



APPLICATION FOR GOVERNMENT CRIME INSURANCE

| I. GENERAL INFORMATION | |
|--|----------------|
| Name Of Insured (Applicant): <p style="text-align: center;">(List all Insureds including Employee Benefit Plans you sponsor.)</p> | |
| Mailing Address: | |
| Type Of Insurance Requested: <div style="display: flex; justify-content: space-around;"> Discovery Form Loss Sustained Form </div> <input type="checkbox"/> Government Commercial Crime Coverage: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Government Commercial Crime Policy: <input type="checkbox"/> <input type="checkbox"/> Is coverage to be written on an Annual Aggregate Limit basis? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Policy Period Requested: 12:01 AM on: _____ to 12:01 AM on: _____ | |
| Premium Payable: <input type="checkbox"/> Annual <input type="checkbox"/> Three-year Prepaid <input type="checkbox"/> Three-year Equal Annual Installments <input type="checkbox"/> Other: _____ | |
| Date applicant was established: Name of current insurance carrier (if different): | |
| Applicant Is A: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Township <input type="checkbox"/> Village <input type="checkbox"/> Borough <input type="checkbox"/> Other: | |
| Is insurance being provided for a school system? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If this insurance indemnifies an Obligee other than the Named Insured, list the name and address of the Obligee: | |
| Name | Address |
| | |
| | |
| | |
| Coverage Is Being Written: <input type="checkbox"/> Primary <input type="checkbox"/> Excess <input type="checkbox"/> Concurrent <input type="checkbox"/> Coindemnity <input type="checkbox"/> Coinsurance | |

| | |
|--|------------------------------|
| If coverage is being written on an excess, concurrent or coindemnity basis, list the names of the other carriers and limits: | |
| Name | Limit |
| | \$ |
| | \$ |
| | \$ |
| If coverage is being written on a coinsurance basis, show your percentage participation: % (Note: Insured may assume a participation of between 5% and 25%.) | |
| Is payment for loss sustained under this insurance required to be made to a third party? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If "Yes", should payment be made <input type="checkbox"/> Solely to the loss payee; or <input type="checkbox"/> Jointly to you and the loss payee? | |
| List the name(s) and address(es) of the loss payee(s): | |
| Name | Address |
| | |
| | |
| | |
| Does a third party Require <input type="checkbox"/> or Request <input type="checkbox"/> advance notice of cancellation of this insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If "Yes", list the name(s) of such entity(ies) and the number of days advance notice is required: | |
| Name | Number Of Days Notice |
| | |
| | |
| | |
| Has coverage provided by a prior insurance carrier been reinstated or waived on any of your current employees? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If "Yes", list the name(s) of the employee(s): | |
| Name | |
| | |
| | |
| | |

II. COVERAGE REQUESTED

Complete the following for Insuring Agreements, Limits and Deductibles desired:

| Insuring Agreements/Coverage | Yes | No | Limit Of Insurance | Deductible Amount |
|--|--------------------------|--------------------------|--------------------|-------------------|
| Employee Theft – Per Loss | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| Employee Theft – Per Employee | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| Forgery Or Alteration | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| Inside The Premises – Theft Of Money And Securities | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| Inside The Premises – Robbery Or Safe Burglary Of Other Property | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| Outside The Premises | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| Computer And Funds Transfer Fraud | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| Money Orders And Counterfeit Money | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| By Endorsement | | | | |
| Destruction Of Electronic Data Or Computer Programs | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| Unauthorized Reproduction Of Computer Software By Employees | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |
| Telephone Toll Fraud | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ |

For additional insuring agreements available by endorsement, attach Government Crime Insurance Supplemental Application **CR A 006**.

III. RATING INFORMATION

A. Number of employees consisting of:

Note: Do not include as employees those employees who may be excluded from coverage. See Section **III.B.** for persons to be excluded from coverage.

