3. DOES THE INSURED GENERATE INCOME FROM OTHER ACTIVITIES BESIDES THE OPERATION OF TRUCKS?  YES  NO
4. DOES THE INSURED SIGN ANY CONTRACTS REQUIRING THE INSURED ASSUME THE LIABILITY OF ANOTHER PARTY?  YES  NO
5. DOES THE INSURED USE MOBILE EQUIPMENT ON OR OFF PREMISES SUCH AS FORKLIFTS OR BACKHOES?  YES  NO

**EXPLAIN ALL "YES" ANSWERS:**

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INSURANCE FILINGS REQUIRED: INSURANCE FILING REQUEST FORM ATTACHED  
FEE NEEDED FOR THE FOLLOWING: TX - \$100 TEXAS DEPT OF TRANSPORTATION (ONLY IF ALLOWED TO LAPSE)  
NM - \$15 NEW MEXICO PUBLIC REGULATION COMMISSION  
BC - \$30 INSURANCE CORPORATION OF BRITISH COLUMBIA

\_\_\_\_\_  
INSURED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRODUCER SIGNATURE

\_\_\_\_\_  
DATE

**IMPORTANT - PLEASE READ BEFORE SIGNING**

I AUTHORIZE TIP NATIONAL, LLC TO OBTAIN COPIES OF MOTOR VEHICLE REPORTS IF NECESSARY FOR UNDERWRITING THE INSURED THAT I HAVE APPLIED FOR. I ALSO UNDERSTAND THAT A ROUTINE INSPECTION WILL BE DONE REGARDING MY OPERATIONS. I AGREE TO PROMPTLY REPORT AND FURNISH THE NAME, DRIVERS LICENSE NUMBER, AND DATE OF BIRTH FOR ALL DRIVERS I HIRE AND EMPLOY AFTER COMPLETION OF THIS APPLICATION. I UNDERSTAND THAT ALL ACCIDENTS ARE TO BE REPORTED PROMPTLY REGARDLESS OF SEVERITY OR FAULT. I ALSO UNDERSTAND THAT I HAVE NO COVERAGE UNTIL SUCH TIME THE COMPANY ACCEPTS THIS APPLICATION OR AUTHORIZES COVERAGE TO BE BOUND.

**DISCLOSURE:** IN CONNECTION WITH THIS APPLICATION FOR COMMERCIAL AUTOMOBILE INSURANCE, WE MAY REVIEW CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE OR THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF THE INSURANCE SCORE. YOUR CREDIT REPORT/CREDIT-BASED INSURANCE SCORE WILL NOT BE USED FOR ANY PURPOSE OTHER THAN THE UNDERWRITING OF THE COMMERCIAL AUTOMOBILE INSURANCE POLICY FOR WHICH YOU HAVE APPLIED.

**UNDER NO CIRCUMSTANCES CAN THE CREDIT-BASED INSURANCE SCORE, THE LACK THEREOF, OR THE REFUSAL TO AUTHORIZE THE OBTAINING OF A CREDIT REPORT OR A CREDIT-BASED INSURANCE SCORE BE A FACTOR IN DETERMINING YOUR ELIGIBILITY FOR COMMERCIAL AUTOMOBILE INSURANCE, INCLUDING CANCELLATION OR NONRENEWAL, IF A POLICY IS ULTIMATELY ISSUED.**

I AUTHORIZE TIP NATIONAL, LLC TO OBTAIN A CREDIT REPORT, INCLUDING BUT NOT LIMITED TO A CREDIT-BASED INSURANCE SCORE BASED ON PERSONAL INFORMATION PROVIDED. THIS AUTHORIZATION IS VALID FOR FUTURE REPORTS OBTAINED FOR RENEWAL POLICIES WITH TIP NATIONAL, INC.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS SAME ARE KNOWN TO ME, AND THE SAME ARE HEREBY MADE AS THE BASIS AND CONDITION OF THE INSURANCE. 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. BY SIGNING BELOW, I AFFIRM FULL KNOWLEDGE OF AND ADHERENCE TO CURRENT D.O.T. SAFETY REGULATIONS, AND HEREBY APPLY FOR INSURANCE WITH RESPECT TO THE COVERAGES STATED HEREIN.

I/WE DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT OMITTED, SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND AGREE THAT THIS APPLICATION FORM SHALL BE ON THE BASIS OF ANY POLICY OF INSURANCE WHICH MAY BE ISSUED BY THE COMPANY AND SHALL BE DEEMED A PART THEREOF.

\_\_\_\_\_  
PLEASE PRINT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE (MUST BE OFFICER OR OWNER)

I HEREBY CERTIFY THAT THE SIGNATURE OF THE APPLICANT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND FURTHER WARRANT THAT THE ANSWERS, STATEMENTS, AND INFORMATION REFLECTED HEREON WAS GIVEN BY THE APPLICANT TOGETHER WITH INFORMATION FROM MY RECORDS, IF ANY.

\_\_\_\_\_  
PRODUCER (AGENT SIGNATURE)

\_\_\_\_\_  
PRODUCER AGENT - PRINT NAME

## FRAUD WARNING NOTICE

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THE INFORMATION PROVIDED TO OBTAIN THIS COVERAGE IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE, THIS INCLUDES ANY APPLICATIONS, LOCATIONS SCHEDULES, VALUATION STATEMENTS, LOSS HISTORY INFORMATION AND ENGINEERING REPORTS.

THE FOLLOWING STATEMENT APPLIES IN ALL STATES EXCEPT THOSE NOTED BELOW:

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Alabama Fraud Warning: 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.

Arkansas Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

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

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

Kansas Fraud Warning: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky Fraud Warning: 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.

Louisiana Fraud Warning: 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.

Maine Fraud Warning: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Fraud Warning: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Warning: 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 Fraud Warning: 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 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 \$5,000 and the stated value of the claim for each such violation.

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

Oregon Fraud Warning: 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 of your part, we must show that: A. The misinformation is material to the content of the policy; B. We relied upon the misinformation; and C. The information was either: 1. Material to the risk assumed by us; or 2. 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. Misstatements, misrepresentations, omissions or concealments on your part of not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania 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.

Rhode Island Fraud Warning: 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.

Tennessee Fraud Warning: 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.

Virginia Fraud Warning: 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. READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

Washington Fraud Warning: 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.