



Outdoor Insurance Services, INC  
 2775 CR 19 A - Hallettsville, TX 77964  
 p - 361.245.5098  
 f - 361.245.5020  
 toll free - 888.330.0661  
 www.outdoorinsuranceservices.com

## RETAIL GUN STORE & GUNSMITHING APPLICATION

### SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years, if unavailable, provide a no loss letter signed by the insured
- Copy of your current Federal Firearms License (FFL)
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

### GENERAL INFORMATION

Applicant:

Principal Contact:

Mailing Street Address:

City:

State:

Zip:

Location Street Address:

City:

County:

State:

Zip:

Phone Number:

Fax Number:

Website: www.

Business Form: Corporation Partnership Individual LLC Other:

Effective Date:

1. Does the Applicant operate any other businesses from this location? Yes No  
*(List information below for each business, use a separate sheet to list information if necessary)*  
 If yes, type of entity:  
 Corporation Partnership Individual LLC Other:  
 Description and name of other business:

- Does the Applicant have separate insurance for this business? Yes No
2. Has the business operated under any other names or dba's? Yes No

### MANAGEMENT

1. Years in business: Years  
 2. Years at location: Years
3. What type of FFL does the Applicant hold?
4. Has the Applicant ever been fined by or had its FFL suspended/revoked by the ATF for any violation? If yes, explain: Yes No
5. Has the operation ever been cited by the ATF for any reason? Yes No  
 If yes, please provide details, dates, and corrective action of each citation.
6. Has the Applicant and their employees read and understand Form 4473, as well as all other federal and local laws concerning the sale of firearms, ammunition, black and smokeless powder? Yes No
7. Have employees been trained in the detection of Straw Sales? (Don't Lie for the Other Guy) Yes No
8. Does the Applicant conduct background checks on all new employees? Yes No

**RETAIL OPERATIONS**

**N/A**

- Gross Revenue for the past 12 months: \$
- Estimated gross revenue for the next twelve (12) months: \$

	Estimated Next 12 Month Revenues		Estimated Next 12 Month Revenues
Firearms		Firearms	
• Handguns	\$	• All Other Rifles	\$
• Shotguns	\$	• Muzzle Loaders	\$
• Modern Sporting Rifles	\$	• Fully Automatics	\$
Ammunition	\$	Manufacturing of Reloaded Ammunition	\$
Firearm Ranges	\$	Hand Loaded %	%
Archery Ranges	\$	Machine Loaded %	%
Skeet, Trap, & Sporting Clay	\$	Bullet Manufacturing	\$
Gunsmithing	\$	Sales of Sporting Goods	\$
Firearms Instruction	\$	Mail Order Sales	\$
Sales of Items at Gun Shows	\$	Internet Sales	\$
Ammunition with your label not manufactured by you	\$	Other (describe):	\$

- Does the Applicant sell NFA Weapons? Yes No  
 If yes, please provide revenue for each type below:
 

• Fully Automatic Guns	\$	• Short Barreled Rifles	\$
• Suppressors	\$	• Destructive Devices	\$
• Short Barreled Shotguns	\$	• "Any Other Weapons"	\$
- What percentage of the Applicant's revenue is from sales to:
 

Law Enforcement	%	Military	%	Individual Customers	%
-----------------	---	----------	---	----------------------	---
- Are all of the Applicant's firearm products purchased from U.S. manufacturers or distributors? Yes No  
 If no, % are directly imported by the Applicant from foreign company  
 % are purchased from foreign wholesaler/distributor  
 If no, is the Applicant a direct importer, are they named on a foreign manufacturer's insurance policy for vendors liability coverage? Yes No  
**If yes, please provide a copy of the endorsement.**  
 Is the Applicant a wholesaler or distributor, are they named on a U.S. or foreign manufacturer's or importer's insurance policy for vendor's liability coverage? Yes No  
**If yes, please provide a copy of the endorsement.**
- Does the Applicant carry black powder? Yes No  
 If yes, what amount, estimated in pounds, of black powder is in display: lbs.  
 If yes, is storage/handling in compliance with applicable federal, state and local regulations? Yes No  
 Describe how the Applicant stores their stock of black powder that is not displayed (including types of magazines and/or containers): **Note: Safes are not acceptable.**
- How much smokeless powder does the Applicant display: lbs.  
 How does the Applicant store the remainder of the smokeless powder that is not displayed:
- Has the Applicant's local fire department approved their storage of black and/or smokeless powder? Yes No
- Does the Applicant sell or provide hand loaded ammunition? Yes No  
 If yes, where are they stored?  
 Who has access?
- Does the Applicant have pawn operations? Yes No
- Does the Applicant participate in ammunition manufacturing, importing or reloading operations? Yes No
- Does the Applicant attend gun shows? Yes No  
 If yes, are standard applications and background checks completed on each purchaser? Yes No
- Does the Applicant host and/or organize gun shows at or away from its premises? Yes No

**PROPERTY SECTION**

**N/A**

**Location Information**

1. Is the building:            owned    or    leased
2. Please review building security measures listed below.
 

Fire Alarm:	Central	Local	None	Other:	
Burglar Alarm:	Central	Local	None	Other:	

Is the alarm UL listed or approved? Yes    No

Smoke Detectors:	Battery	Hardwired			
Doors are:	Metal	Glass	Frame		
3. Do windows and glass doors have metal bars? Yes    No
4. Does the Applicant have a gun safe? Yes    No  
 If yes, describe the manufacturer, type, class (listed on the label on safe door):
  
5. Describe other protection: (safe, dead bolt locks, metal bars, crash barriers in front of building, fire extinguishers, etc.)
  
6. Does the building have other occupancies? Yes    No  
 If yes, describe:
  
7. Are all activities and locations to be covered in full compliance with applicable federal, state and local regulations? Yes    No
8. Is the building 100% sprinklered? Yes    No
9. What is the distance to the nearest fire hydrant:

**GUNSMITH OPERATIONS**

1. Does the Applicant use the services of any gunsmiths who are not their employees? Yes    No  
***If yes, please attach a certificate of insurance for each gunsmith used.***

2. Complete the following for each employed gunsmith, including Applicant:

Name	Years Experience	Special Training

3. Payroll of Employed Gunsmiths: \$
4. Annual Revenues for services provided by non-employee gunsmiths? \$
5. List the specific services that the Applicant performs:  
**(Attach copy of your service price list, showing the specific services you provide.)**
  
6. Does the Applicant alter firearms from the original factory specification? Yes    No  
 If yes, please describe alterations:
  
7. Does the Applicant build or assemble firearms? Yes    No  
 If yes, please complete the following:
 

Number of units assembled per year:	
Number of actions/receivers supplied by the customer:	
Number of actions/receivers supplied by you:	
Does the Applicant manufacture the receiver?	Yes    No
If no, indicate the actual manufacturer of the receiver:	
Does the Applicant pay any Federal Excise Tax?	Yes    No

Does the Applicant put a serial number on the firearms?			Yes	No
Are the actions/receivers utilized new or used:	New	Used		Both
Does the Applicant's name appear anywhere on the firearm?			Yes	No
If yes, please describe:				

Are the actions/receivers thoroughly checked prior to assembly?		Yes	No
Does the Applicant test the firearms after assembly?		Yes	No
Does the Applicant provide an owner's manual, handling, or safety instructions?		Yes	No

RANGE OPERATIONS	N/A
------------------	-----

1. Archery range?	Yes	No
2. Firearms range?	Yes	No
3. Is the range in compliance with any recognized standards? (i.e. AAC, NFAA, etc.)	Yes	No
4. Does the range have a public address system that all shooters can hear?	Yes	No
5. Does the range have any age restrictions? If yes, describe:	Yes	No

6. Does the range have any league or competitive shooting? If yes, describe:	Yes	No
---	-----	----

7. Indoor Range? Number of Lanes:	Yes	No
--------------------------------------	-----	----

8. Outdoor Range? Number of Lanes/Stations:	Yes	No
--	-----	----

9. Field Range? Dimensions of Total Range:	Yes	No
---	-----	----

Maximum Distance Shot:		
------------------------	--	--

10. Are fully automatics allowed on the range?	Yes	No
--	-----	----

If yes, is the instructor/range supervisor to client ratio 1:1?	Yes	No
---	-----	----

If yes, is anyone under the age of 18 permitted to shoot fully automatics?	Yes	No
--	-----	----

11. Are first aid kits located on each range?	Yes	No
---	-----	----

**Clients / Shooters**

12. Is a questionnaire used to obtain information on the shooter's name, age, health, or shooting experience? <b>If yes, attach a copy.</b>	Yes	No
---	-----	----

13. Are shooters required to sign liability waivers? <b>If yes, attach a copy.</b>	Yes	No
--	-----	----

14. If the range is public, are shooter-owned firearms inspected at check in? If yes, by whom:	Yes	No
---	-----	----

15. Are eye and ear protection mandatory?	Yes	No
---	-----	----

**Range Supervision**

16. Is a range supervisor on duty at all times?	Yes	No
---	-----	----

17. Number of range supervisors with current NRA Instructor certification:		
--	--	--

18. Number of range supervisors with NRA Instructor equivalent certificate: Type of certification:		
---	--	--

19. Does the Applicant have written rules?	Yes	No
--	-----	----

Are these rules prominently displayed?	Yes	No
--	-----	----

Are these rules discussed with shooters before they shoot?	Yes	No
--	-----	----

20. Does the Applicant provide lessons?	Yes	No
---	-----	----

If yes, provide qualifications of instructors:		
--	--	--

If yes, is professional liability being requested within this submission?	Yes	No
---	-----	----

21. Does the Applicant provide rental or loaner fully automatics or bows?	Yes	No
---	-----	----

If yes, please describe safety guidelines:		
--	--	--

**LOSS HISTORY**

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

1. Does the Applicant have knowledge of any incident which may lead to a claim? Yes      No  
 If yes, describe:

**PRIOR CARRIER INFORMATION**

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

**ADDITIONAL INSUREDS, if necessary use another sheet of paper**

Name	Complete Address	Interest

**WINTER WEATHER FREEZE-UP PROTECTION**

**This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI**

- |  |  |      |        |
|--|--|------|--------|
| 1. Fire Protection and Testing                                 |  |      |        |
| a.   | Is the building provided with an Automatic Fire Sprinkler System (AS)?   | Yes  | No N/A |
| i.   | If yes, approximately what percentage (%) of the building is sprinklered?  | %    |        |
| ii.  | If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe  | Both |        |
| iii.   | If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes  | No N/A |
|  | 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):                                   |      |        |
|  | iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review?                  | Yes  | No N/A |
|  | v. If yes, are the alarms tied to a 24 hour UL listed monitoring company?  | Yes  | No N/A |
| 2. Emergency Water Response (domestic and AS water lines)      |  |      |        |
| a.   | Are water shutoff valves (domestic and AS water lines) marked and readily accessible?  | Yes  | No N/A |
| b.   | Are water shutoff valves exercised (closed and reopened) at least annually?  | Yes  | No N/A |
| c.   | Is the staff qualified to respond and shut off the water main during normal business hours and off hours?  | Yes  | No N/A |
| 3. Automatic Water Shutoff Devices                             |  |      |        |
| a.   | For domestic water lines, is there a water flow detection, notification and automatic shutoff?   | Yes  | No N/A |
| 4. Unused/Vacant Spaces  |  |      |        |
| a.   | Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?  | Yes  | No N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) |  |      |        |
| a.   | Are all domestic water lines located in areas heated to at least 45°F?   | Yes  | No N/A |
|  | i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):   |      |        |
| 6. General Comments:   |  |      |        |

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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

**FRAUD NOTICE STATEMENTS**

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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA:** 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 FL, A PERSON 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

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 is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



---

## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE (FOR LIMITS \$250,000 OR LESS)

---

Applicant Name:

Mailing Address:

City:

State:

Zip:

Website: www:

1. Nature of Operations:

2. Annual sales or revenue: \$

3. 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):

Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers

Non-Public Medical or Healthcare Data, including Protected Health Information (PHI)

Credit or Debit Card Information

4. 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 of 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



**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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

**FRAUD NOTICE STATEMENTS**

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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA:** 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 FL, A PERSON 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

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)