

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured And Other Named Insureds:	<input type="checkbox"/> Quote	<input type="checkbox"/> Issue
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Mailing Address: _____

Telephone Number: _____	Web Address: _____
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Named Insured Is: Individual Corporation Partnership Joint Venture L.L.C.
 Other: _____

Additional Insureds – Include Interest of Each: _____

Individuals Requesting Personal Liability: _____

Proposed Effective Date (mm/dd/yyyy): _____	Proposed Expiration Date (mm/dd/yyyy): _____
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Premium to be Paid:

<input type="checkbox"/> Agency Bill:	<input type="checkbox"/> Prepaid	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Direct Bill:	<input type="checkbox"/> Prepaid	<input type="checkbox"/> Two Pay	<input type="checkbox"/> Four Pay	<input type="checkbox"/> Six Pay <input type="checkbox"/> Ten Pay <input type="checkbox"/> Ten Equal

UNDERWRITING INFORMATION

1.	Describe farming operations: _____	Row Crop Receipts: \$ _____	Livestock Receipts: \$ _____	Other Receipts: \$ _____	Specify "Other": _____
2.	Describe custom farming (<i>meaning farming for others</i>) operations: _____ Receipts: \$ _____				
3.	Number of years farming experience by insured: _____				
4.	Is farming the major source of insureds income?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, state occupation: _____				
5.	Is any Named Insured involved with any non-farming activities/operations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give details: _____				
	Is separate coverage placed elsewhere?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has the Insured ever filed for bankruptcy?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what year? _____				
7.	Any migrant farmworkers?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, are the farmworkers part of the H-2A program?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, complete H-2A questionnaire				
8.	Does the Insured grow or store tobacco or marijuana?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Insured grow hemp?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please complete hemp questionnaire				
10.	Are any livestock present on premises at any time during the year?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, indicate kind. _____				
11.	Are all livestock areas fenced?				<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are livestock near any public road or highway?				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Does the Insured slaughter, butcher, process, or otherwise prepare for "end consumer" his or anyone else's cattle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, what is the annual income?</i>	\$ _____
14. Does the Insured prepare and sell animal feed other than hay or whole grain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, provide details and receipts.</i>	_____
15. Does the Insured mix, process or otherwise prepare for "end consumer" his or any other grower's product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, provide details and receipts:</i>	_____
16. Any paying guests on premises (hunting, fishing, camping, RV hookup, dude ranch or resort facility)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, give details:</i>	_____
Is separate coverage placed elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do any agritainment activities take place during the year, including but not limited to, corn and/or straw mazes, U-pick operations, pumpkin patches, hayrides, or any other farm-based entertainment primarily operated on an insured premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, give details:</i>	_____
Is separate coverage placed elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does the Insured offer to the public any vacation rental or any other short-term rental properties for a fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, give details:</i>	_____
Is separate coverage placed elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does the Insured rent, lease or allow any individuals, corporations, or other interested parties to use a portion of the insured premises for non-farming activities or events of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, give details:</i>	_____
Is separate coverage placed elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the Insured hire any outside contractors, including but not limited to, applicators, aerial contractors, and custom farmers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, give details:</i>	_____
Are COIs obtained annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Does the Insured build, repair or design machinery, equipment or systems for a charge or fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, give details:</i>	_____
Is separate coverage placed elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is any land held for real-estate development or speculation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, give details:</i>	_____
23. Any unusual hazards on any insured premise such as, but not limited to, course of construction, major renovation, oil & gas or mineral extraction, open dump pits, silage pits, sump holes, lakes, and reservoirs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, give details:</i>	_____
Is separate coverage placed elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is there an airstrip or helipad on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, provide type of use, who uses it, and the frequency of use:</i>	_____
Is there an aviation policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Does the insured use any unmanned aircraft/drones?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, for what purpose?</i>	_____
26. Trampolines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, is it fully enclosed with safety net?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Swimming pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, is it fenced with latching gate or retractable safety cover?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, is there a diving board or slide?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. Any horses?..... Yes No
 If yes, Personal/Pleasure Use Number: _____ Working/Ranch Use Number: _____
 Boarding/Breeding/Training/Instruction/Public Riding/Racing - *If selected, complete commercial equine application*

29. Does the insured operate any watercraft? Yes No
 If yes, give number: _____
 If yes, list in space provided on page 4.
 If yes, are all operators experienced? Yes No
 Is separate coverage placed elsewhere? Yes No

30. Does the Insured operate ATVs/UTVs, snowmobiles or dirt bikes? Yes No
 If yes, give number: _____
 If yes, list in space provided on page 4.
 If yes, are all operators experienced? Yes No
 Is separate coverage placed elsewhere? Yes No

WHAT INSURERS, INCLUDING TRAVELERS, PRESENTLY CARRY THE APPLICANT'S COVERAGE?			
<i>Present Insurer</i>	<i>Coverage</i>	<i>Expiration Date</i>	<i>Premium</i>
			\$
			\$
			\$
			\$

LIST ALL LOSSES IN THE PAST THREE YEARS FOR THE COVERAGE REQUESTED
 (For larger accounts, attach a statement of policy year premiums, losses, number of claims, and any pricing modifications by coverage.)

<i>Coverage</i>	<i>Date</i>	<i>Loss Amount</i>	<i>Describe loss and any corrective action</i>
		\$	
		\$	
		\$	
		\$	
		\$	

DURING THE PAST THREE YEARS HAS ANY COVERAGE BEEN CANCELLED, DECLINED, OR NON-RENEWED? Yes No
 If yes, give details below. (dates, insurer, and reasons) (Not applicable in Missouri)

Details:

CLASS OF BUSINESS

Select best fit per the majority of receipts

<input type="checkbox"/> (921) Berries, Fruits, & Nuts	<input type="checkbox"/> (926) Poultry	<input type="checkbox"/> (90A) Citrus	<input type="checkbox"/> (92A) Cotton
<input type="checkbox"/> (923) Vegetables	<input type="checkbox"/> (928) Horses	<input type="checkbox"/> (90B) Nurseries	<input type="checkbox"/> (92B) Tobacco
<input type="checkbox"/> (924) Grain & Field Crops	<input type="checkbox"/> (929) Livestock-Containment	<input type="checkbox"/> (90C) Fish Farms	<input type="checkbox"/> (92C) Hobby Farms
<input type="checkbox"/> (925) Dairy	<input type="checkbox"/> (935) Ranches-Open Range	<input type="checkbox"/> (90D) Estate Farms	<input type="checkbox"/> (92D) Wineries
			<input type="checkbox"/> (92E) Vineyards
			<input type="checkbox"/> (92F) Beekeeper
			<input type="checkbox"/> (92K) Leafy Greens
			<input type="checkbox"/> (927) Other

GENERAL LIABILITY INFORMATION

Total Acreage of All Locations:

Choose either: Farm Liability OR Commercial General Liability with:

(Personal liability and product liability are included, subject to the provisions and conditions of the coverage forms).

Personal Liability
 Included Excluded
Product Liability
 Included Excluded

	<i>Limit of Insurance</i>		<i>Limit of Insurance</i>
General aggregate (other than products/completed operations)	\$	Employers Liability	\$
Products-completed operations aggregate limit	\$	Medical Payments	\$
Personal and advertising injury	\$	Total Payroll	\$
Each occurrence	\$	Total Number of Employees	
Fire damage (any one fire)	\$		
Medical payments (any one person)	\$		

Watercraft Coverage: List all unless coverage is placed elsewhere, even if property coverage is not needed.

If property coverage is requested input hull limit

Length	Horsepower	Year	Make	Model	Serial Number	Hull Limit
						\$
						\$
						\$

ATV/UTV, Snowmobile or Dirt bike Coverage: List all unless coverage is placed elsewhere, even if property coverage is not needed.

If property coverage is requested, input property limit

Year	Make	Model	Serial Number	Property Limit
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

PREMISES INFORMATION

List primary location first. Then include other locations, followed by other land.

*Attach schedule if more space is needed

Loc. No.	Buildings?	911 Address or GPS at buildings	Section	Township	Range	City	St	Zip Code	PC	Acres at loc.
1	<input type="checkbox"/> Yes <input type="checkbox"/> No									
2	<input type="checkbox"/> Yes <input type="checkbox"/> No									
3	<input type="checkbox"/> Yes <input type="checkbox"/> No									
4	<input type="checkbox"/> Yes <input type="checkbox"/> No									
5	<input type="checkbox"/> Yes <input type="checkbox"/> No									
6	<input type="checkbox"/> Yes <input type="checkbox"/> No									
7	<input type="checkbox"/> Yes <input type="checkbox"/> No									

**DWELLINGS AND HOUSEHOLD PERSONAL PROPERTY COVERAGES INFORMATION
(including additional dwellings)**

Coverages and Limits of Insurance: 10% of the Coverage A amount applies to Coverage B – Other Private Structures Appurtenant To The Dwelling. 10% of Coverage A applies to Coverage D – Loss of Use. Other structures must be scheduled under Coverage G.

Loc. No.	Dwelling No.	Coverage A Dwelling	Coverage B Appurtenant Structures 10%	Coverage C Unscheduled Personal Property 0%,40%,50%,60%,70%,80%	Coverage D Loss of Use	Mobile Home Y/N	Type of Construction	Occupancy: Primary, Tenant*, Employee, Guest, Seasonal, H-2A	Ded. Amount	Causes of Loss Basic, Broad, Special	High Value Dwg Endt (Optional if Coverage A>\$500K) Y/N
		\$	\$	\$	\$				\$		
		\$	\$	\$	\$				\$		
		\$	\$	\$	\$				\$		
		\$	\$	\$	\$				\$		
		\$	\$	\$	\$				\$		
		\$	\$	\$	\$				\$		
		\$	\$	\$	\$				\$		

* Does insured require tenant occupants of rental dwellings to maintain separate renter's coverage? Yes No

UNIT OWNERS COVERAGE INFORMATION

Coverage may be provided to the owner(s) of a condominium or cooperative dwelling unit, which is used principally for family residential purposes. The minimum Limit of Insurance for Coverages A and C is \$5,000. A \$1,000 Limit of Insurance is provided for both the Property and Liability assessments. 50% of Coverage C applies to Coverage D unless otherwise noted. Refer to Unit Owners Coverage Supplemental Application CP-6660 for additional space.

Loc. No.	Building No.	Coverage A Limit(s) of Insurance	Coverage C Limit(s) of Insurance	Coverage D Limit(s) of Insurance	Type of Construction	Loss Assessment Limit(s) of Insurance Property	Loss Assessment Limit(s) of Insurance Liability	Ded. Amt.	Causes of Loss Basic, Broad or Special
		\$	\$	\$		\$	\$	\$	
		\$	\$	\$		\$	\$	\$	
		\$	\$	\$		\$	\$	\$	

DWELLING DETAIL INFORMATION

Dwg No.	Lightning Rod Y/N	Local Alarm Fire, Burglar, or Both	Central Station Alarm Fire, Burglar or Both	Smoke Heat Det. Y/N (1)	Carbon Monox. Det. Y/N (2)	Solid Fuel Burning Stove Y/N	Year Built (3)	Roof Type	Roof Age	EQ Cov Y/N	RC, Ext RC (4) or A.C.V.	Pers Prop R.C. Y/N	Thermo-static Controlled Heat Y/N	Ord or Law % Y/N	Sewer Backup Coverage (per dwg) Y/N	Dwelling Equip. Break-down Coverage Y/N
1																
2																
3																
4																
5																
6																
7																

(1) Smoke detectors required in all dwellings. Hard wired with battery backup. (2) Carbon Monoxide detectors required in all rental, employee, and guest dwellings. Hard wired with battery backup. (3) Any dwelling >50 years old – complete Building Improvement Survey (4) Replacement cost estimator required when selecting Extended RC

Mortgagee/Loss Payee – Specify Location and Dwelling:

FARM PERSONAL PROPERTY APPLICATION AND INVENTORY INFORMATION

*Attach schedule if more space is needed.

Indicate after each item of inventory whether insured by: {Coverage E (Scheduled Farm Personal Property)}
{Coverage F (Unscheduled Farm Personal Property)}

MACHINERY

Description	E	F	Year	Make	Model	Serial Number	Causes of Loss Basic, Broad, Special	Limit of Insurance	Ded. Amount	*RC Option Y/N
								\$	\$	
								\$	\$	
								\$	\$	
								\$	\$	
								\$	\$	
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								\$	\$	
								\$	\$	

***REPLACEMENT COST OPTION IS FOR COVERAGE E ONLY and ONLY FOR MACHINERY LESS THAN SEVEN (7) YEARS OLD**

LIVESTOCK

Description	E	F	Number of Units	Unit Price	Causes of Loss Basic, Broad, Special	Limit of Insurance	Ded. Amount
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$

Animal Collision – should not be selected for the same animals listed above

Animal Collision	Limit per Head:		<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	Number of Head:	Ded.: <input type="checkbox"/> \$0 <input type="checkbox"/> \$100
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GRAIN, FEED, HAY OR HARVESTED PRODUCE

Loc No.	Description	E	F	Number of Units	Unit Price	Causes of Loss Basic, Broad, Special	Limit of Insurance	Ded. Amount	Peak Season Limit (if needed)	Time Period (MM/DD/YY)	
										From	To
					\$		\$	\$			
					\$		\$	\$			
					\$		\$	\$			
					\$		\$	\$			
					\$		\$	\$			

*Hay, straw & fodder in the open is only eligible for fire and lightning, vehicles, windstorm or hail and theft. Grain in the open is only eligible for fire or lightning, vehicles, or theft.

TOOLS, EQUIPMENT AND SUPPLIES

Description	E	F	Number of Units	Unit Price	Causes of Loss Basic, Broad, Special	Limit of Insurance	Ded. Amount
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$

IRRIGATION EQUIPMENT

Loc No.	Wheel Line/Pivot or All Other (describe all other)	E	F	Year	Make & Model	Serial Number	Causes of Loss Basic, Broad, Special	Limit of Insurance	Ded. Amount	*RC Option Y/N
								\$	\$	
								\$	\$	
								\$	\$	
								\$	\$	
								\$	\$	

*REPLACEMENT COST OPTION IS FOR COV E ONLY and ONLY FOR IRRIGATION EQUIPMENT LESS THAN SEVEN (7) YEARS OLD

FARM BARN, BUILDINGS AND STRUCTURES – COVERAGE G

*Attach schedule if more space is needed.

Loc No.	Bldg No.	Limit of Insurance	Description	Ded.	Sq. Ft	Type of Constr.	Causes of Loss Basic, Broad, Special	RC or A.C.V.	Blanket Y/N	Year Built	Roof Type	Roof Age	Open Sides Y/N
		\$		\$									
		\$		\$									
		\$		\$									
		\$		\$									
		\$		\$									
		\$		\$									
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		\$		\$									
		\$		\$									
		\$		\$									

Do any Farm Barns, Buildings or Structures have living quarters?..... Yes No

If yes, give the following information:	Loc No.	Bldg. No.	Smoke Heat Detector in Building and Living Area* Y/N (1)	Carbon Monox Detector in Building and Living Area* Y/N (1)	Fire Ext in Building and Living Area* Y/N	2 Forms Egress* Y/N (2)	No Smoking Signs Posted in Building Area* Y/N

*Required life safety measures for all buildings with living quarters. (1) Must be hard wired with battery backup (2) Residential area must have 2 forms of egress not through the barn area

MISCELLANEOUS SCHEDULED PERSONAL PROPERTY INFORMATION

(Fine arts, jewelry, guns, furs, cameras, coins, golf equipment, and silverware.)

*Attach schedule if more space is needed.

Item Description:	Limit of Insurance \$
Item Description:	Limit of Insurance \$
Item Description:	Limit of Insurance \$
Item Description:	Limit of Insurance \$
Item Description:	Limit of Insurance \$

OPTIONAL COVERAGES INFORMATION

Borrowed or Rented Farm Equipment	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000
Identity Fraud Expense Coverage	<input type="checkbox"/>
Ag – Plus II Property Endorsement	<input type="checkbox"/>
Livestock / Ranch Property Endorsement	<input type="checkbox"/>
Equine Property Endorsement	<input type="checkbox"/>
Orchard and Vineyard Growers Property Endorsement	<input type="checkbox"/>
Sewer Backup - \$5,000 (policy level)	<input type="checkbox"/>
Green Dwelling Coverage	<input type="checkbox"/>
Blanket Acreage	<input type="checkbox"/> Current location schedule is required when new, then every 3 years
Computer Coverage	<input type="checkbox"/> Limit \$
Equipment Breakdown Coverage	<input type="checkbox"/> If yes, attach supplemental application CP-6870
AgExtra	<input type="checkbox"/>
Limited Crop Dusting Coverage (PD Only)	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000
Chemical Drift Liability (PD Only)	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000
Enhanced Pollutant Clean-up & Removal	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000
	<input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000
Extra Expense (per location)	<input type="checkbox"/> Loc. No. Limit \$
	Loc. No. Limit \$
	Loc. No. Limit \$
Disruption of Farming Operations (per location)	<input type="checkbox"/> Loc. No. Limit \$
	Loc. No. Limit \$
	Loc. No. Limit \$
Blanket Disruption of Farming Operations	<input type="checkbox"/> Limit \$

OTHER COVERAGES INFORMATION

<input type="checkbox"/> IM – Transportation – Attach Completed ACORD Inland Marine Application
<input type="checkbox"/> IM – Truck Cargo – Attach Completed ACORD Inland Marine Application
<input type="checkbox"/> Crime – Attach Completed ACORD Crime Application and AMOS Questionnaire
<input type="checkbox"/> Automobile – Attach Completed ACORD Automobile Application
<input type="checkbox"/> Excess – Attach Completed ACORD Umbrella Application
<input type="checkbox"/> Stable Liability - Attach Completed Application for Commercial Equine Liability CP-4647
<input type="checkbox"/> Attach Completed Care, Custody & Control Questionnaire (if applicable) CP-4650
<input type="checkbox"/> Winery - Attach Completed ACORD Applications, and
<input type="checkbox"/> Attach Completed Winery Supplemental Questionnaire CP-6331
<input type="checkbox"/> Attach Product Recall Application CP-4719 (if applicable)
<input type="checkbox"/> Employee Benefits Liability Application CP-4391

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http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. 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 – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) 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.

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.

KANSAS: 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 insurance 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.

KENTUCKY, MASSACHUSETTS (OTHER THAN AUTO INSUREDS), NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA (OTHER THAN AUTO INSUREDS): 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: 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.

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 include imprisonment, fines, and denial of insurance benefits.

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.

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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

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

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.

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

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

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.