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PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

Underwritten by:
Philadelphia Indemnity Insurance Company

TEMPORARY STAFFING AGENCY NEW BUSINESS APPLICATION - MASSACHUSETTS
(Combined Commercial Package/Management & Professional Lines)

Effective Date:_____

Applicant Name:_____
Address:_____
City:_____ State:_____ Zip:_____
Website:_____ E-Mail:_____
Date Established:_____ Telephone Number:_____
Services Provided:_____

Temporary Staffing	☐Yes	☐No	Direct Hire	☐Yes	☐No	EOR/Payrolling	☐Yes	☐No
PEO	☐Yes	☐No	ASO	☐Yes	☐No	VMS/MSP	☐Yes	☐No

Is the Applicant involved in any business other than staffing? ☐Yes ☐No
If yes, please describe on a separate sheet.
Risk Management Contact:_____ Risk Management's Phone:_____
Risk Management Email:_____

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the last five years
- ACORD Applications for owned Property, owned Auto and Umbrella Coverage
- Copy of Client Services Agreement/Contract
- New Ventures must provide a business plan inclusive and Applicant experience/resume

Whenever used in this Application the term Applicant shall mean the Named Insured/Named Entity/Private Company and its subsidiaries. Certain coverages addressed in this Application are provided on a Claims Made and Reported basis, please read your policies carefully. Employee includes permanent and staffed/temporary placed employees.

SECTION I - GENERAL INFORMATION

1. Please provide a breakdown as specified below:

	General Information	Do You Provide?	Projections (next 12 months)	Prior Year Actual
A.	Corporate Employee Payroll (In House)		$	$
B.	Number of Corporate Employees (In House)		#	#
C.	Contract/Temporary Employee Payroll	☐Yes ☐No	$	$
D.	Number of Contract/Temporary Employees		#	#
E.	Worksite Employees Payroll (PEO/ASO)	☐Yes ☐No	$	$
F.	Number of Worksite Employees (PEO/ASO)		#	#
G.	Number of Independent Contractors		#	#
H.	Independent Contractor Payroll		$	$
I.	VMS Client Payroll	☐Yes ☐No	$	$
J.	Direct Hire Percentage (%) of Total Revenue	☐Yes ☐No	%	%
K.	Number of Direct Hire Employees		#	#
L.	Total Gross Receipts		$	$

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2. Provide percentage based on payroll of the types of staffing services offered to the Applicant's clients: **(Should total 100%)**

Administrative/Clerical (Please include Data Entry Clerks)	%	Educational Facility Placement	%
Architects/Engineers without Signoff Authority	%	Healthcare (excluding Doctors and Dentists)	%
Attorneys	%	Computer/IT Services (Data Entry only included in Administrative Clerical)	%
Drivers/Transportation	%		
Financial/Accounting Professionals (Accounting Clerks, Bookkeepers, Billing Clerks Include in Administrative Clerical)	%	Heavy Industrial	%
Light Industrial/Warehouse/Factory	%	Construction/Skilled Labor	%
Hospitality	%	Security Services Unarmed (Armed Security Services Excluded)	%
Daycare/Nanny Services	%		

**The following placements should be categorized as clerical, not IT or Financial/Accounting Professionals – accounting clerks, bookkeepers, billing clerks, medical billers/coders, filing, receptionists, data entry services.*

3. Healthcare Placements – provide payroll corresponding to exposures below:

Correctional Facilities:	$	School Nurses:	$
Labor and Delivery:	$	Social Workers: a. Where Placed:	$
Home Healthcare:	$		
Midwives and Doulas:	$		
Mental Health Institutions:	$	Substance Abuse/Drug Rehabilitation Facilities:	$
Neonatal Intensive Care Unit:	$		
Pediatric Intensive Care Unit:	$	Transportation of Patients:	$
Physical/Rehabilitation Therapist:	$	Travel Nurses: a. Average Assignment Length at a Facility:	$
Respiratory Therapist:	$		
		b. 24 Hour exposure (i.e. lodging): ☐Yes ☐No	

4. Does the Applicant or will the Applicant place their employee(s) in a position which requires the employee(s) to operate:
   a. Cranes, bulldozers ☐ Yes ☐ No
   b. Trucks ☐ Yes ☐ No
   c. Scaffolding erection and assembly ☐ Yes ☐ No
   d. Aircraft or watercraft? ☐ Yes ☐ No
   e. Forklifts ☐ Yes ☐ No
      a. If yes, who is responsible for training?_____
      b. If yes, who is responsible for jobsite supervision?_____

5. Does the Applicant transport temporary staffing employees to job sites? ☐ Yes ☐ No
   If yes, please answer the following:
   a. Is the transport done through use of the Applicant's owned vehicles or clients' vehicles? ☐ Yes ☐ No
      If yes, please provide a copy of the Applicant's Auto Fleet policy, along with Names, Dates of Birth, and Driver License numbers for all drivers. If not and a Third Party is utilized, please provide a copy of the written agreement utilized with that vendor.
   b. Does the Applicant perform MVR checks at time of hire for drivers? ☐ Yes ☐ No
   c. Does the Applicant perform annual MVR checks thereafter? ☐ Yes ☐ No

6. Does the Applicant or will the Applicant place their employee(s) in a position within an Oil and Gas, Utilities, or Energy Company client? ☐ Yes ☐ No
   if yes, provide copy of current in force contract.

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7. Does the Applicant or will the Applicant place their employee(s) with a client in any of the following positions or industries:
   a. Cannabis industry ☐ Yes ☐ No
   b. Lifeguards ☐ Yes ☐ No
   c. Shipyards, rigs, and/or vessels ☐ Yes ☐ No
   d. Video Game Developers ☐ Yes ☐ No

8. Does the Applicant specialize in clinical trial placements by recruiting participants or setting up the trials? ☐ Yes ☐ No
   if yes, provide copy of a current in force contract and advise payroll. $_____

9. Does the Applicant have a hold harmless agreement in favor of the Applicant with its client companies regarding liability for employment actions of the client company? ☐ Yes ☐ No

10. Does the Applicant:
    a. Have a standard employment application for all job applicants? ☐ Yes ☐ No
    b. Have an employment handbook? ☐ Yes ☐ No
    c. Document the receipt of the employee handbook by the employee? ☐ Yes ☐ No
    d. Have an At Will provision in the employment application? ☐ Yes ☐ No
    e. Have a written policy with respect to sexual harassment? ☐ Yes ☐ No
    f. Have a written policy with respect to discrimination? ☐ Yes ☐ No
    g. Utilize technology to collect and store biometric information of employees or customers? ☐ Yes ☐ No
       NOTE: Excluded from EPLI

11. Does the Applicant have a human resource department? ☐ Yes ☐ No
    If no, describe how the function is handled:
    _____

12. Does the Applicant conduct a prior employment check on all new hires? ☐ Yes ☐ No

13. Does the Applicant conduct criminal background checks? ☐ Yes ☐ No
    If yes, which type: ☐ National Check ☐ State Check ☐ Local Check

14. Is the Applicant involved in any franchise operations? ☐ Yes ☐ No

15. Does the Applicant or will the Applicant take over a client's department and put their employees on the Applicant's payroll or put the employees of another staffing firm on the Applicant's payroll? ☐ Yes ☐ No
    If yes, please answer the following two questions:
    a. Does the Applicant perform background checks on all those employees that were client's employees? ☐ Yes ☐ No
    b. Does the Applicant perform background checks on all those employees that were another staffing firm's employees? ☐ Yes ☐ No

16. Does the Applicant conduct any business using an EOR model? ☐ Yes ☐ No
    If yes, provide copy of current in-force contract.

SECTION II - LIABILITY

1. **Professional Liability (E&O)**
   a. Quote Requested? ☐ Yes ☐ No
   b. E&O has been continuously in force since:_____
   c. Current form type: ☐ Occurrence ☐ Claims Made
      If Claims Made, current retroactive date:_____
   d. E&O limit requested: $_____
   e. Deductible requested: $_____

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2. **General Liability**
   a. Quote requested? ☐ Yes ☐ No
   b. Limit Requested: ☐ $1,000,000/$2,000,000 ☐ Other: $_____
      Damages to Premises Rented to the Applicant: ☐ $1,000,000 ☐ Other: $_____
      Medical Expense: ☐ $10,000 ☐ $25,000
   c. Bodily Injury/Property Damage Deductible requested:
      ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ Other: $_____

3. **Stop Gap Coverage**
   a. Quote requested? ☐ Yes ☐ No
   b. Total payroll in each monopolistic workers compensation state:
      North Dakota: $_____ Ohio: $_____
      Washington: $_____ Wyoming: $_____

4. **Employee Benefits Liability (EBL) Coverage**
   a. Quote requested? ☐ Yes ☐ No
   b. Each Act/Aggregate Limit: ☐ $1,000,000/$2,000,000 ☐ Other: $_____
   c. Deductible requested: ☐ $1,000 ☐ Other: $_____
   d. Current form type: ☐ Occurrence ☐ Claims Made
      If Claims Made, current retroactive date:_____

5. **Abuse and Molestation:**
   a. Quote requested? ☐ Yes ☐ No
   b. Current form type: ☐ Occurrence ☐ Claims Made
      If Claims Made, current retroactive date:_____
   c. Does the Applicant's current insurance program include Abuse or Molestation Coverage? ☐ Yes ☐ No
   d. Does the Applicant provide childcare on their premises? ☐ Yes ☐ No
   e. Does the Applicant place employees at:
      i. Day Care Centers? ☐ Yes ☐ No
      ii. Educational Facilities/Schools? ☐ Yes ☐ No
      iii. Facilities with infirmed elderly? ☐ Yes ☐ No
   f. If yes to question 5. c. or d., please complete the following:
      i. Does the Applicant have written procedures in force for dealing with sexual abuse? ☐ Yes ☐ No
      ii. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships, both on and off premises? ☐ Yes ☐ No

6. **Hired and Non-Owned Auto (HNOA) Liability**
   a. Quote requested? ☐ Yes ☐ No
   b. Does the Applicant obtain MVRs on all employees who drive for clients? ☐ Yes ☐ No
   c. Does the Applicant update MVRs every year for all drivers? ☐ Yes ☐ No
   d. Does the Applicant provide driver training or evaluation? ☐ Yes ☐ No
   e. Does the Applicant place any long-haul drivers? ☐ Yes ☐ No
   f. Does the Applicant place drivers that haul hazardous materials? ☐ Yes ☐ No
   g. Does the Applicant require placements to be added to the client auto policy? ☐ Yes ☐ No
   h. Do any contracts require primary and non-contributory coverage. ☐ Yes ☐ No
      If yes, provide a copy.

