

CIU

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Springfield MO 65806-2537
1-800-241-9759 Fax: 877-203-0291
newbusiness@ciousgf.com

Habitational Application

Applicant's Name: _____	Agency Name: _____
_____	Agent: _____
Mailing Address: _____	Address: _____
_____	_____
Web site Address: _____	E-mail: _____
_____	Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

Applicant is:

- Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Is applicant a Real Estate or Property Management company?..... Yes No

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

1. Property Locations:

Business Name (if applicable), Street Address, City, County, State and Zip Code

Loc. No. 1: _____

Loc. No. 2: _____

Loc. No. 3: _____

Loc. No. 4: _____

Loc. No. 5: _____

2. Description Of Locations:

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Years owned					
Type of occupancy*					
Year built					
No. Stories					
No. Units—total					
No. Buildings					
Total square feet					
Type of roof					
Pool? (see Section 12.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manager on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If occupancy is other than habitational, please describe the occupancy and square footage.					
Monthly rent per unit:					
Apartments: 1 BR	\$	\$	\$	\$	\$
2 BR	\$	\$	\$	\$	\$
3 BR	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Dwellings:	\$	\$	\$	\$	\$
Percent of units subsidized	%	%	%	%	%
Percent of university or college students as tenants	%	%	%	%	%
Vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building(s) condemned or scheduled for demolition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontracted work—Anticipated cost next twelve (12) months	\$	\$	\$	\$	\$

*Use alpha code listed for type of occupancy:

A—Apartment Building	F—Dwelling/three family
B—Garden Apartments	G—Dwelling/four family
C—Apartment hotel	H—Boarding or Rooming House
D—Dwelling/one family	I—Mobile Home
E—Dwelling/two family	J—Time-share

3. Are any of the properties assisted living facilities? Yes No
4. Are any of the properties nursing/convalescent homes? Yes No
5. Are any of the properties senior housing? Yes No
6. Are any of the properties housing authorities? Yes No
If yes, explain: _____
7. Do any of the properties include subsidized housing (including HUD and Section 8)? Yes No
If yes, advise location(s) and number of units: _____
8. Is any dwelling location owner occupied? Yes No
9. Number of years in business? _____

10. Year Of Updates:

Provide Year & Indicate Full or Partial Update Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Heating	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Paint	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Parking areas	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Patio balconies/railings	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Plumbing	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Roof	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Sidewalks	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Wiring & Electrical	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update

11. Current Renovations:

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Cost of renovation	\$	\$	\$	\$	\$
Type of renovation					
Certificates for subcontractors on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Swimming Pool(s):

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of swimming/wading pools					
Number of diving boards/platforms					
Height of diving boards/platforms					
Number of slides					
Height of slides					

Swimming Pool(s) continued:

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Pool maintained by applicant or outside contractor?	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor
If outside contractor, are certificates of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pool completely surrounded by building walls or fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height of fence					
Equipped with self-closing and self-latching gates/doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lifeguards provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by Applicant or Pool Management Company?	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt Co.	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt Co.
If outside contractor, are certificates of insurance on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Underwater lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steps into shallow end with handrails?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ladder at deep end with handrails?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depth of pool markings clearly visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warning signs and rules posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life-safety equipment available at poolside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Maintenance:

Who performs:

- Janitorial operations? Contractor Employee
- Lawn care operations? Contractor Employee
- Upkeep of sidewalks and driveways? Contractor Employee
- Snow/ice removal operations? Contractor Employee

For all operations performed by an outside contractor:

- Are certificates of insurance on file? Yes No
- Is the applicant named as additional insured on their policy? Yes No

14. Fire Protection:

- a. Sprinklered?** Yes No
- If yes: All units? Yes No
- Common areas? Yes No

Fire Protection continued:

- b. Smoke detectors in each unit?** Yes No
 If yes: Hard-wire or battery? _____ How often checked? _____
- c. Fire extinguishers?** Yes No
 If yes: In each unit? Yes No
 In common areas? Yes No
- d. Number of units per fire division:**

15. Security:

Completion of Section 15. Security not required for dwelling or boarding/rooming house occupancies.

a. Master keys and locks:

- (1) How does management handle the monitoring of master keys? _____
- (2) How are locks handled upon vacancy of residents? Re-keyed Changed completely

b. Criminal incidents:

- (1) Does management advise residents of all criminal activity that has taken place on the properties? Yes No
 If yes, how is this done? _____
- (2) Is this information provided to prospective renters if requested? Yes No

c. Do the residents' doors or windows contain any of the following?

