



# Lancer Non-Fleet Truck Application (1-9 Units)

P. O. Box 8020, Cary, NC 27512 • 111 Corning Road, Suite 180, Cary, NC 27518  
 TEL (919) 854-0730 • FAX (919) 858-0932 • www.lancerinsurance.com

Entire application must be completed and signed

If Fax, # of pages \_\_\_\_\_

<b>GENERAL INFORMATION</b>				<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
Name _____		Phone # ( ) - _____		Fax # ( ) - _____			
Mailing Address _____		City _____		State _____		Zip _____	
Contact Person _____		E-Mail Address _____					
Yrs. in Trucking Industry _____		Yrs. Operating in Your Name _____		Policy Effective Date _____			
Garaging Location(s) if different: Street _____		City _____		State _____		Zip _____	

<b>DESCRIPTION OF OPERATIONS</b>				<input type="checkbox"/> For Hire	<input type="checkbox"/> Private	<input type="checkbox"/> Non-Trucking		
Radius of Operations	0-100 miles	___%	101-300 miles	___%	301-500 miles	___%	500 + miles	___%

<b>ROUTES/AREAS TRAVELED THROUGH OR INTO</b>							
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Houston	<input type="checkbox"/> Louisville	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> San Francisco	
<input type="checkbox"/> Balt/Wash	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Memphis	<input type="checkbox"/> New York City	<input type="checkbox"/> Portland	<input type="checkbox"/> Seattle	
<input type="checkbox"/> Boston	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Miami	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> Richmond	<input type="checkbox"/> Tulsa	
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Denver	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Omaha	<input type="checkbox"/> St. Louis		
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Detroit	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Mpls./St. Paul	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Salt Lake City		
<input type="checkbox"/> Chicago	<input type="checkbox"/> Hartford	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nashville	<input type="checkbox"/> Phoenix	<input type="checkbox"/> San Diego		
<input type="checkbox"/> None of the above apply. Please list the three largest cities entered in your operation _____							

<b>COMMODITIES TRANSPORTED</b> - List shipper requirements, if any							
Commodity	% of Loads	Avg. Value	Max. Value	Commodity	% of Loads	Avg. Value	Max. Value
		\$	\$			\$	\$
		\$	\$			\$	\$
		\$	\$			\$	\$

**YES NO OPERATIONS:**

1. Are filings required? Docket #: \_\_\_\_\_

2. % of loads obtained from: Brokers \_\_\_\_\_ % Contracts \_\_\_\_\_ % Other \_\_\_\_\_ % Explain Other: \_\_\_\_\_

3. Do you lease to others? If Yes, who must provide primary insurance?  You  Other

4. Do you act as a freight broker or freight forwarder or arrange loads for others?

5. Do you or any owner, shareholder, officer or director now, or have you and or your company, ever operated under another name and/or Docket#? If Yes, Name: \_\_\_\_\_ Docket #: \_\_\_\_\_

6. Do you or any owner, shareholder, officer or director engage in, or have you ever engaged in, any other business unrelated to transportation? If Yes, please describe: \_\_\_\_\_

7. Do you allow passengers? If Yes, explain: \_\_\_\_\_

**YES NO EQUIPMENT:**

1. If you have your own authority:

a. Do you lease or hire equipment to or from others? If Yes, is it  Permanently Leased  Trip Leased \_\_\_\_\_ %

b. Is all owned or leased equipment scheduled on this application? If no, attach explanation.

c. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach an explanation.

2. Do you intend to add units this year? If Yes, how many power units? \_\_\_\_\_

3. Do you pull:

a. Double Trailers?

b. Triple Trailers?

4. Are loaded trailers ever left unattended: If Yes, explain: \_\_\_\_\_

5. Do you spot trailers: If Yes please explain: \_\_\_\_\_

**YES NO DRIVERS:**

1. Do you now or do you intend to hire owner operators? Current # \_\_\_\_\_

2. Do you now or do you intend to hire team drivers? Current # \_\_\_\_\_
3. Do you agree to report all drivers?
- a. Minimum Age of Driver Hired 25 Minimum Years of Experience Required 4
- b. Maximum # of moving violations allowed 3 (last 3 years)  
 Maximum # of accidents allowed 2 (last 3 years)

Is this a New Venture?  Yes  No. If Yes, complete New Venture Profile.

How long have you had authority? <1 year  <2 years  2+ years

Has any insurance company canceled or non-renewed your policy, or the policy of any owner, director, officer or shareholder, in the last three years?  Yes  No **(Do Not answer this question if you reside in the State of Missouri.)**

**COVERAGE**

- Auto Liability
- Primary Auto Liability
- Liability for Non -Truck Use (Bobtail Liability)  
 Leased to \_\_\_\_\_
- Blanket Lessee
- General Liability
- Hired Auto
- Liability – Cost of Hire \$ \_\_\_\_\_
- Physical Damage Limit \$ \_\_\_\_\_  
 # of days \_\_\_\_\_ # of units \_\_\_\_\_
- Combine Single Limits (BI/PD) \$ \_\_\_\_\_ CSL
- Uninsured Motorist \$ \_\_\_\_\_ Liability
- Uninsured Motorist PD \$ \_\_\_\_\_ PD Limit
- Underinsured Motorist \$ \_\_\_\_\_ Limit
- Underinsured Motorist PD \$ \_\_\_\_\_ PD Limit
- Medical Payments \$ \_\_\_\_\_ Limit
- Personal Injury Protection \$ \_\_\_\_\_ Limit

- Physical Damage** **Deductibles**  **Cargo** **Combined Deductible**
- Comprehensive or \$ \_\_\_\_\_ Limit \$ \_\_\_\_\_  Physical Damage Only
- Specified Perils \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_  Physical Damage/Cargo
- Collision \$ \_\_\_\_\_

- Trailer Interchange Limit \$ \_\_\_\_\_ # of Days \_\_\_\_\_ # of Units \_\_\_\_\_  
 (If requested, written Trailer Interchange Agreement is required.)
- Rental Reimbursement Amount per Day \$ \_\_\_\_\_ Days of Coverage  30  120
- Deluxe Coverage  Family Emergency Travel Coverage

**COVERAGE SELECTION/REJECTION FORM(S) FOR UNINSURED MOTORISTS, NO-FAULT AND MEDICAL PAYMENTS INSURANCE (As required by State Law) MUST BE COMPLETED AND SUBMITTED TOGETHER WITH THIS APPLICATION FOR INSURANCE COVERAGE.**

**FINANCED VALUE COVERAGE:** The Stated Value of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.

**SCHEDULE OF AUTOS TO BE INSURED \*\*\* (All units you own or are leased to you must be scheduled and insured if filings are to be made)**

No	Model / Year	Trade Name	*Body Type	Trailer Alarmed		VIN	GVW / GCW	Stated Value	Max Radius	Reg. State
				Yes	No					
1.				<input type="checkbox"/>	<input type="checkbox"/>					
2.				<input type="checkbox"/>	<input type="checkbox"/>					
3.				<input type="checkbox"/>	<input type="checkbox"/>					
4.				<input type="checkbox"/>	<input type="checkbox"/>					
5.				<input type="checkbox"/>	<input type="checkbox"/>					
6.				<input type="checkbox"/>	<input type="checkbox"/>					
7.				<input type="checkbox"/>	<input type="checkbox"/>					
8.				<input type="checkbox"/>	<input type="checkbox"/>					
9.				<input type="checkbox"/>	<input type="checkbox"/>					
10.				<input type="checkbox"/>	<input type="checkbox"/>					
11.				<input type="checkbox"/>	<input type="checkbox"/>					
12.				<input type="checkbox"/>	<input type="checkbox"/>					

\* TT=Tractor, TK=Truck, TLF=Flatbed, TLV=Dryvan, TLT=Tank, TLR=Refrigerated, TLD=Dump, TLO=Other  
 \*\*\*If number of trailers is greater than number of tractors, an explanation must accompany this application.\*\*\*

**LIENHOLDER/ADDITIONAL INSURED INFORMATION**

Unit #	LP	AI	Name	Street Address	City	State	Zip Code

POLICY HISTORY					
Policy Term					
From	To	Insurance Company	Policy #	Power Unit Count	Premium

LOSS HISTORY									
Liability				Physical Damage		Cargo		General Liability	
From	To	# of Claims	Loss Amt	# of Claims	Loss Amt	# of Claims	Loss Amt	# of Claims	Loss Amt

LOSS RUNS ARE ATTACHED (If loss runs are attached, please complete unit count for each year)

DRIVER INFORMATION																		
No.	Driver	D/O/B	License No.	Full Time Drvr	Owner /Op	ST	#Yrs. Drv Similar Equip.	Date of Hire	Number Violations Past Year			Number Violations Prior 3 Years			Losses Past Year		Losses Prior 3 Years	
									#Major	#Minor	Non Moving	#Major	#Minor	Non Moving	#of Acc	Loss Amount	#of Acc	Loss Amount
1.				<input type="checkbox"/>	<input type="checkbox"/>											\$		\$
2.				<input type="checkbox"/>	<input type="checkbox"/>											\$		\$
3.				<input type="checkbox"/>	<input type="checkbox"/>											\$		\$
4.				<input type="checkbox"/>	<input type="checkbox"/>											\$		\$
5.				<input type="checkbox"/>	<input type="checkbox"/>											\$		\$
6.				<input type="checkbox"/>	<input type="checkbox"/>											\$		\$
7.				<input type="checkbox"/>	<input type="checkbox"/>											\$		\$
8.				<input type="checkbox"/>	<input type="checkbox"/>											\$		\$
9.				<input type="checkbox"/>	<input type="checkbox"/>											\$		\$
10.				<input type="checkbox"/>	<input type="checkbox"/>											\$		\$

**GENERAL LIABILITY POLICY INFORMATION**  
**( Please complete this section only if applicable )**

**LIMITS OF INSURANCE**

General Aggregate Limit (Other than Products - Completed Operations)     \$ \_\_\_\_\_  
 Products - Completed Operations Aggregate Limit                             \$ INCLUDED \_\_\_\_\_  
 Personal and Advertising Injury Limit     \$ \_\_\_\_\_  
 Each Occurrence Limit     \$ \_\_\_\_\_  
 Damage to Rented Premises Limit     \$ \_\_\_\_\_     Any One Premises  
 Medical Expense Limit     \$ \_\_\_\_\_     Any One Person  
 Payroll     \$ \_\_\_\_\_

Payroll is made up of: owners, mechanics, outside sales people, yard employees, terminal employees, dispatchers and any other miscellaneous employees and should be included for 100% of their actual payroll.  
 Clerical, inside sales and driver payroll are excluded when determining payroll.

**BUSINESS LOCATIONS**

Location Information (List all offices, terminals, warehouses, or other premises you own or lease.)

No.	Complete Address	Describe Function of Location	Total # of Employees	Owned	Leased
1.				<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>

Location Information (Continued)

No.	Fenced	Security Guards	Public Access	Lighted	Guard Dog(s)
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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please use additional sheets if necessary.)

Is insured or any owner, shareholder, director or officer involved in any business activity other than trucking?  Yes  No.  
 If Yes, describe: \_\_\_\_\_

Does applicant do any rigging?  Yes  No. If Yes, provide receipts, type of equipment, and describe types of jobs performed.

Does applicant do work on any equipment other than Company Owned Equipment?  Yes  No. If Yes, provide revenue, # of vehicles at any one time, and describe type of work performed.

Does applicant have any underground or above ground storage facilities?  Yes  No. If Yes, provide capacity, type of products stored. \_\_\_\_\_

Does applicant have pollution liability insurance?  Yes  No.

Does applicant sell any product either wholesale or retail?  Yes  No.  
 If Yes, describe: \_\_\_\_\_

**I AUTHORIZE LANCER MANAGEMENT COMPANY INC. TO OBTAIN COPIES OF MOTOR VEHICLE REPORTS FOR UNDERWRITING THE INSURANCE THAT I HAVE APPLIED FOR. I ALSO UNDERSTAND THAT A ROUTINE INSPECTION MAY BE DONE REGARDING MY OPERATIONS. I AGREE TO PROMPTLY FURNISH THE NAME SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND DATE OF BIRTH FOR ANY DRIVERS I HIRE AFTER THE COMPLETION OF THE APPLICATION. I UNDERSTAND ALL LOSSES ARE TO BE REPORTED PROMPTLY REGARDLESS OF THE SEVERITY OR FAULT.**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN THIS APPLICATION**

I hereby apply for the insurance indicated above and represent that:

- 1) I have read this application.
- 2) The limits and coverages requested were selected by me.
- 3) All statements herein are true and accurate, to the best of my knowledge, and no material facts have been suppressed or misstated. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.
- 4) By signing this application, I authorize the insurer to obtain copies of motor vehicle reports for underwriting the indicated insurance, as well as the right to examine or inspect files, records, documents and equipment in order to determine the accuracy of the information stated herein.

The completion of this application creates no express or implied obligation on the part of the insurer or its manager to offer a quotation or provide insurance as requested in this application and survey. If the insurance is provided, the policy will only cover the vehicles listed on the attached schedule for the coverages agreed. You must immediately notify the insurer in writing if there is any change in your equipment or operations, and all accidents must be reported promptly regardless of severity or fault.

**MANDATORY STATE FRAUD WARNINGS**

**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."

**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."

**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."

**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."

**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."

**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.”

**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 DENIAL OF INSURANCE BENEFITS.”

**MARYLAND:** “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:** “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.”

**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 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 MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.”

**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 YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

**RHODE ISLAND:** “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.”

**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.”

**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.”

**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.”

**WEST VIRGINIA:** “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.”

**ALL OTHER STATES:** “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 MAY BE GUILTY OF INSURANCE FRAUD.”

**NEW YORK:** "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."

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Named Insured Signature

\_\_\_\_\_  
Print Name of Producer

\_\_\_\_\_  
Print Name of Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal Tax ID#

Are you the incumbent producer?  Yes  No

Is this business sub-produced?  Yes  No If Yes, Sub Producer Name: \_\_\_\_\_

Sub Producer Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**IF ELECTRONICALLY SENDING THIS APPLICATION, THE FOLLOWING APPLIES:**

**AN "ELECTRONIC SIGNATURE" MEANS AN ELECTRONIC SOUND, SYMBOL, OR PROCESS ATTACHED TO OR LOGICALLY ASSOCIATED WITH A RECORD EXECUTED OR ADOPTED BY A PERSON WITH INTENT TO SIGN THE RECORD.**

**BY SENDING THIS APPLICATION ELECTRONICALLY, YOU ARE ACKNOWLEDGING YOUR SIGNATURE TO THIS APPLICATION FOR INSURANCE.**