



PUBLIC ENTITY APPLICATION

IMPORTANT NOTICE

If CLAIMS MADE is selected (checked) as the Coverage type for any line of business included on this application, that section of the application is for Claims-Made coverage and the following applies:

THIS IS AN APPLICATION FOR A POLICY THAT CAN BE WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER

Submission Requirements

- ◆ Completion of this application and any supplemental applications
- ◆ Up-to-date schedules including Property COPE information, Autos with Original Cost New
- ◆ Five (5) years (plus current year) of currently valued loss runs and/or TPA
- ◆ Most Current Budget

GENERAL INFORMATION

Entity Name			FEIN	Entity Population
Street Address	City	State	County	Zip Code
Insurance Contact/Title			Contact Phone	
Contact Email Address				

KEY DATES

Effective Date	Bid Date (if any)	Agency Need-by Date
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SUBMITTING AGENCY

Agency		Phone		
Producer / Agency Contact		Email Address		
Street Address	City	State	Zip Code	

PREMIUM AND LOSS HISTORY

Line	Check if Requested	Expiring Premium	Carrier	Deductible/SIR	Policy Limit
General Liability	<input type="checkbox"/>	\$		\$	\$
Public Officials' Liability	<input type="checkbox"/>	\$		\$	\$
Employment Practices Liability	<input type="checkbox"/>	\$		\$	\$
Law Enforcement Liability	<input type="checkbox"/>	\$		\$	\$
Auto Liability	<input type="checkbox"/>	\$		\$	\$
Auto Physical Damage	<input type="checkbox"/>	\$		\$	\$
Property	<input type="checkbox"/>	\$		\$	\$
Inland Marine	<input type="checkbox"/>	\$		\$	\$
Crime	<input type="checkbox"/>	\$		\$	\$
Excess/Umbrella Liability	<input type="checkbox"/>	\$		\$	\$
Equipment Breakdown	<input type="checkbox"/>	\$		\$	\$
Workers Compensation (not available in all states)	<input type="checkbox"/>	\$		\$	\$
Other:	<input type="checkbox"/>	\$		\$	\$
Other:	<input type="checkbox"/>	\$		\$	\$

COMMERCIAL GENERAL LIABILITY

Coverage type: Occurrence or Claims-Made, Retroactive Date: _____
 Per Occurrence Limit: \$ _____ Annual Aggregate: \$ _____
 Deductible: \$ _____ or SIR: \$ _____
 Employee Benefits Liability

GENERAL LIABILITY EXPOSURES

Supplemental questionnaires required for these exposures are indicated in the column on the right.

Exposure/Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Additional Notes
Airport or Related Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded under our program
Cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Spraying (Pesticide/Herbicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of employees with license? _____
Dams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP197 Supplement
Fire Department – Paid and/or Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP198 Supplement
Firearms Range - Public Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Range Master on Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Active Landfill / Dump / Refuse Site / Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP199 Supplement
Law Enforcement Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP203 Supplement
Medical & Ancillary Care Facilities a. Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded under our program
b. Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Facilities Convention/Civic Center/Stadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recreational Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP194 Supplement
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP201 Supplement
Social Services a. Shelter (Women or Children), Halfway House b. Foster Care	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Please describe operation:

Exposure/Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Additional Notes
Special Events a. Carnival, Fair, Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Rides/Devices <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor Service <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed Pyrotechnician <input type="checkbox"/> Yes <input type="checkbox"/> No Fire & EMS onsite <input type="checkbox"/> Yes <input type="checkbox"/> No
Streets/Roads Miles of Paved:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street/Road Formal Inspection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Formal Citizen Complaint Procedure in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mile of Unpaved:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utilities a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP192 Supplement
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wharf/Piers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Formal Wharf/Pier inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No Marina Exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please describe:

Contractual Risk Transfer

- Do you have a Legal Representative review all contracts? Yes No
- Do you require to be named as Additional Insured? Yes No
- Do you have Legal Counsel on staff or dedicated outside Counsel? Yes No
- Do you require insurance limits of contractors equal to yours? Yes No

PUBLIC OFFICIALS' LIABILITY

Completed By / Title	Date
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I. COVERAGE AND LIMITS

- A. Coverage type: Claims-Made, Retroactive Date: _____ or Occurrence
- B. Per Occurrence Limit: \$ _____ Annual Aggregate: \$ _____
Deductible: \$ _____ or SIR: \$ _____

II. GENERAL INFORMATION

A. Policies and Procedures

1. Are Officials trained in public meeting protocols? Yes No
2. Does the entity engage legal counsel on potential conflicts of interest? Yes No
3. Policy in place around public officials speaking to the media, social media? Yes No

B. Planning and Zoning, Land Use

1. Does the entity have a formal written zoning and zoning appeal process? Yes No
2. Is Legal Counsel engaged on cases when statutes/ordinances need interpretation? Yes No

Have any of the following occurred within the last three (3) years?