1. Officials/officers not required by law to be individually bonded who are authorized to manage, govern or control your employees:
2. Officials/officers (other than noncompensated officials/officers) required by law to be bonded (but where blanket coverage satisfies the bond requirement) who are authorized to manage, govern or control your employees:
3. Full- and part-time employees who handle, have custody or maintain records of money, securities or other property; also include:
 - a. Department and division heads and assistant department and division heads; and
 - b. Peace officers (including patrolmen/women) only when Faithful Performance Of Duty Coverage is being written (otherwise, include these persons in item **13.** below):
4. Officials, trustees, officers, employees, administrators and managers (other than independent contractors) not included in **1.** through **3.** above, who handle funds or other property of employee benefit plans:
5. Leased employees and former employees hired as consultants:

6. Natural persons, whether or not compensated, while performing services as chairpersons or members of committees:

List:

| Name(s) Of Committee(s) |
|-------------------------|
| |
| |
| |

7. Treasurers or tax collectors by whatever name known (if not required to be individually bonded):

List:

| Name(s) Of Treasurer(s) Or Tax Collector(s) |
|---|
| |
| |
| |

8. Noncompensated officers:

List:

| Name | Title |
|------|-------|
| | |
| | |
| | |

9. Individual directors or trustees of your Board while serving on elected or appointed committees:

List:

| Name |
|------|
| |
| |
| |

10. Volunteer workers who **do not** solicit funds:

11. Volunteer workers who solicit funds:

12. If insured is a school system, students who handle property or funds in connection with sanctioned student activities:

13. All others not included in 1. through 12. above:

Total (Items 1. – 13. above):

B. Number of persons to be excluded as employees (if any):

List by name or class:

| Name Or Class | Name Or Class |
|---------------|---------------|
| | |
| | |
| | |

C. Show the total number of premises (other than the head office) located in the United States of America (including its territories and possessions) and Puerto Rico:

IV. COVERAGE AMENDMENTS

A. For the Employee Theft – Per Loss or Employee Theft – Per Employee Insuring Agreements, complete the following:

Limit Of Insurance

- 1. Employee Theft – Per Loss or Employee Theft – Per Employee: Yes No \$
- 2. Trading Coverage: Yes No \$
- 3. Expenses Incurred To Establish Amount Of Covered Loss: Yes No \$
- 4. Faithful Performance Of Duty: Yes No
- 5. Employee Theft coverage excess over any statutory bond requirement including treasurers and tax collectors: Yes No

6. Blanket Excess Limit Of Insurance For Specified Joint Insured(s): Yes No

| Name Of Joint Insured(s) | Number Of Employees | Number Of Premises | Blanket Excess Limit Of Insurance |
|--------------------------|---------------------|--------------------|-----------------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

7. Include Designated Agents As Employees: Yes No

| Capacity | Limit Of Insurance |
|----------|--------------------|
| | \$ |
| | \$ |
| | \$ |

8. Include Computer Software Contractors As Employees: Yes No

| Name | Limit Of Insurance |
|------|--------------------|
| | \$ |
| | \$ |
| | \$ |

9. Excess Limit Of Insurance For Specified Employees Or Positions: Yes No

- a. Add Schedule Excess Limit Of Insurance For Specified Employees Or Positions
- b. Add Schedule Excess Limit Of Insurance For Specified Employees Or Positions For Employee Theft Only

| Name Schedule Coverage | Position Schedule Coverage | | | Excess Limit Of Insurance – Each Employee |
|--------------------------------|---------------------------------|---------------------------------|-------------------------------------|---|
| Name(s) Of Covered Employee(s) | Title(s) Of Covered Position(s) | Location Of Covered Position(s) | Number Of Employees – Each Position | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

B. For the Forgery Or Alteration Insuring Agreement, complete the following:

1. Include Personal Accounts Of Specified Persons: Yes No

| Name Of Person(s) | Limit Of Insurance |
|-------------------|--------------------|
| | \$ |
| | \$ |
| | \$ |

2. Add Credit, Debit Or Charge Card Forgery: Yes No

Includes covered instruments Is limited to covered instruments

Limit of Insurance: \$

Number of cardholders:

C. For the Inside The Premises – Theft Of Money And Securities Insuring Agreement, complete the following:

- Exclude Specified Property, list the property to be excluded:
- Exclude Designated Premises, list the address of the premises:
- Extend Premises To Grounds Enclosed By Fence Or Wall, list the address of the premises:
- Extend Premises To Entire Plot Of Ground Under Your Control, list the address of the premises:
- Include Covered Property In Custody Of Designated Agents: Yes No

| Name Of Agent | Service Performed For You | Address Of Premises | Limit Of Insurance |
|---------------|---------------------------|---------------------|--------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

6. Increase Limit Of Insurance For Specified Periods:

Yes No

| Address Of Premises | Designated Period (12:01 AM For Each Date) | Increased Limit Of Insurance |
|---------------------|---|---------------------------------|
| | From: To: | \$ |
| | From: To: | \$ |
| | From: To: | \$ |

7. Reduce Limit Of Insurance For Designated Premises:

Yes No

| Address Of Premises | Reduced Limit Of Insurance |
|---------------------|----------------------------|
| | \$ |
| | \$ |
| | \$ |

8. Decrease Limit Of Insurance While Premises Not Open For Business:

Yes No

| Address Of Premises | Decreased Limit Of Insurance |
|---------------------|------------------------------|
| | \$ |
| | \$ |
| | \$ |

9. Sublimits For Money, Securities Or Checks (other than retail):

Yes No

| Covered Property | Limit Of Insurance |
|-------------------|--------------------|
| Money | \$ |
| Securities | \$ |
| Checks | \$ |

D. For the Inside The Premises – Robbery Or Safe Burglary Of Other Property Insuring Agreement, complete the following:

1. Exclude Specified Property, list the property to be excluded:

2. Exclude Designated Premises, list the address of the premises:

3. Extend Premises To Grounds Enclosed By Fence Or Wall, list the address of the premises:

4. Extend Premises To Entire Plot Of Ground Under Your Control, list the address of the premises:

5. Include Covered Property In Custody Of Designated Agents: Yes No

| Name Of Agent | Service Performed For You | Address Of Premises | Limit Of Insurance |
|---------------|---------------------------|---------------------|--------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

6. Increase Limit Of Insurance For Specified Periods: Yes No

| Address Of Premises | Designated Period (12:01 AM For Each Date) | | Increased Limit Of Insurance |
|---------------------|---|-----|------------------------------|
| | From: | To: | |
| | | | \$ |
| | | | \$ |
| | | | \$ |

7. Reduce Limit Of Insurance For Designated Premises: Yes No

| Address Of Premises | Reduced Limit Of Insurance |
|---------------------|----------------------------|
| | \$ |
| | \$ |
| | \$ |

8. Decrease Limit Of Insurance While Premises Not Open For Business: Yes No

| Address Of Premises | Decreased Limit Of Insurance |
|---------------------|------------------------------|
| | \$ |
| | \$ |
| | \$ |

9. Sublimits For Money, Securities Or Checks (other than retail): Yes No

| Covered Property | Limit Of Insurance |
|------------------|--------------------|
| Money | \$ |
| Securities | \$ |
| Checks | \$ |

10. Increase Limit For Specified Property Subject To Special Limit Of Insurance. To increase the \$5,000 special limit for precious metals, precious or semi-precious stones, pearls, furs, manuscripts, drawings or records: Yes No

| Property | Limit Of Insurance |
|----------|--------------------|
| | \$ |

11. Add Property Of Others: Yes No

| Class Of Persons | Limit Of Insurance | Covered Property |
|------------------|--------------------|---|
| Customers | \$ | <input type="checkbox"/> Includes <input type="checkbox"/> Limited To |
| Business Guests | \$ | <input type="checkbox"/> Includes <input type="checkbox"/> Limited To |
| Employees | \$ | <input type="checkbox"/> Includes <input type="checkbox"/> Limited To |
| Students | \$ | <input type="checkbox"/> Includes <input type="checkbox"/> Limited To |
| Visitors | \$ | <input type="checkbox"/> Includes <input type="checkbox"/> Limited To |

E. For the Outside The Premises Insuring Agreement, complete the following:

- Exclude Specified Property, list the property to be excluded:
- Limit Coverage For Money And Securities Outside The Premises To Robbery Only: Yes No
- Include Covered Property In Custody Of Designated Agents: Yes No

| Name Of Agent | Service Performed For You | Address Of Premises | Limit Of Insurance |
|---------------|---------------------------|---------------------|--------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

4. Increase Limit Of Insurance For Specified Periods: Yes No

| Address Of Premises | Designated Period (12:01 AM For Each Date) | | Increased Limit Of Insurance |
|---------------------|---|-----|---------------------------------|
| | From: | To: | |
| | | | \$ |
| | | | \$ |
| | | | \$ |

5. Sublimits For Money, Securities Or Checks (other than retail): Yes No

| Covered Property | Limit Of Insurance |
|------------------|--------------------|
| Money | \$ |
| Securities | \$ |
| Checks | \$ |

F. For the Computer And Funds Transfer Fraud Insuring Agreement, complete the following:

1. Exclude Specified Property, list the property to be excluded:

2. Increase Limit For Specified Property Subject To Special Limit Of Insurance. To increase the \$5,000 special limit for manuscripts, drawings or records:

Yes No

| Property | Limit Of Insurance |
|----------|--------------------|
| | \$ |

3. Include Expenses Incurred To Establish Amount Of Covered Loss
Limit Of Insurance: \$

Yes No

V. UNDERWRITING

A. External And Internal Audit Procedures

1. Is there an annual audit by an independent CPA? Yes No

If "Yes", is it a complete audit made in accordance with generally accepted auditing standards and so certified? Yes No

If "No", explain the scope of the audit:

2. Are all locations included in the audit? Yes No

3. Is there a CPA Management Letter and response by management on internal control weaknesses or recommendations for improvement? If "Yes", please attach. Yes No

If "Yes", have all recommendations been adopted? Yes No

4. Is the audit report and/or Management Letter sent directly to senior management? Yes No

5. Have you changed auditors in the past three years? Yes No

6. Name And Address Of CPA:

| Name | Address |
|------|---------|
| | |

7. Date of completion of the last audit by CPA:

8. Is there an Internal Audit Department that is responsible for the review of all business operations including the EDP Department?

Yes No

9. Do you have a policy and procedures manual on internal control?

Yes No

10. How many employees are in the internal audit department? Number of:

11. If weaknesses are discovered by the internal auditor, are they reported directly to Senior Management?

Yes No

B. Internal Controls

1. Are background checks performed on all new hires?

Yes No

2. Are bank accounts reconciled monthly?

Yes No

3. Are bank accounts reconciled by someone not authorized to deposit or withdraw?

Yes No

4. Is countersignature of checks required?

Yes No

If "Yes", above what amount? \$

5. Do vouchers or other supporting records accompany all checks to be signed?

Yes No

6. Are internal controls designed so that no employee can control any process from beginning to end?

Yes No

7. Are all incoming checks stamped "For Deposit Only" upon receipt?

Yes No

8. Are disbursement functions separated from those who have cash receipt or cash refund duties?

Yes No

9. Do expense reimbursements require original receipts for expenses?

Yes No

10. Do expense reimbursements require management approval at the next level?

Yes No

11. Are at least 20% of accounts receivable periodically verified by contact with the customer?

Yes No

12. If you handle securities, are they subject to joint control?

Yes No

If "Yes", what is the value of securities held? \$

13. How often is an inventory made including a physical check of stock and equipment?

14. Are all controls and informational systems consistent among all locations?

Yes No

C. Vendor Controls

1. Is an authorized vendor list utilized and updated annually for all purchases, with competitive bidding required?

Yes No

2. Are background checks performed on vendors in order to determine ownership and financial capability?

Yes No

3. Is the responsibility for authorizing vendors, approving invoices and processing payments segregated among different employees?

Yes No

4. Are requisitions and purchase orders issued only after the approval of specified employees within specified limits?

Yes No

D. Computer Controls

- 1. Do you have an IT Department or Computer Department? Yes No
- 2. Are the duties of programmers and operators segregated? Yes No
- 3. Are tests performed to detect unauthorized programming changes? Yes No
- 4. Do employees have access only to information or programs that allow them to do their jobs? Yes No
- 5. Are passwords required for access to sensitive information? Yes No
- 6. When employees change positions and no longer require access to certain information, is access status changed? Yes No

E. Funds Transfer Controls

- 1. Is there a written policy regarding funds transfers? Yes No
- 2. What is the average monthly number of funds transfers? Number of:
- 3. What is the largest single amount that can be transferred? \$
- 4. Does your bank require authentication of the identity of the caller before acting upon any instructions? Yes No
- 5. Does your bank require confirmation of funds transfer transactions in writing within 24 hours? Yes No
- 6. Are verifications sent directly to a department not authorized to initiate transfers? Yes No
- 7. Is reconciliation performed on the same day the confirmation is received? Yes No
- 8. Are there independent checks of funds transfer records by employees not authorized to handle such transfers? Yes No
- 9. Are there specific arrangements with banks as to those employees of yours authorized to:
 - Transfer funds? Yes No
 - Request changes in procedures? Yes No
 - Obtain records? Yes No

VI. PRIOR INSURANCE

Has any insurance, similar to the kinds requested in this application, been declined or cancelled during the past three years? Yes No

If "Yes", explain:

VII. LOSS HISTORY

List all losses sustained, whether or not claimed, and if claimed, whether or not reimbursed during the past three years from the completion date of this application for any similar insurance requested in this application.

Check If None.

Date Of Loss:
Description Of Loss:
Amount Of Loss: \$
Amount Of Loss Pending: \$
Amount Received From Insurance: \$
Amount Recovered From Other Than Insurance: \$
Describe remedial action taken to prevent similar loss(es) in the future:

Date Of Loss:
Description Of Loss:
Amount Of Loss: \$
Amount Of Loss Pending: \$
Amount Received From Insurance: \$
Amount Recovered From Other Than Insurance: \$
Describe remedial action taken to prevent similar loss(es) in the future:

Date Of Loss:
Description Of Loss:
Amount Of Loss: \$
Amount Of Loss Pending: \$
Amount Received From Insurance: \$
Amount Recovered From Other Than Insurance: \$
Describe remedial action taken to prevent similar loss(es) in the future:

FRAUD STATEMENT: 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.

Alabama Fraud Statement

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.

Arkansas Fraud Statement

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.

Colorado Fraud Statement

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 Fraud Statement

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.

Hawaii Fraud Statement

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

Kentucky Fraud Statement

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana Fraud Statement

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 Fraud Statement

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.

Maryland Fraud Statement

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.

New Jersey Fraud Statement

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Statement

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 CIVIL FINES AND CRIMINAL PENALTIES.

New York Fraud Statement

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 Fraud Statement

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 Fraud Statement

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 Fraud Statement

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

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A.** The misinformation is material to the content of the policy;
- B.** We relied upon the misinformation; and
- C.** The information was either:
 - 1.** Material to the risk assumed by us; or
 - 2.** Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania Fraud Statement

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.

Puerto Rico Fraud Statement

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 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 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.

Tennessee Fraud Statement

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.

Vermont Fraud Statement

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 may be guilty of a crime and may be subject to fines and confinement in prison.

Virginia Fraud Statement

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.

Washington Fraud Statement

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.

Insured (Applicant):

By:

Print Name:

Print Title:

Signature:

Date:



ProSurance Group
2685 Marine Way, Suite 1408
Mountain View, CA 94043
(650) 428-0818
crime@prosurancegroup.com