| | | |
|---|---|---|
| CANNABIS INSURANCE WHOLESALERS | **Cannabis Insurance Wholesalers**<br>817 NE 63rd St, Oklahoma City, OK<br>73105 P: 833-818-1300<br>info@yourciw.com | **Cannabis and Hemp Business Application**<br>New Submissions can be sent to:<br>newsubmissions@yourciw.com |

**APPLICANTS INSTRUCTIONS:**

1. All Applicants must complete the relevant sections of this Application in accordance with the specific coverages being requested.
2. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be rejected.
3. Application must be signed and dated by the owner, partner, or officer no earlier than 90 days before the proposed effective date of coverage.
4. Please read the statements at the end of this application carefully.

**If there are multiple Business Names, please provide detailed list or organizational chart showing relationship.*

**Requested Policy Effective Date:** **Requested Policy Expiration Date:**

| **SECTION I – GENERAL INFORMATION** | | | | | |
|---|---|---|---|---|---|
| ***Business Name:** | | | | | |
| **DBA:** | | | | | |
| **Mailing Address:** | | | | | |
| **City:** | **State:** | **Zip:** | | | |
| **Inspection Contact Name & Email:** | | | | | |
| **Phone:** | **Email:** | **Website:** | | | |
| **Type of Enterprise** | ☐ **LLC** | ☐ **Corporation** | ☐ **Partnership** | ☐ **Individual** | ☐ **Other:** |
| **Description of operations** | ☐ **Vertically Integrated** | ☐ **Cultivation** | ☐ **Processing/Manufacturing** | ☐ **Dispensary** | ☐ **Testing Lab** ☐ **Other:** |
| **Description of product use** | ☐ **Recreational** | ☐ **Medicinal** | ☐ **Both** | ☐ **Other:** | |
| **Date Business was established:** | **Years in business under current Management:** | | | | |
| **Is the applicant in compliance with all local and state laws regarding the growth, manufacturing, dispensing, and/or control of Cannabis, CBD, and Hemp containing products?** | ☐ **Yes** | ☐ **No** | | | |

| Year | Total Sales | Payroll | # of Employees |
|---|---|---|---|
| **Next Year** | | | |
| **Last Year** | | | |
| **2nd Year prior** | | | |
| **3rd Year prior** | | | |

| **SECTION II – PRIOR INSURANCE AND CLAIMS HISTORY** | | | |
|---|---|---|---|
| **Please provide insurance information for the past three (3) years.** | | | |
| **Current Insurance Carrier/Company** | **Coverage** | **Premium** | **Expiration Date** |
| | | | |
| | | | |
| | | | |
| **In the last five (5) years, has any claim been made against any person(s) or organization(s) to be covered under this insurance?** ☐ **Yes** ☐ **No**<br>**If yes, please attach Loss Runs.** | | | |

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## SECTION III – ADDITIONAL INSURED ☐ N/A

***Please attach a detailed list of additional Insureds***

**ADDITIONAL INSURED (check one)** ☐ Landlord ☐ Loss Payee ☐ Governmental Agency ☐ Other: _____
☐ Waiver of Subrogation ☐ Primary/Non-Contributory Wording

**Location/Bldg #:** _____/_____
**Name:** _____ **City:** _____
**Mailing Address:** _____ **State and Zip Code:** _____

**ADDITIONAL INSURED (check one)** ☐ Landlord ☐ Loss Payee ☐ Governmental Agency ☐ Other:
☐ Waiver of Subrogation ☐ Primary/Non-Contributory Wording

**Location/Bldg #:** _____/_____
**Name:** _____ **City:** _____
**Mailing Address:** _____ **State and Zip Code:** _____

## SECTION IV – COVERAGE SELECTION

**Please indicate below, by placing an "X" in the box, which coverages are being requested. Complete relevant portions of this application as applicable.**

| ☐ General Liability | Choose Limit Structure |
|---|---|
| If Yes, complete Section III & VII | Select |

**General Liability Options**

☐ Increased Damage to Premises Rented to You ($100,000 Included) ☐ $300,000 ☐ $500,000

☐ Increased Medical Payments ($5,000 Included) ☐ $10,000

☐ Assault & Battery Buyback ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000

☐ Employee Benefits ($1,000,000 Each Employee $1,000,000 Aggregate)

☐ Stop Gap (OH, WA, ND, WY, PR) ☐ BASIC ☐ $1,000,000

**Our Additional Insured Auto Coverage is for occasional, non-regular use of hired or rented autos, or autos owned and driven by an employee on behalf of the company/employer.**

☐ **Hired and Non-Owned ($1,000,000 Limit)***
**Does the insured have a commercial auto policy** ☐ Yes ☐ No
**Describe how employees use their own vehicles for the employer:** _____
_____

**How does the insured qualify employees who use their vehicles?**
☐ MVRs
☐ Minimum personal auto policy liability limit requirements
☐ Certificates of Insurance
☐ Vehicles condition and capability check

***We will not be able to add coverage for hired and non-owned autos if the insured does any type of regular delivery, especially "pizza delivery" or "MilkRun" type deliveries, no matter how occasional.***

| ☐ Product Liability | Choose Limit Structure | Deductible |
|---|---|---|
| If Yes, complete Section VII | Select | Select |

**Retro Date*:** _____

☐ **Product Withdrawal Expense Coverage ($250,000 Limit w/$25,000 deductible)**
☐ **Professional Liability Sublimit ($50,000 Limit)**

***If a retro date is requested, please provide a copy of the dec page showing previous coverage**

| Excess Liability | Choose Limit Structure |
|---|---|
| Requires $5M underlying with Cannasure MGA Program only | Select |

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## SECTION V – PROPERTY COVERAGE SELECTED (Please complete this section for each location and building) N/A ☐

1. **Physical Address:** _____ **City:** _____ **State:** _____ **Zip:** _____
2. **Location / Building #** _____

### 3. Limits of Insurance

☐ **Building Coverage:** _____
☐ **Business Personal Property/Equipment:** _____
☐ **Tenant's Improvements and Betterments:** _____
☐ **Business Income:** _____
**Amount of limit available any given month during the period of restoration:** Select
☐ **Property in Transit:** Select
☐ **Discharge from Sewer and Drain ($25,000 Limit)**
☐ **Equipment Breakdown**
☐ **Expanded Property Endorsement**
☐ **Completed Stock-Inventory:** _____
☐ **Goods In Process:** _____

**Does this property have a triple net lease?** ☐ **Yes** ☐ **No**
**Deductible** Select
**Coinsurance** Select

☐ **Ordinance or Law - Building Only**
**(Choose one of the following options)**
☐ **Coverage A**
☐ **Coverage B limit** **Limit:** _____
☐ **Coverage C limit** **Limit:** _____
☐ **Optional "B & C Combo"** **Limit:** _____

**Living Plant Material Coverage Table – No coverage for plants while growing outdoors**

| Phase | Number of Plants | Per Plant Value | Total $ |
|---|---|---|---|
| Seedling | | | 0 |
| Vegetative | | | 0 |
| Flowering | | | 0 |
| Mothers/Clones | | | 0 |

### 4. General Building Information ☐ N/A

**Year Built:**_____ **Square Footage:**_____ **Number of Stories:**_____ **Age of Roof:**_____
**Roof Type:** Choose type **Construction Type:** Choose type **ISO Fire Protection Class:**_____

**Is the building over 20 years old?** ☐ **Yes** ☐ **No**
**If Yes, provide the year the following were updated:**
**Roof** _____ **Plumbing** _____ **Electrical** _____ **HVAC** _____

**Are there Fire Sprinklers?** ☐ **Yes** ☐ **No** **Percentage of the Building sprinkled?** _____

**Does the Applicant own the building?** ☐ **Yes** ☐ **No**

**Is the building currently undergoing or planning to undergo any renovations, repairs, construction, etc.?** ☐ **Yes** ☐ **No**
**If "Yes", please provide details:**
_____

**If not currently occurring, for when are the renovations planned?** _____
**Do you currently have a Builder's Risk policy?** ☐ **Yes** ☐ **No**
**If "Yes", please provide a coverage certificate. If no, name of contractor:** _____

**Does the applicant have an approved safe for secure product storage?** ☐ **Yes** ☐ **No**
***Minimum safe requirements: 800lb, bolted to a concrete floor with a 1-hour fire rating; over 2000lb is not required to be bolted to a concrete floor.***

**Does the applicant have a vault room?** ☐ **Yes** ☐ **No**
**If "Yes", please describe in detail:**

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## SECTION V – PROPERTY COVERAGE SELECTED (CONTINUED)

Is there an electrical back up system in place at this location? ☐ Yes ☐ No

If "YES", complete the following.

Make and model of each: _____

Size in kilowatts: _____

Type of fuel ☐ Diesel ☐ Gas ☐ Propane ☐ Other

Type of system ☐ Critical systems only ☐ Entire building

Maintenance contract ☐ Yes ☐ No

Is there a heating boiler or any other fired or unfired pressure vessels at this location? ☐ Yes ☐ No

If "YES", complete the following.

☐ Type (fire tube, water tube, other): _____

☐ Gas fired or other: _____

☐ BTUs and other sizing information (a photo of the "boiler plate" is all we need)

### 5. Operations Information

Is this location fully open and operational? ☐ Yes ☐ No

If "No", when do you expect this location to be open and fully operational: _____

What are the operations at this location ☐ Manufacturer ☐ Processor ☐ Cultivation ☐ Retail/Dispensary ☐ Delivery ☐ Distribution ☐ Lab ☐ Other: _____

Will your operation(s) include the extraction of cannabis oils or the manufacture of any concentrates? ☐ Yes ☐ No

If "Yes", please answer the following:

What extraction or manufacturing method will the applicant utilize: _____

If applicant will use an extraction method that utilizes pressurized or flammable materials, is the insured's production equipment or system certified or intended for this use: ☐ Yes ☐ No

Will the oils or concentrates be distributed in bulk to other infused product manufacturers: ☐ Yes ☐ No

If the applicant manufactures or processes any products at this location, will the production of any of these products require open flame, frying, or other cooking methods? ☐ Yes ☐ No

If "Yes", please answer the following:

Does your facility have an automatic fire suppression system that extends over all cooking surfaces? ☐ Yes ☐ No

Are hoods and flues inspected/cleaned by an outside service and tagged for verification of this? ☐ Yes ☐ No

### 6. Lighting Information ***Required for all locations with cultivation operations*** ☐ N/A

Is there an automatic fire sprinkler system in each of your grow rooms? ☐ Yes ☐ No

Are all grow rooms equipped with smoke detectors and automatic fire alarms? ☐ Yes ☐ No

Type of Cultivation Lighting:

☐ 100% LED throughout your facility in all grow rooms *(If 'YES', no further responses are required.)*

☐ Metal Halide ☐ High Pressure Sodium ☐ Other high intensity discharge

☐ Mix - If you use a mix of lighting, please describe: _____

Light Bulb Information:

Name of light bulb manufacturer(s): _____

Bulb models and types used across all grow room(s): _____

Do you use single-ended or double-ended bulbs? ☐ SE ☐ DE ☐ Both

Ballast Information:

Name of ballast manufacturer(s): _____

Ballast model names/number(s): _____

Type of ballasts ☐ Magnetic ☐ Digital/Electronic ☐ Other:

Explain any modification to any ballast beyond manufacturer specifications: _____

Lighting Operation and Maintenance:

Do you ever use Metal Halide and High-Pressure Sodium bulbs interchangeably in your fixtures: ☐ Yes ☐ No

Are all lighting ballasts in your cultivation facility being used as designed, with the proper bulb specifications for each? ☐ Yes ☐ No

Do you have a written lighting inspection and maintenance program? ☐ Yes ☐ No

If so, does it include inspection of the mounting apparatus. ☐ Yes ☐ No

Date of the last upgrade to your cultivation lighting systems: _____

Upgraded ballasts ☐ LED ☐ MH ☐ HPS ☐ Other:

Describe Upgrade: _____

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## SECTION VI – PREMISES INFORMATION (Please complete this section for each location and building) N/A ☐

7. Does applicant occupy the entire building? ☐ Yes ☐ No
   If "No", are there connecting doors to adjacent units ☐ Yes ☐ No
   If "Yes", how are the connecting doors secured? (e.g., deadbolts, alarms, etc.) _____

8. Does anyone live on the premises? ☐ Yes ☐ No
   If "Yes", is separate homeowner's insurance coverage in place?_____

9. Which of the following security systems are utilized (please check all that apply):

| | | |
|---|---|---|
| ☐ Automatic Sprinkler System | ☐ Safe or Vault | ☐ Hold-up Button/Panic Button |
| ☐ Automatic Fire Alarm | ☐ Interior Video Cameras | ☐ Gated Windows |
| Central? ☐ Yes ☐ No | | |
| ☐ Central Station Burglar Alarm | ☐ Exterior Video Cameras | ☐ Fencing |
| ☐ Security Guards - Unarmed | ☐ Interior Motion Detectors | ☐ Gated Doors |
| ☐ Security Guards - Armed | ☐ Door Greeter/ID Checker | ☐ Dog(s); Breed and Number: _____ |

10. If Guards/Greeters are used, are they employees? ☐ Yes ☐ No
    If "No", do independent contractors acting as Guards/Greeters/ID checkers carry their own insurance and name applicant as an additional insured: ☐ Yes ☐ No
    a. Does the applicant get Certificates of Insurance (COIs) evidencing limits and AI status for the applicant: ☐ Yes ☐ No
    b. What limits do independent contractors carry: _____

11. Are there any firearms on the property (including any firearms carried by security guards)? ☐ Yes ☐ No
    If "Yes", please explain: _____

12. Does applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime? ☐ Yes ☐ No

## SECTION VII – LIABILITY COVERAGE (please complete all relevant sections as applicable) N/A ☐

### A. DISPENSARY INFORMATION ☐ N/A

13. Are you complying with All State Law (Regulations) including Concentration Dosage Packaging record keeping? ☐ Yes ☐ No

14. Percentage of inventory displayed to customers:
    ☐ 0-5% ☐ 6-10% ☐ 11-25% ☐ Greater than 25% *(Please note policy limitations greater than 25%)*
    **Coverage limitations: Stock outside of safe/vault during business hours limited to 25% of the scheduled limit for Completed Stock.**

15. Is any on-site consumption of cannabis or cannabis containing products permitted? ☐ Yes ☐ No

16. Are you Re-Packaging any products on site? ☐ Yes ☐ No
    If "Yes", please offer details:_____

17. Does applicant offer delivery of cannabis products? ☐ Yes ☐ No

18. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant's strongest (i.e. highest dosage) product? Please provide the following:
    Product name: _____ Concentration (%): _____
    Dosage (mg) of active cannabinoids per serving: _____

19. For products that applicant does not produce or manufacture:
    a. Does applicant obtain Certificates of Insurance (COIs) evidencing products coverage and AI status from all US based manufacturers or suppliers? ☐ Yes ☐ No
    b. Does applicant obtain Certificates of Analysis (COAs) evidencing that product testing was performed by the original manufacturer or by the insured's direct supplier? ☐ Yes ☐ No

### B. GROWING FACILITY INFORMATION ☐ N/A

20. What is the maximum number of plants on the premises at any one time? _____

21. Are you following all state regulations and mandates pertaining to your growth operations? ☐ Yes ☐ No

22. Do you have any cultivation areas located outdoors? ☐ Yes ☐ No
    a. How is the premises secured: _____
    b. Please describe fence (i.e. height, material used, electrified, etc.): _____
    c. If electrified fencing, barbed wire, or razor wire is used, are there warning signs on the property? ☐ Yes ☐ No
    d. Is fenced area always locked? ☐ Yes ☐ No
    e. Are there locked gates at all entrances to the property and/or growing area? ☐ Yes ☐ No

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## SECTION VII – LIABILITY COVERAGE (CONTINUED)

### B. GROWING FACILITY INFORMATION (CONTINUED) ☐ N/A

**23.** Does applicant use a 3rd party testing laboratory to test their cannabis, CBD, and hemp containing products? ☐ Yes ☐ No
If "Yes", do all testing reports received from this laboratory indicate the following (please check all that apply)

- ☐ Products are not contaminated with pesticides
- ☐ Products are not contaminated by bacteria
- ☐ Products are not contaminated by mold / fungus
- ☐ Products are not contaminated by mycotoxins
- ☐ Products are not contaminated by heavy metals
- ☐ Products are not contaminated by residual solvents
- ☐ Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBG, CBN
- ☐ Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
- ☐ Terpene profiles

If "No", how does applicant ensure product purity:_____

**24.** Are cannabis, CBD, and hemp containing products ever released into the stream of commerce (e.g. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the 3rd party testing laboratory? ☐ Yes ☐ No

### C. MANUFACTURING & PROCESSING OPERATIONS ☐ N/A

**25.** Supply a complete list of products manufactured or processed by applicant and describe any branded products.

**26.** Does the applicant produce the individual filled cartridges for vapor pens? ☐ Yes ☐ No
If "Yes", please answer the following:
a. Are the cartridges one size fits all or are they only compatible with a particular brand?
If only compatible with a particular brand, which brand?_____
b. Please supply a copy of the insured's label and packaging for the cartridges evidencing warnings and disclaimers.

**27.** Do all cannabis, CBD, and hemp containing products sold by applicant meet State Laws & Regulations in labeling & Childproof packaging? ☐ Yes ☐ No

**28.** Do any products, ingredients, or components originate from outside of the United States? ☐ Yes ☐ No
If "Yes":
a. Specify what products are imported and the country(ies) of origin:
_____
b. Are imported products and components tested for contamination and verification that they match what was ordered? ☐ Yes ☐ No

**29.** For products that applicant does not produce or manufacture, does applicant obtain Certificates of Insurance (COIs) evidencing products coverage with limits of at least $1M and AI status from all US based manufacturers or suppliers? ☐ Yes ☐ No

**30.** Does applicant use a 3rd party testing laboratory to test their cannabis, CBD, and hemp containing products? ☐ Yes ☐ No
If "Yes", do all testing reports received from this laboratory indicate the following (please check all that apply):

- ☐ Products are not contaminated with pesticides
- ☐ Products are not contaminated by bacteria
- ☐ Products are not contaminated by mold / fungus
- ☐ Products are not contaminated by mycotoxins
- ☐ Products are not contaminated by heavy metals
- ☐ Products are not contaminated by residual solvents
- ☐ Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBG, CBN
- ☐ Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
- ☐ Terpene profiles

If "No", how does applicant ensure product purity:_____

**31.** Are cannabis, CBD, and hemp containing products ever released into the stream of commerce (e.g. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants, (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the 3rd party testing laboratory? ☐ Yes ☐ No

**32.** Does applicant have a written product recall plan? ☐ Yes ☐ No

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## SECTION VIII – SPECIAL TERMS AND GLOSSARY

**LOCKED SAFE OR VAULT WARRANTY**

All “Completed Stock” items are to be kept always locked in a safe or a vault room except items on display during business hours which cannot exceed 25% of the “Completed Stock” limit. It is further warranted that any safe must have a one-hour fire rating, weigh a minimum of 800 pounds and be bolted to a concrete floor. Any safe that is over 2,000 pounds is not required to be bolted to the ground.

**CENTRAL STATION BURGLAR ALARM WARRANTY**

To cover all openings in the insured’s premises. The alarm must be in the “on” position during non-business hours or whenever the insured’s premises is unoccupied.

**DEFINITIONS**

“Completed Stock” means final product derived from cannabis or hemp plant material which has been processed, labeled and is ready for sale.

“Living Plant Material” means immature cannabis or hemp seedlings or clones, cannabis, or hemp plants in the vegetative growth stage and mature flowering cannabis or hemp plants rooted in a growing medium. "Living Plant Material" also includes mother plants.

“Goods In Process” means mature cannabis or hemp plant material no longer in the growing medium which is in the process of being dried and cured or in a further stage of manufacturing including but not limited to processing, extraction, or baking. “Goods In Process” does not include “Completed Stock”.

**ORDINANCE OR LAW COVERAGE CP 04 05**

(a) is a **coverage** only; coverage for the undamaged portion of the building that will need to come down due to the particular ordinance that is in effect in that jurisdiction. There is no limit.

(b) is a **limit** for the demolition of the stuff in “A” – the portion of the building that must come down.

(c) is a **limit** for the increased cost of construction to comply with whatever ordinances are in effect at the time of reconstruction.

NOTE: Coverages B and C can be combined into one "combo" limit.

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## SECTION IX – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. (Not applicable in North Carolina) I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability. I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection. I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested. Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association / society. I agree to cooperate with these committees.

**COPY OF NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.**

*(Not required in all states, contact your agent or broker for your state's requirements.)*

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us, or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applications in these states.) Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association / society. I agree to cooperate with these committees.

**NOTICE TO APPLICANT**

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period. The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**FRAUD STATEMENTS**

**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 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**

t 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.

☐ ***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title: