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**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		
TRACTORS					
TRAILERS (BY TYPE)					
DRY VAN					
REEFER					
FLATBED					
OTHER:					
LIGHT TRUCKS					
HEAVY TRUCKS					
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 MONTHLY
- REVENUE MILEAGE
- UNIT COUNT 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		<i>NO CLERICAL OR DRIVERS</i>
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:

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.

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.