**Application**

Before **You** begin, **You** should know

• Many of the bolded words in this application and all supplements to it have specific meanings:

“**You**,” “**your**” and “**yourself**” mean the persons and entities for which insurance is being sought and their employees, officers, partners and directors. Subsidiaries are also included if the entity is more than 50% owned.

“**We**,” “**us**” and “**our**” mean the insurance company.

“**Service(s)**” means activities **you** perform for others and products **you** develop or make for others.

“**Content**” means data, digital code, images, mask works, scents, sounds, tastes, text or textures.

* **You** must provide **us** with the following additional information:
* Most current available financial statement (pro forma acceptable if **you** have been in business less than one year)
* Standard Customer Agreement
* Promotional material i.e. brochures, marketing materials

• In completing this application, **you** are not obligated to buy, and **we** are not obligated to sell, insurance.

• Incorrect, incomplete, false or misleading answers to any of the questions on this application may result in a retracted offer of coverage or a declaration that the policy is null and void. Attach additional sheets if there is not enough room in the application for an answer. If a question does not apply to **you**, respond “N/A” or “not applicable.” If **you** do not answer a question, **your** answer will be deemed “not applicable.”

• Any proposal of coverage that **we** make will have additional terms and conditions. Carefully review the proposal before making a decision to purchase. As always, please contact **your** agent or broker if **you** have any questions.

**This application is for a POLICY THAT INCLUDES BOTH claims first made and reported in writing AND FIRST-PARTY COVERAGES. Claim expense is within the limits.** Refer to the policy for actual coverage details. Here’s a summary of some terms:

If issued, the policy will only apply to claims when

*1* the wrongful act takes place on or after the retroactive date stated in the policy and before the end of the policy period and

*2* the claim is first made against an insured person or entity and reported in writing to **us** during the time period specified in the policy and in compliance with reporting requirements. An extended reporting period may also be available.

Covered first-party loss, business interruption loss, claim expenses and damages must be borne by **you** up to the applicable self-insured retention amount; these payments do not reduce the limits of liability. Covered first-party loss, business interruption loss, claim expenses and damages above the applicable retention amount are payable under the policy; they reduce and may exhaust the limits of liability.

**REQUESTED COVERAGE:**

Limits of Liability $      Retroactive Date:

Effective Date:       Retention: $

**GENERAL INFORMATION**

1. Name, Address and Contact Information of the Applicant
2. Name of Applicant proposed as the First Named Insured (including all legal names and DBAs):

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1. Principal Address:

City, State & Zip:

1. Mailing Address (if different than above):

City, State & Zip:

1. Name of Contact Person:       Phone Number:
2. Please list Related Party Applicants, how each is related to the proposed First Named Insured and % of the proposed First Named Insured’s ownership interest in the Related Party Applicant.

|  |  |  |
| --- | --- | --- |
| Related Party Applicant | Relationship | Ownership % |
|  |  |  |
|  |  |  |
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|  |  |  |

1. Date established:   /  /
2. Entity Structure: ­ Individual  Partnership ­ Corporation ­ LLC ­ Other:
3. States in which **you** have office locations:
4. States in which **you** are licensed:
5. Are **you**:
6. Owned by, controlled by or affiliated with any other entity?  Yes  No
7. A party to any joint ventures?  Yes  No

(If YES to (a) or (b), please attach complete details including legal names of the entities; relationship to **you**; details of the activities; annual revenues of the entities; **services** or products provided by or to the entities; and confirmation of whether or not coverage is desired for such entities)

1. During the past 5 years has:
2. **Your** name been changed?  Yes  No Prior Name:
3. **Your** ownership changed?  Yes  No
4. If YES to (a) or (b), please explain:

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1. During the past 5 years have **you** been involved in, or in the next 12 months do **you** have any plans for, any merger, acquisition or consolidation?  Yes  No

If YES, please provide the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Entity | Transaction Type | Transaction Date | Nature of Operations | **You** Assume Past Liabilities? |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |

1. During the past 5 years, have any of **your** principals, partners, members, officers, directors or professional employees been engaged in professional **services** for any entity (other than **you**) in which he, she or **you** have any ownership interest?  Yes  No

(If YES, please provide the name of the entity, % of ownership in the entity, **services** provided for the entity, annual revenues derived from those **services** and whether coverage is desired for those **services**)

