

## GARAGE APPLICATION

- 
1. Name of Applicant: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Effective Dates Desired: From: \_\_\_\_\_ To: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Applicant's Web Site Address: \_\_\_\_\_  
Applicant's Contact Name: \_\_\_\_\_ Applicant's Contact Phone No.: \_\_\_\_\_  
Applicant's Contact Email Address: \_\_\_\_\_
2. Years of experience in field: \_\_\_\_\_ Years in business: \_\_\_\_\_  
Description of operations: \_\_\_\_\_  
Business Entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC  
☐ Other: \_\_\_\_\_  
FEIN #: \_\_\_\_\_
3. Do you own other businesses than the above? ☐ Yes ☐ No  
Provide named insured and types of operations conducted: \_\_\_\_\_  
\_\_\_\_\_  
Do businesses share employees? ☐ Yes ☐ No  
If yes, list employees: \_\_\_\_\_  
\_\_\_\_\_
4. **Locations where you store or display covered Autos (If stored in building complete Property Acord 140 Application):**  
Location #1 address: \_\_\_\_\_  
Own or lease location: ☐ Own ☐ Lease  
Location #2 address: \_\_\_\_\_  
Own or lease location: ☐ Own ☐ Lease  
Location #3 address: \_\_\_\_\_  
Own or lease location: ☐ Own ☐ Lease
5. Do you perform operations/display at locations other than those listed above? ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
6. Do you lease space at any location to other businesses? ☐ Yes ☐ No  
If yes, describe the business and if they have their own insurance: \_\_\_\_\_  
\_\_\_\_\_  
Do you share a lot with other businesses? ☐ Yes ☐ No
7. Are you a franchised business (ex: Ford Dealership, Jiffy Lube)? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
8. Do you have dogs that are specifically trained as security or guard dogs? ☐ Yes ☐ No
9. Do you have firearms on premises? ☐ Yes ☐ No

10. Total Gross Receipts for your operations:

Operations Extension Classes/Rating Basis	Exposure Basis	Operations Extension Classes/Rating Basis	Exposure Basis
Auto / Equipment sales		Gas Dealers - LPG (13410/gallons)	
Service / Repair		Glass Dealers or Glaziers (13590/sales)	
Auto Parts Supply Stores (10071/sales)		Machinery or Equipment Dealer - yard or garden type (15063/sales)	
Car Washes - Self Service (10368/# of bays)		Mobile Home Sales Agencies (15488/sales)	
Convenience Store (13673/sales)		Cleaning - Outside surfaces of buildings (91523/payroll)	
Gasoline Stations (13454/gallons) <input type="checkbox"/> Full service <input type="checkbox"/> Self service		Upholstery (99826/payroll)	

11. Describe key controls:

During business hours: \_\_\_\_\_ After business hours: \_\_\_\_\_

If a key box is used, describe location of key box (in building, attached to autos, etc.) \_\_\_\_\_

12. Do you pick up and deliver customer autos? ☐ Yes ☐ No

If yes, how many times per week? \_\_\_\_\_ What's the maximum radius traveled? \_\_\_\_\_

13. Do you provide for hire towing or recovery operations? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

14. How are autos transported to your premises?

Transport carrier: \_\_\_\_\_ % Your drivers: \_\_\_\_\_ % Customers: \_\_\_\_\_ %

Do you have a service auto that is used to tow autos to your premises? ☐ Yes ☐ No

15. Do you loan or lease or rent autos to others (If yes, provide agreement)? ☐ Yes ☐ No

Do you loan autos to customers while their auto is being repaired? ☐ Yes ☐ No

What type of plate do you attach to loaned autos? \_\_\_\_\_

Do you have separate insurance in place for liability and physical damage coverage? ☐ Yes ☐ No

Carrier information: \_\_\_\_\_

16. Do you repossess autos? ☐ Yes ☐ No

If yes, are these the autos you sold? ☐ Yes ☐ No

Do you repossess autos for others (ex: banks or other dealers)? ☐ Yes ☐ No

17. Do employees use their own autos within the scope of their employment? ☐ Yes ☐ No

If yes, how many times per week? \_\_\_\_\_ Radius traveled? \_\_\_\_\_

What duties do they perform (ex: bank, business errands)? \_\_\_\_\_

18. Do you own and/or sponsor any autos used in racing events? ☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

19. Do you hold special events on your premises? ☐ Yes ☐ No

If yes, describe events: \_\_\_\_\_

How many do you hold per year: \_\_\_\_\_

20. Dealer/Transporter Plates

	Dealer	Transporter
How many plates do you have?		
Do you loan, sell, or rent plates to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where are plates stored when not in use?		
What are the plates used for?		
Plate numbers		

