

# Equine Liability Application



Company Use Only

Customer No.	
Producer No.	

(Note: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

Agent's Name and address (Including Zip Code) Agents Phone # 916-669-1362

Sypolt Insurance Services, Inc.  
11344 Coloma Road, Suite 635

City Gold River St CA Zip 95670 Producer 110391

Transaction  New Business  Quote  Issue  Renewal of # Effective Date to Quote Desired By

Agency Bill  Annual  Semi-Annual  Quarterly  Choice/Direct Bill to Applicant

Applicant is:  Owner-Operator  Absentee Owner  Manager  Does Owner:  Own Property  Lease Property  
 LLC  Partnership  Corporation  Other (explain)

Applicant - Name and address ( include County and Zip Code)

Applicant:

Applicant's Farm Business Name:

Mailing Address:

City County State Zip

Applicant's Phone Number: Website /www: FEIN #:

Person to contact for inspection purposes: Name: Phone:

## IS THIS APPLICANT DIRECT TO YOUR AGENCY OR BROKERED?

- How long has agent known applicant? Provide the date when agent inspected premises:
- Are horse operations your main source of income?  Yes  No If not, what is:  
Are you engaged in any other business, profession or trade? If yes, describe:
- Describe your horse operations
- How many years experience in the business with horses? If none, any experience as Farm Mgr, etc.
- What primary breed of horse do you work with?
- Are there any farm/ranch operations than horse?  Yes  No If yes, what?
- Do you perform any custom farming operations?  Yes  No If yes, what are the receipts?  
Describe the type of custom farming you do
- Number of farm/ranch employees Number of domestic employees  
Is Worker's Compensation carried?  Yes  No If yes, Name of Company:  
Policy Number: Effective Date: Expiration Date:
- Are there any non-farm/ranch operations conducted on premises?  Yes  No  
If yes, describe  
Name of insurance provider  
Policy Number: Effective Date: Expiration Date:
- Is there a business or professional office (non-farm) in your dwelling or on your premises?  Yes  No
- Do you own a non-farm residence in which you reside (i.e. vacation home)  Yes  No  
Do you have liability insurance for it?  Yes  No If yes, please provide insurance information:  
Name of insurance provider  
Policy Number: Effective Date: Expiration Date:
- Is the scheduled premises the only premises you own, rent or operate/maintain as a farm/ranch/residence?  Yes  No  
If no, explain.
- Do you own any (non-farm) rental dwelling(s)?  Yes  No Do you wish liability coverage on them?  Yes  No
- Is any property leased to others?  Yes  No If yes, please explain:
- Do you judge shows?  Yes  No What are your annual receipts?

16. Open Range Area?  Yes  No Fences inspected and repaired regularly?  Yes  No

17. Is there a swimming pool on premises?  Yes  No If yes, at which location and structure? \_\_\_\_\_  
 Does the pool(s) have a secure 4ft no climb fence with self latching lock on the inside?  Yes  No  
 Is there a diving board?  Yes  No  
 Is the pool used by anyone other than the applicant?  Yes  No  
 What is the depth of the pool? \_\_\_\_\_

18. Is the applicant involved in any of the following activities?

Dude Ranch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entertainment/Amusements involving farm animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pony Rides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hay/Carriage/Sleigh Rides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Horse Rentals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polo/Horse Ball	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Therapeutic or Riding for the Handicapped	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hunting or fishing on premises by other than owner and family	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motorcycles, ATV's operated by other than applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vaulting	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain any "Yes" answers: \_\_\_\_\_

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19. Are dogs owned?  Yes  No How many? \_\_\_\_\_ Breed \_\_\_\_\_  
 Any past aggressive behavior? (i.e. bites, etc..) \_\_\_\_\_  
 Are dogs contained when customers are on premises? \_\_\_\_\_  
 Are dogs allowed in barn/horse area? If so, describe \_\_\_\_\_

20. Are independent contractors hired to perform any farming operations?  Yes  No  
 Do you ask for proof of liability insurance (COI)?  Yes  No  
 Are you named as Additional Insured on the Independent's liability policy?  Yes  No  
 What does the Independent do for your? \_\_\_\_\_

21. Is any part of the premises used or leased for organized recreation use?  Yes  No  
 Type of use? \_\_\_\_\_

22. Does Applicant prepare and/or sell animal feed?  Yes  No  
 If yes, explain: \_\_\_\_\_

23. Are the farm premises open to the public as roadside stands, "uPick", recreational, "rent a garden", auction, sales, show, food or beverage service, animal boarding, sale of Christmas trees, or any other uses?  Yes  No  
 If yes, explain. \_\_\_\_\_

24. Are there any unusual hazards on the premises such as (but not limited to) dump pits, silage pits, sump holes, lakes, reservoirs?  
 Yes  No Explain: \_\_\_\_\_

