



# Fleet Truck Application (4+ Units)

6676 Corporate Center Parkway, Jacksonville, FL 32216  
 TEL (844) 527-9489 • FAX (904) 262-6054 • www.lancerinsurance.com

<b>GENERAL INFORMATION</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
Name: _____ Phone #: ( ) - _____ Fax #: ( ) - _____				
Name of primary contact: _____				
Mailing Address: _____				
Address		City	State	Zip
Garaging location(s) if different: _____				
Address		City	State	Zip
E-mail Address: _____		Website: _____		
Years in trucking industry: _____ Years operating in your name: _____ Date coverage desired from: _____ to _____				

<b>DESCRIPTION OF OPERATIONS</b>	<input type="checkbox"/> For Hire	<input type="checkbox"/> Private	<input type="checkbox"/> Non-Trucking
<b>Radius of Operations:</b>			
0-100 miles _____ %	101-300 miles _____ %	301-500 miles _____ %	500 + miles _____ %

<b>ROUTES/AREAS TRAVELED THROUGH OR INTO</b>						
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Houston	<input type="checkbox"/> Louisville	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Balt/Wash	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Memphis	<input type="checkbox"/> New York City	<input type="checkbox"/> Portland	<input type="checkbox"/> Seattle
<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"/> Richmond	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Denver	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Omaha	<input type="checkbox"/> St. Louis	
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Detroit	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Mpls./St. Paul	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Salt Lake City	
<input type="checkbox"/> Chicago	<input type="checkbox"/> Hartford	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nashville	<input type="checkbox"/> Phoenix	<input type="checkbox"/> San Diego	
<input type="checkbox"/> None of the above apply. Please list the three largest cities entered in your operation. _____						
What is the longest one-way trip? Time: _____ Hours: _____ Distance: _____						
Last four quarters of Fuel Tax Summaries or Pro Rate Sheet (Schedule B) must accompany the application.						

<b>COMMODITIES TRANSPORTED</b>							
Commodity	Percent of Loads	Avg. Value	Max. Value	Commodity	Percent of Loads	Avg. Value	Max. Value
	%	\$	\$		%	\$	\$
	%	\$	\$		%	\$	\$
	%	\$	\$		%	\$	\$
List shipper requirements, if any: _____							
Are any hazardous materials/waste transported? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, provide description of commodity(s) and UN number. _____							
<b>Yes</b>	<b>No</b>						
<input type="checkbox"/>	<input type="checkbox"/>	1. Are filings required? Docket #: _____					
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you act as a freight-broker or freight-forwarder or arrange loads for others? If Yes, provide Brokerage Name: _____ Docket #: _____					
<input type="checkbox"/>	<input type="checkbox"/>	3. Is all equipment operated under the applicant's authority scheduled on the application? If No, provide explanation. _____					
<input type="checkbox"/>	<input type="checkbox"/>	4. Is all owned or leased equipment scheduled on this application? If No, provide explanation. _____					
<input type="checkbox"/>	<input type="checkbox"/>	5. Is all of the scheduled equipment owned by you? If No, provide explanation. _____					
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you lease or hire equipment to or from others? If Yes, is it? <input type="checkbox"/> Permanently Leased <input type="checkbox"/> Trip Leased _____ %					
		a. If permanently leased, is it scheduled on this application?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		b. If permanently leased, are autos hired with drivers?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Yes No

7. Do you lease to others? If Yes, who must provide primary insurance?  You  Other  
 a. If you provide insurance, is coverage desired for:  Named Lessee(s) or  All Lessees  
 b. If Named Lessee(s), attach a list of name(s) and address(s) for each lessee.  
 Please attach sample lease agreement.

Yes No 8. Do you pull:

- a. Double Trailers?  
  b. Triple Trailers?

9. Do you now or have you or any owner, shareholder, director or officer of your company ever operated under another name and/or Docket #?

If Yes, Name: \_\_\_\_\_ Docket #: \_\_\_\_\_

### INSURANCE HISTORY & LOSS EXPERIENCE

Has any insurance company canceled or non-renewed your policy or the policy of any owner, shareholder, director or officer of your company in the last three years? (Not applicable in Missouri)

Yes  No If Yes, explain: \_\_\_\_\_

Do you currently have a liability deductible?  Yes  No If Yes, Amount: \$ \_\_\_\_\_

**EXPERIENCE INFORMATION:** Furnish currently valued (must be value dated within the last three months) insurance company produced detailed loss and experience auto liability, physical damage and cargo loss runs for the current year plus at least four (4) full policy years. Attach a detailed explanation on any losses exceeding \$15,000 and any fatalities regardless of fault. Provide driver information for all losses regardless of fault if not provided on company loss runs.

