COMPREHENSIVE PERSONAL LIABILITY APPLICATION

Date:

Producer's Name, Address and Phone Number	Applicant's Name and Mailing Address (include county & ZIP)
_____	_____
_____	_____
_____	_____
_____	_____
CODE_____	
POLICY TERM → _____ Inception: (Mo, Day, Yr.) _____ Expiration: (Mo, Day, Yr.)	NEW ☐ RENEWAL ☐ PREV POL #: _____

PREVIOUS ADDRESS (If less than 3 years)	Location of property if different from above (include county & ZIP)

APPLICANT INFORMATION

Applicant's Occupation	Applicant's Employer Name	Yr. Employ	Marital Status	Date of Birth

Co-Applicant's Occupation	Co-Applicant's Employer Name	Yr. Employ	Marital Status	Date of Birth

	Location	Description	Square Feet
1.			
2.			
3.			

COVERAGES/LIMITS OF LIABILITY (Each occurrence):

☐ $100,000 ☐ $300,000 ☐ $500,000 ☐ $1,000,000

IDENTITY THEFT COVERAGE ($25,000):

☐ YES ☐ NO

MEDICAL PAYMENTS:

$1,000 ☐ $2,000 ☐ $5,000 ☐

RATING/UNDERWRITING

Yr built _____ (PICTURES OVER 10, INSPECTIONS OVER 20)

Structure Type		Usage Type		#Families	# Weeks Rented	# Apts
☐ Dwelling	☐ Townhouse	☐ Primary	☐ Rental	_____	_____	_____
☐ Apartment	☐ Rowhouse	☐ Secondary	☐ Seasonal			
☐ Condo	☐ Co-Op					

General Information Explain all "Yes" responses in remarks	*Yes*	*No*	General Information Explain all "Yes" responses in remarks	*Yes*	*No*
1. ANY BUSINESS CONDUCTED ON PREMISES (including day/child care)?	☐	☐	6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy #)	☐	☐
2. ANY FULL-TIME RESIDENCE EMPLOYEES? (No. of employee)	☐	☐	7. ANY ANIMALS OWNED? (How many & breed)	☐	☐
3. ANY OTHER EMPLOYEES- DESCRIBE?	☐	☐	8. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING LAST 3 YEARS? (not applicable in DC, MO, OR OH)	☐	☐
4. ANY FLOOD, BRUSH HAZARD, LANDSLIDE, ETC.?	☐	☐	9. ANY POOLS OR SPAS AT ANY LOCATIONS? If yes, are they fenced?	☐	☐
5. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	☐	☐	10. IS THE PROPERTY VACANT? EXPLAIN	☐	☐

PLEASE COMPLETE NEXT PAGE

LOSS HISTORY:	- ANY LOSSES DURING THE LAST 5 YEARS? ☐ Yes ☐ No (IF YES, INDICATE BELOW)		
Date	**Type**	**Description of Loss**	**Amount ($)**

PRIOR COVERAGE		
Prior Carrier	**Prior Policy Number**	**Amount of Coverage**

REMARKS	

Fraud Warnings
Various state regulations require us to inform you of fraud warnings.

To All Prospective 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.. (CO)

District of Columbia
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. (DC)

Florida
Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL)

Hawaii
For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. (HI)

Kentucky
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. (KY)

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. (LA**)**

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 Mexico
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. (NM)

New York
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 $5,000 and the stated value of the claim for each such violation.

New York (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Ohio
Any person who, with intent to defraud or knowing that he/she 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. (OH)

Oklahoma
WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (OK**)**

Pennsylvania
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 (7) years and the payment of a fine of up to $15,000**.. (PA)**

Rhode Island
NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states**.**

Tennessee
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. (TN)

Virginia
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. (VA)

APPLICANT'S STATEMENT; I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIED ALL OF THE FOREGOING STATEMENTS ARE TRUE: (Kansas: This does not constitute a warranty.)

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATION CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OR LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

I ACKNOWLEDGE BY SIGNATURE TO THIS APPLICATION THAT IF I CHOOSE TO CANCEL MY POLICY, THE RETURN PREMIUM WILL BE CALCULATED ON A SHORT RATE BASIS (.90 X SHORT RATE).

APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	AGENT'S/BROKER'S SIGNATURE

Scheduled Items (Cont.)

	Locations:	Description	Units/Acres	Yr Built	Type
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Trusts and Additional Insureds:

	Full Trust Name/A.I. Full Name	Relation	Dated
1			
2			
3			
4			
5			

Additional Notes: