

PAWN SHOP INSURANCE APPLICATION

1. Applicant's Name: _____
2. Proposed First Named Insured: _____
 (First Named Insured is responsible for premium payment, cancellation and changes—refer to policy wording.)
3. Other Insureds: _____
 (Relationship to the first Named Insured)
4. Mailing Address: _____
5. Inspection/Audit Contact Name: _____ Contact Phone: _____
6. Business Phone: _____ Business Fax: _____
7. E-mail: _____ Website Address: _____
8. Principal Business Address: _____
 City: _____ State: _____ Zip: _____
9. Form of Business: Individual Partnership Corporation
 LLC Other: _____
10. Years in business at this location: _____ Years of Industry Experience: _____
 Proposed Effective Date: From: _____ To: _____

11. Additional Interests:

*Type: Mortgagor (M) Additional Insured (AI) Loss Payee (LP)

Loc No.	Type*	Name	Address	City	State	Zip Code

12. Pawn Shop Location Information

Loc No.	Street Address	City	County	State	Zip Code

13. Loss History—(Loss Information for the past three years is required. If no insurance—state no insurance.)

Year	Carrier	Policy No.	Incurred Losses \$	Description of Losses

14. Coverage Requested

Limits of Insurance: Property Pledged means Items taken in on Pawn as collateral. Unpledged means everything but Pledged.

Loc. No.	Building Limit	BPP Limit (incl. TI)	Pledged (OTFJ)	Unpledged (OTFJ)	Pledged (FJ)	Unpledged (FJ)	Constr.	PC

(OTFJ=Other than Firearms and Jewelry FJ=Firearms and Jewelry)

Loc. No.	Business Income Limit	1/3, 1/4 or 1/6 (Monthly limit of indemnity)	Ext. Period Of Indemnity	Deductibles Building: _____ BPP/OTFJ: _____ Firearms/Jewelry: _____ \$1,000 Min.

Business Income – any amount over \$500,000 requires a business income worksheet

Optional Coverage Limits:

Show Windows—Protected	See Coverage Extensions	Closed: \$
Show Windows—Unprotected	Open: \$	Closed: \$
Inventory with Other Dealers (memoing)	\$	
Ordinance or Law - Coverage A <input type="checkbox"/>	Coverage B: \$	Coverage C: \$
Increased Per Item Jewelry Theft Limit	\$ (\$10,000 Included)	
Bullion <input type="checkbox"/> Include <input type="checkbox"/> Exclude	\$	

General Liability Limits

Per Occurrence	\$												
Aggregate	\$												
Fire Damage Legal Liability	\$												
Medical Payments	\$												
Firearms Products Liability	<input type="checkbox"/> Include — Limit <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> Exclude												
Hired and Non-Owned Auto Liability	<input type="checkbox"/> Include <input type="checkbox"/> Exclude												
Employee Benefits Liability	<input type="checkbox"/> Include <input type="checkbox"/> Exclude												
Employment Practices Liability	<p>Except as noted here, your quote will automatically include coverage at a \$25,000 limit with a \$5,000 deductible. For businesses in MN and ND a \$100,000 limit with a \$5,000 deductible will be quoted. If your business is located in AR, MT or NM a separate application must be completed prior to quoting. Coverage is not available for businesses in LA.</p> <table> <thead> <tr> <th>Limit</th> <th>Per Claim Deductible</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> \$25,000</td> <td><input type="checkbox"/> \$2,500</td> </tr> <tr> <td><input type="checkbox"/> \$50,000</td> <td><input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</td> </tr> <tr> <td><input type="checkbox"/> \$75,000</td> <td><input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</td> </tr> <tr> <td><input type="checkbox"/> \$100,000</td> <td><input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000</td> </tr> <tr> <td><input type="checkbox"/> \$250,000</td> <td><input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000</td> </tr> </tbody> </table>	Limit	Per Claim Deductible	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
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Optional Crime Coverage (select limits below if coverage is desired)

Employee Dishonesty \$5,000 \$10,000 \$25,000 \$50,000 \$100,000
 Forgery and Alteration (limit matches Employee Dishonesty Limit) Include Exclude
 (only available if Employee Dishonesty is purchased)
 Computer Fraud \$25,000 \$50,000 \$100,000

Coverage Extensions:

The following coverages are provided without additional charge at the limit indicated. For higher limits, please indicate desired limit in space below.