25. How is animal waste disposed of? \_\_\_\_\_

26. Is there an airstrip on the premises?  Yes  No How is it used and by whom? \_\_\_\_\_

27. Do you wish liability coverage for any owned watercraft?  Yes  No (if yes, attach Acord Watercraft Application)

28. Do you wish liability coverage for any owned snowmobiles/ATVs/Golf Carts?  Yes  No  
 Are any licensed for road use?  Yes  No Do you want off premises coverage?  Yes  No  
 Make, Model, VIN? \_\_\_\_\_ How are they used: \_\_\_\_\_  
 If ATV, how may wheels? \_\_\_\_\_ What is the value of each? \_\_\_\_\_  
 Operator information (names, dates of birth, drivers license #(s)). \_\_\_\_\_

29. Is there any land held for real estate development or speculation?  Yes  No  
 If yes, provide details: \_\_\_\_\_

30. Are you a subsidiary of another company?  Yes  No If yes, explain: \_\_\_\_\_

31. Do you serve on any corporate or other board for remuneration?  Yes  No Detail: \_\_\_\_\_

32. Do you have a homeowner policy?  Yes  No If yes, Carrier, Policy #, Limit of Liability & policy term: \_\_\_\_\_

## 5 YEAR PRIOR COVERAGE INFORMATION

Line	Policy Period	Carrier	Policy Number	Premium	Number of Claims
Property					
Liability					
Auto					
Umbrella					
Other					

### 5 Year Loss History

Enter all claims or occurrences for the prior five years. Attach hard copy loss runs.

Date	Description of Claim/Occurrence	Amount	Open/Closed

Has any policy been cancelled?  Non-Renewed?  Declined?  (not applicable in MO)

Explain yes answers:



## LIABILITY SECTION

Unless Specifically Endorsed Non-Owned Horses In Your Care, Custody or Control Are Not Covered For Injury or Death. Attach Care, Custody and Control Application if coverage is wanted

Limits of Insurance – Occurrence/Aggregate (000)

\$100 / \$200     
  \$300 / \$600     
  \$500 / \$1,000     
  \$1,000 / \$2,000

### Equine Underwriting and Safety Information:

1. Are you the primary manager of facility?  Yes  No  
 If no, who is the manager: \_\_\_\_\_ Age: \_\_\_\_\_ Experience: \_\_\_\_\_
2. Is there 24 hour supervision of the facility?  Yes  No Explain Supervision: \_\_\_\_\_
3. Are emergency numbers clearly posted?  Yes  No
4. Are Safety and Barn rules posted at the facility?  Yes  No Please provide a copy.
5. Are no smoking signs clearly posted?  Yes  No
6. Are State Equine Liability signs clearly posted (if applicable)?  Yes  No  N/A
7. Do you participate in parades?  Yes  No If yes, please provide details: \_\_\_\_\_
8. Are Non-boarders using the facility?  Yes  No If yes please explain: \_\_\_\_\_
9. Do any Associations, Pony Clubs, 4-H Clubs, 4-H, Girl/Boy Scouts, etc use your facility?  Yes  No  
 If yes, please explain: \_\_\_\_\_
10. Do you have all clients sign a hold harmless agreement and is it kept in file and maintained?  Yes  No  
 Enclose sample copies of all hold harmless agreements.
11. Are client's dogs allowed on the facility?  Yes  No If yes, are leashes required?  Yes  No
12. Do you lease any part of the building or land to someone else (other than your boarders)?  Yes  No  
 If yes, please explain: \_\_\_\_\_
13. Do you lease any part of the buildings or land from someone else?  Yes  No  
 If yes, please explain: \_\_\_\_\_
14. All fence/gates in good condition?  Yes  No How often is fencing checked (daily, weekly, monthly, never)? \_\_\_\_\_ What type of perimeter fencing is used? \_\_\_\_\_
15. Has any animal ever escaped?  Yes  No If yes, please explain: \_\_\_\_\_
16. Do you lease horses to or from others?  Yes  No Need copy of Contract  
 Details: \_\_\_\_\_

