

**National Casualty Company**  
 **Scottsdale Surplus Lines Insurance Company**  
 Home Office: Scottsdale, Arizona  
 Adm. Office: 8877 Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Insurance Company**  
 **Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**MOTOR CARRIER APPLICATION**

Name of Applicant: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Garaging Address:  
 (if different than mailing) \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 DOT No.: \_\_\_\_\_  
 Loss Control contact name and telephone number:  
 \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Insured Website: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Producer: \_\_\_\_\_  
 Phone No.\*: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 \*Required on Fleets to assist Loss Control

**PLEASE ANSWER ALL QUESTIONS**

**PROPOSED EFFECTIVE DATE: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ 12:01 A.M., Standard Time, at the address of the applicant.

**DESCRIPTION OF OPERATIONS**

1. **Applicant is:**  Individual  Partnership  Corporation  LLC  Other: \_\_\_\_\_
2. **How long has this operation been in business?** \_\_\_\_\_ **Years trucking management experience:** \_\_\_\_\_
3. **Any other business currently owned or operated by the insured currently or in the past five years?**.....  Yes  No  
 If yes, provide name and description of operations: \_\_\_\_\_
4. **Has there been any change in operations, ownership, management, or name during the last five years?**.....  Yes  No  
 If yes, provide details: \_\_\_\_\_
5. **Radius of operations:**  
 0-100 mi. \_\_\_\_\_%  101-300 mi. \_\_\_\_\_%  301-500 mi. \_\_\_\_\_%  Over 500 mi. \_\_\_\_\_%  
 If more than 500 miles, approximately what percent of your miles will you travel to or through these four regional zones:  

<b>ZONE 1:</b> CA, NV, OR, WA	<b>ZONE 2:</b> AZ, CO, IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, NM, OH, SD, UT, WI, WY	<b>ZONE 3:</b> AL, AR, FL, GA, KY, LA, MS, NC, OK, PA, SC, TN, TX, VA, WV	<b>ZONE 4:</b> CT, DE, MA, MD, ME, NH, NJ, NY, RI, VT
%	%	%	%
6. **Are filings required?**.....  Yes  No  
 If yes, provide list: \_\_\_\_\_
7. **Are any vehicles owned, operated or leased that are not included in the vehicle schedule?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_
8. **Do you have motor carrier brokerage authority?**.....  Yes  No  
 If yes, in what name? \_\_\_\_\_ and under what DOT number? \_\_\_\_\_  
 What name appears on the bill of lading as the carrier? \_\_\_\_\_  
 Brokerage revenue for the last twelve (12) months: \_\_\_\_\_  
 Estimated brokerage revenue next twelve (12) months: \_\_\_\_\_

9. Do you have a signed trailer interchange agreement? (If yes, provide copy of agreement).....  Yes  No
10. Are any vehicles or equipment loaned, rented, or leased to others? (If yes, provide copy of agreement) .....  Yes  No  
 Are these units scheduled on this policy? .....  Yes  No
11. Do you use owner/operators? .....  Yes  No  
 If yes, are they scheduled on the policy? .....  Yes  No
12. Do you use sub-haulers? (If yes, provide copy of sub-haul agreement) .....  Yes  No
13. Do you hire, rent, or borrow any vehicles from others? .....  Yes  No  
 If yes, will they be scheduled on the policy? .....  Yes  No  
 What is the average term of the lease? \_\_\_\_\_  
 Provide your annual cost to lease, hire, rent, or borrow vehicles:  
 With drivers \$ \_\_\_\_\_ Without drivers \$ \_\_\_\_\_
14. Do you use double trailers? .....  Yes  No Do you use triple trailers? .....  Yes  No
15. Are passengers allowed? .....  Yes  No  
 If yes, what controls are in place? \_\_\_\_\_  
 If yes, what is the frequency of passengers? \_\_\_\_\_

**COMMODITIES HAULED**

Commodity	% of Loads	Average Value	Maximum Value

16. Are hazardous materials or hazardous waste hauled? (If yes, provide details in table above) .....  Yes  No  
 If yes, do you require a \$1 million (\$1.2 million in CA) or \$5 million filing? .....  \$1 million  \$5 million

**DRIVER INFORMATION**

17. Criteria for hiring drivers: Minimum age: \_\_\_\_\_ Minimum years of experience: \_\_\_\_\_  
 Describe your MVR standards: \_\_\_\_\_  
 Do you use PSP (Pre-Employment Screening Program) in your hiring process? .....  Yes  No  
 \* Note: If operating in this name less than two years, Driver Employment Histories are required for all drivers (Form ADM 1003).
18. The driver list provided includes drivers of all vehicles requested to be covered under the policy including employees, leased employees, mechanics, family members, as well as any other person allowed to drive an insured vehicle. I agree to notify my agent of any additional drivers before they are allowed to drive an insured vehicle.....  Yes  No

19. List below all drivers employed as of the proposed effective date:

Driver's Name	Date of Birth	Driver's License No.	State	No. of Years Driving Similar Vehicle	Date of Hire	List Past Three Years of Accidents & Traffic Violations

