



**CONTRACTORS GENERAL LIABILITY APPLICATION**

**PREQUALIFICATION (Refer to Contractor or General Contractor SMART Cards in the Underwriting Guide for additional restrictions)**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are you involved (past, present or intended future) in residential construction (new, remodeling, installation or repair), and/or development of, more than 15* units in any one development?<br><i>(Unit means one home, one town home unit, or one condo unit.)</i><br><i>*Exception: 10 units applicable in AZ, CA, CO, HI, LA, OR, SC, TX, WA</i><br><i>*Exception: 10 Units for General Contractors</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been in business less than a year with less than 2 years experience?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are your operations in Alabama or any residential in Nevada or Florida?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had OSHA violations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a real estate developer or construction manager?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been named in a suit for defective workmanship?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you own real estate development property?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you employ architects or engineers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)?   | <input type="checkbox"/> | <input type="checkbox"/> |

**IF YES TO ANY OF THE ABOVE, THE RISK IS NOT ELIGIBLE FOR COVERAGE.**

**BUSINESS INFORMATION**

- Named Insured \_\_\_\_\_
- Mailing Address \_\_\_\_\_  

Street	City	County	State	ZIP Code
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- Effective Date Desired \_\_\_\_\_ Term Desired \_\_\_\_\_
- Applicant is:     Individual     Partnership     Corporation     LLC  
 Trust     Other (specify) \_\_\_\_\_  
*If more than one entity, include the ownership breakdown and a description of operation for each.*  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_
- Location of premises:     Same as mailing address  

	<b>Occupancy</b>	<b>Own</b>	<b>Lease</b>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*(List additional locations on separate page)*
- Have you operated under any other name(s)?  Yes     No    If yes, list name, address and years in operation.
- Years in current business \_\_\_\_\_ Years of experience as a contractor \_\_\_\_\_
- Contractors License No. and type \_\_\_\_\_
- Are you presently, or do you intend in the future, to be involved in residential construction?     Yes     No
- Have you been involved, in the past, with residential construction?     Yes     No  
If yes, when did you discontinue? \_\_\_\_\_  
(date)

**11. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:**

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No  Yes - If Yes, give name of company, date, and reason. \_\_\_\_\_  
 \_\_\_\_\_

**TYPE OF CONTRACTOR**

1. Describe your operations. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Percent of your work performed by or on behalf of the named insured:
- a. New Construction \_\_\_\_\_ %    Remodeling\* \_\_\_\_\_ %    Repairs \_\_\_\_\_ %    = 100%
  - b. Outside Building \_\_\_\_\_ %    Inside Building \_\_\_\_\_ %    = 100%
  - c. Residential \_\_\_\_\_ %    Commercial \_\_\_\_\_ %    Industrial \_\_\_\_\_ %    = 100%

\*Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):  
 \_\_\_\_\_

3. Do you specialize in any part of the construction of the following types of buildings?  Yes  No
- Nursing Homes                      ▪ Condominiums                      ▪ Hotels/Motels
  - Day Care Centers                    ▪ Apartments
  - Hospitals                                ▪ Multi-family Habitational
- If yes, explain. \_\_\_\_\_

3. Percent of work on a typical project performed by:  
 You/Your Employees \_\_\_\_\_ %    Subcontractors \_\_\_\_\_ %    (Total 100%)  
 \* If subcontracted amount is over 50%, please refer to our General Contractor SMART Card.

Indicate whether the following types of work are done by your employees or are performed by subcontractors:  
 E – Employees/Owners    S – Subcontractors    N/A – Not Performed

	E	S	N/A		E	S	N/A
Bridge Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard Rail Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock - inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering - outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other (describe)							

**OPERATIONS**

- |  | Yes  | No   |
|--|--|--|
| 1. Do you use cranes in any of your activities?<br>If yes, are tower cranes used? Length of the boom: _____<br>Age of the crane: _____ OSHA certified inspection date _____  | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 2. Do you rent or loan machinery or equipment to others?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 3. Are you involved in any of the following operations?  |  |  |
| a. Removal of Asbestos, Lead, Pcb's, Mold, Hazardous Materials   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| b. Dam/Levee Construction  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| c. Blasting  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| d. Shoring or Underpinning   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| e. Pile Driving  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| f. Caisson or Cofferdam Work   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| g. Tank Removal or Replacement   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| h. Other (describe) _____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 4. Are your subcontractors involved in any of the operations listed in 3.a. above?<br>If yes, describe. _____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 5. Do you perform work more than three stories in height above grade?<br>If yes, percentage _____ % Describe. _____<br>_____   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 6. Do you perform work below grade?<br>If yes, percentage _____ % Describe. _____<br>_____   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 7. Is job site security provided at night?<br>If yes, describe. _____<br>_____   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 8. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?<br>If yes, explain. _____<br>_____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 9. Are you or have you ever been, involved in the construction of new properties which are located in tract developments having more than fifteen (15) homes, townhomes or condominiums per year, including conversions or single family dwellings, that will be members of a homeowners association?<br><i>General Contractors more than 10 units</i> | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 10. Do you draw any plans or blueprints used in your construction work?<br>If yes, describe. _____<br>_____  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| If yes, do you carry Professional Liability or Errors and Omissions insurance?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |

**11. CONTRACTUAL LIABILITY (PLEASE ATTACH COPY.)**

Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contracting parties, cost)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED
		<input type="checkbox"/>
		<input type="checkbox"/>

**ROOFING OPERATIONS – For Contractors with Roofing Exposures – If no roofing, skip questions 13-17.**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 13. Are hot tar kettles roped off?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have at least 3 years of experience with hot tar?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Percentage of: New roofing _____%      Repair work _____%              |                          |                          |
| 16. Do you have any incidental welding exposures in your roofing business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you use any unusual processes?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes, include name of manufacturer and training in the process.
- \_\_\_\_\_

**DRYWALL OPERATIONS – For Contractors with Drywall Exposures – If no drywall, skip question 18.**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 18. Have you ever installed drywall that was manufactured in, or imported from, China? | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes:
- a. Companies from which you obtained drywall \_\_\_\_\_
  - b. Amount installed \_\_\_\_\_
  - c. When installed \_\_\_\_\_

**DEMOLITION OPERATIONS – For Contractors with Demolition/Wrecking Exposures – If no demolition, skip questions 19-21.**

19. Describe your demolition/wrecking operations (e.g. by hand, wrecking ball, equipment used, etc.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 20. Do you follow Environmental Protection Agency (EPA) guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are there abutting walls?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes, what is done to protect any common, party, or foundation wall from damage?
- \_\_\_\_\_

**WELDING OPERATIONS – For Contractors with Welding Exposures – If no welding, skip questions 22-30.**

22. Does the insured maintain a permanent shop?     Yes     No
23. Percentage of work done in the shop \_\_\_\_\_%
24. Percentage of work done at job sites or customer locations \_\_\_\_\_%
- Type of welding being done (e.g. metal erection, shop, oil field, factor and industrial, agricultural, etc.)
- \_\_\_\_\_
- \_\_\_\_\_
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 25. Does the insured do any of the following types of work? |                          |                          |
| a. Aircraft or Aircraft Parts                               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Auto or Vehicle Welding                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Boiler and Pressure Vessel Manufacturing or Maintenance  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Oil Field Work   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pipeline Work  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Refinery Work  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Ship Building Operations                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Tank Work  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Trailer Hitches  | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| 26. Does the insured work only to customer's specifications?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Does the insured design, produce, or manufacture any product, part, machine, or device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are records kept of all jobs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Does the insured subcontract any work?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how much? _____   |                          |                          |
| 30. Insured's estimated annual receipts: \$ _____   |                          |                          |

**INDEPENDENT CONTRACTORS**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 1. Do you hire subcontractors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you utilize a standardized contract with all of your subcontractors?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require subcontractors to provide the following:   |                          |                          |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own?         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are records kept?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total cost of work subcontracted to others: \$ _____  |                          |                          |

**HISTORY**

1. Have you been involved in any other business besides contracting?  Yes  No  
If yes, describe. \_\_\_\_\_
2. Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims?  Yes  No If yes, describe. \_\_\_\_\_
3. Describe any types of projects that you have discontinued (i.e. no longer build, incompleted, etc.)

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4. List the five largest projects undertaken by you in the past five years.

Description	Job Cost	Project Duration

5. List the three largest projects planned for the coming year.

Description	Est. Job Cost	Est. Project Duration

6. Average dollar value of a completed project: \$ \_\_\_\_\_

**PAYROLL/RECEIPTS INFORMATION**

1. List payroll of owners, supervisors and employees by class and duties performed.

Class	Payroll	Duties Performed

2. Total Annual Receipts: \$ \_\_\_\_\_

**COVERAGES/LIMITS**

<input type="checkbox"/> Premises Operations	\$ _____	General Aggregate
<input type="checkbox"/> Products-Completed Operations	\$ _____	Products/Completed Operations Aggregate
<input type="checkbox"/> Personal and Advertising Injury		
<input type="checkbox"/> Contractual Liability	\$ _____	Personal and Advertising Injury
<input type="checkbox"/> Damage to Premises Rented to You	\$ _____	Each Occurrence
<input type="checkbox"/> Medical Payments	\$ _____	Damage to Premises Rented to You
	\$ _____	Medical Payments

Annual payroll \_\_\_\_\_  
 # of employees \_\_\_\_\_

Gross sales \_\_\_\_\_  
 # of owners \_\_\_\_\_

Each location must have a classification with a premium basis listed below.

**SCHEDULE OF HAZARDS**

LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

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This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

## **FRAUD STATEMENTS**

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**ARKANSAS, LOUISIANA, NEW MEXICO, VERMONT AND WEST VIRGINIA:** 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.

**CALIFORNIA:** Auto: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties. Other Than Auto: The "All Other States" statement applies to lines of business other than auto.

**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.

**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.

**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.

**KENTUCKY:** 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.

**MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

**MARYLAND:** 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.

**MASSACHUSETTS:** Auto: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance. Other Than Auto: The "Kentucky" statement applies to lines of business other than auto.

**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 YORK:** Auto: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation. Other Than Auto: 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.

**OHIO:** Any person who, with intent to defraud or knowing that he 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 knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. Other Than Auto: The "Kentucky" statement applies to lines of business other than auto.

**PUERTO RICO:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousands dollars (\$5,000) nor more than ten thousands dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**UTAH:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**ALL OTHER STATES:** 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 civil penalties.

## **SIGNATURES**

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Signature of Applicant

Title

Date

---

Signature of Producing Agent

Date

---

Agent Name and Address

**NOTE:** Applicant's signature REQUIRED