**OPERATIONS**

1. Please indicate the **services** performed by **you** and the total commission and fee revenue derived from each **service**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Services** Provided | Projected 12 Months | Current 12 Months | Prior 12 Months |
| Actuarial\* | Yes  No | $ | $ | $ |
| Agent | Yes  No | $ | $ | $ |
| Broker/Wholesaler | Yes  No | $ | $ | $ |
| Claims Adjuster\* | Yes  No | $ | $ | $ |
| Life Settlement | Yes  No | $ | $ | $ |
| MGA/MGU/Program Administrator\* | Yes  No | $ | $ | $ |
| Premium Financing | Yes  No | $ | $ | $ |
| Reinsurance Intermediary | Yes  No | $ | $ | $ |
| Risk Manager/Loss Control | Yes  No | $ | $ | $ |
| Surplus Lines Broker | Yes  No | $ | $ | $ |
| Third Party Administrator\* | Yes  No | $ | $ | $ |
| Other (Specify): | Yes  No | $ | $ | $ |
| **Total Commission & Fee Income** |  | **$** | **$** | **$** |

\* Please complete the MGA/MGU, TPA and Mutual Funds Questionnaire if **you** perform these **services**

1. Are any material changes in the nature of **your** professional **services**, revenues or total assets anticipated over the next 12 months?  Yes  No If YES, please explain:

|  |
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1. During the past 5 years did, or in the next 12 months, will **you**:
2. Specialize in any programs or classes of business?  Yes  No

(If YES, please provide details of each program/class; past 12 months commission income and premium volume of each program/class; and resumes of the professional staff for each program/class)

1. Place coverage with or been involved in Self Insured/Captives, Risk Retention Groups (RRG), Risk Purchasing Groups (RPG), or Multiple Employer Trusts (MET)?  Yes  No

(If YES, please provide the following for any self-insured/captives, Risk Retention Groups, Risk Purchasing Groups or Multiple Employer Trusts through which the Applicant has placed business over the past 5 years: (1) Copy of the promotional literature; (2) Premium volume, lines/classes and limits profile of business placed in each of the past 5 years; (3) Latest fiscal year ended audited financial statements; (4) Details of any supportive insurance or reinsurance; (5) Copies of any disclosures required to be acknowledged and signed by placed clients; and (6) Copies of the agency contracts)

1. Provide **services** to Professional Employer Organizations or any similar organizations?  Yes  No

(If YES, please provide the following information for each organization represented: (1) name of organization and web site address; (2) insurance coverage/**services** provided including gross written premium; (3) length of time represented; (4) resumes of the professional staff); and (5) procedures for screening/selecting these organizations)

1. Have any cluster arrangements?  Yes  No If YES, please explain:

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1. During the past 5 years did **you** or any partner director, officer, partner, employee, independent contractor or subcontractor place, or over the next 12 months do **you** or any partner, director, officer, employee, independent contractor or subcontractor expect to place, mutual funds or any other securities?  Yes  No

(If YES, please complete the MGA/MGU, TPA and Mutual Funds Questionnaire)

1. Please provide the following information for business placed by or on behalf of **you** and sources of other income:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Projected 12 Months | Current 12 Months | Prior 12 Months |
| Total P&C premium volume | $ | $ | $ |
| Total Life and A&H premium volume: | $ | $ | $ |
| Total P&C commission income | $ | $ | $ |
| Total Life and A&H commission income: | $ | $ | $ |
| Other income including sources of the income: | $ | $ | $ |
| **Total Commission & Fee Income** | **$** | **$** | **$** |

1. Please provide the percentage of:
2. policies written on a direct bill basis:      %
3. gross written premium placed through a service center:      %
4. policies placed with Admitted Carriers:      %
5. gross written premium placed through a state administered fund:      %
6. business written through MGAs, other brokers or intermediaries:      %
7. Please provide the following premium volume for **your** past 12 months production:

|  |  |  |  |
| --- | --- | --- | --- |
| **COMMERCIAL LINES** | | **PERSONAL LINES** | |
| CMP/Package | $ | Auto-Standard | $ |
| CGL/Package | $ | Auto-Non-Standard | $ |
| Umbrella/Excess | $ | Homeowners | $ |
| Auto-Standard | $ | Non-Standard Fire | $ |
| Auto-Non-Standard | $ | Pleasure Boats | $ |
| Long Haul Trucking | $ | Mobile Homes/RVs | $ |
| Workers Compensation | $ | Motorcycles | $ |
| Livestock Mortality | $ | Wind/Flood/Earthquake | $ |
| Crop/Hail | $ | Umbrella | $ |
| Medical Malpractice | $ | Other (specify): | $ |
| Professional Liability/D&O | $ | **TOTAL PERSONAL LINES** | $ |
| Wet Marine | $ |  | |
| Inland Marine | $ | **LIFE AND A&H INSURANCE** | |
| Bonds/Surety | $ | Life, Individual | $ |
| Aviation | $ | Life, Group | $ |
| Products liability | $ | A&H, Individual | $ |
| Other (specify): | $ | A&H, Group | $ |
| **TOTAL COMMERCIAL LINES** | $ | Annuities | $ |
|  | | HMO/PPO/DSP | $ |
| Other (specify): | $ |
| **TOTAL LIFE AND A&H** | $ |

