



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

**BUSINESS OWNERS SECTION**

DATE (MM/DD/YYYY)

|               |          |         |                |                     |  |  |  |           |
|---------------|----------|---------|----------------|---------------------|--|--|--|-----------|
| AGENCY NAME   |          |         |                | CARRIER             |  |  |  | NAIC CODE |
| POLICY NUMBER |          |         | EFFECTIVE DATE | FIRST NAMED INSURED |  |  |  |           |
| POLICY TYPE   | STANDARD | SPECIAL |                |                     |  |  |  |           |

**PREMIUM**

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

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

|  |  |  |  |  |               |   |                     |  |
|--|--|--|--|--|---------------|---|---------------------|--|
| 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) |  |  |  |  |               |   |                     | Y / N  |
| 2. ARE ATHLETIC TEAMS SPONSORED?   |  |  |  |  |               |   |                     |  |
| TYPE OF SPORT  |  | CONTACT SPORT (Y/N)  | AGE GROUP <input type="checkbox"/> 13 - 18<br><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18 |  | TYPE OF SPORT |   | CONTACT SPORT (Y/N) | AGE GROUP <input type="checkbox"/> 13 - 18<br><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                                  |                     |  |
|  |  | SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/><br>RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> |  | OWN <input type="checkbox"/> LEASE <input type="checkbox"/><br>RENT <input type="checkbox"/> |               |   |                     |  |
|  |  | SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/><br>RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> |  | OWN <input type="checkbox"/> LEASE <input type="checkbox"/><br>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)                     |                     |  |
|  |  |  | SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT <input type="checkbox"/>                                      |  |               |   |                     |  |
|  |  |  | SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT <input type="checkbox"/>                                      |  |               |   |                     |  |
| 9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?  |  |  |  |  |               |   |                     |  |
| START TIME:  |  | END TIME:  |  | 24 HOUR OPERATIONS <input type="checkbox"/>  |               |   |                     |  |

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**LIABILITY COVERAGES - POLICY LEVEL**

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

**LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL**

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

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 STAT | FIRE DISTRICT |   |  | FIRE DISTRICT CODE NUMBER |        |               |  |                |
| FT  |  | MI        |               |   |  |                           |        |               |  |                |

**PROPERTY**

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

**PROPERTY COVERAGES**

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



**PREMISES GENERAL INFORMATION**

|   |   |       |
|---|---|-------|
| EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE  |   | Y / N |
| 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**

|  |   |  |
|--|---|--|
| EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE  |   | Y / N  |
| 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)   |   |  |
| COVERAGE APPLIES TO<br><input type="checkbox"/> BARE WALLS <input type="checkbox"/> FINISHED WALLS | SMOKE DETECTORS:<br><input type="checkbox"/> NONE <input type="checkbox"/> BATTERY <input type="checkbox"/> WIRED | # OF FIRE DIVISIONS                   # UNITS PER FIRE DIVISION                   # UNITS OWNER OCCUPIED |

**CRIME**

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

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO**

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 FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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 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 commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

|                       |                                |  |
|-----------------------|--------------------------------|--|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
| APPLICANT'S SIGNATURE | DATE                           | NATIONAL PRODUCER NUMBER                           |