****

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Insurance Application For Security, Alarm & Investigative Firms

|  |  |
| --- | --- |
| **[ ]  General Liability and E & O** | **To Be Effective \_\_\_\_/\_\_\_\_/\_\_\_\_** |
| **[ ]  Umbrella** | **To Be Effective \_\_\_\_/\_\_\_\_/\_\_\_\_** |
| **[ ]  Workers Compensation** | **To Be Effective \_\_\_\_/\_\_\_\_/\_\_\_\_** |

**IMPORTANT:** All questions must be answered before this risk can be considered. (Please type or print)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Applicant Name |  |  |
|  |  | (Full name as you wish it to appear on the policy) |
| 2. | Physical Address |  |
|  |  | Street | City | State | Zip |
| 3. | Mailing (if different) |  |  |  |  |
|  |  | Street | City | State | Zip |
| 4. | Additional Locations |  |
|  |  |  |
| 5. | Person to contact  |  |  | Phone # |  |
|  |  |  |
| 6. | Company Website |  | Email |  | Fax # |  |
|  |
| 7. | Audit Contact |  | Phone # |  | Fax # |  |
|  |
| 8. | License # |  | P.I. # |  | [ ]  Individual [ ]  Partnership [ ]  Corporation [ ]  Other |
|  |  |  |  |
| 9. | Federal ID # |  | Date Company was founded |  | Number of years operating under this name |  |
|  |
| 10. | Has there been a name change in the past four years? | [ ]  Yes [ ]  No | If yes, give previous name and date of change: |
|  |  |
|  |  |  |  |  |
| 11. | Principal |  |  | Experience |  |
|  |  |  |  |  |
|  | Principal |  |  | Experience |  |
|  |
| 12. | Applicant Operations | Security Service |  | % | Investigative work |  | % | Process Server |  | % |
|  |  | Security Consulting |  | % | Alarm Service  |  | % | Polygraph |  | % |
|  |
| 13. | With respect to your operation, do you perform or assume any duties not relating to the above? (i.e. janitorial, valet, etc.) [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
|  | If yes, please provide full details |  |  |
|  |  |  |
| 14. | Do you own another business? If yes, please provide full details. |  |
|  |  |  |
| 15. | Do you operate in other states? If yes, please provide details. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16. | Do you subcontract work? | [ ]  Yes [ ]  No | If yes, do you require certificates of insurance for GL? | [ ]  Yes [ ]  No |
|  |  |  |  |  |
|  | Provide your annual subcontractor cost: | $ |  |
|  |
| 17. | Do you have a standard contract? |  [ ]  Yes [ ]  No | Are the majority of your clients under contract? | [ ]  Yes [ ]  No |
|   |
| 18. | List your five largest clients and a description of your duties: | 3. |  |
|  |  |
| 1. |  | 4. |  |
|  |  |  |  |
| 2. |  | 5. |  |
|  |  |  |  |
| **Operations** |
|  |
| 19. | Average length of employment |  | Average hourly wage |  | State Minimum Wage |  |
|  |
| 20. | Number of dogs used in operation |  | [ ]  Attended [ ]  Unattended (Coverage will be excluded) |  |
|  |  |  |  |  |
|   | Types of assignments involving the use of dogs |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 21. | Do you use mobile equipment? (i.e. golf carts, motor scooters, ATV, etc.) | [ ]  Yes [ ]  No | How Many? |  |
|  |  |  |  |  |
|  | Is the public transported? | [ ]  Yes [ ]  No | If used at night, do they have lights? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| 22. | How do field employees communicate with the office or local law enforcement agencies? (i.e. phones, two-way radio, pager etc.) |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 23. | What are your incident reporting procedures? |  |
|  |  |  |
| 24. | What kind and how long are records kept? |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 25. | Pre-employment screening procedures: | [ ]  Drug screen [ ]  Fingerprint Card [ ]  Personal References [ ]  Polygraph [ ]  Prior Employer Contact [ ]  Criminal Background [ ]  Driving Record  |

|  |  |  |
| --- | --- | --- |
| 26. | Formal training program consists of:  | [ ]  Written Manual [ ]  On Job [ ]  CPR [ ]  Report Writing [ ]  Powers of Arrest |
|  |  | [ ]  Firearms [ ]  Self Defense [ ]  Other |  |

|  |  |  |
| --- | --- | --- |
| 27. | Does your company use GuardTrax-SFL™ guard monitoring products? | [ ]  Yes [ ]  No [ ]  N/A (No security operations) |

|  |  |  |
| --- | --- | --- |
| 28. | If you provide Retail Security, what is your apprehension and detention policy? |  |
|  |  |  |
| 29. | Number of Active Owners |  | Owners participate with: [ ]  Security Sites [ ]  Investigations/Consulting [ ]  Alarm Installations |

|  |  |  |
| --- | --- | --- |
| 30. | Do Employees carry Tasers or similar stunning devices? | [ ]  Yes [ ]  No |
|  |  |  |
| 31. | If yes, are employees trained according to applicable state laws? | [ ]  Yes [ ]  No | Verification kept in file? | [ ]  Yes [ ]  No |

|  |
| --- |
| ***Firearms*** |
| a) | Are all armed persons licensed to carry firearms? | [ ]  Yes [ ]  No |  Copy of licenses kept on file? | [ ]  Yes [ ]  No |
|  |  |
| b) | Are procedures in place to ensure that licenses are current & renewed as needed? | [ ]  Yes [ ]  No |
|  |  |
| c) | Who owns the firearms? |  | Most common type of gun or caliber? |  |
|  |  |
| d) | Describe your gun control program |  |
|  |  |
| e) | List all clients for whom you provide armed security for and your responsibilities |  |
|  |  |
|  |  |
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| --- |
| **Company Totals \*\*Must be completed as premium is based on billed hours and/or payroll\*\*** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Estimate this Year** |  | **Last Year** |  | **2 Years Ago** |
|  | **Payroll** | **$** |  | **$** |  | **$** |  |
|  | **Receipts** | **$** |  | **$** |  | **$** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Estimate of Annual Billed Guard Hours:** | **Armed** |  | **Unarmed** |  |
|  |  |  |  |  |

|  |
| --- |
| **Payroll** Please estimate anticipated annual payrolls for the upcoming policy year. **Exclude Owner(s) payroll.** |

|  |  |
| --- | --- |
| ***Guard Service***  |  |
|  | Armed Payroll $ |  | Unarmed Payroll $ |  | Description of Operations |
| Airports |  |  |  |  |  |
| Armored Cars |  |  |  |  |  |
| Banks/Office Buildings  |  |  |  |  |  |
| Bars/Nightclubs/Taverns/Lounges |  |  |  |  |  |
| Body Guard Protection |  |  |  |  |  |
| Casinos/Bingo Halls |  |  |  |  |  |
| City/State/Federal Contracts |  |  |  |  |  |
| Construction Sites |  |  |  |  |  |
| Courier Escort |  |  |  |  |  |
| Executive Protection |  |  |  |  |  |
| Hospitals/Institutions |  |  |  |  |  |
| Hotels/Motels |  |  |  |  |  |
| Housing: Government |  |  |  |  |  |
| Housing: Low Income |  |  |  |  |  |
| Housing: Mid/High Income |  |  |  |  |  |
| Industrial Sites/Warehouses |  |  |  |  |  |
| Restaurants: Fast Food |  |  |  |  |  |
| Restaurants: Full Service |  |  |  |  |  |
| Retail: Inside/Loss Prevention |  |  |  |  |  |
| Retail: Outside/Parking Lots |  |  |  |  |  |
| Schools: Inside/Halls |  |  |  |  |  |
| Schools: Outside/Parking Lots |  |  |  |  |  |
| Special Events \*\**specify type* |  |  |  |  |  |
| Traffic Control/Flagmen |  |  |  |  |  |
| Other (explain below) |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |
|  |  |  |  |  |  |
| a) Total number of Guards  | Armed |  | Unarmed |  |
| b) Average number of Guards per supervisor  | Armed |  | Unarmed |  |
| c) Average rate of pay per hour | Armed |  | Unarmed |  |
| d) Number of Guards  | Full Time |  | Part Time |  |
|  |
| ***Alarm Service* (Attach a copy of the Installation/Monitoring Agreement)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a) | Total number of Alarm Installers |  |  Anticipated Payroll for Installers  | $ |
|  | Anticipated Gross Receipts | $ |  Anticipated Alarm Monitoring Receipts | $ |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| b) | % of Alarms installed:  | Fire/Burglary |  | % | Medic Alert |  | % | Temperature Control |  | % |

|  |  |  |  |
| --- | --- | --- | --- |
| c) | Does your company do any alarm monitoring?  | [ ]  Yes [ ]  No | If yes, indicate percentages below. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Fire/Burglary |  | % | Medic Alert |  | % | Temperature Control |  | % | Combination |  | % |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| d) | What % of Alarms are: | Commercial |  | % | Residential  |  | % | Local |  | % | Central Station |  | % |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| e) | What % of Business is:  | Alarm |  | % | CCTV |  | % | Access Control |  | % | Other |  | % |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| f) | Number of Subscribers |  |  | Number under Contract |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| g) | Number of Central Station Subscribers |  | Number under Contract |  |

|  |  |  |  |
| --- | --- | --- | --- |
| h) | Do you do any manufacturing? | [ ]  Yes [ ]  No | If yes, please attach sales materials, spec sheets, and other written materials |
|  |  |  |  | concerning those products. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| i) | Do you respond to your alarms? | [ ]  Yes [ ]  No | Are response runners armed? | [ ]  Yes [ ]  No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| j) | How many installations do you expect for next year? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| k) | Will you service a system you did not install? | [ ]  Yes [ ]  No |  |  |  |

|  |  |  |
| --- | --- | --- |
| l) | What specific warranties do you give on an outright sale? |  |

|  |  |  |
| --- | --- | --- |
| m) | Do you design alarm systems? | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| n) | Do you install alarms for new homes under construction? | [ ]  Yes [ ]  No |

|  |
| --- |
| ***Investigation/Consultants* Describe the Types of Investigative Work Performed by Percentages – Total Must Equal 100%** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Armed %*** |  | ***Unarmed %*** |  | Description of Operations |
| Auto Repossessions |  |  |  |  |  |
| Background Checks |  |  |  |  |  |
| Body Guard Protection |  |  |  |  |  |
| Bounty Hunting/Fugitive Recovery |  |  |  |  |  |
| Computer/Data Base |  |  |  |  |  |
| Consulting/Security Consulting |  |  |  |  |  |
| Credit/Pre-Employment/Drug Test |  |  |  |  |  |
| Domestic/Divorce |  |  |  |  |  |
| Executive Protection |  |  |  |  |  |
| Fire Cause & Origin |  |  |  |  |  |
| Fraud Auditing |  |  |  |  |  |
| Insurance/Surveillance/Legal |  |  |  |  |  |
| Missing Persons |  |  |  |  |  |
| Polygraph Service/Lie Detection |  |  |  |  |  |
| Process Serving |  |  |  |  |  |
| Shopping Service |  |  |  |  |  |
| Other (explain) |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  | + |  | = | 100% |

|  |  |  |
| --- | --- | --- |
| a) Number of Owners Active in Investigations, Process Services, Polygraph or Consulting: |  |  |
| b) Number of Investigators You Employ: (Exclude Owners, Subs and Clerical) |  |  |
| c) What is the anticipated annual payroll for investigators (Exclude owners, Subs, and Clerical) |  |  |

|  |
| --- |
| **General Liability Coverage** If applying for General Liability please select limits & deductible |
|  |  |  |  |  |
|  | Limits Desired | [ ]  500K/1Mil |  | [ ]  1Mil/2Mil |  | [ ]  Other | **/** |  |
|  |  |  | Occurrence | Aggregate |
|  | Deductible per Claim | [ ]  $1,000 |  | [ ]  $2,500 |  | [ ]  $5,000 |  | [ ]  $10,000 |  | [ ]  Other |  |

|  |  |  |
| --- | --- | --- |
| ***Optional Coverages*** (if desired, please indicate [ ]  ) |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Additional Insureds: | [ ]  One | [ ]  Two | [ ]  Three | [ ]  Blanket with Primary Non-Contributory Wording included |
| Waivers of Subrogation: | [ ]  One | [ ]  Two | [ ]  Three | [ ]  Blanket |
| Per Job Aggregate: | [ ]  One | [ ]  Blanket |
| Employee Dishonesty: | [ ]  50,000 Limit with separate deductible of 1,000 | [ ]  100,000 Limit with separate deductible of 2,500 |
| Lost Key Coverage: | [ ]  50,000 Limit with separate deductible of 1,000 |

|  |  |
| --- | --- |
| ***Optional Hired & Non-Owned Auto Liability Coverage*** (if desired, please complete questions a - j ) |  |

|  |  |  |
| --- | --- | --- |
| a) | Do you have a commercial auto policy? [ ]  Yes [ ]  No | (If Yes, coverage needs to be added to that policy) |
|  |  |  |
| b) | Do employees use their vehicles for business operations? [ ]  Yes [ ]  No |
|  |  |
| c) | Number of employees who drive on company business |  |  |
|  |  |  |  |
| d) | Are Motor Vehicle Records checked annually on those employees that drive their vehicles in the scope of business? [ ]  Yes [ ]  No |
|  |  |
| e) | To your knowledge, do any of your employees who drive on company business have three(3) or more moving citations? [ ]  Yes [ ]  No |
|  |  |
| f) | What standards do you have for evaluating a driver's driving record or MVR? |
|  |  |
|  |  |
| g) | When evaluating an employee’s driving record or MVR, what is considered acceptable and what is not acceptable? |
|  |  |
|  |  |  |
| h) | What actions are taken if an employees driving record is considered unacceptable? |  |
|  |  |
|  |  |
| i) | For those employees who drive on company business, do you require the employee to carry Personal Auto Insurance [ ]  Yes [ ]  No |
|  |  |  |
| j) | If Yes, do you obtain proof of insurance from the employee? | [ ]  Yes [ ]  No |
|  | \*\*The employee must not have the ”no business use exclusion” on their Personal Auto Policy |

|  |
| --- |
| **Umbrella Coverage** If applying for Umbrella please complete questions 1 & 2, attach Auto loss runs and **Umbrella Acord** application |
|  |  |
| 1. | Limits Desired | [ ]  $1Mil |  | [ ]  $2Mil |  | [ ]  $3Mil |  | [ ]  $4Mil |  | [ ]  $5Mil |  | [ ]  Other |  |
|  |  |
| 2. | Workers Comp Carrier |  |  | Employers Liability Limits |  |  |
|  |  |
| 3. | Auto Carrier |  |  | Auto Premium |  |  | Auto Limits |  |
|  |  |
| 4. | Umbrella Limits to go over | [ ]  General Liability |  | [ ]  Workers Compensation |  | [ ]  Auto Liability |

|  |
| --- |
| **Workers Compensation Coverage** If applying for Workers Compensation please complete questions 1 - 12 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Employers Liability Limits (circle one) |  | 100/100/500 |  | 500/500/500 |  | 1M/1M/1M |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2. | Current Experience Modification |  | New Experience Modification |  | Effective Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. | Maximum number of guards for any one site at any one time |  |  |
|  |  |  |  |
| 4. | Are any alarm installations or prewiring performed at heights above 20 feet? | [ ]  Yes [ ]  No |
|  |  |  |
| 5. | Do you have a formal Safety Program? [ ]  Yes [ ]  No | If yes, describe below. If no, are you willing to develop one? [ ]  Yes [ ]  No |
|  |  |  |
|  |  |

|  |  |
| --- | --- |
| 6. | Payroll: List totals for each category |

|  |  |  |  |
| --- | --- | --- | --- |
| Guards/ Investigators | $ | Clerical/Monitoring | $ |
| Alarm Installers | $ | Outside Sales | $ |
| Owners/Executive Officers | $ | Other (explain) | $ |

|  |  |
| --- | --- |
| 7. | Ownership Data: List each Owner, Partner or Officer: |
| Name |  | Title |  | Duties |  | Is Coverage Desired? |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  |  |  |  |
| 8. | How many do you employ who are under 16 or older than 65? |  | If any, are physicals required and in your file? | □ Yes □ No |
|  |
| 9. | Does your company have the following: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a) | A written drug and alcohol policy? | □ Yes □ No | k) | Physicals and periodic random drug testing? | □ Yes □ No |
| b) | A vehicle safety program for drivers and vehicles? | □ Yes □ No | l) | Do you lease employees to or from other employers? | □ Yes □ No |
| c) | A designated safety coordinator? | □ Yes □ No | m) | Designated employee to coordinate claim activities? | □ Yes □ No |
| d) | Prompt reporting of all employee injuries? | □ Yes □ No | n) | Is there a labor interchange with any other business? | □ Yes □ No |
| e) | A formal accident review and investigation program? | □ Yes □ No | o) | Are employees provided Health Insurance? | □ Yes □ No |
| f) | Employee involvement in inspection/safety committees? | □ Yes □ No | p) | Any employees with physical handicaps? | □ Yes □ No |
| g) | Any work performed underground or above 15 feet? | □ Yes □ No | q) | Are athletic teams sponsored? | □ Yes □ No |
| h) | Any group transportation involved? | □ Yes □ No | r) | Working w/ injured worker and insurer’s physician panel? | □ Yes □ No |
| i) | A transitional duty/light duty program for injured workers? | □ Yes □ No | s) | Are 25% or more of alarm installations performed by subcontractors? | □ Yes □ No |
| j) | Any tax liens or bankruptcy within the last 5 years? | □ Yes □ No |  |  |  |

|  |  |  |
| --- | --- | --- |
| 10. | Does applicant own or use airplanes in business or conduct any operations dockside, shipboard or for railroads? | [ ]  Yes [ ]  No |
|  |  |  |
|  | If yes, explain |  |
|  |  |
| 11. | How many autos used in business |  | How? |  | Any emergency response? [ ]  Yes [ ]  No |
|  |  |  |  |  |  |
| 12. | Are Motor Vehicle Records run annually with the requirement of no more than 3 incidents over a three-year period? [ ]  Yes [ ]  No |
|  |  |

|  |
| --- |
| Prior Liability Insurance Information (if applicable) |
|  |  |  |  |
| a) | During the past 4 years have you had any claims for damages and/or incidents which may result in one? | [ ]  Yes [ ]  No |  |
|  | *If yes, you must complete a claim addendum for each claim or suit.* |  |  |
|  |  |  |  |
| b) | Has your Liability insurance coverage been cancelled, declined or non-renewed? (question not applicable in MO) | [ ]  Yes [ ]  No |
|  | If yes, please explain |  |  |

|  |
| --- |
|  |
| c) |  | **Policy Period** |  | **Name of Insurer** |  | **Premium** |  | **Losses** |  | **# of Claims** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Expiring |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 1st Prior |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2nd Prior |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 3rd Prior |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Prior Workers Compensation Insurance Information (if applicable) |
|  |  |  |  |
| a) | Has any insurer cancelled or refused to renew within the past three years? [ ]  Yes [ ]  No |  |
|  |  |  |  |
| b) | Are you in debt to any broker, agent or insurance company for any unpaid premiums for workers compensation coverage? [ ]  Yes [ ]  No |
|  | If yes, please explain |  |  |

|  |
| --- |
|  |
| c) |  | **Policy Period** |  | **Name of Insurer** |  | **Premium** |  | **Losses** |  | **# of Claims** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Expiring |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 1st Prior |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2nd Prior |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 3rd Prior |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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| **THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES.**  Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company. |

|  |
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| The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant’s knowledge and the same are therefore made the basis of any policy of insurance issued. |

Notice to Nebraska Applicant: **No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.**

**Fraud Notice to Applicants:** 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

**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**: Any person who knowingly presents a false or fraudulent claim for payment of a loss 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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. 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.

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

**Hawaii**: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Kansas**: Any person who knowingly and with intent to defraud any insurance company or another person presents, causes to be presented, or prepares with knowledge or belief that it will be presented any written statement as part of, or in support of, an application for the issuance of or the rating of an insurance policy or a claim for payment or other benefit 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 civil penalties.

**Kentucky**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

**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.

**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.

**Massachusetts** and **Nebraska**: 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 may subject the person to criminal and civil penalties.

**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.

**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.

**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 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 violation.

**Ohio**: Any person who, with the 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 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 makes an intentional misstatement that is material to the risk may be guilty of insurance fraud.

**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 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.

**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.

**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.

**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.

**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.

**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.

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| ***IMPORTANT - YOU MUST INCLUDE WITH APPLICATION:*** |

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| **1.** | **Copy of Declaration Page of Current Policy** |
| **2.** | **4-year Loss Information**  |
| **2.** | **Current Experience Modification Worksheet (if applying for Workers Compensation)** |
| **3.** | **Post Orders or Detailed Job Duties of Your Five Largest Accounts** |  |  |
| **4.** | **Standard Contract or Contract with Your Largest Producing Client** |  |  |
| **5.** | **Letter on company letterhead stating the following:** |
|  | **“I hereby authorize the release of our claims history and experience modification worksheet to Costanza Insurance Agency, Inc.”** |

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| Signature of Applicant | Title | Date |
|  |  |  |
|   |  |  |
| Signature of Agent | Title | Date |