1. Please list the top five U.S. States, territories or possessions by % of revenue for the past 12 months.

|  |  |  |  |
| --- | --- | --- | --- |
| U.S. State/Territory/Possession | % of Revenue | U.S. State/Territory/Possession | % of Revenue |
|  | % |  | % |
|  | % |  | % |
|  | % |  |  |

1. Please provide the % of foreign revenue for the past 12 months:      %. Name of countries:

1. Insurance Carrier Information
2. Please list the current top five (5) insurance companies for which **you** produce premium.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance Company Name | Years Represented | Annual Premium Volume | Current A.M. Best Rating | Admitted or Non-admitted |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |

1. Please list ALL carriers currently rated NR or B+ or less by A.M. Best for which **you** produced premiums over the last three (3) years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance Company Name | Years Represented | Annual Premium Volume | Current A.M. Best Rating | Admitted or Non-admitted |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |

1. Please explain the process and frequency for tracking carrier ratings and notifying clients of carriers whose ratings have been downgraded below B+ by AM Best.

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1. Please list all carriers with which agency contracts have been terminated in the last 5 years and provide a reason for each termination (If none, state “none”).

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1. Please list all entities or organizations with which **you** have placed business in the last 5 years that have been declared bankrupt, insolvent or been placed in receivership, liquidation or rehabilitation or have been financially unable to meet all or part of their financial obligations.

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1. Please provide the following personnel information (employees, independent contractors and solicitors):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total Number | Average Years of Experience | Average Years with Applicant | Turnover rate for last 12, 24 and 36 Months |
| Licensed Professionals |  |  |  | %    %    % |
| Non-Licensed Professionals |  |  |  | %    %    % |

1. How many of the licensed professionals are independent contractors or solicitors?
2. Are any material changes in personnel anticipated over the next 12 months?  Yes  No If YES, please explain:
3. Please list all of **your** agency owners, officers and licensed producers.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position/Title | License No. | No. of Years Licensed |
|  |  |  |  |
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**OFFICE POLICIES AND INTERNAL CONTROLS**

1. Are applications completed/submitted/bound through the Internet?  Yes  No
2. Is it standard office procedure to:

|  |  |  |
| --- | --- | --- |
| **a.** | Maintain a central diary/suspense system | Yes  No |
| **b.** | Date stamp incoming mail | Yes  No |
| **c.** | Document all telephone conversations | Yes  No |
| **d.** | Use a comprehensive coverage checklist | Yes  No |
| **e.** | Require quotes and binders to be in writing | Yes  No |
| **f.** | Require orders to bind to be in writing from the insured or sub-producer | Yes  No |
| **g.** | Require requests for policy changes to be in writing from the insured or sub-producer | Yes  No |
| **h.** | Require cancellation requests to be in writing from the insured, sub-producer or premium finance company | Yes  No |
| **i.** | Require the insured or sub-producer to sign a reduced coverage statement when a policy is renewed with less coverage than on the expiring policy | Yes  No |
| **j.** | Check all applications, policies and endorsements for accuracy | Yes  No |
| **k.** | Maintain a policy expiration list | Yes  No |
| **l.** | Check that all cancellation and nonrenewal notices are sent in compliance with policy provisions and state statutory requirements | Yes  No |

1. Please describe how **you** ensure the above procedures are implemented.

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1. Do **you** always provide claim notifications to insurers in writing and require insurers to confirm receipt of the notice in writing?  Yes  No If NO, please explain:

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1. Do **you** always require a written sign-off from the client if the client declines to purchase flood, wind and/or earthquake coverage?  Yes  No If NO, please explain:

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| --- |
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1. Do **you** require all independent contractors, sub-agents and sub-producers to carry professional liability insurance?  Yes  No If YES, minimum limits: $
2. Do **you** have a specific orientation program/office manual for all new employees?  Yes  No
3. Do **you** utilize a computerized accounting, billing and production system?  Yes  No
4. Please state **your** website address (if none, state “none”).