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Dead bolts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lock pins for windows and sliding glass doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Door Viewer or Peephole in front doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Window locks/bars?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

d. Is security provided? Yes No

If yes, what type? Gated access Patrol Security alarm systems

(1) If gated, please answer the following questions:

Provide Detail Per Location	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Entire apartment complex gated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is given access?					
How is access obtained: guard at gate, card or security code?	<input type="checkbox"/> Guard <input type="checkbox"/> Card <input type="checkbox"/> Code	<input type="checkbox"/> Guard <input type="checkbox"/> Card <input type="checkbox"/> Code	<input type="checkbox"/> Guard <input type="checkbox"/> Card <input type="checkbox"/> Code	<input type="checkbox"/> Guard <input type="checkbox"/> Card <input type="checkbox"/> Code	<input type="checkbox"/> Guard <input type="checkbox"/> Card <input type="checkbox"/> Code
If guard at gate, advise how many and if armed or unarmed.	No. _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	No. _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	No. _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	No. _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	No. _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed
If gate is card or security code access, how often is maintenance done on the gate?					
What procedure is in place if gate is not working?					

(2) If patrol, please answer the following questions:

Provide Detail Per Loc.	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Number of armed guards					
Number of unarmed guards					
Are guards employees of management or independent contractor?	<input type="checkbox"/> Management <input type="checkbox"/> Contractor	<input type="checkbox"/> Management <input type="checkbox"/> Contractor	<input type="checkbox"/> Management <input type="checkbox"/> Contractor	<input type="checkbox"/> Management <input type="checkbox"/> Contractor	<input type="checkbox"/> Management <input type="checkbox"/> Contractor
If independent contractor, are certificates of insurance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant named as additional insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security twenty-four (24) hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are guards responsible for residents' safety and/or complex/amenities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(3) If security alarm systems are provided, please answer the following questions:

Provide Detail Per Loc.	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4	Loc. No. 5
Alarm systems in every unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residents shown how to operate the alarm systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who monitors the alarms?					

16. Other Exposures:

Number of: Baseball field(s) _____ Lakes/Ponds (acres) _____ Shuffleboard court(s) _____
 Basketball court(s) _____ Parks (acres) _____ Spa/Hot tub(s) _____
 Bathing Beaches _____ Playground(s) _____ Stables _____
 Bicycle trails (miles) _____ Racquetball court(s) _____ Streets/Roads (miles) _____
 Boat docks/slips _____ Saunas _____ Tennis court(s) _____
 Clubhouse (sq. ft.) _____ Shooting Ranges _____ Volleyball court(s) _____
 Other: _____

Are any of these exposures available to nonresidents for a fee? Yes No
 If yes, annual receipts: \$ _____

17. During the past three years, has any company canceled, declined or refused similar insurance to the applicant (Not applicable in Missouri)? Yes No
 If yes, explain:

18. Any prior losses due to mold? Yes No
 If yes, has mold been completely remediated? Yes No

19. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No
 If yes, describe:

20. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured:

21. Any new ground up construction operations anticipated within the next twelve (12) months? Yes No

If yes, describe:

22. Any construction or remodeling operations for conversion to or from condominiums and/or townhouses?..... Yes No

23. Additional Insured Information:

Name	Address	Interest

24. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Coverage					
Total Premium	\$	\$	\$	\$	\$

25. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. <input type="checkbox"/> Check if no losses in the last five years				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (Applicable in 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT (IF APPLICABLE): _____

AGENT'S NAME: _____ AGENT'S LICENSE NUMBER: _____
(Applicable to Florida agents only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT:

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.