**INSURANCE AND LOSS HISTORY**

20. Have you had any insurance canceled, declined or non-renewed or filed bankruptcy in the last three years? (Not applicable in Missouri) .....  Yes  No

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

21. Provide loss history for prior five years:

Policy Period	Prior Carrier	Policy No.	No. of Units Insured	No. Of Losses	Liability Losses Paid/Open	Phys. Dam. Losses Paid/Open	Cargo Losses Paid/Open

**OPERATION HISTORY**

22. Provide prior three years, current and projected business history:

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

**SCHEDULE OF COVERED AUTOS**

23. Provide autos to be scheduled on policy:

No.	Year	Make/Model	VIN No. (17 Digits)	GVW/GCW	Stated Value	Radius	Owner's Name	Trailer Type*
					\$			
					\$			
					\$			
					\$			

\*Trailer Types: Car Carrier-CC, Container-CO, Dump Belly-DB, Dump End-DE, Flat Bed-FB, Hopper/Grain-HP, Livestock-LV, Log-LG, Mobile/Modular Homes-MH, Tank, Dry Bulk/Pneumatic-TD, Tank, Liquid-TL, Van, Dry-VD, Van, Reefer-VR

**LIENHOLDER INFORMATION**

No.	Name	Address	City	State	Zip Code

24. Does equipment have safety features such as Collision Avoidance Systems, Lane Departure Warning, GPS, Advance Stability Equipment, Brake Monitoring, etc.? .....  Yes  No

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

**LIMIT AND COVERAGE INFORMATION**

- 25. Liability: Combined Single Limits \$ \_\_\_\_\_
- 26. Non-Trucking: \$ \_\_\_\_\_ Leased to: \_\_\_\_\_
- 27. Hired Auto: Cost of Hire: \$ \_\_\_\_\_ (Hired auto coverage is subject to audit)

28. **Hired Auto Physical Damage Limit:** \$ \_\_\_\_\_ **Deductible:** \$ \_\_\_\_\_
29. **Non-owned Auto: Number of Employees:** \_\_\_\_\_ **(Non-owned auto coverage is subject to audit)**
30. **Uninsured Motorist:**  Rejected  Limits Accepted: \$ \_\_\_\_\_
31. **Underinsured Motorist:**  Rejected  Limits Accepted: \$ \_\_\_\_\_  
 (Complete appropriate state UM/UIM Selection/Rejection Form)
32. **Mandatory no-fault state:** (Complete appropriate Personal Injury Protection Selection/Rejection Form.)  
 PIP basic limits accepted? .....  Yes  No
33. **Optional no-fault state:** PIP rejected? .....  Yes  No
34. **Medical Payments:**  Rejected  Limits Accepted: \$ \_\_\_\_\_
35. **Trailer Interchange:** Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ No. of Trailer Days: \_\_\_\_\_
36. **Deductibles:**  Comp. \$ \_\_\_\_\_  SCOL \$ \_\_\_\_\_  Coll. \$ \_\_\_\_\_
37. **Cargo:** Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_  
 Check all boxes that apply if coverage desired while hauling these commodities:  
 Copper  Aluminum  Autos  Mobile Homes  Reefer Breakdown  Spoilage  Owned Goods
38. **Policy Type:**  
 Scheduled Unit  Reporting Form basis: Per Power Unit  Receipts  Mileage

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**California Notice And Disclosure:** Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

**FRAUD WARNINGS**

**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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT, or WA)

**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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 KANSAS APPLICANTS:** 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO 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:** 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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable in Florida Agents Only)

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

## WISCONSIN SELECTION OF HIGHER UNINSURED MOTORISTS COVERAGE LIMITS/NOTICE OF AVAILABILITY AND SELECTION OF UNDERINSURED MOTORISTS COVERAGE LIMITS

<b>Policy Number:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	<b>Producer:</b>
<b>Applicant/Named Insured:</b>	

Wisconsin law permits you to make certain decisions regarding Uninsured Motorists and Underinsured Motorists Coverages. This document briefly describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists and Underinsured Motorists Coverages and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

### **A. Optional Selection Of Higher Limits For Uninsured Motorists Coverage**

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Your policy must include Uninsured Motorists Coverage at limits not less than: (1) split limits of \$25,000 for each person/\$50,000 for each accident; or (2) a single limit of \$50,000 for each accident, UNLESS you select optional higher limits.

We make available the following limits for Uninsured Motorists Coverage that are higher than the limits described above. Please indicate your choice by initialing next to the appropriate item and by signing below.

