



Truck Broker Insurance Application

SECTION I – Applicant Information

Proposed Effective Date _____

Type of Entity: Corporation LLC Sole Proprietorship
 Full Legal Name & DBA (if any): _____
 Mailing Address: _____
 Physical Address: _____
 Main Contact: _____ Title: _____
 Website: _____ Phone: _____ E-Mail _____
 # Years in Business Under Current Authority: _____ DOT # _____ MC # _____

A. Common Ownership/Affiliated Entities

WE CANNOT OFFER ANY COVERAGE TERMS FOR LOADS BROKERED TO AFFILIATED ENTITIES

Do you have common ownership with a motor carrier? Yes No
 If Yes, what % of revenue is brokered to the affiliated motor carrier? _____ %

B. Territory

USA Only: Yes No If No, what other territory? _____

SECTION II – Exposure

	Current Year	Next Year (Estimate)
\$ Revenue (Total Gross Billed to Shippers)	\$ _____	\$ _____
# of Loads	# _____	# _____

Percentage of revenue from Truckload shipments (entire load for just one shipper); _____ %
 Less Than Truckload shipments (load combined with loads from other shippers); and _____ %
 Parcel shipments: _____ %
 Do you broker freight by air, sea, or rail? Yes No If Yes, provide _____ % Air _____ % Sea _____ % Rail

SECTION III - Commodities

WE CANNOT OFFER ANY COVERAGE TERMS FOR ENTITIES THAT BROKER AUTOMOBILES OR COAL.

Do you broker automobiles or coal? Yes No
 Hazardous Materials Yes No If Yes, provide % of shipments _____ %
 Refrigerated Freight Yes No If Yes, provide % of shipments _____ %
 Flatbed Freight Yes No If Yes, provide % of shipments _____ %
 Oversize/Overweight Loads Yes No If Yes, provide % of shipments _____ %
 Dump or Oilfield Services Yes No If Yes, provide % of shipments _____ %

High Exposure Cargo

Will the insured be brokering loads involving the following commodities? Yes No
 Alcoholic Beverages Boats Mobile Homes Pharmaceuticals Tobacco, Cannabis, THC, & Vaping Products
 Live Poultry/Livestock Copper Electronics Tires Medical Equipment, Supplies, Blood, Organ, & Tissue Samples
 If Yes, what is the percentage you will be brokering? _____ % Use another sheet to provide this information, if necessary.

SECTION IV – Current Insurance Coverages and Claims History

Current Insurance Coverages

	Insurer	Limit	Premium	Rate	Exp Date
Truck Broker		\$	\$		
Contingent Auto Liability		\$	\$		
Contingent Cargo		\$	\$		
Professional Liability/E&O		\$	\$		
General Liability		\$	\$		

Has any insurer cancelled, non-renewed, or declined any similar insurance for you in the past 5 years? Yes No

Claims History

For all coverages requested, have you had any covered or non-covered losses in the past 5 years? Yes No

If Yes, please use another sheet to provide full details on all losses

If you have had prior coverage, please attach 5 years of loss runs for the coverages requested.

SECTION V – Broker Carrier Agreement

Please confirm you operate as follows, without exception:

- A. You require a signed broker carrier agreement from all motor carriers before they are approved to haul a load. Yes No
- B. You prohibit a shipper or a carrier from issuing a bill of lading in your name. Yes No
- C. You do not fine (other than a passthrough from a shipper) or otherwise control the behavior of a motor carrier. Yes No

SECTION VI - Carrier Selection and Qualification

Please confirm you operate as follows without exception:

- A. You maintain a hard copy or electronic file on each motor carrier to whom you assign loads which includes a copy of the motor carrier authority, a certificate of insurance, and the signed broker carrier agreement. Yes No
- B. You assign loads only to motor carriers rated Satisfactory or Unrated with the FMCSA. Yes No
- C. You reject motor carriers who possess insurance with less than an A- financial rating from A.M. Best. Yes No
- D. All of the motor carriers to whom you assign loads haul for other freight brokers, consignees, or shippers. Yes No

SECTION VII – Insurance Coverage and Limits

Coverages

Limits

A. Third Party Liability Coverages (Check One)

Contingent Auto Liability (CAL)

\$ _____

Truck Broker Legal Liability (TBL)

\$ _____

Third Party Liability (TPL)

\$ _____

B. Cargo Coverages (Check One and Complete Section VIII)

Contingent Cargo Liability Refrigeration Breakdown Yes No

\$ _____

Primary Cargo Legal Liability

\$ _____

C. Professional Liability/Errors & Omissions

\$ _____

D. General Liability (Premises Only – Complete Section IX)

\$ _____

E. Excess Liability Specify Coverage

\$ _____

WE CANNOT OFFER ANY TERMS FOR TBL OR EXCESS LIABILITY COVERAGES WITHOUT RECEIPT OF AN EXCEL SPREADSHEET CONTAINING A COMPLETE LIST OF MOTOR CARRIERS WITH MC #S.

SECTION VIII – Primary or Contingent Cargo (Complete if Primary or Contingent Cargo Coverage Requested)

Please confirm you operate as follows without exception:

- A. You will require motor carriers to have Motor Truck Cargo limits at least equal to the value of the load. Yes No
- B. You will require motor carriers that haul refrigerated loads to have refrigeration breakdown coverage. Yes No

SECTION IX – General Liability

Provide square footage of your operations _____ Square Feet

Is the carrier ever responsible for loading and unloading? Yes No

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT THE APPLICANT, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN THE APPLICANT IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY THE INSURER OR THE INSURER'S AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT THE APPLICANT'S AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER THE APPLICANT'S ELIGIBILITY FOR INSURANCE OR THE PREMIUM THE APPLICANT WILL BE CHARGED. THE INSURER MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF THE APPLICANT'S SCORE. THE APPLICANT HAS THE RIGHT TO REVIEW THE APPLICANT'S PERSONAL INFORMATION IN THE INSURER'S FILE AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF THE APPLICANT'S RIGHTS AND THE INSURER'S PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT THE APPLICANT'S AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO THE INSURER.

Fraud Warning: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA).

STATE FRAUD STATEMENTS – THIS NOTICE IS PART OF YOUR APPLICATION

APPLICABLE IN 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. WORKERS COMPENSATION: ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR THE PURPOSE OF OBTAINING WORKERS COMPENSATION BENEFITS FOR HIMSELF OR HERSELF OR ANY OTHER PERSON IS GUILTY OF A CLASS C FELONY.

APPLICABLE IN ARIZONA

FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN ARKANSAS

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. WORKERS COMPENSATION: ANY PERSON OR ENTITY WHO WILLFULLY AND KNOWINGLY MAKES ANY MATERIAL FALSE STATEMENT OR REPRESENTATION, WHO WILLFULLY AND KNOWINGLY OMITTS OR CONCEALS ANY MATERIAL INFORMATION, OR WHO WILLFULLY AND KNOWINGLY EMPLOYS ANY DEVICE, SCHEME OR ARTIFICE, FOR THE PURPOSE OF OBTAINING ANY BENEFIT OR PAYMENT, DEFEATING OR WRONGFULLY INCREASING OR WRONGFULLY DECREASING ANY CLAIM FOR BENEFIT OR PAYMENT, OR OBTAINING OR AVOIDING WORKERS COMPENSATION COVERAGE OR AVOIDING PAYMENT OF THE PROPER INSURANCE PREMIUM, OR WHO AIDS AND ABETS FOR ANY OF SAID PURPOSES, UNDER THIS CHAPTER WILL BE GUILTY OF A CLASS D FELONY.

APPLICABLE IN CALIFORNIA

FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON. WORKERS COMPENSATION: ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT MATERIAL STATEMENT OR MATERIAL REPRESENTATION FOR THE PURPOSE OF OBTAINING OR DENYING WORKERS COMPENSATION BENEFITS OR PAYMENTS IS GUILTY OF A FELONY.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN CONNECTICUT, GEORGIA, HAWAII, IOWA, ILLINOIS, MASSACHUSETTS, MICHIGAN, MISSOURI, MISSISSIPPI, MONTANA, NORTH CAROLINA, NORTH DAKOTA, NEBRASKA, NEVADA, OREGON, SOUTH CAROLINA, SOUTH DAKOTA, VERMONT, WISCONSIN, AND WYOMING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN DELAWARE

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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 ANY APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN IDAHO

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN INDIANA

A PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION COMMITS A FELONY.

APPLICABLE IN KANSAS

WORKERS COMPENSATION: WARNING: ACCEPTANCE OF EMPLOYMENT WITH A DIFFERENT EMPLOYER THAT REQUIRES THE PERFORMANCE OF ACTIVITIES YOU HAVE STATED YOU CANNOT PERFORM BECAUSE OF THE INJURY FOR WHICH YOU ARE RECEIVING TEMPORARY DISABILITY BENEFITS COULD CONSTITUTE FRAUD AND COULD RESULT IN LOSS OF FUTURE BENEFITS AND RESTITUTION OF PRIOR WORKERS COMPENSATION AWARDS AND BENEFITS PAID.

APPLICABLE IN KENTUCKY

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A 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.

APPLICABLE IN LOUISIANA

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. WORKERS COMPENSATION: FAILURE TO ANSWER TRUTHFULLY MAY RESULT IN FORFEITURE OF WORKERS COMPENSATION BENEFITS.

APPLICABLE IN MAINE

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. WORKERS COMPENSATION: FAILURE TO ANSWER TRUTHFULLY MAY RESULT IN FORFEITURE OF WORKERS COMPENSATION BENEFITS.

APPLICABLE IN 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.

APPLICABLE IN MINNESOTA

A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD, OR HELPS COMMIT A FRAUD AGAINST AN INSURER, IS GUILTY OF A CRIME. WORKERS COMPENSATION: ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO S 609.52, SUBDIVISION 3.

APPLICABLE IN NEW HAMPSHIRE

ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638:20.

APPLICABLE IN NEW JERSEY

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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 NEW YORK

GENERAL: 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. 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. FIRE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. THE PROPOSED INSURED AFFIRMS THAT THE FOREGOING INFORMATION IS TRUE AND AGREES THAT THESE APPLICATIONS SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCES SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY.

APPLICABLE IN OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION 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. WORKERS COMPENSATION WARNING: ANY PERSON OR ENTITY WHO MAKES ANY MATERIAL FALSE STATEMENT OR REPRESENTATION, WHO WILLFULLY AND KNOWINGLY OMITTS OR CONCEALS ANY MATERIAL INFORMATION, OR WHO EMPLOYS ANY DEVICE, SCHEME, OR ARTIFICE, OR WHO AIDS AND ABETS ANY PERSON FOR THE PURPOSE OF: 1. OBTAINING ANY BENEFIT OR PAYMENT, 2. INCREASING ANY CLAIM FOR BENEFIT OR PAYMENT, OR 3. OBTAINING WORKERS' COMPENSATION COVERAGE UNDER THIS ACT, SHALL BE GUILTY OF A FELONY PUNISHABLE PURSUANT TO SECTION 1663 OF TITLE 21 OF THE OKLAHOMA STATUTES.

APPLICABLE IN PENNSYLVANIA

GENERAL: 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. 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.

APPLICABLE IN RHODE ISLAND

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

APPLICABLE IN TENNESSEE

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. WORKERS COMPENSATION: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN TEXAS

WORKERS COMPENSATION: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN UTAH

WORKERS COMPENSATION: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN VIRGINIA

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN WASHINGTON

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DERAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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.

THIS APPLICATION CANNOT BE PROCESSED UNLESS SIGNED BY AN AUTHORIZED OFFICER OF THE APPLICANT ORGANIZATION

WARRANTY

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained here. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject applicant for coverage. The undersigned authorizes the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof. Upon written request, additional information as to the nature and scope, if one is made, will be provided.

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy. All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Name of Applicant (Please Print)

Title

Signature of Applicant

Date