#### POLICY HISTORY

#### LOSS HISTORY

Policy Term				Liability		Physical Damage		Cargo		General Liability	
From	To	Insurance Company	Policy #	# Claim	Loss Amt	# Claim	Loss Amt	# Claim	Loss Amt	# Claim	Loss Amt

### EQUIPMENT

**SCHEDULE OF EQUIPMENT OPERATED:** Provide a schedule of equipment including Make, Model, Year, Type, VIN Number, GVW, Stated Value, Radius of Operation, State Vehicle Registered and complete lienholder information. All Owner Operator vehicles should be included and appropriately identified in schedule of equipment.

**FINANCED VALUE COVERAGE** The Stated Value of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.

### UNITS REVENUE AND MILEAGE

#### Actual and Estimated

	Period	# Units	Revenue	Mileage
Current				
1 <sup>st</sup> Prior				
2 <sup>nd</sup> Prior				
3 <sup>rd</sup> Prior				
4 <sup>th</sup> Prior				

How many units are anticipated by policy year-end? \_\_\_\_\_

## MAINTENANCE

1. Do you have a preventive maintenance program?  Yes  No
  - a. Is a vehicle maintenance file maintained for each vehicle?  Yes  No
2. Do you service your vehicles?  Yes  No  
Number of mechanics? \_\_\_\_\_
3. If you do not service your vehicles, who does? \_\_\_\_\_

## DRIVER INFORMATION

Name, title, phone number, length of time in position and years of experience of person responsible for hiring and training drivers:

- Do you agree to report all drivers?  Yes  No  
Do you utilize team drivers?  Yes  No  
Are drivers leased from a leasing company?  Yes  No  
Are requirements for owner/operator drivers the same as for company drivers?  Yes  No  
If No, please explain: \_\_\_\_\_

### TRUCK FLEET-NUMBER OF DRIVERS

Regularly Employed: \_\_\_\_\_ Part Time: \_\_\_\_\_ Owner/Operator: \_\_\_\_\_  
Leased: \_\_\_\_\_ Casual: \_\_\_\_\_ TOTAL: \_\_\_\_\_

### NUMBER OF DRIVERS HIRED OR LEASED LAST YEAR

Number Replaced: \_\_\_\_\_ Number Terminated: \_\_\_\_\_ Company: \_\_\_\_\_ %Leased: \_\_\_\_\_  
Number Increased: \_\_\_\_\_ Company: \_\_\_\_\_ %Leased: \_\_\_\_\_

Minimum age of drivers hired: \_\_\_\_\_ Minimum years of experience required: \_\_\_\_\_

Maximum number of moving violations allowed (last 3 years): \_\_\_\_\_

Maximum number of accidents allowed (last 3 years): \_\_\_\_\_ At Fault: \_\_\_\_\_ Not At Fault: \_\_\_\_\_

Are any reprimands in place for existing drivers who fall outside hiring guidelines once they have been hired?  Yes  No

If Yes, please explain: \_\_\_\_\_

Do you maintain Driver Qualification Files?  Yes  No

## DRIVER HIRING PRACTICES

**PROVIDE A LIST OF DRIVERS INCLUDING THE DRIVER'S NAME, DOB, LICENSE NUMBER, DATE OF HIRE, YEARS OF DRIVING EXPERIENCE, AND EMPLOYMENT STATUS: COMPANY DRIVER OR OWNER OPERATOR.**

**Motor Vehicle Reports (MVR's) for all drivers must accompany your application. MVRs must be valued within 30 days of desired effective date.**

- Do you have written driver hiring practices?  Yes  No  
Do your driver selection procedures include:
  - A. Written application?  Yes  No
  - B. Reference checks?  Yes  No
  - C. Written test?  Yes  No Certificates?  Yes  No
  - D. Road test?  Yes  No Certificates?  Yes  No

E. Physical exam:

- (1) Pre-employment?  Yes  No
- (2) Federal DOT requirements?  Yes  No
- (3) State DOT Requirements?  Yes  No
- (4) Periodically during employment? Specify: \_\_\_\_\_

F. Drug testing:

- (1) Pre-employment?  Yes  No
- (2) Ongoing?  Yes  No
- (3) Random?  Yes  No

G. Obtain driver MVR records

- Yes  No  Pre-employment  Post-employment

H. Update MVR records during employment: Specify \_\_\_\_\_

Does driver indoctrination include:

- Familiarization with company rules and policies?  Yes  No
- Daily vehicle inspection procedures?  Yes  No
- Equipment familiarization including training for handling certain commodities?  Yes  No
- Emergency procedures?  Yes  No
- Accident reporting procedures?  Yes  No

Are there any current drivers with convictions for DUI, DWI or reckless driving?  Yes  No

**SAFETY INFORMATION**

1. Please provide name, title, phone number, length of time in position, and years of experience of person(s) responsible for safety. Specify other duties.  
\_\_\_\_\_
2. Do you have a written safety program?  Yes  No
3. Does your program include driver safety meetings?  Yes  No  
If Yes, how often? \_\_\_\_\_
4. Are all drivers required to attend?  Yes  No  
If No, please explain: \_\_\_\_\_
5. Please describe any bonus program, awards, etc you offer for accident-free drivers:  
\_\_\_\_\_
6. Do you have an accident review committee?  Yes  No
7. Are accident investigation and review procedures, including records, maintained?  Yes  No
8. Do the review procedures include disciplinary procedures?  Yes  No
9. Do you maintain hours of service logs?  Yes  No
10. Are the logs reviewed for accurateness?  Yes  No
11. Have you been audited by any other regulatory agencies?  Yes  No  
If Yes, please list agency and date of audit: \_\_\_\_\_
12. When were you last audited on site by Federal and/or State DOT officials? \_\_\_\_\_  
Attach copies of latest DOT or applicable state authority inspection reports
13. Is it the policy of the company to allow passengers to ride in the truck-tractor with the drivers?  Yes  No  
If Yes, provide details. \_\_\_\_\_
14. Are your vehicles equipped with electronic logging devices?  Yes  No

If Yes, are all vehicles equipped?  Yes  No

Provide name/type of device: \_\_\_\_\_

15. Are your vehicles equipped with electronic video recording devices?  Yes  No

If Yes, are all vehicles equipped:  Yes  No

Provide name/type of device: \_\_\_\_\_

### COVERAGE

<input type="checkbox"/> Auto Liability <input type="checkbox"/> Primary Auto Liability <input type="checkbox"/> Liability for Non -Truck Use (Bobtail Liability) Leased to _____ <input type="checkbox"/> Blanket Lessee	<input type="checkbox"/> Combine Single Limits (BI/PD) \$ _____ <input type="checkbox"/> Uninsured Motorist \$ _____ <input type="checkbox"/> Uninsured Motorist PD \$ _____ <input type="checkbox"/> Underinsured Motorist \$ _____ <input type="checkbox"/> Underinsured Motorist PD \$ _____ <input type="checkbox"/> Medical Payments \$ _____ <input type="checkbox"/> Personal Injury Protection \$ _____	CSL Liability PD Limit Limit PD Limit Limit Limit
<input type="checkbox"/> General Liability		
<input type="checkbox"/> Hired Auto (Complete the Hired and Non-owned Auto Supplemental Application) <input type="checkbox"/> Liability – Cost of Hire \$ _____ <input type="checkbox"/> Physical Damage Limit \$ _____ # of days _____ # of units _____		
<input type="checkbox"/> Non-owned Auto (Complete the Hired and Non-owned Auto Supplemental Application) <input type="checkbox"/> Liability – Number of Employees _____		

<b>Physical Damage</b> <input type="checkbox"/> Comprehensive or \$ _____ <input type="checkbox"/> Specified Perils \$ _____ <input type="checkbox"/> Collision \$ _____	<b>Deductibles</b>	<input type="checkbox"/> <b>Cargo</b> Limit \$ _____ Deductible \$ _____	<b>Combined Deductible</b> <input type="checkbox"/> Physical Damage Only <input type="checkbox"/> Physical Damage/Cargo
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Trailer Interchange Limit \$ \_\_\_\_\_ # of Days \_\_\_\_\_ # of Units \_\_\_\_\_  
(If requested, written Trailer Interchange Agreement is required.)

Rental Reimbursement Amount per Day \$ \_\_\_\_\_ Days of Coverage  30  120

Deluxe Coverage NOTE: Only available to fleets with 9 power units or less

Family Emergency Coverage NOTE: Only available to fleets with 9 power units or less

**GENERAL LIABILITY POLICY INFORMATION**  
**(Please complete this section only if applicable)**

LIMITS OF INSURANCE	
General Aggregate Limit (Other than Products - Completed Operations)	\$ _____
Products - Completed Operations Aggregate Limit	\$ INCLUDED _____
Personal and Advertising Injury Limit	\$ _____
Each Occurrence Limit	\$ _____
Damage to Rented Premises Limit	\$ _____ Any One Premises
Medical Expense Limit	\$ _____ Any One Person
Payroll	\$ _____

Payroll is made up of: owners, mechanics, outside sales people, yard employees, terminal employees, dispatchers and any other miscellaneous employees and should be included for 100% of their actual payroll.

Clerical, inside sales and driver payroll are excluded when determining payroll.

BUSINESS LOCATIONS					
Location Information (List all offices, terminals, warehouses, or other premises you own or lease.)					
No.	Complete Address	Describe Function of Location	Total # of Employees	Owned	Leased
1.				<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>
Location Information (Continued)					
No.	Fenced	Security Guards	Public Access	Lighted	Guard Dog(s)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Please use additional sheets if necessary.)					
Are you or any owner, shareholder, director or officer of your company now, or have you ever been involved in, any business activity other than trucking? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe: _____					
Do you do any rigging? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide receipts, type of equipment, and describe types of jobs performed.					
Do you work on any equipment other than Company Owned Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide revenue, # of vehicles at any one time, and describe type of work performed.					
Do you have any underground or above ground storage facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide capacity, type of products stored.					
Do you have pollution liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you sell any product either wholesale or retail? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe: _____					

**COVERAGE SELECTION/REJECTION FORM(S) FOR UNINSURED MOTORISTS, NO-FAULT AND MEDICAL PAYMENTS INSURANCE (AS REQUIRED BY STATE LAW) MUST BE COMPLETED AND SUBMITTED TOGETHER WITH THIS APPLICATION FOR INSURANCE COVERAGE.**

**I AUTHORIZE LANCER MANAGEMENT COMPANY INC. TO OBTAIN COPIES OF MOTOR VEHICLE REPORTS FOR UNDERWRITING THE INSURANCE THAT I HAVE APPLIED FOR. I ALSO UNDERSTAND THAT A ROUTINE INSPECTION MAY BE DONE REGARDING MY OPERATIONS. I AGREE TO PROMPTLY FURNISH THE NAME SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND DATE OF BIRTH FOR ANY DRIVERS I HIRE AFTER THE COMPLETION OF THE APPLICATION. I UNDERSTAND ALL LOSSES ARE TO BE REPORTED PROMPTLY REGARDLESS OF THE SEVERITY OR FAULT**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN THIS APPLICATION**

I hereby apply for the insurance indicated above and represent that:

- 1) I have read this application.
- 2) The limits and coverages requested were selected by me.
- 3) All statements herein are true and accurate, to the best of my knowledge, and no material facts have been suppressed or misstated. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.
- 4) By signing this application, I authorize the insurer to obtain copies of motor vehicle reports for underwriting the indicated insurance, as well as the right to examine or inspect files, records, documents and equipment in order to determine the accuracy of the information stated herein.

The completion of this application creates no express or implied obligation on the part of the insurer or its manager to offer a quotation or provide insurance as requested in this application. If the insurance is provided, the policy will only cover the vehicles listed on the attached schedule for the coverages agreed. You must immediately notify the insurer in writing if there is any change in your equipment or operations, and all accidents must be reported promptly regardless of severity or fault.

**DISCLOSURE**

In consideration with your application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on 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 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 Lancer Insurance Company 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 Lancer Insurance Company.

**MANDATORY STATE FRAUD WARNINGS**

**ALABAMA:** "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:** "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."

**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.”

**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.”

**HAWAII:** “FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.”

**KENTUCKY:** “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:** “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:** “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 DENIAL OF INSURANCE BENEFITS.”

**MARYLAND:** “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:** “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.”

**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, WITH THE INTENT TO KNOWINGLY DEFRAUD AN INSURER, MAKES A WILLFUL OR INTENTIONAL MISSTATEMENT, MISREPRESENTATION, OMISSION OR CONCEALMENT OF INFORMATION THAT IS MATERIAL TO THE RISK INSURED MAY BE GUILTY OF INSURANCE FRAUD. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS MUST EITHER BE FRAUDULENT OR MATERIAL TO THE INTERESTS OF THE INSURER IN ORDER FOR THE INSURER TO ASSERT A RIGHT TO REMEDY.”

**PENNSYLVANIA:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION



SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

**RHODE ISLAND:** “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:** “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:** “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.”

**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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

**WEST VIRGINIA:** “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.”

**ALL OTHER STATES:** “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 MAY BE GUILTY OF INSURANCE FRAUD.”

**NEW YORK:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.”

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Named Insured Signature

\_\_\_\_\_  
Print Name of Producer

\_\_\_\_\_  
Print Name of Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal Tax ID#

Are you the incumbent producer?  Yes  No

Is this business sub-produced?  Yes  No If Yes, Sub Producer Name: \_\_\_\_\_

Sub Producer Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**IF ELECTRONICALLY SENDING THIS APPLICATION, THE FOLLOWING APPLIES:**

**AN “ELECTRONIC SIGNATURE” MEANS AN ELECTRONIC SOUND, SYMBOL, OR PROCESS ATTACHED TO OR LOGICALLY ASSOCIATED WITH A RECORD EXECUTED OR ADOPTED BY A PERSON WITH INTENT TO SIGN THE RECORD.**

**BY SENDING THIS APPLICATION ELECTRONICALLY, YOU ARE ACKNOWLEDGING YOUR SIGNATURE TO THIS APPLICATION FOR INSURANCE.**