



AGENCY CUSTOMER ID: \_\_\_\_\_

# BUSINESS OWNERS SECTION

DATE (MM/DD/YYYY)

AGENCY NAME Metropolitan Insurance Services		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	FIRST NAMED INSURED	
POLICY TYPE <input type="checkbox"/> STANDARD <input type="checkbox"/> SPECIAL <input type="checkbox"/>				

PREMIUM			
	PREMIUM		PREMIUM
BUILDING	\$	SCHEDULE CREDITS	\$
PERSONAL PROPERTY	\$	DEDUCTIBLE CREDITS	\$
LIABILITY	\$	TAXES SURCHARGE	\$
OPTIONAL COVERAGES	\$		\$
	\$		\$
MINIMUM PREMIUM	\$	TOTAL ESTIMATED PREMIUM	\$

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE Y / N

1. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)

2. ARE ATHLETIC TEAMS SPONSORED?

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:		

3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If "NO", explain)

4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)

5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?

STREET, CITY, STATE, ZIP	TYPE OF BUSINESS OR LOC	BUILDING INTEREST	OPERATIONS
	<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/>	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT <input type="checkbox"/>	
	<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/>	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT <input type="checkbox"/>	

6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?

7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?

8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?

EQUIPMENT	TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)
	<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT	
	<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT	

9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  24 HOUR OPERATIONS

REMARKS

**LIABILITY COVERAGES - POLICY LEVEL**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGE	TOTAL AMOUNT	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
BODILY INJURY & PROPERTY DAMAGE	OCCURRENCE \$ AGGREGATE \$	\$	<input type="checkbox"/>			\$
MEDICAL EXPENSE (per person)	\$	\$	<input type="checkbox"/>			\$
PERSONAL & ADVERTISING INJURY	\$	\$	<input type="checkbox"/>			\$
PRODUCTS & COMPLETED OPERATIONS	\$	\$	<input type="checkbox"/>			\$
PROFESSIONAL LIABILITY	\$	\$	<input type="checkbox"/>			\$
EMPLOYMENT PRACTICES LIABILITY (EPLI)	\$ RETROACTIVE DATE:	\$	<input type="checkbox"/>			\$
DIRECTORS & OFFICERS	\$ RETROACTIVE DATE:	\$	<input type="checkbox"/>			\$
TENANTS LEGAL LIABILITY	\$	\$	<input type="checkbox"/>			\$
AUTO - HIRED PHYSICAL DAMAGE	\$	\$	<input type="checkbox"/>			\$
AUTO - HIRED LIABILITY	\$	\$	<input type="checkbox"/>			\$
BODILY INJURY	\$	\$	<input type="checkbox"/>			\$
PROPERTY DAMAGE	\$	\$	<input type="checkbox"/>			\$
AUTO - NON-OWNED	\$	\$	<input type="checkbox"/>			\$
EMPLOYEE BENEFITS LIABILITY	\$ RETROACTIVE DATE:	\$	<input type="checkbox"/>			\$
EXTENDED EMPLOYEE DISHONESTY	\$	\$	<input type="checkbox"/>			\$
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE	\$	\$	<input type="checkbox"/>			\$
GARAGE	\$	\$	<input type="checkbox"/>			\$
COLLISION	\$	\$	<input type="checkbox"/>			\$
COMPREHENSIVE / OTC	\$	\$	<input type="checkbox"/>			\$
GARAGE KEEPERS	\$	\$	<input type="checkbox"/>			\$
LOC #:	\$	\$	<input type="checkbox"/>			\$
LOC #:	\$	\$	<input type="checkbox"/>			\$
LOC #:	\$	\$	<input type="checkbox"/>			\$
<input type="checkbox"/> LEGAL <input type="checkbox"/> DIRECT	\$	\$	<input type="checkbox"/>			\$
LIQUOR LIABILITY	\$	\$	<input type="checkbox"/>			\$
GENERAL AGGREGATE	\$	\$	<input type="checkbox"/>			\$
PER PERSON	\$	\$	<input type="checkbox"/>			\$
OTHER:	\$	\$	<input type="checkbox"/>			\$
MEDICAL PAYMENTS	\$	\$	<input type="checkbox"/>			\$
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS	\$	\$	<input type="checkbox"/>			\$

**LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL**  Coverages Schedule Attached

COVERAGE	LIMIT	APPLIES TO	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTIONS	TERR	Y/N	DESCRIPTION OF CREDIT / SURCHARGE AMOUNT	PREMIUM
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$
	\$		\$						\$

PREMISES BLANKET RATE (Y/N):

BUILDING DESCRIPTION				DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES CHECK IF PRIMARY PREMISES <input type="checkbox"/>				
SURROUNDING EXPOSURES & OTHER OCCUPANCIES								
RIGHT EXPOSURE		LEFT EXPOSURE		FRONT EXPOSURE		REAR EXPOSURE		
DISTANCE:		DISTANCE:		DISTANCE:		DISTANCE:		
ANNUAL SALES / RECEIPTS		TOTAL PAYROLL		CLASS CODE	RATE #	RATE GROUP	PROT CLASS	RATE TERRITORY
\$		\$						
DISTANCE TO HYDRANT		FIRE DISTRICT		FIRE DISTRICT CODE NUMBER				
FT		MI						

**PROPERTY**

BLDG	LIMIT	% COINS	VALUATION: <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FVRC	INFL %	DEDUCTIBLE TYPE:	\$	DED		
	\$					\$	DED		
PROP PERS	LIMIT	% COINS	VALUATION: <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FVRC	INFL %	DEDUCTIBLE TYPE:	\$	DED		
	\$					\$	DED		
YEAR BUILT	CONSTRUCTION TYPE		# STORIES	% SPRNK	BASEMENT PRESENT? (Y/N):	WIND CLASS <input type="checkbox"/> SEMI-RESISTIVE			
					IS IT FINISHED? (Y/N):	<input type="checkbox"/> RESISTIVE <input type="checkbox"/>			
BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? (Y/N)	GRADE DEVELOPED FOR <input type="checkbox"/> COMMUNITY <input type="checkbox"/> SPECIFIC PROPERTY	TAX CODE
							<input type="checkbox"/>		

**PROPERTY COVERAGES**

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
ACCOUNTS RECEIVABLE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
ANIMAL COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BAILEES LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BUILDERS RISK ONLY								
THEFT OF BLDG MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BUSINESS INCOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ACTUAL LOSS SUSTAINED NO. OF MONTHS <input type="checkbox"/> BUSINESS INCOME CHANGES - TIME PERIOD	\$	<input type="checkbox"/>			\$
BUSINESS INCREASE FROM DEPENDENT PROPERTIES	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BUSINESS INCOME WITH EXTRA EXPENSE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
COMBINED DEMOLITION COST AND INCREASED CONST COST	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
DEBRIS REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
CONDO UNIT								
OWNER'S LOSS ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
OWNER'S MISCELLANEOUS REAL PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
CRIME								
EMPLOYEE DISHONESTY	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
FORGERY OR ALTERATION	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
MONEY & SECURITIES - INSIDE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
MONEY & SECURITIES - OUTSIDE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
WELFARE & PENSION PLAN (ERISA)	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
EARTHQUAKE	<input type="checkbox"/>	<input type="checkbox"/>	TERR: _____ RETROFIT TYPE: _____ MASONRY VENEER: _____ %	\$	<input type="checkbox"/>			\$
EDP / COMPUTER								
EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
EXTRA EXPENSE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
DATA / MEDIA	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
EQUIPMENT BREAKDOWN								
BASIC	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BROAD	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
SPOILAGE	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$

**PROPERTY COVERAGES (continued)**

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
EXTRA EXPENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ACTUAL LOSS SUSTAINED NO. OF MONTHS _____ \$	\$	<input type="checkbox"/>			\$
FINE ARTS	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
FLOATER								
CONTRACTOR'S EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
INSTALLATION	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
LEASED / RENTED EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
FLOOD								
BUILDING	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
CONTENTS	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
FUNGI / BACTERIA / MOLD	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
HAIL EXCLUSION	N/A	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>			\$
MINE SUBSIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ LIMIT	\$	<input type="checkbox"/>			\$
			CONST MATERIAL:					
			PROP DESC:					
NEWLY ACQUIRED PROPERTY								
BUILDING	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
PERSONAL	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
ORDINANCE								
BUILDING ORDINANCE OR LAW	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ AGG	\$	<input type="checkbox"/>			\$
			\$ _____ INCREASED					
			% REBUILD					
BUILDING ORDINANCE DEMOLITION COST	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
BUILDING ORDINANCE INCREASED CONST COST	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
OUTDOOR PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
PEAK SEASON								
REGULAR	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
ADDITIONAL	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
PROPERTY BPP - IMPROVEMENTS & BETTERMENTS / RC / ACV	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
SIGN	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
TERRORISM								
DOMESTIC	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>			\$
FOREIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT	N/A	<input type="checkbox"/>			\$
TRANSIT	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
VALUABLE PAPERS	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
WIND EXCLUSION	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>			\$

**PROPERTY COVERAGES - PREMISES LEVEL**

GLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
	GROUND FLOOR GLASS							\$	\$
	ABOVE GROUND FLOOR GLASS							\$	\$

**PROPERTY ADDITIONAL COVERAGES**  Coverages Schedule Attached

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
CODE DESCRIPTION	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>			\$

**PREMISES GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE</b>		<b>Y / N</b>
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?		
DATE OF LAST INSPECTION	CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE	
2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF "YES", DESCRIBE.		
3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)		
4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD		
5. IS THE BUILDING UNDER CONSTRUCTION?		

**APARTMENTS AND CONDOMINIUMS**

<b>EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE</b>		<b>Y / N</b>
1. IS THERE A PLAYGROUND ON PREMISES?		
2. IS ALUMINUM WIRE USED?		
INSTALLATION DATE	DESCRIPTION	
3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)		
4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)		
<b>COVERAGE APPLIES TO</b>	<b>SMOKE DETECTORS:</b>	<b># OF FIRE DIVISIONS</b> <b># UNITS PER FIRE DIVISION</b> <b># UNITS OWNER OCCUPIED</b>
<input type="checkbox"/> BARE WALLS <input type="checkbox"/> FINISHED WALLS	<input type="checkbox"/> NONE <input type="checkbox"/> BATTERY <input type="checkbox"/> WIRED	

**CRIME**

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
			SAFE / VAULT	PREMISES ALARM		
<input type="checkbox"/> HOLD-UP <input type="checkbox"/> PREMISES <input type="checkbox"/> SAFE / VAULT <input type="checkbox"/> POLICE CONNECT	<input type="checkbox"/> LOCAL GONG <input type="checkbox"/> CNTRL STAT W/ KEYS <input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		<input type="checkbox"/> UL <input type="checkbox"/> SMNA <b>CLASS</b>
CERT #:	EXP DATE:					
<b>MAXIMUM CASH ON PREMISES</b>	<b>MAXIMUM CASH WITH MESSENGER</b>	<b>MONEY ON PREMISES OVERNIGHT</b>	<b>FREQUENCY OF DEPOSITS</b>	<b>DEADBOLT CYLINDER DOOR LOCKS? (Y/N):</b>	<b>SAFE DOOR CONSTRUCTION</b>	
\$	\$	\$				
OTHER PROTECTION (Lighting, fences, watchpersons, etc.)						

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

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. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE 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 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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.

IN 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.