



SCOTTSDALE INSURANCE COMPANY®

Home Office: One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

FARM AND RANCH APPLICATION

| | | | | |
|----------------------|----------|-------------------|-------------------|--------------|
| Agency Name/Address: | | Applicant's Name: | | Date: |
| Phone: | Fax: | Mailing Address: | | |
| E-mail: | | City: | ST: | Zip: County: |
| Code: | Subcode: | Phone No.: | Bus. Phone No.: | |
| Agency Customer ID: | | Effective Date: | Expiration Date: | |
| | | E-mail: | Web Site Address: | |

APPLICANT INFORMATION

| | | | | |
|--|----------|---|----------|---|
| Previous Address (if less than three years) Years at Previous Address: | | Location of property if different from above: | | |
| Street: | | Street: | | |
| City: | ST: Zip: | City: | ST: Zip: | County: |
| Applicant's Occupation (State nature of business if self-employed): | | Marital Status | DOB | Applicant's Employer Name and Address: |
| Co-Applicant's Occupation (State nature of business if self-employed): | | Marital Status | DOB | Co-Applicant's Employer Name and Address: |

COVERAGES/LIMITS OF INSURANCE—PRIMARY LOCATION (Complete Additional Farm Dwelling Supplemental Application for additional locations)

| Location 1 Building 1 | Dwelling (Coverage A) | Other Private Structures (Coverage B) | Personal Property (Coverage C) | Loss of Use (Coverage D) | Barns & Farm Personal Property (Coverage E&G) | Bodily Injury and Property Damage (Coverage H) | Medical Payments (Coverage J) |
|---------------------------------|--|--|---|--------------------------|---|--|---------------------------------------|
| Limit | \$ | \$ | \$ | \$ | Complete Supplemental Application | \$ | \$ |
| Cause Of Loss | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | <input type="checkbox"/> Basic <input type="checkbox"/> Broad | | | | |
| Loss Settlement | <input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC | Same as Coverage A | <input type="checkbox"/> ACV <input type="checkbox"/> RC | | | | |
| Deductible Type & Amount (%/\$) | | <input type="checkbox"/> All perils: _____ | | | <input type="checkbox"/> Wind & Hail: _____ | | <input type="checkbox"/> Other: _____ |

RATING/UNDERWRITING—PRIMARY LOCATION

| Year Built | Purchase Date | Construction Type | | Usage Type | Occupancy | Windstorm Loss Mitigation Features | | |
|-----------------------------|---------------------|--|---------------------------------------|------------------------------------|---|---|--|---|
| | | <input type="checkbox"/> Frame | <input type="checkbox"/> Modular Home | <input type="checkbox"/> Primary | <input type="checkbox"/> Owner | <input type="checkbox"/> Hurricane Straps | | |
| | | <input type="checkbox"/> Masonry | <input type="checkbox"/> EIFS | <input type="checkbox"/> Secondary | <input type="checkbox"/> Tenant | <input type="checkbox"/> Wind Shutters | | |
| Square Feet | Replacement Cost \$ | <input type="checkbox"/> Masonry Veneer | <input type="checkbox"/> Log Home | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Farm Renter (Tenant Package) | <input type="checkbox"/> HIP Roof | | |
| | | <input type="checkbox"/> Joisted Masonry | <input type="checkbox"/> Hand-hewn | <input type="checkbox"/> COC/Reno | <input type="checkbox"/> Vacant | <input type="checkbox"/> Impact Resistant Glass | | |
| No. Families | Market Value \$ | <input type="checkbox"/> Fire Resistive | <input type="checkbox"/> Milled | | No. of Months: ____ | | | |
| | | <input type="checkbox"/> MFG/Mobile Home | <input type="checkbox"/> Kit | | | | | |
| | | <input type="checkbox"/> Tied Down | <input type="checkbox"/> Other: _____ | | | | | |
| | | <input type="checkbox"/> Portable | | | | | | |
| | | <input type="checkbox"/> Skirted | | | | | | |
| Territory Code | Protection Class | Distance To | | Protection Device Type | | | Visible to Neighbors: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Hydrant | Fire Station | System | Smoke | Temperature | Burglar | Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts |
| | | FT | MI | Central | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial |
| Fire District / Code No.: / | | Local | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| Updates | Partial | Complete | Year | Details |
|----------|--------------------------|--------------------------|------|---|
| Wiring | <input type="checkbox"/> | <input type="checkbox"/> | | Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Amps _____ Knob & Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | | Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heating | <input type="checkbox"/> | <input type="checkbox"/> | | Primary: _____ Secondary: _____ <input type="checkbox"/> None Wood Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," attach photo and mandatory Woodstove questionnaire If "yes," are they thermostatically controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Roofing | <input type="checkbox"/> | <input type="checkbox"/> | | Roof Type/Material: _____ Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No |

FARM PREMISES INFORMATION

| Loc. No. | Address | Total No. of Acres | Farmed By | Gross Receipts |
|----------|---------|--------------------|-----------|----------------|
| | | | | |
| | | | | |
| | | | | |

LOSS HISTORY

| Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," indicate below: | | | | |
|---|------|---------------------|----------------------|--|
| DATE | TYPE | DESCRIPTION OF LOSS | AMOUNT PAID/RESERVED | OPEN/ CLOSED |
| | | | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

PRIOR/CURRENT COVERAGE

| | | |
|---|----------------|------------------|
| Prior carrier/Current carrier: | Policy number: | Expiration date: |
| If lapse or no prior coverage, provide explanation: | | |

UNDERWRITING QUESTIONS

| Type of Farm/Ranch Operation | Number of Employees |
|--|--|
| <input type="checkbox"/> Field crops Number of acres _____ Gross Receipts _____ <input type="checkbox"/> Horses Number of head _____ Gross Receipts _____ <input type="checkbox"/> Dairy Number of head _____ Gross Receipts _____ <input type="checkbox"/> Livestock Number of head _____ Gross Receipts _____ <input type="checkbox"/> Exotic/Racing Number of head _____ Gross Receipts _____ <input type="checkbox"/> Other _____ Gross Receipts _____ | <input type="checkbox"/> Full-time _____ <input type="checkbox"/> Part-time _____ <input type="checkbox"/> Seasonal _____ <input type="checkbox"/> None |
| Describe farm/ranch, principal type of farming and any incidental for-profit activities: | |



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COVERAGE E—SCHEDULED FARM PERSONAL PROPERTY SUPPLEMENTAL APPLICATION

Deductible Type & Amount (%/\$) [] All perils: [] Wind & Hail: [] Other:

Table with 4 columns: Item No., Item Description, Cause of Loss, Limit of Insurance. Contains 9 rows of farm property items with checkboxes for Basic, Broad, and Special coverage.

Farm machinery or equipment on or away from the "insured location":

Table with 4 columns: Item No., Item Description (include year, make and model), Cause of Loss, Limit of Insurance. Empty table for additional farm machinery.



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**COVERAGE G—BARNS, OUTBUILDINGS AND OTHER FARM STRUCTURES
SUPPLEMENTAL APPLICATION**

| Loc. No. | Bldg. No. | Cause of Loss (Basic, Broad, Special) | Limit of Insurance | Description (e.g., Barn, Silo, Grainary) | Loss Settlement | Construction | Deductible | Wind \$/% Deductible | Year Roof Updated | Meets Cause of Loss Eligibility Below? |
|----------|-----------|--|--------------------|--|--|--------------|------------|----------------------|-------------------|--|
| | | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | \$ | | <input type="checkbox"/> RC <input type="checkbox"/> ACV | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | \$ | | <input type="checkbox"/> RC <input type="checkbox"/> ACV | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | \$ | | <input type="checkbox"/> RC <input type="checkbox"/> ACV | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | \$ | | <input type="checkbox"/> RC <input type="checkbox"/> ACV | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | \$ | | <input type="checkbox"/> RC <input type="checkbox"/> ACV | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | \$ | | <input type="checkbox"/> RC <input type="checkbox"/> ACV | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | \$ | | <input type="checkbox"/> RC <input type="checkbox"/> ACV | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Cause of Loss | Coverage G—Barns, Outbuildings and Other Structures—Minimum Requirements |
|----------------|---|
| Special | <p>Farm Structures that are in <u>excellent</u> condition with the following superior characteristics:</p> <ul style="list-style-type: none"> a) No floor or loft above the ground level unless for residential use b) Continuous masonry or concrete foundation c) Ground floor must be incombustible throughout d) Fully enclosed—additions are subject to approval by UW e) No exposed insulation f) Used for its original purpose—submit for exception g) Does not contain hay or straw h) Metal grain storage bins (without heat) used <u>exclusively</u> for bulk storage of grain |
| Broad | <p>Farm structures that are in <u>very good</u> condition and have the following characteristics:</p> <ul style="list-style-type: none"> a) Characteristics a) through c) above b) Hay storage at ground level c) Enclosed on at least three sides d) Metal ground storage bins (with heat) used <u>exclusively</u> for bulk storage of grain e) Cement or steel silos |
| Basic | <p>Farm Structures that are in <u>good</u> condition and have the following characteristics:</p> <ul style="list-style-type: none"> a) Structures not eligible for Special or Broad b) All fabric covered structures, hoop buildings, portable buildings and greenhouses <ul style="list-style-type: none"> 1. Replacement cost available for covers or structures that are 10 years old or less 2. ACV must be used on all buildings with covers or structures more than 10 years old 3. Personal greenhouses not used in farming are Coverage B property |



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ADDITIONAL FARM DWELLINGS SUPPLEMENTAL APPLICATION

Location No.: _____ Dwelling No.: _____

Location of Property: _____

Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

COVERAGES/LIMITS OF INSURANCE

| | Dwelling (Coverage A) | Other Private Structures (Coverage B) | Personal Property (Coverage C) | Loss of Use (Coverage D) |
|---------------------------------|--|--|---|-----------------------------|
| Limit | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Cause Of Loss | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special | <input type="checkbox"/> Basic <input type="checkbox"/> Broad | |
| Loss Settlement | <input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC | Same as Coverage A | <input type="checkbox"/> ACV <input type="checkbox"/> RC | |
| Deductible Type & Amount (%/\$) | <input type="checkbox"/> All perils: _____ <input type="checkbox"/> Wind & Hail: _____ <input type="checkbox"/> Other: _____ | | | |

RATING/UNDERWRITING

| Year Built | Purchase Date | Construction Type | | Usage Type | Occupancy | Windstorm Loss Mitigation Features | | |
|---|---------------------|--|---------------------------------------|------------------------------------|---|---|--|---|
| | | <input type="checkbox"/> Frame | <input type="checkbox"/> Modular Home | <input type="checkbox"/> Primary | <input type="checkbox"/> Owner | <input type="checkbox"/> Hurricane Straps | | |
| | | <input type="checkbox"/> Masonry | <input type="checkbox"/> EIFS | <input type="checkbox"/> Secondary | <input type="checkbox"/> Tenant | <input type="checkbox"/> Wind Shutters | | |
| Square Feet | Replacement Cost \$ | <input type="checkbox"/> Masonry Veneer | <input type="checkbox"/> Log Home | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Farm Renter (Tenant Package) | <input type="checkbox"/> HIP Roof | | |
| | | <input type="checkbox"/> Joisted Masonry | <input type="checkbox"/> Hand-hewn | <input type="checkbox"/> COC/Reno | <input type="checkbox"/> Vacant | <input type="checkbox"/> Impact Resistant Glass | | |
| | | <input type="checkbox"/> Fire Resistive | <input type="checkbox"/> Milled | | No. of Months: ____ | | | |
| No. Families | Market Value \$ | <input type="checkbox"/> MFG/Mobile Home | <input type="checkbox"/> Kit | | | | | |
| | | <input type="checkbox"/> Tied Down | <input type="checkbox"/> Other: _____ | | | | | |
| | | <input type="checkbox"/> Portable | | | | | | |
| | | <input type="checkbox"/> Skirted | | | | | | |
| Territory Code | Protection Class | Distance To | | Protection Device Type | | | Visible to Neighbors: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Hydrant | Fire Station | System | Smoke | Temperature | Burglar | Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts |
| | | FT | MI | Central | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial |
| Fire District / Code No.: _____ / _____ | | Local | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| Updates | Partial | Complete | Year | Details |
|----------|--------------------------|--------------------------|------|---|
| Wiring | <input type="checkbox"/> | <input type="checkbox"/> | | Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Amps _____ Knob & Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | | Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heating | <input type="checkbox"/> | <input type="checkbox"/> | | Primary: _____ Secondary: _____ <input type="checkbox"/> None Wood Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," attach photo and mandatory Woodstove questionnaire If "yes," are they thermostatically controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Roofing | <input type="checkbox"/> | <input type="checkbox"/> | | Roof Type/Material: _____ Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No |

FARM AND RANCH UNDERWRITING QUESTIONS

GENERAL QUESTIONS

- 1. Select any of the following exposures that exist:
Airstrips, Open Dump/Landfill Pits, Silage Pits, Dams/Lakes/Ponds, Timber Operations, LPG/Gas/Fuel Storage Tanks, Hunting, Show ring, rodeo ring/chute, Chemical Application (Ground / Air)
List type and nature of Chemicals:
Other:
2. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years?
If "yes," what was the reason?
Is it open?
If "no" what is the date closed/discharged:
3. Any coverage declined, cancelled or non-renewed during last three years? (Not applicable in MO or CA)
If "yes," what was the reason?
4. Is applicant delinquent on mortgage or tax payments?

PROPERTY QUESTIONS

- 5. Distance to coast: Feet: Miles:
6. Is property for sale?
7. Has any structure been converted to a private residence?
If "yes," explain:
8. Is there any existing fire, water or structural damage?
If "yes," explain:
9. Complete if any building(s) is/are undergoing renovation or reconstruction during the applied for policy period. Attach list for additional buildings.
Location Number Contractor Name:
Building Number Is Contractor licensed?
Starting Date: Completion Date:
Starting Value: \$ Completed Value: \$
10. Are there any buildings on premises which are unused?
If "yes," describe:
11. List other insurance with this company:
Policy No.:

LIABILITY QUESTIONS

- 12. Are there any animals (excluding Horses, Dairy and Livestock) kept on the premises?
If "yes," list type of animal: Bite History?
If "yes," list type of animal: Bite History?

13. Is there a Swimming Pool?..... Yes No
 If "yes," check applicable boxes: Fenced Diving Board Slide
14. Is there a Trampoline?..... Yes No
15. Is any land held for real estate development or speculation? Yes No
 If "yes," explain: _____

16. Any other locations owned by or rented to the applicant not listed on the application?..... Yes No
 If "yes," explain: _____

17. How many acres are leased to others? _____
 What is the land used for? _____
 Who is it rented to? _____
 Do the lessees carry liability insurance for their operations? Yes No

GENERAL BUSINESS QUESTIONS

18. Are there any contract or service operations performed for others such as snow removal, tilling, excavating or ditching? Yes No
 If "yes," describe: _____
19. Are independent contractors hired to perform any farming operations? Yes No
 If "yes," describe: _____
 Do they carry liability insurance for their operations..... Yes No
20. Are any "hold harmless" or "indemnification" agreements in effect?..... Yes No
 If "yes," describe: _____
21. Is the applicant a subsidiary of another or does the applicant have subsidiaries? Yes No
 If "yes," list related companies: _____
22. Are there other business activities other than farm related operations? Yes No
 If "yes," describe: _____

FARMING OPERATIONS QUESTIONS

23. Is there any Custom Farming? Yes No
 If "yes," describe: _____
24. Does applicant:
- a. Engage in any retail activity on or off the premises other than roadside stands? Yes No
 If "yes," describe: _____
 - b. Mix, process, slaughter, butcher or otherwise prepare his or any other grower's product? Yes No
 If "yes," provide GL Carrier Name: _____ Limit: _____
 - c. Handle any product, such as seed, fertilizer, sprays, etc. for resale? Yes No
 If "yes," provide GL Carrier Name: _____ Limit: _____
25. Are the farm premises available to the public for special events such as, but not limited to, "u-pick," weddings, show or hay rides? Yes No
 If "yes," describe: _____
26. Does insured raise, board, race, breed or rent horses or ponies? Yes No
 If "yes," provide GL or Stable Carrier Name: _____ Limit: _____

REMARKS (Attach additional sheets if more space is required):

ADDITIONAL INTEREST AND INSURED

| INT No.: | Type Of Interest | Information | Loan Number and Type of Property |
|----------|---|---|----------------------------------|
| | <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest Relationship: <input type="checkbox"/> Additional Insured Relationship: <input type="checkbox"/> Trust | Name: Address: City: State: Zip Code: | |
| | <input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest Relationship: <input type="checkbox"/> Additional Insured Relationship: <input type="checkbox"/> Trust | Name: Address: City: State: Zip Code: | |

ADDITIONAL REQUIREMENTS/ATTACHMENTS

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Inspection | <input type="checkbox"/> Photographs | <input type="checkbox"/> Protection Class 9/10 Questionnaire |
| <input type="checkbox"/> Woodstove Questionnaire/Photos (2) | | <input type="checkbox"/> Replacement Cost Estimator |

PAYMENT PLAN

- Billing: Insured Mortgagee Agency Bill

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

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 of the third degree.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

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

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, 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.

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 VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

NEW YORK OTHER THAN AUTOMOBILE 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 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 SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)