### Sales on Premises Operated by You Not Applicable

17. Do you sell horses on your premises?  Yes  No What breeds? \_\_\_\_\_
18. How many do you sell a year? \_\_\_\_\_ What are the annual receipts? \_\_\_\_\_
19. Is the buyer allowed to test ride?  Yes  No If buyer is allowed to test ride, required to have Hold Harmless signed and proper footwear and headgear worn if minor.
20. If buyer is allowed to test ride, is the level of experience evaluated?  Yes  No
21. What is the method of sale (private treaty, auction, consignments)? \_\_\_\_\_
22. Do you sell food or operate a snack bar?  Yes  No What are the annual receipts? \_\_\_\_\_  
 What is sold (hamburgers, hotdogs, chips, etc.)? \_\_\_\_\_ Deep Fryer?  Yes  No
23. Do you sell tack and/or clothing?  New  Used  Reconditioned Tack  
 If so, what are the annual receipts? \_\_\_\_\_
24. Do you offer repair of tack or riding equipment?  Yes  No  
 If yes, what is the location of the shop? \_\_\_\_\_
25. Do you/employee perform any type of farrier services?  Yes  No What are the annual receipts? \_\_\_\_\_
26. Do you cut or bale hay?  Yes  No What are the annual receipts? \_\_\_\_\_
27. Do you prepare or mix feed for sale?  Yes  No What are the annual receipts? \_\_\_\_\_

# LIABILITY SECTION

## Riding Instructions

- Not Applicable
28. Do you teach: English  Western  Jumping  Other (explain) \_\_\_\_\_  
Pony Club Activities and Vaulting, refer to Company.
29. Is instruction provided by: You  Independent Instructor  Employee
30. If instruction is provided on your premises by an Independent Instructor, how many such instructors? \_\_\_\_\_
31. Describe your experience and qualifications:  
Are you a certified instructor?  Yes  No If yes, by whom? \_\_\_\_\_
32. Describe your employee's and/or Independent Instructor's experience and qualifications: \_\_\_\_\_
33. Do you obtain a certificate of insurance from the Independent Instructor(s)?  Yes  No  
Applicant must be named as Additional Insured. Please provide a copy of the Certificate of Insurance.
34. Is your employee and/or Independent Instructor certified?  Yes  No By Whom? \_\_\_\_\_
35. What is the number of students per week given lessons by you or your employee? \_\_\_\_\_
36. What is the number of students per week given lessons by the Independent Contractor? \_\_\_\_\_
37. What is the minimum age of the students': \_\_\_\_\_
38. What is the maximum number of students per instructor per lesson for you & your employees? \_\_\_\_\_
39. What is the maximum number of students per instructor per lesson for the Independent Instructor? \_\_\_\_\_
40. What are the annual gross receipts derived from instruction by you and your employee? \_\_\_\_\_
41. What are the annual gross receipts derived from instruction by the Independent Instructors? \_\_\_\_\_
42. Do you attend off-premises shows with your students?  Yes  No

## Clinics

- Not Applicable
43. Do you hold/sponsor clinics for non-students on your premises?  Yes  No Off Premises?  Yes  No  
Details? \_\_\_\_\_
44. Type of Clinics: \_\_\_\_\_
45. Number of Clinics: \_\_\_\_\_ Number of days per clinic: \_\_\_\_\_
46. Average Attendance: \_\_\_\_\_
47. Do you rent/lease your facility to others to hold clinics?  Yes  No  
If yes, provide Certificate of Insurance with the Applicant named as Additional Insured. \_\_\_\_\_  
If yes, who teaches these clinics? \_\_\_\_\_
48. Do you require outside clinicians to provide proof of insurance?  Yes  No Please send copy
49. What are the receipts for the clinics? \_\_\_\_\_

## Day Camps

- Not Applicable If yes, complete Camp Supplemental
50. Do you hold camps?  Yes  No

## Boarding (not your own horses)

- Not Applicable
51. Do you provide riding facilities for boarders?  Yes  No If yes, describe: \_\_\_\_\_
52. Is temporary overnight boarding provided  Yes  No If yes, describe: \_\_\_\_\_
53. If boarding self-board or full care? \_\_\_\_\_
54. Do you have boarders sign hold harmless agreements?  Yes  No If yes, provide copy.  
If no, explain: \_\_\_\_\_
55. Number of stalls on premises used for boarding? \_\_\_\_\_ Maximum number of animals boarded? \_\_\_\_\_
56. Maximum number of animals pastured? \_\_\_\_\_
57. Annual Receipts related to Boarding? \_\_\_\_\_ Boarding Payroll? \_\_\_\_\_

## LIABILITY SECTION

### Training

Not Applicable

58. What type of training is given? \_\_\_\_\_
59. Do you have a trainer on staff?  Yes  No If yes, what is the payroll for the trainer? \_\_\_\_\_
60. How many lessons are considered part of their training agreement? \_\_\_\_\_ Provide copy of agreement
61. Total payroll related to Training? \_\_\_\_\_
62. If Trainer is independent contractor, do you require a certificate of insurance?  Yes  No  
Certificate of Insurance must name applicant as additional insured. Please attach a copy.
63. If racing, in which states do you race? \_\_\_\_\_
64. Annual receipts for training? \_\_\_\_\_  
What is the average number of horses trained per year? \_\_\_\_\_