**Garage Operations (must total 100%):**

Auto Type	% Dealer	% Service/Repair
Private Passenger (car, SUV, truck)		
Electric Vehicle (car, SUV, truck)		
Heavy Truck (incl Semi-Trailers) - <b>Must complete supplement</b>		
Trailers (utility, horse, toy, boat)		
Motorhome/RV - <b>Must complete supplement</b>		
Travel/Camper Trailer - <b>Must complete supplement</b>		
ATVs/UTVs/Off Road - <b>Must complete supplement</b>		
Motorcycles - <b>Must complete supplement</b>		
Buses - <b>Must complete supplement</b>		
Farm Equipment/Implements - <b>Must complete supplement</b>		
Construction/Contractors Equipment - <b>Must complete supplement</b>		
Boats/Jet Skis		
Salvage Parts - <b>Must complete supplement</b>		
Emergency Vehicles		
Golf Cart		
Other (Describe below)		

Other description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Rating Exposure:** List ALL owners, employees regardless of duties, drivers, contract drivers, 1099 workers, family members and non-family members including any person that has access to covered autos (except customers): (Full Time is 20+ hours/week)

Loc. No.	Name	DOB	DL #/State	CDL class	Furnished Auto Y/N	PAP in place Y/N	Violations/ Accidents Past 3 years Y/N	FT / PT	Job Title/Duties/Relationship

Have all drivers, including children away from the home and/or in college who may operate your autos been listed on this application? ☐ Yes ☐ No

If not, explain: \_\_\_\_\_  
 \_\_\_\_\_

## INSURANCE HISTORY

1. Has your insurance been cancelled or non-renewed within the last three years? (Not applicable in Missouri) ☐ Yes ☐ No  
 If yes, explain: \_\_\_\_\_

2. A minimum of three year history is required. If three years are unavailable, explain: \_\_\_\_\_

Current Carrier/Prior Carrier		Effective/Expiration Dates	Policy Premium
			\$
			\$
			\$
			\$
Date of Loss	Amount	Description of Loss	
	\$		
	\$		
	\$		
	\$		
	\$		

## DEALER OPERATIONS (If no dealer operations, skip to SERVICE OPERATIONS below)

1. Are you a licensed dealer? ☐ Yes ☐ No  
 Dealer or Wholesaler ID# \_\_\_\_\_  
 Dealer license type: ☐ Retail ☐ Wholesale ☐ Other: \_\_\_\_\_  
 If wholesale, do you meet the following definition: *Auto Wholesaler (includes Auto Broker) is one who buys or sells used autos to or from retail auto dealers. **Auto Wholesalers may not sell directly to the public.*** ☐ Yes ☐ No
2. How many autos do you sell per year? \_\_\_\_\_  
 Retail%: \_\_\_\_\_ Wholesale%: \_\_\_\_\_ Consignment (agreement required)%: \_\_\_\_\_
3. Test Drives:  
 Do you allow overnight test drives? ☐ Yes ☐ No  
 Do you obtain a copy of the customer's driver license and proof of auto insurance prior to test drives? ☐ Yes ☐ No  
 Do you allow unaccompanied test drives? ☐ Yes ☐ No  
 If yes, do you have procedures in place to prevent auto theft? ☐ Yes ☐ No  
 Describe: \_\_\_\_\_
4. Do you perform repairs to owned autos prior to selling (If yes, complete the repair section of this application)? ☐ Yes ☐ No
5. Do you subcontract out any work? ☐ Yes ☐ No  
 If yes, what type of work? \_\_\_\_\_  
 Obtain certificates of insurance? ☐ Yes ☐ No
6. How are sales conducted:  
 Internet \_\_\_\_\_ % From your location: \_\_\_\_\_ % Auctions: \_\_\_\_\_ % Via phone: \_\_\_\_\_ %
7. Do your customers purchase autos from you sight unseen? ☐ Yes ☐ No

8. Title Transfer:  
 When do you transfer title: \_\_\_\_\_  
 Do you offer in-house financing? ☐ Yes ☐ No  
 If yes, do you list your dealer as lienholder and the customer as the title holder? ☐ Yes ☐ No  
 Do you keep open titles? ☐ Yes ☐ No

9. Do you export autos? ☐ Yes ☐ No  
 Are titles transferred prior to the auto leaving your possession for shipping? ☐ Yes ☐ No  
 How are autos transported to the shipping port? \_\_\_\_\_

10. Do you import autos? ☐ Yes ☐ No  
 Are you a US distributor? ☐ Yes ☐ No

11. Do you require personal auto insurance to be in place prior to relinquishing a sold auto? ☐ Yes ☐ No

12. Do you deliver autos to customers after the sale is complete? ☐ Yes ☐ No  
 Who drives the autos to customers:  
 Insured/employees: \_\_\_\_\_ %      How many times per month: \_\_\_\_\_ Radius: \_\_\_\_\_  
 Contract drivers: \_\_\_\_\_ %  
 Hired Transporter: \_\_\_\_\_ %

13. What states do you travel to? \_\_\_\_\_  
 Any travel into (check all that apply): ☐ Illinois ☐ Michigan ☐ New Jersey ☐ New York  
 How often do you travel over 500 miles to purchase autos  
 (ex: weekly, monthly)? \_\_\_\_\_  
 What is the furthest distance you travel to purchase autos: \_\_\_\_\_

14. If you use contract drivers, how many do you use per year? \_\_\_\_\_  
 Do you verify they have a valid US driver license? ☐ Yes ☐ No

SERVICE/REPAIR OPERATIONS (if none, skip to COVERAGES REQUESTED)

1. What type of work do you perform: **MUST TOTAL 100%**

Type of Service/Repair	% of operations	Type of Service/Repair	% of operations
Oil/Lube		Body work	
Tune Up		Wash/Detail	
Muffler		Window Tint	
Radiator		Accessory Install (stereo, alarm)	
Electrical		Transmission	
Brakes		Windshield	
Hitches: Bolt or Weld		Lift Kit Install	
Upholstery		Suspension (other than lift kit)	
Tires - <b>Must complete supplemental</b>		Performance Modifications (Describe below)	
Framework (Must complete Q#9 below)		Wheel alignment	
Painting including clear coat		LPG	
Valet		Restoration	
Rebuilding		Breathalyzer/Interlock	
Air Bag		Storage	
Other (Describe below)		Towing: For-Hire <input type="checkbox"/> Repo: <input type="checkbox"/>	

Other Description: \_\_\_\_\_

2. Where do you conduct garage operations:  
 Your premises: \_\_\_\_\_ %    Customer premises: \_\_\_\_\_ %    Roadside: \_\_\_\_\_ %

3. Do you have quality control checks in place to ensure that repairs have been performed properly: ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
4. Are signs posted or barriers used to keep customers out of the work area? ☐ Yes ☐ No
5. How are the following stored, drained and disposed:  
Used tires: \_\_\_\_\_  
Automotive fluids (ex. Motor oil, transmission fluid): \_\_\_\_\_  
Batteries: \_\_\_\_\_
6. Do you fabricate and/or manufacture items? ☐ Yes ☐ No  
If yes, provide a detailed listing of what is fabricated and/or manufactured: \_\_\_\_\_
7. Do you perform welding? ☐ Yes ☐ No  
Inside? ☐ Yes ☐ No  
Outside? ☐ Yes ☐ No  
Roadside? ☐ Yes ☐ No  
Customer premises? ☐ Yes ☐ No  
Protective safeguards to prevent fires: \_\_\_\_\_
8. Do you have a paint booth? ☐ Yes ☐ No  
Is it UL Approved? ☐ Yes ☐ No  
If no, is there a ventilation system and explosion proof lighting/fixtures? ☐ Yes ☐ No  
Is paint stored in proper cabinets outside the booth? ☐ Yes ☐ No
9. Is a frame straightening machine used? ☐ Yes ☐ No
10. Do you perform frame cutting or stretching? ☐ Yes ☐ No  
Provide details on what techniques are used: \_\_\_\_\_  
What is the end result of cutting or stretching? \_\_\_\_\_
11. Do you allow customers to pull into bay? ☐ Yes ☐ No

### COVERAGES REQUESTED

1. Covered Autos Liability/General Liability:  
Each Accident Limit: \$ \_\_\_\_\_ Aggregate limit: ☐ 1x ☐ 2x ☐ 3x  
Liability Deductible: ☐ \$0 ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000
2. Personal Injury/Advertising Injury: ☐ Covered ☐ Excluded
3. Damage to Rented Premises Liability: ☐ \$50,000 ☐ \$100,000 ☐ \$300,000 ☐ Excluded
4. Locations & Operations Medical Payments: ☐ \$500 ☐ \$1,000 ☐ \$2,000 ☐ \$5,000
5. Auto Medical Payments: ☐ \$500 ☐ \$1,000 ☐ \$2,000 ☐ \$5,000  
☐ Other: \$ \_\_\_\_\_
6. Uninsured Motorist (must complete required state selection/rejection forms): ☐ Yes ☐ No
7. Personal Injury Protection (must complete required state selection/rejection form): ☐ Yes ☐ No
8. Physical Damage Values (coverage for owned autos while held for sale):

Loc. No.	Maximum Value of all Autos	Average Value per Auto	Maximum Value per Auto	Average # of autos on lot	Maximum # of autos on lot	Describe lot protection

Interest covered: ☐ Owner ☐ Owner and creditor (bank) ☐ Consignment (provide agreement)

Types of autos: ☐ New ☐ Used

Coverage Type (select one):

☐ Specified Causes (SCL) w/Collision ☐ Comprehensive (Comp) w/Collision  
☐ Fire/Theft w/Collision ☐ Limited Specified Causes of loss w/Collision

Deductibles - All other perils (select one):

☐ \$500 per auto/\$2,500 aggregate & \$500 collision per auto  
☐ \$1,000 per auto/\$5,000 aggregate & \$1,000 collision per auto  
☐ \$2,500 per auto/\$12,500 aggregate & \$2,500 collision per auto  
☐ \$5,000 per auto/\$25,000 aggregate & \$5,000 collision per auto  
☐ \$10,000 per auto/\$50,000 aggregate & \$10,000 collision per auto

Wind/Hail/Earthquake/Flood Deductibles per auto, no maximum aggregate (select one):

☐ \$500 ☐ \$1,000 ☐ \$1,500 ☐ \$2,500 ☐ \$3,000 ☐ \$4,000 ☐ \$5,000  
☐ \$10,000

Optional Specified Perils Deductible (per occurrence):

Hail: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000  
Flood: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000  
Theft: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000  
Wildfire: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

Other Limits: At Temporary Locations: \$ \_\_\_\_\_ While in Transit: \$ \_\_\_\_\_

Loss Payee & Address: \_\_\_\_\_

Drive away miles (if over 500 miles): \_\_\_\_\_

9. Garagekeepers Values (coverage for customers' autos while in your care, custody and control):

Loc. No.	Maximum Value of all Autos	Average Value per Auto	Maximum Value per Auto	Average # of autos on lot	Maximum # of autos on lot	Describe lot protection

Coverage Basis: ☐ Legal Liability ☐ Direct Primary

Coverage Type: ☐ Specified Causes (SCL) w/Collision ☐ Comprehensive (Comp) w/Collision

Deductibles - All other perils (select one):

☐ \$500 per auto/\$2,500 aggregate & \$500 collision per auto  
☐ \$1,000 per auto/\$5,000 aggregate & \$1,000 collision per auto  
☐ \$2,500 per auto/\$12,500 aggregate & \$2,500 collision per auto  
☐ \$5,000 per auto/\$25,000 aggregate & \$5,000 collision per auto  
☐ \$10,000 per auto/\$50,000 aggregate & \$10,000 collision per auto

Wind/Hail/Earthquake/Flood Deductibles per auto, no maximum aggregate (select one):

☐ \$500 ☐ \$1,000 ☐ \$1,500 ☐ \$2,500 ☐ \$3,000 ☐ \$4,000 ☐ \$5,000  
☐ \$10,000

Optional Specified Perils Deductible (per occurrence):

Hail: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000  
Flood: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000  
Theft: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000  
Wildfire: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000



On-Hook Limits (In-transit/In-tow) - MUST have Garagekeepers coverage:

Auto No.	Description of auto transporting a covered "customer's auto"	Number of autos transported at one time	Limit for each auto transported	Select Coverage type and deductible
				<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes of Loss
			\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
			\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
			\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
			\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
			\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
			\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000

**Scheduled Autos (All Service Use autos must be scheduled to be covered):**

1. If filings are required, what type? ☐ State ☐ Federal ☐ Other: \_\_\_\_\_

Auto No.	Loc. No	Vehicle Description - Year, make, body type	Value	GVWR	VIN	Mileage radius	Usage	Coverage(s) Requested
			\$				<input type="checkbox"/> Personal <input type="checkbox"/> Service <input type="checkbox"/> Commercial	<input type="checkbox"/> Liability <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP <input type="checkbox"/> Auto Med Pay <input type="checkbox"/> Physical Damage <input type="checkbox"/> Comp <input type="checkbox"/> SCL Phys. Ded: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
			\$				<input type="checkbox"/> Personal <input type="checkbox"/> Service <input type="checkbox"/> Commercial	<input type="checkbox"/> Liability <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP <input type="checkbox"/> Auto Med Pay <input type="checkbox"/> Physical Damage <input type="checkbox"/> Comp <input type="checkbox"/> SCL Phys. Ded: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
			\$				<input type="checkbox"/> Personal <input type="checkbox"/> Service <input type="checkbox"/> Commercial	<input type="checkbox"/> Liability <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP <input type="checkbox"/> Auto Med Pay <input type="checkbox"/> Physical Damage <input type="checkbox"/> Comp <input type="checkbox"/> SCL Phys. Ded: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
			\$				<input type="checkbox"/> Personal <input type="checkbox"/> Service <input type="checkbox"/> Commercial	<input type="checkbox"/> Liability <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP <input type="checkbox"/> Auto Med Pay <input type="checkbox"/> Physical Damage <input type="checkbox"/> Comp <input type="checkbox"/> SCL Phys. Ded: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
			\$				<input type="checkbox"/> Personal <input type="checkbox"/> Service <input type="checkbox"/> Commercial	<input type="checkbox"/> Liability <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP <input type="checkbox"/> Auto Med Pay <input type="checkbox"/> Physical Damage <input type="checkbox"/> Comp <input type="checkbox"/> SCL Phys. Ded: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

## ADDITIONAL COVERAGES REQUESTED

1. Additional Insured (list ALL): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Waiver of Subrogation (list ALL): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Additional Insured w/ Primary & Non-Contributory wording (list ALL): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Registration/Transporter plates (\$100,000 MAX liability limit available - plate numbers are required to be provided). ☐ Yes ☐ No  
Personal Injury Protection: ☐ Yes ☐ No  
Auto Medical Payments: ☐ Yes ☐ No  
Uninsured Motorists: ☐ Yes ☐ No  
Underinsured Motorists: ☐ Yes ☐ No
5. False Pretense: ☐ \$25,000 ☐ \$50,000 ☐ \$100,000
6. Drive Other Car (Dealers only; Individuals included for this coverage must be rated as furnished): ☐ Yes ☐ No  
Auto Medical Payments: ☐ Yes ☐ No  
Comprehensive & Collision ☐ Yes ☐ No  
Deductible: ☐ \$500 ☐ \$1,000 ☐ \$2,500  
Uninsured Motorists: ☐ Yes ☐ No  
Underinsured Motorists: ☐ Yes ☐ No  
List Individuals: \_\_\_\_\_  
\_\_\_\_\_
7. Broadened PIP for Named Individuals: ☐ Yes ☐ No  
List Individuals: \_\_\_\_\_
8. Auto Dealer's Errors and Omissions.  
**Select additional optional exclusions below (may exclude up to three):**  
☐ Federal Odometer and Omissions ☐ Title E&O  
☐ Truth in Lending ☐ Insurance Agent or Broker (Submit if requested and applicant holds an active insurance agent/broker license)
9. Broad Form Products (not available for salvage yard, rebuilders): ☐ Yes ☐ No
10. **OTHER INFO:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY COVERAGE - MUST COMPLETE REQUIRED PROPERTY ACORD 140 APPLICATION OR EQUIVALENT TO OBTAIN COPE**

## FRAUD WARNING STATEMENTS

**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, LOUISIANA, RHODE ISLAND, 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 CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**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 AGENCIES.

**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 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 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 MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

**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.

**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:**

**APPLICABLE TO OTHER THAN AUTO:** 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.

**APPLICABLE TO AUTO:** 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 THE PAYMENT OF A FINE OF UP TO \$15,000.

**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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Named Insured (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Named Insured (Signature): \_\_\_\_\_

\*Authorized owner, partner or executive officer

**Retail Agent Information:**

Retail Agency: \_\_\_\_\_

Name of Retail Agent: \_\_\_\_\_ Retail Agent License No. \_\_\_\_\_

Retail Agent Address: \_\_\_\_\_