Is the website used for Sales?  Yes  No Quoting?  Yes  No Binding?  Yes  No

**PRIVACY**

**33.** Do **you** have a privacy policy? Yes No

If yes, has it been reviewed by an attorney? Yes No Is the privacy policy posted on **your** website? Yes No

**34.** Which of the following does **your** privacy policy contain (check all that apply):

Explanation of type of information collected

Description of how information is collected

Disclosure of use of information collected

Access to and the ability for user to change or update information

Description of safeguards and security measures used to protect information

**35.** Do **you** provide opt-in or opt-out options in the following areas? (check all that apply)

Receipt by users of **content** from **you** or others Opt-in Opt-out

Collection of user information Opt-in Opt-out

Sharing of user info Opt-in Opt-out

**36**. Is the point of information collection secure? Yes No

**37.** Is personally identifiable and/or confidential information transmitted in encrypted form? Yes No

Is it stored in encrypted form? Yes No

**38.** Is personally identifiable and other confidential information a) taken off **your** premises in an unencrypted format on any electronic media (examples: back-up tapes, laptops or electronic storage devices, etc.)? Yes No, or b) taken off of **your** premises in any non-electronic media? Yes No.

**39.** Do **you** utilize any third-party service provider to care for, host or store any personally identifiable or confidential information of others? Yes No. If yes, do **you** ensure that their standard of care for handling the information meets or exceeds **your** internal data security standards? Yes No. Do **your** agreements with third-party service providers contain indemnification provisions favoring **you** in the event of a security/privacy breach incident? Yes No.

**40.** Do **you** sell or share personal and/or confidential information gathered from customers or others (this includes information gathered from **your** website or by other means)? Yes No. If yes, do **you** notify and obtain the consent of these customers or others prior to dissemination? Yes No

**SECURITY**

1. Please check all items from the following list that are currently being utilized in **your** security system and/or plan:

##### Security firewall

##### Routers Secure remote dialup or access

Proxy servers Computerized intrusion detection

Secure remote maintenance Mainframe data protocols

Firewall tunneling Automated security scanner

Encryption devices Identification, authentication and integrity protocols

Active **content** filtering Wireless security meets: WPA standards Other

Password protection Access restrictions

Anti-virus scanning Load balancers

Continuous monitoring of security alerts from organizations like: CERT Other

Continuous implementation of vendor security patches

Procedures to address any suspected intrusion and/or respond to security alerts

Reassessment of security vulnerabilities when **you** make any system changes, software upgrades, changes to website or website functionality etc.

Transmission of the data or **content** of others is encrypted

Storage of the data or **content** of others is encrypted

Periodic security audits from third parties

Other standard(s) and/or certification(s)

Network outages prevention and management including Back-up power source Redundant systems

Colocation facility Offline response (Describe)

1. Do **you** have established systems and physical security policies and procedures? Yes No

If yes, how often are they updated? continuously quarterly semi-annually annually

Are employees immediately notified of changes and/or updates? Yes No

1. Do **you** have established employee guidelines that address systems and Internet usage? Yes No
2. Are background checks, including a criminal record search, performed on (check all that apply) all temporary employees? all information technology department employees? all human resources department employees? all employees?
3. Which of the following can access **your** systems via the Internet? employees customers vendors

business partners

1. Do **you** have a Systems/Physical Security Manager? Yes No
2. Is **your** disaster recovery program? formalized tested
3. How frequently do **you** back up data residing on **your** system? daily every 72 hours weekly other
4. Are physical back-up media stored in a secure off-site facility? Yes No. If yes, please indicate the frequency that physical back-up media is taken to the secure off-site facility: Daily Weekly Monthly Other
5. Do **you** accept credit/debit cards or other payment vehicles for transactions online? Yes  No

If yes, what fraud prevention procedures do **you** employ: Address Verification Service (AVS)

PCI-DSS or PA-DSS  Third-party authentication  Secure third-party processor

Other (describe)

1. How long would it take for **you** to restore **your** operations after a system outage or denial of service attack?  less than 1 hour  less than 8 hours less than 16 hours  less than 24 hours Other (describe)

**PRIOR COVERAGE**

1. Please provide the following information for the last 5 years professional liability insurance history:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insurance Carrier | Policy Period | Limits of Liability | Retention / Deductible | Retroactive Date | Premium |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |

1. Is any extended reporting period currently in place?  Yes  No

(If YES, please provide a copy of the endorsement including the effective and expiration dates)

1. During the past 5 years, has any similar professional liability insurance issued to **you** been cancelled or non-renewed?  Yes  No If YES, please explain:

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| --- |
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**CLAIMS EXPERIENCE AND WARRANTY STATEMENTS**

1. After inquiry of **your** principals, partners, directors, officers and professional employees, has any professional liability claim, suit or proceeding been made or brought during the past 5 years against any of **you** or any of **your** predecessors in business or affiliates or against any of **your** or their past or present principals, partners, directors, officers or professional employees?  Yes  No

**(If YES, please attach complete details or complete an acceptable claims supplement)**

1. After inquiry of **your** principals, partners, directors, officers and professional employees, do any of **you** or any of **your** principals, partners, directors, officers or professional employees have any knowledge or information of any situation, error, omission, fact, circumstance or any allegation or contentions of any incident, issue with **your services**, website or **content** (including but not limited to, intellectual property, privacy or security issues) which may result in any claim being made against any of **you**?  Yes  No

**(If YES, please attach complete details or complete an acceptable claims supplement)**

1. During the past 5 years, have any of **you** or any of **your** predecessors in business or affiliates or any of **your** or their past or present principals, partners, directors, officers or professional employees ever
2. been subject to a disciplinary action;  Yes  No
3. had his/her license revoked or suspended; or  Yes  No
4. been investigated and/or cited by any regulatory agency or licensing or certification authority?

Yes  No

If YES to any of the above, please explain:

|  |
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1. First-Party Loss and Business Interruption

a) Have any of **you** experienced or had **your** system or website used in any of the following types of security incidents or attacks (check all that apply)?

security breach denial of **service** attack transmission of malicious code (ex: virus)

identity theft disclosure of private information credit/debit card fraud

repudiation of access network outage other security incident

extortion threat/demand

For each item checked above, please describe the incident or attack, impact to **you**, customers or others and what measures **you** have taken to prevent a similar event (attach additional sheets, if necessary)

For each security incident or attack indicated above, please provide the following (attach additional sheets, if necessary):

|  |  |  |
| --- | --- | --- |
|  | Type of Security Incident or Attack: | Type of Security Incident or Attack: |
| Duration of each outage |  |  |
| Total net income loss due to the outage | $ | $ |
| Total number of records affected in each security incident or attack |  |  |
| Total cost for forensic examination to determine origin, extent and duration of each security incident or attack | $ | $ |
| Total cost for notification to persons affected by the security incident or attack | $ | $ |
| for call center costs associated with notice | $ | $ |
| and for credit monitoring offered to affected persons | $ | $ |
| Total legal costs associated with the security incident or attack | $ | $ |
| Total amount of PCI fines and government fines | $      PCI Fines  $      Government Fines | $      PCI Fines  $      Government Fines |
| Total costs for customer redress (other than referenced above) | $ | $ |
| Total cost paid due to extortion threat/demand | $ | $ |

b) Has data in **your** care been damaged or destroyed due to a security incident or attack? Yes No If yes, how much did it cost to restore the data? $

1. Have all matters disclosed in Questions 54 - 59 been reported to **your** former or current insurers or to the former or current insurers of any predecessors in business?  Yes  No  N/A

**REPRESENTATIONS**

**This application must be signed by an authorized partner, officer or other principal of the primary entity seeking coverage or by the proprietor of a proprietorship. By signing this application, you represent and agree that:**

1. **You are acting on behalf of all persons and entities for which you are seeking insurance;**
2. **The statements and answers in the application and all supplements and attachments to it are accurate and complete. Additional information provided in response to subsequent questions and requests will also be accurate and complete;**
3. **Statements and information that you provide that are attached to or that supplement this application are deemed to be incorporated into the application, and the application will be deemed to be incorporated into and a part of any policy that is issued;**
4. **The statements, answers and additional information are representations by you; they are a material inducement to us to provide insurance or a proposal for insurance; and you intend for us to rely upon them;**
5. **Any policy that we issue will be issued in reliance upon those representations;**
6. **You will report to us immediately, in writing, all changes in your business or circumstances that would result in a different statement or answer or different information than the ones you have previously provided to us when the change becomes known to you between the date of this application and the effective date of the policy, if a policy is issued. We reserve the right to modify or withdraw any proposal for insurance that we offer when we receive information about such changes;**
7. **If the application, including attachments and supplements, contains inaccurate, false or incomplete information or if you fail to provide notice of changes as required, we may declare any policy that has been bound or issued to be null and void, and we will not provide any coverage.**

**STOP! BEFORE YOU SIGN THIS APPLICATION, READ THE APPLICABLE FRAUD WARNING ON THE FOLLOWING PAGE.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE 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.

**NOTICE TO PROSPECTIVE INSUREDS IN:**

**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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia**

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.

**Florida**

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 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, 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.

**Maine, Tennessee, Virginia, 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 may include imprisonment, fines, and denial of insurance benefits.

**Maryland**

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.

**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 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 be subject to a civil penalty not to exceed five thousand dollars ($5,000) and the stated value of the claim for such violation.

**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/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.

**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.

**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.