<b>(Initials)</b> _____ <b>I select the following higher limits for Uninsured Motorists Coverage:</b>					
<b>(Choose one):</b>					
<b>(Initials)</b>		<b>Split Limits</b>	<b>OR</b>	<b>(Initials)</b>	<b>Single Limit</b>
_____	\$	50,000/100,000		_____	\$ 60,000
_____		100,000/200,000		_____	75,000
_____		100,000/300,000		_____	100,000
_____		250,000/500,000		_____	125,000
_____		300,000/300,000		_____	150,000
_____		500,000/500,000		_____	200,000
_____		500,000/1,000,000		_____	250,000
_____		1,000,000/1,000,000		_____	300,000
_____				_____	400,000
_____				_____	350,000
_____				_____	500,000
_____				_____	600,000
_____				_____	750,000
_____				_____	1,000,000
_____				_____	1,500,000
_____				_____	2,000,000
_____		(Other)		_____	(Other)
_____ <b>Applicant's Signature</b>				_____ <b>Date</b>	

**B. Notice Of Availability And Selection Of Limits For Underinsured Motorists Coverage.**

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

If you choose to purchase Underinsured Motorists Coverage, your policy must include Underinsured Motorists Coverage at limits not less than: (1) split limits of \$50,000 for each person/\$100,000 for each accident; or (2) a single limit of \$100,000 for each accident.

We make available the following limits for Underinsured Motorists Coverage. Please indicate your choice by initialing next to the appropriate item and by signing below.

If no limits are selected, Underinsured Motorists Coverage will not be provided.

<b>(Initials) I select the following limits for Underinsured Motorists Coverage:</b>				
<b>(Choose one):</b>				
<b>(Initials)</b>	<b>Split Limits</b>	<b>OR</b>	<b>(Initials)</b>	<b>Single Limit</b>
_____	\$ 50,000/100,000		_____	\$ 100,000
_____	100,000/200,000		_____	110,000
_____	100,000/300,000		_____	125,000
_____	250,000/500,000		_____	150,000
_____	300,000/300,000		_____	200,000
_____	500,000/500,000		_____	250,000
_____	500,000/1,000,000		_____	300,000
_____	1,000,000/1,000,000		_____	350,000
_____			_____	400,000
_____			_____	500,000
_____			_____	600,000
_____			_____	750,000
_____			_____	1,000,000
_____			_____	1,500,000
_____			_____	2,000,000
_____	(Other)		_____	(Other)
_____ <b>Applicant's Signature</b>			_____ <b>Date</b>	



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 Scottsdale, Arizona 85258

**FOR HIRE TRUCKERS GENERAL LIABILITY SUPPLEMENTAL APPLICATION**  
**(Complete in addition to For-Hire Truckers Application)**

Applicant's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From: \_\_\_\_\_ To: \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE (N/A)."**

**LIMITS**

General Aggregate	\$ _____	Each Occurrence	\$ _____
Products-Completed Operations Aggregate	\$ _____	Damage to Premises Rented to You	\$ _____
Personal & Advertising Injury	\$ _____	Medical Expense (any one person)	\$ _____

**EMPLOYERS LIABILITY (STOP GAP) COVERAGE (Applicable in ND, OH, WA and WY only)**

Yes  No Limits: Bodily Injury by Accident each Accident..... \$ \_\_\_\_\_  
 Bodily Injury by Disease each Employee..... \$ \_\_\_\_\_  
 Bodily Injury by Disease per Policy ..... \$ \_\_\_\_\_

W.C. Carrier: \_\_\_\_\_ W.C. Policy No.: \_\_\_\_\_ W.C. Effective Date: \_\_\_\_\_

**EMPLOYEE AND PAYROLL INFORMATION**

	Total Number	Payroll
1. Executive Officers		
2. Individual insureds and co-partners		
3. Outside sales, mechanics, yard employees, terminal employees, dispatcher and other miscellaneous payroll excluding clerical, inside sales, and drivers (unless categorized above)		
4. TOTAL Actual payroll		

**INSURANCE HISTORY AND LOSS EXPERIENCE**

5. Has any insurance company canceled or nonrenewed your policy in the last three years? (Not applicable in Missouri) .....  Yes  No  
 If yes, explain: \_\_\_\_\_
6. Prior year's insurance was written under the business name of: \_\_\_\_\_

7. Have there been any General Liability losses in the last three years? .....  Yes  No

If yes, indicate losses below:

Prior Carrier Effective Dates From—To	Prior Carrier Name	Policy No.	No. of Losses	Loss Amount	Description of Loss

**EMPLOYEE AND PAYROLL INFORMATION**

8. Fully describe your operation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Do you have any operations other than trucking, such as:
- a. Storage of goods of others (warehousing)? .....  Yes  No
  - b. Repairs of vehicles of 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
10. Do you generate income from other activities besides the operation of trucks? .....  Yes  No
11. Do you sign any contracts requiring you to assume the liability of another party? .....  Yes  No
12. Do you use mobile equipment on or off premises such as forklifts or backhoes? .....  Yes  No

Explain all yes answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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. **Not applicable in Nebraska, Oregon and Vermont.**

**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 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 policy holder or claimant for

the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

**APPLICABLE IN HAWAII (AUTOMOBILE):** 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 RHODE ISLAND 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.

**FRAUD WARNING (Applicable in Tennessee, Virginia and 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** 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.

APPLICANT NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.