1. Disputes involving the taking or condemnation of property? Yes No
2. Disputes alleging the wrongful approval/denial of building or zoning permits? Yes No

If "Yes", describe:

EMPLOYMENT PRACTICES LIABILITY

Completed By / Title	Date
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- A. Coverage type: Claims-Made, Retroactive Date: _____ or Occurrence
- B. Per Occurrence Limit: \$ _____ Annual Aggregate: \$ _____
Deductible: \$ _____ or SIR: \$ _____

C. EMPLOYEE INFORMATION

1. Number of: Full-time employees: _____ Part-time employees: _____
2. What was the annual employee turnover rate for the last three (3) years?
Current Year: _____ % 1st Prior Year: _____ % 2nd Prior Year: _____ %
3. How many involuntary employment terminations* have occurred in the past three (3) years?
Current Year: _____ % 1st Prior Year: _____ % 2nd Prior Year: _____ %

D. Disputes/Claims Information

Have any of the following occurred within the last three (3) years?

- 1. Disputes involving integration, segregation, discrimination or violation of civil rights? Yes No
- 2. Disputes alleging wrongful treatment in employee hiring, employment conditions, remuneration, advancement of employment or termination of employment? Yes No

If "Yes", describe:

E. Policies and Procedures

- 1. Entity conducts prior employment check on all new hires? Yes No
- 2. Does the entity have an employee handbook? Yes No
- 3. Is employee handbook signed by all employees? Yes No
- 4. Latest Revision Date of employee handbook? _____
- 5. When did legal counsel last review the employee handbook? _____
- 6. Does the entity have a posted anti-discrimination policy? Yes No
- 7. Does the entity have written policies and procedures with regard to the following? (Please check all that apply)

Policy	Last Revision Date	Policy	Last Revision Date
<input type="checkbox"/> Hiring		<input type="checkbox"/> Sexual Harassment	
<input type="checkbox"/> Discrimination		<input type="checkbox"/> Disciplinary Actions	
<input type="checkbox"/> Grievance Procedures		<input type="checkbox"/> Internet Usage	
<input type="checkbox"/> Termination		<input type="checkbox"/> Social Media	
<input type="checkbox"/> Medical / Unpaid Leave			

F. Employment Practices Controls and Employee Performance

- 1. Does the entity provide training for all new supervisors and managers on harassment policy and procedure? Yes No
- 2. Annual Affirmation from Employees on the following policies? (Please check all that apply):
 Discrimination Social media Internet Usage Harassment
- 3. Documented Employee Performance Reviews at least annually? Yes No
- 4. Does the entity require terminations to be reviewed by legal counsel in addition to its Human Resources department/designee? Yes No

Employment Practices Entity-wide

In Regards to Employment Practices, do all departments (i.e. Police, Fire, School, Public Works, etc) follow the same policies, procedures and documentation requirements? Yes No

If "No", describe:

COMMERCIAL AUTOMOBILE COVERAGE

Please attach the designated Excel worksheet/schedule.

I. LIMITS

Per Occurrence Limit \$ _____ Hired/Non-Owned Requested Yes No
 Liability Deductible (if any) \$ _____ Medical Payments \$ _____
 PIP/No Fault \$ _____ Additional No-Fault \$ _____
 UM/UIM \$ _____ Other: _____ \$ _____

II. UNDERWRITING INFORMATION

Any location with a concentration of vehicles where total values exceed \$2,000,000? Yes No
 If "Yes", complete CONCENTRATION OF VEHICLES SUPPLEMENTAL APPLICATION (TPRS-SUP193)

Fleet Safety

Driver training program? Yes No
 Accident investigation program? Yes No
 Accident investigation includes a corrective action for preventable accidents? Yes No
 MVRs ordered prior to hire? Yes No
 Has the entity disqualified a prospective employee due to poor driving record? Yes No
 Does the entity conduct periodic MVR checks? Yes No
 Annually Bi-annually Other: _____
 Standard in place for acceptable and unacceptable MVR's? Yes No

What action is taken with an Employee with an unacceptable MVR?

Are employees allowed to take vehicles home? Yes No
 Is personal use permitted? Yes No
 Does the entity provide any type of transportation services? Yes No
 Indicate type: Dial-a-Ride Fixed Transit Para Transit Other: _____

Garagekeepers: Direct-Primary Direct-Excess Legal Liability

Description of Operation	Physical Address	Limit	Deductible	
			Comp	Collision
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

COMMERCIAL EXCESS LIABILITY

Requested Excess Limit: \$ _____

Coverage to apply over:

- General Liability
 Educators Legal
 Law Enforcement
 Auto Liability
 Employers Liability
 Public Officials
 Employment Practices

PROPERTY

Please attach the designated Excel worksheet/schedule.

I. COVERAGES REQUESTED

Deductible: \$ _____

- Replacement Cost
 Functional
 Agreed Value

Coinsurance Selection:
 90%
 100%
 Agreed Amount

Wind Deductible (if different from AOP):
 1%
 2%
 5%
 Other ____%

\$25,000
 \$50,000
 \$100,000
 Other \$ _____

Flood limit: \$ _____
 Deductible:
 \$50,000
 Other Deductible: \$ _____

Earthquake limit: \$ _____
 Deductible:
 \$50,000
 Other Deductible: \$ _____

BI/EE limit: \$ _____
 Deductible (72-hour default): \$ _____

Extended Period of Indemnity (180 days' default): \$ _____

II. UNDERWRITING INFORMATION

A. Are there any unoccupied/vacant buildings? Yes No

If "Yes", provide details about future plan for occupancy, frequency of maintenance and insured visits to the premises:

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B. Are there any buildings on the historic registry? Yes No

If "Yes", identify below:

Location Name	Street Address	Use	Year Built

C. Do you have any dedicated facilities personnel? Yes No

If "Yes", complete the following:

# of Staff (FT & PT)	Formal Preventative Maintenance Program in place?	Is this an automated program?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Does the entity have any on-premises electrical generation capability (excluding emergency generators)? If "Yes", identify below: Yes No

Check all that apply	Type or Source	Kilowatts Generated	Location(s)
<input type="checkbox"/>	Hydroelectric		
<input type="checkbox"/>	Wind		
<input type="checkbox"/>	Solar		
<input type="checkbox"/>	Turbine (Steam, Gas, Cogen, Methane, etc.)		
<input type="checkbox"/>	Other:		

* Electric Generation exposures may require supplemental information that will be requested by your Underwriter.

What is the generated power used for? Check all that apply:

- Primary Power Emergency Power Peak Shaving
 Standby Supplemental Distribution

E. Does the entity have any Underground Property? Yes No

If "Yes", indicate the following:

- On premises (pipes, flues, drains, tanks, pilings): Limit \$ _____ Deductible \$ _____
 Off premises* (owned water, sewer or sanitary related pipes, flues, drains, tanks or pilings): Limit \$ _____ Deductible \$ _____

*Complete (indicate amount/distance of pipe below):

Age of Pipe/Lines	CPVC/ PVC/ ABS	Concrete	Clay	Copper	Steel/Iron	Cast Iron	Other:
0-25 years							
25-50 years							
50+ years							

Do any pipes contain lead? Yes No

III. EQUIPMENT BREAKDOWN

Is Equipment Breakdown Coverage requested? Yes No

Inspection Contact (Name and Phone #): _____

Deductible (if different from AOP): \$ _____

Pollution Clean-up (\$250,000 included): \$ _____

Refrigerant Contamination (\$250,000 included): \$ _____

Spoilage (\$250,000 included): \$ _____

CRIME

I. COVERAGE REQUESTED

	Coverage	Limit	Deductible
A.	Public Employee Dishonesty	\$	\$
	Faithful Performance <input type="checkbox"/> Yes <input type="checkbox"/> No		
B.	Forgery or Alteration	\$	\$
C.	Loss Inside –Theft of M & S	\$	\$
D.	Loss Inside – Robbery or Safe Burglary	\$	\$
E.	Loss Outside Premises	\$	\$
F.	Computer & Funds Transfer Fraud	\$	\$
G.	Money Orders & Counterfeit Money	\$	\$
H.	Fraudulent Impersonation*	\$	\$

* Complete FRAUDULENT IMPERSONATION SUPPLEMENTAL APPLICATION (TPRS-SUP198) if requesting limits of \$100,000 or more.

II. BREAKDOWN OF EMPLOYEES & COVERAGE

	Employee – Class A	Treasurers	Tax Collectors	School Volunteers who handle money	Students* who handle money
Coverage requested for:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many?					
Required to be bonded?	<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

If coverage is requested for Volunteers or Students, explain the exposure and what type of oversight is provided.

III. CONTROLS

- A. Are employee background checks conducted for all employees who handle money? Yes No
- B. Indicate what security provisions apply and identify how often:
 Audit _____ Bank Statements _____ Countersignatures _____ Reconciliations _____

IV. COMPUTER FRAUD (if requested)

- A. Do you have an IT department or dedicated IT personnel? Yes No
- B. Is there a software security system in place? Yes No
- C. Is this system updated regularly as new protections are released? Yes No
- D. Are users required to change their passwords and access codes periodically? Yes No
- E. Is there a procedure in place to disable access when an employee is terminated or leaves a position? Yes No

V. ADDITIONAL COVERAGES

A. Include Expenses Incurred to Establish Amount of Covered Loss.

- Employee Theft: Limit of Insurance \$ _____ % of covered loss ____%
- Computer & Funds Transfer Fraud: Limit of Insurance \$ _____ % of covered loss ____%

B. Complete the schedule below for any Excess Limit for Specified Employees or Positions:

Name & Position	Excess Limit
	\$
	\$

C. Complete the following for Increased Limit of Insurance For Specified Periods ("Peak Season"):

Coverage	Increased Period Start Date	Increased Period End Date	Increased Limit Requested
Inside the Premises-Theft of M & S			\$
Inside the Premises-Robbery or Safe Burglary of Other Property			\$
Outside the Premises			\$

INLAND MARINE

A. **COMPUTER EQUIPMENT:** (Note, coverage is NOT provided for any equipment leased or rented to others)

Non Portable Equipment (desktops, mainframes, servers): \$ _____

Portable Equipment (ie: tablets, laptops, mobile devices): \$ _____

Deductible: \$ _____

Media & Data: \$ _____

Do you have a location containing specialized equipment such as an emergency 911 system? Yes No

Do you have written procedures and a schedule for backing up the media and data? Yes No

B. **CONTRACTORS EQUIPMENT**

Provide schedule of equipment including full description (year, make, serial #), where stored, limit.

Equipment Type	Total Limit	Deductible	Maximum Per Item
Scheduled Equipment	\$	\$	N/A
Blanket Unscheduled Equipment	\$	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$
Miscellaneous Tools Owned by you	\$	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$

Optional Coverages	Total Limit	Maximum Per Item
Employee Tools & Clothing (\$5,000/\$1,000 provided)	\$	\$
Equipment Borrowed <u>from</u> others	\$	\$
Equipment Leased or Rented <u>from</u> others	\$	\$
Equipment Loaned <u>to</u> others*	\$	\$
Equipment Leased or Rented <u>to</u> others*	\$	\$
Waterborne	\$	\$

*If coverage is selected for equipment leased/rented/loaned to others, is a written hold harmless agreement in place including an insurance transfer of risk? Yes No

C. MISCELLANEOUS SCHEDULES

Equipment Type	Total Limit	Deductible	Maximum Per Item Limit (applies to Unscheduled)	Additional Information Needed
Fire Department Equipment	Scheduled	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	Provide Schedule or max per item will apply to unscheduled
	\$			
	Unscheduled			
	\$			
Police Department Equipment	Scheduled	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	Provide Schedule or max per item will apply to unscheduled
	\$			
	Unscheduled			
	\$			
Emergency All Other Equipment	Scheduled	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	Provide Schedule or max per item will apply to unscheduled
	\$			
	Unscheduled			
	\$			
Musical Instruments	Scheduled	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	Provide Schedule or max per item will apply to unscheduled
	\$			
	Unscheduled			
	\$			
Watercraft	\$	\$	N/A	Description (including length & horsepower):
Other: <i>(describe)</i>	Scheduled	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	Provide Schedule or max per item will apply to unscheduled
	\$			
	Unscheduled			
	\$			
Unmanned Aircraft	\$	\$	N/A	Supplemental Application required (TPRS-SUP210)

D. FINE ARTS

Limit: \$ _____ Deductible: \$ _____

Provide schedule of fine arts (owned and fine arts of others in your care, custody or control) including description of item, where located and limit.

Are appraisals on file for items valued over \$5,000? Yes No

Do you display property of others? Yes No

Are any of your fine arts displayed or stored at a location other than your own? Yes No

E. ANIMAL FLOATER

	Type of Animal (sole ownership only)	Name	Purpose	Limit
1.				\$
2.				\$
3.				\$
4.				\$

Deductible: \$ _____

Has any scheduled animal been sick or injured during the past year? Yes No

If "Yes", describe:

Are scheduled animals seen by a licensed veterinarian annually? Yes No

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT

Not applicable in the states mentioned below where a specific warning applies.

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 committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

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, District of Columbia, Louisiana, Rhode Island, 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.

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.

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.

Kansas

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

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.

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, 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 knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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.

Pennsylvania (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.

Tennessee, Virginia, 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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York (Auto)

Any person who 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.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations?
 Did your office control this risk in the past year?

Yes No
 Yes No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE