



Craft Brewery Supplement

Submission requirements

Completed Craft Brewery Supplement **with** completed Acord applications - Acord 125 – Commercial Insurance Application – Application Information Section; Acord 140 – Commercial Property Section; Acord 126 - Commercial General Liability Section.

Currently valued loss runs for current year, plus three prior years.

If in business **less** than three years, resume of owner(s), brew master and business financial plan.

Applicant Information

Named Insured _____ DBA _____

Date Business Started: _____

Contact Name: _____ Contact Phone Number: _____

Email address: _____ Website: _____

Liquor License #: _____

Trade Memberships Held: _____

Agency Name: _____

Address: _____

Phone Number: _____

Contact Name: _____ Contact email address: _____

Underwriting Information

Proposed Policy Term: From: _____ To: _____ Is this a new venture? Yes No

Current Carrier: _____ Renewal Premium: _____

Owner's name(s) and background of experience: _____

Are operations conducted from a residential location? Yes No **If yes, not eligible for program.**

Has the applicant ever had a product contamination incident or had to recall a product? Yes No
If yes, provide details, including costs incurred: _____

Description of Operations: Regional Brewery (15,000 – 2,000,000 bbls/annum)
 Microbrewery (<15,000 bbls/annum and 75% or more is served off premises)
 Craft Brewer (distribution for off-site consumption)
 Contract Brewer (**all** product produced exclusively by others)
 Brewpub (25% of more production consumed on premises)

Is Risk open for business? Yes No

Hours of Operation

Earliest Hour Open:	Latest Hour Open:	What time does serving of alcohol cease?				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Kitchen Hours						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Brewmaster name(s):
and background of experience (or attach resume):

Risk Management Contact: _____ Risk Manager Phone: _____

Management's years of experience: _____

Clientele age: 18-25 _____% 25-30 _____% Over 35 _____% Over 50 _____%

Does the applicant manufacture and/or package other beverages (i.e., wine, soda, kombucha, etc.) Yes No
If yes, please explain: _____

Does the applicant distribute any product outside of premises state? Yes No
Out of country export of any products do not qualify for our program.
If yes, what percentage of sales: _____% To what states? _____

Does the applicant mill grain? Yes No
If yes*, provide details of ventilation, dust control, explosion proof lighting and room details:

***A loss control pre inspection is required prior to binding.**

Age of all brewing equipment:

Item: _____ Age: ____ Item: _____ Age: ____

Item: _____ Age: ____ Item: _____ Age: ____

Is brewing equipment regularly inspected? Yes No

Insured's Policies & Procedures

Does the applicant have a formal Product Recall Plan in place?	Yes	No
Does the applicant currently have Product Contamination or Recall Insurance?	Yes	No
If yes, what limits and deductibles? _____		
If yes, who is the carrier? _____		
Does the Applicant have knowledge of any fact or circumstances which may lead to a claim?	Yes	No
How are the Applicant's products identified as an item they produced? _____		
How long are production records maintained? _____		
Is this longer than the life expectancy of the product?	Yes	No
Does the Applicant maintain product records on the following?		
Raw materials/supplies	Yes	No
Quality Control records	Yes	No
Purchasers' information	Yes	No
Is a batch code system utilized?	Yes	No
Is this system able to trace back to raw materials?	Yes	No
Does the Applicant have a formal Quality Assurance program?	Yes	No
Does the Applicant have a formal Supply Assessment program of its suppliers?	Yes	No
Does the Applicant perform audits on their suppliers' Quality Assurance procedures?	Yes	No
Is the Applicant accredited with good mfg. practices which include HACCP?	Yes	No
Principles such as SQF, FSSA 22000 or ISO		
Is a certificate of insurance and additional insured status required from all vendors/suppliers?	Yes	No
Is product testing utilized?	Yes	No
If yes, please describe the testing procedures (e.g., microbiological, x-ray, metal detections, steam/heat pasteurization, irradiation) _____		
Do you batch test your beer at every stage in the process?	Yes	No
Does the Applicant test incoming raw materials?	Yes	No
Does the Applicant import products or packaging directly from sources outside the U.S?	Yes	No
If yes, please provide details: _____		
What % of the Applicant's products are packaged in glass and who are the glass suppliers?	%	
List Suppliers: _____		
Are there contracts in place with the glass suppliers that bar the Applicant or their insurer from seeking redress against glass suppliers or otherwise limit the applicant's liability in any way to glass suppliers?	Yes	No
Do you have a dedicated safety manager, safety committee or contracted safety professional that oversees your company's safety, health and environmental compliance?	Yes	No

Property Coverage

Licensed for Number of Occupants: _____ Number of Employees: _____

Number of apartments: _____

Is the building on any historical registry? Yes No **If yes, not eligible for program**

Building Limit: _____ Co-Insurance % _____

Business Personal Property Limit: _____ Co-Insurance % _____

Value of each Brewing Equipment (bolted to ground) **Include** value in Building limit above.

Item _____ Value _____	Item _____ Value _____
Item _____ Value _____	Item _____ Value _____
Item _____ Value _____	Item _____ Value _____

Value of each Brewing Equipment (not bolted to ground) **Include** value in Personal Property limit above.

Item _____ Value _____	Item _____ Value _____
Item _____ Value _____	Item _____ Value _____
Item _____ Value _____	Item _____ Value _____

Value of Raw Materials on premise (average) _____

Value of Beer Inventory (aging in barrels or fully finished) _____

What is the average value of each batch? _____

Do you have a business continuity plan? Yes No

Have you identified and addressed limited source suppliers by finding alternative suppliers if needed? Yes No

How much of your company's operations rely on another entity? %

Does continued operation of all of the insured's business depend on any property which is the only readily available source or the only outlet for a product? Yes No

Please list all contributing Locations:

Name _____	Occupancy Type _____	Location Address _____
Name _____	Occupancy Type _____	Location Address _____
Name _____	Occupancy Type _____	Location Address _____

Equipment Breakdown – Perishable Goods Limit

Do you have a refrigeration maintenance agreement in place? N/A Yes No

Outdoor Sign Limit: _____

Is the building protected with an Automatic Fire Sprinkler System (AS)? Yes No

If yes, approximately what percentage (%) of the building is sprinklered? _____%

If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both

If yes, has the testing & inspection by a qualified sprinkler contractor been completed within the last 12 months? Yes No

If yes, are the alarms tied to a 24-hour UL listed monitoring company? Yes No

Are water shutoff valves (domestic and AS water lines) marked and readily accessible? Yes No

How long has the insured been in business at this location? _____

Property Coverage

Was the building built as a brewery?		Yes	No
Is the operation a conversion from an existing factory or warehouse?		Yes	No
If so, please explain:			
Do you have a kitchen on the premises?		Yes	No
If yes, please indicate if you have any of the following (check all that apply)			
Commercial Oven/Broiler Deep Fat Fryer Open Flame Grill Pizza Ovens			
Small appliances (toaster oven, microwave, panini press etc.)			
If any of the above are answered yes, please answer the following questions:			
Is the kitchen equipped with an automatic extinguishing system?	N/A	Yes	No
Does this system cover all cooking and ventilation equipment?	N/A	Yes	No
Are all cooking devices installed with a minimum of 18" safe clearances to combustible surfaces?	N/A	Yes	No
Is this system UL300/NFPA compliant wet- chemical system ?	N/A	Yes	No
Is this equipped with automatic fuel shutoffs?	N/A	Yes	No
Does the cooking equipment receive regular service?	N/A	Yes	No
Is the equipment serviced by an outside contractor?	N/A	Yes	No
Is the cleaning of the hood and duct system performed at least every six months?	N/A	Yes	No
Is the hood and duct system cleaned by an outside contractor?	N/A	Yes	No
Is the kitchen equipped with UL listed grease extractors?	N/A	Yes	No
What is the frequency of cleaning of the grease extractors?			
Has all cooking equipment been upgraded within the last 10 years?	N/A	Yes	No
If "No", explain: _____			
Is the refrigeration equipment protected by temperature monitors/alarms?	N/A	Yes	No
Do you have generators in place to protect the stock in the event of a power outage?	N/A	Yes	No

General Liability Coverage

Do you cater? Yes No			
If yes, what % of sales? %			
Do you deliver food? Yes No	Do you deliver alcohol?	Yes	No
Do you use a 3 rd party Delivery Service? (Uber, Door dash, etc.)		Yes	No
Area of the parking lot:			
Who is responsible for the maintenance of the lot? _____			
Are there any uneven surfaces? Yes No			
Is the parking lot well lit? Yes No			
Are dogs allowed on premises? Yes No			
If yes, please provide details _____			
Is Insured Located within a Social District?			

Additional Interests applicable to (please be specific)

Name: _____

Address: _____

Interest: Additional Insured Loss Payee Mortgagee Contract of Sale
 Applicable to what line of business? Property General Liability Liquor

Name: _____

Address: _____

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Prior Carrier Information

From To Insurance Carrier Property Premium GL Premium

Liquor Liability Carrier Information

From To Insurance Carrier Limits Liquor Premium

Claims History

Date of Occurrence	Description of Loss	Status (open/closed)	Paid	Reserve	Line of Business

Loss History Details

Brewery Operations

Is brewed beer pasteurized?	Yes	No
How is unpasteurized beer kept fresh from spoilage? _____		
What types of refrigeration systems are used at the insured facility? _____		
Do you have a maintenance agreement?	Yes	No
Are your draught beer lines cleaned on a regular basis?	Yes	No
If yes by whom (check all that apply) Your own staff Third-party service		
Other: _____		
Are there written procedures and service records for draught beer line cleaning?	Yes	No
Are pressure relief valves on all tanks?	Yes	No
If yes, how often are the valves cleaned? _____		
How are brewed products packaged or bottled? _____		
Were FDA inspections completed regularly over the past 5 years?	Yes	No
Were any issues identified by the inspections?	Yes	No
Do you hire others to transport your products?	Yes	No
If yes, please provide the Name of the Company: _____		
Does the shipping company assume liability for loss of goods during the shipping process?	Yes	No
Do you require a certificate of liability insurance annually from this firm?	Yes	No
Do you contract others to brew on your behalf?	Yes	No
If yes, please provide a copy of the written agreement.		

Other operations

Does the insured conduct brewery tours?	Yes	No
How often? _____		
Are tours allowed on the production floor during production?	N/A	Yes No
Are all tours supervised by employees?	N/A	Yes No
Are complementary alcoholic beverages provided or made available upon completion of the tour?	N/A	Yes No
What safety precautions do you take to prevent slips, trips, and falls? _____		
Does the Applicant have a tasting room?	N/A	Yes No
Number of seats? _____		
Size of drinks or samples served: _____ oz		
Are the servers/bartenders TIPS (or equivalent) trained?	N/A	Yes No
Who serves the tasting room samples? _____		
Explain procedures for serving high-alcohol-content beer (over 9% ABV): _____		
Do you have a Tap Room (bar/restaurant)?	Yes	No
What are the hours of operation and days open?		
How many servers/bartenders? _____		
Are IDs checked?	N/A	Yes No
Do you lease out your facility for weddings, parties, or corporate events?	N/A	Yes No
Are facility renters required to obtain Event Insurance and name the applicant's operation as an Additional Insured?	Yes	No
Do you ever contractually assume liability for events you sponsor but are conducted by others?	N/A	Yes No
If yes, provide details: _____		
Do you utilize contractors for your business?	Yes	No
If yes, do you obtain Certificates of Insurance from all prior to work starting?	Yes	No

Revenue Information

All business combined:

	Annual Revenue	# of Barrells Produced
Current Year (Projected YE)		
Past Year		
Next Year (Projected YE)		

Brewery Manufacturing Operations (Including wholesale sales to others only – distributors, other restaurants/bars/retailers.)

	Annual Revenue	Volume Produced
Beer - Bottles		
Beer – Kegs/Growlers		
Beer - Cans		

Restaurant/Tap Room Operations

	Consumed on Premises	Consumed Off Premises
Beer - Bottles		
Approx Retail Markup %		
Beer – Draft		
Approx Retail Markup %		
Beer – Cans		
Approx Retail Markup %		
Kegs, Growlers		
Wine Sales		
Spirits Sales		
Beer of Others Sales		
Food & Non-ALC Drink Sales		
Gifts/Merchandise (non-alcoholic)		
Total Revenue		

Liquor Liability

CLASSIFICATION OF RISK

Class Code Description - Select all that apply.

- 11 Manufacturers - including wineries - with or without hospitality rooms.
- 12 Wholesale Distributors - including importers; no consumption on premises.
- 13 Brewery - Restaurant
- 14 Brewery/Bar
- 21 Retail Stores - including package stores, markets, and gas stations and take out from Brewery operations: no consumption on premises.
- 31 Bars - sports bars, taverns; greater than 60% liquor.
- 32 Club - golf, civic, fraternal, and social: Public Non-Profit Members Only # of Members: _____
- 34 Restaurants - liquor sales less than 40% of total food and liquor sales
- 35 Restaurants, Pubs and Taverns - liquor sales exceed 40% of total food and liquor sales, but less than 60% liquor.
- 36 Nightclubs; gentleman's clubs
- 37 BYOB - based on annual number of adult attendees; on-premises consumption* (See below requirement)
Estimated # of annual adult attendees:
- 37 Caterers - based on the number of adult attendees, annual policy* (See below requirement) Estimated # of annual adult attendees:
- 38* Annual Temporary Events - based on the number of annual adult attendees, annual policy* (See below requirement) Estimated # of annual adult attendees:
- 41* Temporary Event - for single or multi-day events, weddings, parties, etc.
Estimated # of annual adult attendees:

*For Classes 37 & 38 – A schedule of completed events with attendee counts from past 12 months is required with application

Policy Limits Requested

- \$100,000 per person/ \$200,000 per occurrence/ \$200,000 aggregate (applicable to Class Code 41 only)
- \$250,000 per person/ \$500,000 per occurrence/ \$500,000 aggregate
- \$300,000 per person/ \$600,000 per occurrence/ \$600,000 aggregate (applicable to RI only)
- \$500,000 per person/ \$1,000,000 per occurrence/ \$1,000,000 aggregate
- \$1,000,000 per person/ \$1,000,000 per occurrence/ \$2,000,000 aggregate

Sales Verification Documentation Required for all quotes - select one of the below:

- Print out of the insured's POS system for the past 12 months. % of Sales paid in cash: %
- Mass Connect – must provide % of liquor and food sales (MA Only)
- Pro Forma business plan (new ventures only)

Entertainment Information

Are any of the following provided on the premises? (Check all that apply)

- No Entertainment Darts DJ with Dancing Karaoke Dancing Pool Tables
- Live Bands Mechanical Bulls Pub Crawls Dance Floor Drinking Games/Tournaments
- Exotic Dancing Other (please specify): _____
- Happy Hours If happy hours, specific hours: _____

Alcohol Training / Security Training Information

- | | | |
|---|-----|----|
| Are any bouncers, doorpersons or security used? | Yes | No |
| If yes, are they: <input type="checkbox"/> Company Employees <input type="checkbox"/> Contracted | | |
| If contracted security, does the Security Company have insurance? | Yes | No |
| If yes, is applicant held harmless and named on the Security Company's policy as an additional insured? | Yes | No |
| Name of Alcohol Training Program (if applicable): _____ | | |
| Have 100% of management and non-management staff been certified? | Yes | No |
| Name of Security Training Program (if applicable): _____ | | |
| Have 100% of management and non-management staff been certified? | Yes | No |
| Is insured located within a Social District? | Yes | No |

Liquor Liability

Third Party Exclusion Acknowledgement

I acknowledge the liquor liability policy has an Exclusion for Third Party or Contracted Security. Anyone that I hire (other than my employees) are not covered under this policy. We will have no duty to defend or to pay damages for any claims or suits seeking damages. In order to protect your interests, you need to be added to your third party or contracted security companies' insurance policy as an additional insured.

Insured Signature: _____ **Date:** _____

Optional Endorsements

Assault & Battery Endorsement – Select A&B sublimit

- | | |
|--|--|
| <input type="checkbox"/> \$100,000/\$200,000/\$200,000 | <input type="checkbox"/> \$500,000/\$1,000,000/\$1,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000/\$2,000,000 |
| <input type="checkbox"/> \$300,000/\$600,000/\$600,000 (applicable to RI only) | |
| <input type="checkbox"/> I decline to purchase Assault & Battery Coverage | |
| <input type="checkbox"/> Property Damage Endorsement | |
| <input type="checkbox"/> Terrorism | |

Are employees permitted to consume alcohol on the applicant's premises prior to, during or after their shift? Yes No

If yes, is employee consumption limited only to testing of product for quality control? Yes No

ALL NEW APPLICANTS MUST COMPLETE THE INFORMATION BELOW

Has business operated under any other name(s)? Yes No

If so, please provide prior names:

Has applicant been fined or cited for ABC violations of law or ordinances related to illegal activities or the sale of alcohol? Yes No

If yes, please provide: Date: _____ Fine: _____ Penalty Assessed: _____

Details:

Has applicant or any active partner filed for bankruptcy? Yes No

Within the past 5 years has the applicant's General Liability or Liquor Liability coverage been cancelled or non-renewed? Yes No

If yes, please provide details:

Applicant's year of experience owner or managing similar type of operation:

Security Information

Security Cameras Outside Premises Yes No Length of time video is saved: _____
 If yes, do cameras cover the parking lot? Yes No

Security Cameras Inside Premises Yes No Length of time video is saved: _____

Restaurant/Tavern/Bar Supplement

Check all that apply:

- | | | |
|--------------|--------------------|------------------------------|
| Stairwell(s) | Grilling | Valet Parking |
| Elevator(s) | Deep Fat Frying | Off Premises Parking |
| Escalator(s) | Open Broiling | Square footage of lot: _____ |
| | Tablesides Cooking | |

Is there table service? Yes No

Are adequate Emergency Exits provided and equipped with panic hardware? Yes No

How many means of egress are there per floor? _____

Are the exits clearly marked and illuminated? Yes No

Adequate smoke alarms installed? Yes No Are they hardwired and interconnected? Yes No

Special events Brewfest/Beer Festivals

For any off premises exposure other than a Brewfest/Beer Festival, complete and submit the temporary event application found online at hmic.com.

- | | | |
|--|-----|----|
| Does the applicant attend off-premises events?
If No, then special events Brewfest/Beer Festival section not necessary. | Yes | No |
| Is the applicant the Host/Organizer of the event?
If yes, please complete the temporary event application. | Yes | No |
| Is the applicant a Vendor of the event? | Yes | No |
| Does the applicant sell or serve alcohol at beer festivals or any other off-premises events? | Yes | No |
| Average number events per year? _____ | | |

Liquor Liability

- | | | | | |
|--|---------|--------------|---------|----|
| Who is serving alcohol at these events? | Insured | Other: _____ | | |
| Is there a designated bartender? | | | Yes | No |
| Are bartender(s) trained in an alcohol awareness program? | | | Yes | No |
| What is the maximum number of alcoholic beverages served to a patron at any one time? | | | | |
| What is the sample size of alcoholic beverages served to a patron? _____ | | | | |
| Is event indoor/outdoor? _____ | | | | |
| If outdoor is liquor served in a fenced-off area (temporary or permanent) | | | Yes | No |
| Is there a procedure for checking IDs of patrons entering the liquor-serving area? | | | Yes | No |
| Does the host of event carry Liquor Liability and CGL coverage with minimum limits of \$1,000,000/\$2,000,000? | | | Yes | No |
| Does the host name the applicant on their policy as an Additional Insured? | | | Yes | No |
| Are all vendors required to obtain Liquor Liability insurance with minimum limits of \$1,000,000/\$2,000,000? | | | Yes | No |
| Please list all off premises events for the upcoming year below | | | | |
| | Event 1 | Event 2 | Event 3 | |
| Date of Event | | | | |
| Name of Event | | | | |
| Location (address) | | | | |
| Hours of Event | | | | |
| Estimated attendance per day | | | | |
| Estimated Ticket Price | | | | |
| Event website | | | | |
| Describe security and crowd control arrangements | | | | |
| Is contractual liability required? | | | | |
| Describe | | | | |

For additional events, please complete page 13

APPLICANT'S & AGENT'S CERTIFICATION & AUTHORIZED SIGNATURES

Has the agent personally inspected the applicant's premises? Yes No

Condition of Risk? Excellent Good Fair Poor

Any other information that is pertinent to the risk?

Whereupon the agent/applicant, under the pain and penalty of perjury, hereby acknowledges this application to be true and complete to the best of the agent's/applicant's knowledge and belief. By signing this application, we certify that the information contained herein is true and accurate to the best of our knowledge and belief, and we acknowledge that providing truthful and accurate information is a condition precedent to obtaining liquor liability insurance. We further acknowledge that any insurance which may be issued upon receipt of this application will be issued based upon the company's reliance on the information we have provided, and if such information is misleading or false, the company may void the insurance issued pursuant to this application. By signing this application, the applicant also hereby authorizes and directs each entity from whom the applicant purchases alcoholic beverages to provide to the company or its designated auditor all information regarding the applicant's retail and wholesale purchases of alcoholic beverages.

APPLICANT'S SECTION

Applicant's Name: _____

Title: _____

Telephone: _____ Email _____

Applicant's Signature: X _____ Date: _____

AGENT'S SECTION

Agent Name: _____

Agent's Signature: X _____ Date: _____

PAYMENT OPTION & DEPOSIT PREMIUM

Check a Payment Option

Payment in Full

Monthly (7) Installments (available only if total policy premium >\$1,000) 25% deposit required.

For Insureds located in MA, RI, PA, NC and CT

A finance charge of 1.25% of the remaining balance is applied per installment.

For Insureds located in New Hampshire or Vermont

A \$10.00 installment fee is applied

Additional Special events Brewfest/Beer Festivals

	Event 4	Event 5	Event 6
Date of Event			
Name of Event			
Location (address)			
Hours of Event			
Estimated attendance per day			
Estimated Ticket Price			
Event website			
Describe security and crowd control arrangements			
Is contractual liability required?			
Describe			

Fraud Notice

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: 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 or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO 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 Agencies.

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 in the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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 materially 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 the 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 MAINE, 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 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 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.