### Owned Horses

Not Applicable

65. How many horses do you own or lease for your own use? \_\_\_\_\_
66. How many are used for pleasure riding? \_\_\_\_\_
67. How many are used for showing? \_\_\_\_\_
68. How many are for sales prep? \_\_\_\_\_
69. How many are used for instruction? \_\_\_\_\_

### Breeding

Not Applicable

70. Do you manage stallions?  Yes  No If yes, how many? \_\_\_\_\_
71. How many are owned wholly by you? \_\_\_\_\_
72. How many are owned by others? \_\_\_\_\_
73. What are your receipts from breeding? \_\_\_\_\_
74. What is your breeding operations payroll? \_\_\_\_\_
75. Do you manage or keep broodmares?  Yes  No
76. How many broodmares do you own? \_\_\_\_\_
77. How many non-owned broodmares do you have on your farm at any one time? \_\_\_\_\_
78. Do you offer foaling services?  Yes  No If yes, what are the receipts? \_\_\_\_\_
79. Do you have a veterinarian on staff?  Yes  No (Professional Liability is excluded)  
Are vet services provided for other than applicant horses?  Yes  No If yes, provide COI for Professional Liability.

### Horse Shows

Not Applicable

80. Do you sponsor any horse shows on your premises?  Yes  No Off Premises?  Yes  No
81. Number of spectators per day/show? \_\_\_\_\_ Total per show \_\_\_\_\_  
Number of participants per day/show? \_\_\_\_\_ Total per show \_\_\_\_\_ Receipts per show? \_\_\_\_\_
82. Dates of Shows: \_\_\_\_\_
83. Types of Shows \_\_\_\_\_
84. Do you have stall rental for shows?  Yes  No If yes, by whom? \_\_\_\_\_  
Number of stalls available? \_\_\_\_\_ Are they temporary or Portable Stalls?  Yes  No
85. Do you secure releases/hold harmless agreements from all entrants?  Yes  No Attach sample copy
86. Do you have an EMT present at all shows?  Yes  No
87. Are shows sanctioned?  Yes  No If yes, by whom? \_\_\_\_\_
88. Do you have bleachers or grandstands?  Yes  No If yes, what is the construction? \_\_\_\_\_  
If yes, what is the height? \_\_\_\_\_ If yes, what is the seating capacity? \_\_\_\_\_
89. Do you provide RV or camper hookups during these shows?  Yes  No  
If yes, number of hookups? \_\_\_\_\_ What are the Receipts? \_\_\_\_\_
90. Do you provide concessions during these shows?  Yes  No  
If yes, explain: \_\_\_\_\_
91. Do you have vendors on the premises during these shows?  Yes  No  
If yes, please explain items sold: \_\_\_\_\_
92. Do you collect proof of liability insurance from these vendors?  Yes  No
93. Do you lease your facility to others to hold shows and events?  Yes  No If yes, explain: \_\_\_\_\_  
What are the receipts for leasing the facility: \_\_\_\_\_
- Do you require proof of liability insurance?  Yes  No

## INSURANCE FRAUD WARNING STATEMENT

This statement is provided to you with the insurance application. READ and initial the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attached application to your agent.

- Arizona For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- Arkansas 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.
- California For your protection California law requires the following to appear on this form: Any person who 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 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, 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 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.
- Delaware Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- Florida Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim any application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Idaho Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.
- Indiana A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.
- Kentucky Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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 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 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.



- Minnesota      A person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.
  
- New Hampshire      Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or inform misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.
  
- New Jersey      Any person who knowingly files a statement of claim containing any false or misleading information 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.
  
- New York      Any person who knowingly and with intents 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, for 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      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      WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
  
- Pennsylvania      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.
  
- 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.

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ License #: OD10217 Date: \_\_\_\_\_

**GENERAL FRAUD STATEMENT**

**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 [NY: SUBSTANCIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT, or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)**

**IN 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.**

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

(10/08)

## COLORADO APPLICATION SUPPLEMENT

**THIS NOTICE IS A PART OF YOUR APPLICATION FOR:**

- |   |   |
|---|---|
| <input type="checkbox"/> HOMEOWNERS INSURANCE             | <input type="checkbox"/> DWELLING INSURANCE               |
| <input type="checkbox"/> PERSONAL INLAND MARINE INSURANCE | <input type="checkbox"/> MOBILE HOME INSURANCE            |
| <input type="checkbox"/> WATERCRAFT INSURANCE             | <input type="checkbox"/> PERSONAL LINES PACKAGE INSURANCE |
| <input type="checkbox"/> PERSONAL UMBRELLA INSURANCE      | <input type="checkbox"/> PERSONAL AUTO INSURANCE          |
| <input type="checkbox"/> AGRICULTURE INSURANCE            | <input type="checkbox"/> COMMERCIAL INSURANCE             |

### FRAUD WARNING

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

(10/08)

## OHIO FRAUD STATEMENT

**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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

(10/08)