7. **Employment Practices Liability (EPL) *EPL is not available monoline.**
   a. Quote requested? ☐ Yes ☐ No
   b. Limit Requested: $_____
   c. Deductible requested: $_____
   d. Current Retro Date:_____

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SECTION III - CRIME

Requested	Limit	Deductible
Insuring Agreement A1: Employee Theft and Client Coverage	$	$
Insuring Agreement A2: ERISA Fidelity	$	$
Insuring Agreement B: Forgery or Alteration	$	$
Insuring Agreement C: Theft, Disappearance & Destruction – Inside the Premises	$	$
Insuring Agreement D: Theft, Disappearance & Destruction – Outside the Premises	$	$
Insuring Agreement E: Money Orders and Counterfeit Paper Currency	$	$
Insuring Agreement F: Computer and Funds Transfer Fraud	$	$
Additional Insuring Agreement: Third Party – "Off Premises" Coverage	$	$

1. Are the Applicant's financial statements prepared by an independent Certified Public Accountant on an annual basis? ☐ Yes ☐ No

2. Are the owners involved in the daily operations of the company? ☐ Yes ☐ No

3. Are two signatures required on checks? ☐ Yes ☐ No
   If yes, over what amount: $_____
   If no, who has the authority to sign checks: (Include titles)
   _____

4. Do employees who reconcile bank statements also:
   a. Sign checks? ☐ Yes ☐ No
   b. Make withdrawals? ☐ Yes ☐ No
   c. Make deposits? ☐ Yes ☐ No
   d. Have access to bank checks? ☐ Yes ☐ No
   e. Have access to computer systems that print checks? ☐ Yes ☐ No
   f. Have access to facsimile, signature plate, or check signing machines? ☐ Yes ☐ No

5. Will any Contract/Temporary Placements have access to client money, securities, banking systems, wire transfer systems or any sensitive computer data? ☐ Yes ☐ No

6. Will any Contract/Temporary Placements transport money, securities, or other valuable property outside of their client's premises? ☐ Yes ☐ No
   If yes, please describe the type of property and value:
   _____

7. Will Contract/Temporary Placements be supervised and/or monitored by the Applicant's clients when performing services for these clients? ☐ Yes ☐ No

SECTION IV - POLICY INFORMATION

Coverage	Carrier	Limit	Deductible	Expiration Date	Effective Date	Premium
General Liability		$	$			$
Professional Liability		$	$			$
Hired/Non-Owned Auto		$	$			$
Stop Gap		$	$			$
EBL		$	$			$
Abuse or Molestation		$	$			$
Crime		$	$			$
EPLI		$	$			$

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SECTION V - GENERAL SUMMARY

1. With respect to the coverage addressed in this application, has any Underwriter/Insurance Company refused, canceled, or non-renewed coverage? (Not applicable in Missouri) ☐ Yes ☐ No

2. With respect to the coverage addressed in this Application, has the Underwriter indicated any intent to not offer renewal terms to the Applicant? (Not applicable in Missouri) ☐ Yes ☐ No

3. Has the Applicant given written notice under the provisions of any prior policies providing similar insurance of claims, or of specific facts or circumstances which might give rise to a Claim being made against any person or entity applying for this insurance? ☐ Yes ☐ No

4. No person applying for Employment Practice Liability (EPL) or Professional Liability (E&O) coverage is aware of any facts or circumstances that may give rise to a Claim under these coverages. ☐ None, ☐ or as noted below: (provide attachment if necessary)

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PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

Underwritten by:
Philadelphia Indemnity Insurance Company

CYBER SECURITY LIABILITY ENDORSEMENT - SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:_____
Address of Applicant:_____
City:_____ State:_____ Zip:_____
Website: www:_____
Nature of Operations:_____

1. Annual sales or revenue: $_____

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? ☐ Yes ☐ No
   If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
   - ☐ a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
   - ☐ b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
   - ☐ c. Credit or Debit Card Information

3. a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? ☐ Yes ☐ No
   b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights or privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? ☐ Yes ☐ No
   c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? ☐ Yes ☐ No
   d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? ☐ Yes ☐ No

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FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.
***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company**

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

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

APPLICABLE IN 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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

APPLICABLE IN 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 A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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.

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APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

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.

APPLICABLE IN VERMONT: 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.

APPLICABLE IN 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRINCIPAL, PARTNER, OR OFFICER)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

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