Coverage	Limit Provided	Desired Limit	Coverage	Limit Provided	Desired Limit
Accounts Receivable	\$25,000		Off Premises – Utility Failure – Business Income	\$25,000	
Backup of Sewers	\$25,000		Outdoor Property Incl. Signs	\$250,000	
Computer – Data/Media	\$50,000		Ordinance or Law	\$100,000	
Computer Equipment	\$100,000		Personal Effects	\$25,000	
Debris Removal	\$25,000		Pollution Clean Up	\$25,000	
Dependent Property	\$100,000		Property in Transit	\$25,000	
Fine Arts	\$25,000		*Property in Transit – Pawnbrokers	\$25,000	
Fire Dept. Svc Charge	\$25,000		*Property Mailed –Registered Mail	\$25,000	
Interruption of Computer Ops	\$10,000		Property Off Premises	\$10,000	
Inventory and Appraisal	\$20,000		Recharge of Fire Protect. Equip.	\$10,000	
Lease Cancellation Moving	\$5,000		Retaining Walls	\$5,000	
Limited Cov. For Fungus, Rot	\$15,000		Reward Payments	\$10,000	
Lock Replacement	\$10,000		Salespersons Samples	\$10,000	
Money & Securities – Inside	\$10,000		Show Windows	\$50,000	
Money & Securities - Outside	\$5,000		Spoilage	\$25,000	
Money Orders & Counterfeit	\$1,000		Trees, Plants & Shrubs	\$10,000	
Newly Acquired –Buildings	\$500,000		Undamaged Leasehold Improv.	\$25,000	
Newly Acquired – BPP	\$500,000		Valuable Papers	\$50,000	
Newly Acquired – Business Inc.	\$500,000		Virus and Hacking	\$25,000	
Non-Owned Detached Trailers	\$20,000		Wind Blown Debris	\$10,000	
Off Premises Utility Failure – damage to covered property	\$25,000				

Premises Protection (Check all that Apply)

- Burglar Alarm: None Local (rings at premises) Police Connected Central Station
- Exterior Protections—Contacts on all:
 - All Doors Battery Backup Floor Motion Detectors
 - All Walls Ceiling Infrared Other: _____
 - All Windows Cell Backup Premises Line Security

3. Maximum Response Time: _____ Monitoring Co.: _____ Install Date: _____

4. Hold-Up Alarm: None Local Police Connected Central Station
 Number of Signal Buttons: _____

5. Safe/Vault: Number of Safes/Vaults: _____

Describe each below:

Safe No.	Prem.	Mfg.	Type (e.g., TL15, TL30)	Timelock	Relock	Alarm
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Safe/Vault Alarm: None Local Police Connected Central Station Motion Detectors Only

7. Extent of Protection (Safes/Vaults): Door All Safe Walls Contact

8. Other Security Protections:

- Guard on Premises Armed Guard Guard Dogs Bullet Proof Glass
 Bars on Windows Roll-down Gate Surveillance Camera with Recorder
 Surveillance Camera without Recorder Other: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” OR “N/A”

UNDERWRITING INFORMATION

General Section

1. Enter percentage of business from:
 Pawn brokering _____%
 Retail Sales _____%
 Other: _____%

2. Pawned items include (check all that apply):
 Jewelry Guns Tools Motorcycles
 Automobiles Boats Recreational Vehicles
 If Motorcycles, Boats or Recreational Vehicles are checked, what percent of sales belong to these? _____%

3. Operations (check all that apply and indicate percent of total sales):
 Auto Pawn _____% Title Pawn _____%
 Rent to Own _____% Check Cashing _____%

4. Gross Sales: \$ _____ Interest from Pawns \$ _____
 Gun Sales \$ _____ Payroll \$ _____

5. Management Personnel

Name	Age	Job Description	Years Employed	Percent of Ownership
				%
				%
				%
				%

6. Bonding:
 Are you bonded? Yes No
 Are your employees bonded? Yes No
7. Do you perform criminal background checks on all employees? Yes No
8. List any State and/or National Association Pawnbroker membership number: _____
9. Business Hours: From: _____ To: _____
10. Total Employees: _____ Minimum Number of Employees at One Time: _____
11. All Firearms kept on the premises are (check all that apply):
 Cabled Locked Stored in Locked Cases
12. Have any of your licenses been revoked or suspended within the past five years? Yes No
13. Has any employee or owner ever had any prior convictions for illegal activities? Yes No
14. Are all employees handling firearms properly trained? Yes No
15. Are firearms test fired on the premises? Yes No N/A
16. Do you have the proper state and local license to sell firearms? Yes No N/A
17. Do you offer warranties on goods sold? Yes No
18. Have any of your operations been sold, acquired, or discontinued within the past five years? Yes No
19. Are your parking facilities in common areas free from defects and adequately lighted? Yes No N/A
20. Are any products of others sold or repackaged under your own label? Yes No
21. Do you have any other operations, other than pawn brokering not described above?
 If yes, please describe: _____
22. Do you have any owned autos? Yes No

Property Section

1. Building Information (indicate year of updates)

Prem. No.	Building Age	Building Area (sq. ft.)	Roof	HVAC	Plumbing	Electrical	Sprinklered	Fire Alarm*
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS

*(L=local, P=Police Connected, CS= Central Station)

2. Building Ownership

Prem. No.	Own or Lease	List All Other Occupancies	List Adjacent Operations

3. Do you lease space to others in any of the above locations? Yes No
 If yes, which premises? _____
 If yes, type of operation: _____ Square Footage of Leased Space: _____
4. Do you restore, repair, service or refinish any inventory? Yes No
 If yes, what? _____
5. If ammunition or gunpowder is sold, how is it stored? _____

6. How do you establish the value of items (i.e., Blue Book, Orion, Other)? _____
7. How were property values determined for pledged items:
 Loan plus Interest Multiples of Loan (indicate times): _____
 Wholesale Replacement Other: _____
8. How were property values determined for unpledged (previously pawned items):
 Loan plus Interest Multiples of Loan (indicate times): _____
 Wholesale Replacement Other: _____
9. How were property values determined for non-pledged items (items purchased from wholesalers or direct from public):
 Wholesale Replacement Other: _____
10. How is the stock inventory kept? Computer Printout Manual Other: _____
11. How often are your inventory records updated? _____
12. Where are data/media and records stored when not in use? Safe/Vault Computer Other: _____
13. Is key data duplicated and stored elsewhere? Yes No
 If yes, where: _____
14. What is the maximum dollar amount of loose gems and diamonds you have on the premises at any one time?
 The standard policy provides a maximum amount up to \$50,000. \$ _____

WARRANTIES AS TO PROPERTY INSURED WHEN PREMISES ARE CLOSED:

While the business is closed, stock consisting of firearms and jewelry will be stored as follows:

Storage	Percent of Jewelry	Percent of Firearms
Safe No. 1	%	%
Safe No. 2	%	%
Safe No. 3	%	%
Safe No. 4	%	%
Not in Safe	%	%
Off Premises	%	%
Cabled (applies to long guns)	N/A	%
Total (must be 100%)	100%	100%

Chart to be completed on Column Basis not on a by Row Basis.

15. Financial Information

- a. Over the past 24 months, have all of your payments to vendors and suppliers been made within 30 days of the due date? Yes No
- b. Are you currently operating under any chapter of the U.S. bankruptcy code? Yes No

In the event a policy is issued by the company based on this application, this application shall become a part of the policy and shall constitute a warranty. Included in the policy is an agreement that I/We will maintain the security and safeguards at my premises as I/ We have indicated in this application. In the event, the protection is not maintained and a loss occurs, coverage may not be provided. I/We have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement.

FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRADULENT 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 ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 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 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

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 PREPARED 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 MATERIAL 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

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 NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

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: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

I/WE DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Applicant's Name and Title: _____

Applicant's Signature: _____ Date: _____

(Must be signed by an active owner, partner or officer)

Agent/Producer's Signature: _____ Date: _____

Agent/Producer's Name: _____ Phone Number: _____

Agent/Producer's Address: _____

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