



## GARAGE APPLICATION

### Agent Information

General Agency: \_\_\_\_\_ Retail Agency: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Applicant Information

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Trade Name: \_\_\_\_\_  
 Business Legal Entity:  Individual  Partnership  Limited Liability Corporation  Corporation  Other  
 Business Description: \_\_\_\_\_  
 Is your business mobile in nature?  Yes  No Website: \_\_\_\_\_  
 Requested Dates: Effective: \_\_\_\_\_ Expiration: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Years of Experience: \_\_\_\_\_

### Locations where you conduct Garage Operations:

Do these locations belong to your business entity?  Yes  No

Loc. #	Address	City	County	State	Zip
1.					
2.					
3.					

### Insurance Information:

Mark Box if no prior insurance

Prior Carrier	Effective Date	Expiration Date	Policy Premium

**Loss Information:**

Mark Box if no prior losses

Date of Loss	Narrative Description of Loss	Amount Paid	Amount Reserved

1. Has your insurance been cancelled or non-renewed within the last three (3) years?  Yes  No  
(n/a in MO)

If Yes, please explain:

2. Hours of operation: \_\_\_\_\_

3. Total Annual gross receipts from: Auto sales \$ \_\_\_\_\_ Repair \$ \_\_\_\_\_  
Uninstalled Parts \$ \_\_\_\_\_ Retail Sales \$ \_\_\_\_\_ All other operations \$ \_\_\_\_\_

4. Do you participate in any ride share programs?  Yes  No

If Yes, explain:

5. Do you have or maintain animals on your premises?  Yes  No

If Yes, types and breeds:

Are they pets?  Yes  No Are they security?  Yes  No

6. Do you have or maintain firearms on your premises?  Yes  No

7. Personnel – Please list all owners, employees, drivers and any family or non-employees who have access to autos.

Name	Date of Birth	Driver's License #	State	Class of CDL	# Violations Accidents – past 3 years		Position	Auto Use	Status
					Violations	Accidents			

**Position:**

- 1-Owner, partner, officer 4-Lot person, porter, clerical  
2-Manager, Salesperson 5-Non employed personnel  
3-Mechanic 6-Other

**Vehicle Use:**

- 1-Furnished  
2-Not furnished, business use only  
3-Non driving

**Status:**

- F-Full Time  
P-Part Time (20 hrs)  
N-Non employee

**Applicant Information**

**Vehicle Section**

By percentage indicate the types of vehicle sold or serviced in your garage operations. Percentage needs to equal 100% for each column.

Type	Repair %	Sales %
Private passenger, SUVs, pick-up trucks and vans		
Autonomous autos (Self driving autos)		
All-Terrain Vehicles including dirt bikes		
Antique or Classic autos typically over 30 years old		
Bucket, boom trucks or cranes		
Busses, motor coaches		
Emergency vehicles (ambulance, police, fire)**		
Equipment (agricultural, farm, construction, forklifts, etc.)**		
Golf carts		
Motorcycles / Scooters		
Mobile Homes		
Racing autos		
Recreational Vehicles, Motorhomes**		
Refrigerated autos		
Sports cars / High performance		
Trucks, tractors and semi-trailers (greater than 26,000 gross vehicle weight)**		
Utility Trailers		
Watercraft		
Any type that has been modified for the physically impaired		
<b>Total:</b>		

\*\* Requires completion of Supplemental Application

**Dealer Section**

8. What type of dealer license do you hold?  Retail  Wholesale  
 Dealer license #: \_\_\_\_\_ State: \_\_\_\_\_
9. Do you sell New autos?  Yes  No Used autos?  Yes  No  
 New auto sales % \_\_\_\_\_ Used auto sales % \_\_\_\_\_
10. What percent of your auto sales are: Retail auto sales % \_\_\_\_\_ Consigned auto sales % \_\_\_\_\_  
 Wholesale auto sales % \_\_\_\_\_ Salvage title % \_\_\_\_\_
- 10a. If salvage titles, do you operate a salvage lot?  Yes  No  
 Requires completion of Supplemental Application
- 10b. If consignment sales do you have a consignment agreement?  Yes  No
11. Do you hold or conduct auto auctions?  Yes  No  
 Requires completion of Supplemental Application

12. Number of dealer plates \_\_\_\_\_ Any other types of plates?  Yes  No  
 Type: \_\_\_\_\_ Number: \_\_\_\_\_

13. Where are your plates stored? \_\_\_\_\_

14. Do you buy or sell vehicles via the internet?  Yes  No If Yes, what % \_\_\_\_\_

15. How many autos do you sell a year? \_\_\_\_\_

16. Please provide value and number of autos stored at your location:

(Mandatory for physical damage coverage.)

Location	Maximum value of all autos	Average value per auto	Maximum value per auto	Average # of autos	Maximum # of autos
1.					
2.					
3.					

Describe the theft protection for each location listed above:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

17. Do you store autos anywhere besides the locations listed above?  Yes  No

If Yes, where: \_\_\_\_\_ For what period of time? \_\_\_\_\_

Address	City	County	State	Zip	Reason

18. Describe your key controls:

a. During business hours: \_\_\_\_\_

b. After business hours: \_\_\_\_\_

Are keys left in or upon a vehicle at any time?  Yes  No

19. Do you transfer title: At time of sale?  Yes  No When state transfers title?  Yes  No

When auto is paid in full?  Yes  No Other?  Yes  No

Explain other: \_\_\_\_\_

20. Where do you purchase your autos? \_\_\_\_\_

21. Do you purchase autos over 300 road miles away from your sales lot?  Yes  No

If Yes, how many times a year? \_\_\_\_\_ What is the furthest distance? \_\_\_\_\_

22. Who transports the autos to your lot?  Yourself/employees  Contract drivers  Transport company  
 Other \_\_\_\_\_  
 If Contract drivers or transport co, do they carry their own insurance?  Yes  No
23. Do you pick up or deliver autos not owned by you?  Yes  No  
 If Yes, please explain:  
 \_\_\_\_\_
24. Do you repossess autos for yourself?  Yes  No For others?  Yes  No
25. Do you export or ship autos to other countries?  Yes  No
26. Do you loan or lease vehicles?  Yes  No  
 a. If Yes, for what purpose? \_\_\_\_\_
27. Test drives:  
 Do you always obtain a copy of the customers' driver's license?  Yes  No  
 Do you always obtain proof of insurance?  Yes  No  
 Do you always ride along?  Yes  No  
 Explain all no answers:  
 \_\_\_\_\_  
 Do you allow overnight test drives?  Yes  No

**Non Dealer Section**

List the percentage of the type of work you do. Percentages must equal 100%.

Type of Work	Percent
Auto booting	
Auto conversion (any type)	
*Auto maintenance and repair	
Auto transport	
Brakes	
Body work	
Dismantling**	
Electrical, including alarm and stereo	
Ignition Interlock Systems (Breathalyzer)	
Frame work – see question #30	
Glass installation/repair/tint	
Hitch Installation: Bolt on % Weld %	
Hydraulics – see question #31	
Lift kit installation	
Oil and lube	

Type of Work	Percent
Painting/Clear coating	
Performance enhancements	
Repossession	
Self-parking	
Storage/Impound	
Suspension (not lift kits)	
Wash/Detail	
Tires – New sales/service/ installation	
Tires – Used sales/service/ installation	
Towing for hire**	
Upholstery	
Valet parking**	
Wrecker service**	
Other:	
Other:	

\*Auto maintenance and repair includes: Replacement of standard auto parts, battery changes, belt/hose replacement, engine repair, mufflers, radiator, tire rotation, tune ups.

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41. Describe your key controls:
- a. During business hours: \_\_\_\_\_
- b. After business hours: \_\_\_\_\_
- Are keys left in or upon a vehicle at any time?  Yes  No

**Coverage Requested**

**Garage Liability**

Limits: Each Accident: \_\_\_\_\_ Aggregate: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Dealers Physical Damage** (Wind, hail and flood restrictions may apply depending on state)

Coverage:  Specified causes of loss & Collision  Comprehensive & Collision

Limits: Per Vehicle: \_\_\_\_\_

Total lot limit each location: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Deductibles: Specified causes of loss, or Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_

**Dealers Errors and Omissions**

Truth in Lending - \$25,000  Title - \$25,000  Federal Odometer - \$25,000

**Garagekeepers** (Wind, hail and flood restrictions may apply depending on state)

Basis:  Legal liability  Direct primary  Direct excess

Coverage:  Specified causes of loss & Collision  Comprehensive & Collision

Limits: Per Vehicle: \_\_\_\_\_

Total lot limit each location: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Deductibles: Specified causes of loss, or Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_

**In-tow – Must have Garagekeepers**

Autos used for towing (Per vehicle limit, coverage and deductible are the same as Garagekeepers)

	Year	Make	Model	Vehicle Identification #	Tow Capacity - # of autos	Cost / ACV	Vehicle Type / Use
1.							
2.							
3.							
4.							
5.							

**Scheduled Auto Coverage**

Applies to all scheduled autos if selected (subject to state restrictions)

Liability – limits same as Garage Liability Deductible: \_\_\_\_\_

Uninsured Motorists / Underinsured Motorists  Personal Injury Protection

Auto Medical Payments applies if selected below

Physical Damage – Applies to scheduled autos that have a Cost or ACV listed

Specified causes of loss & Collision  Comprehensive & Collision

Deductibles: Specified causes of loss, or Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_

**Scheduled Autos**

	Year	Make	Model	Vehicle Identification #	G.V.W.	Cost / ACV	Vehicle Type / Use
1.							
2.							
3.							
4.							
5.							

Gross Vehicle Weight (G.V.W.)	Vehicle Type / Use
0 – 10,000	Personal
10,001 – 20,000	Service
20,001 – 25,999	Tow Truck
	Trailer / Dolly

No Fault Coverage – Not available in all states for all risks

(Must have a state specific selection / rejection form completed for proper coverage)

Uninsured Motorists / Underinsured Motorists  Personal Injury Protection

Limits: \_\_\_\_\_ Total number of plates: \_\_\_\_\_

**Other Coverage Options** – Not available in all states for all risks

Auto Medical Payments Limit:  \$1,000  \$2,000  \$3,000  \$4,000  \$5,000

Premises Medical Payments Limit:  \$1,000  \$2,000  \$3,000  \$4,000  \$5,000

Broadened Coverage

Personal Injury Liability – Limits same as Garage Liability

Damage to Rented Premises (Fire Legal Liability)  \$ 50,000  \$100,000  \$150,000  
 \$200,000  \$250,000  \$300,000

Hired Auto – Liability coverage

Transporter Plates – Liability coverage

Total number of plates: \_\_\_\_\_

Waiver of Subrogation`

Number of Waivers: \_\_\_\_\_

Additional Insured – Premises Owner

Number of AI's: \_\_\_\_\_

Additional Insured – Others

Number of AI's: \_\_\_\_\_

Designated Insured

Number of DI's: \_\_\_\_\_

Dealer's Driveaway Coverage Radius in miles:  0-300  301-500  501-1000  Unlimited



## APPLICANT FRAUD WARNINGS

**NOTICE TO ARKANSAS 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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** A "fraudulent insurance act" means an act committed by 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA 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 MAINE 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 may include imprisonment, fines, or 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 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 CIVIL FINES AND CRIMINAL PENALTIES.

**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 PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance:** 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.

**Automobile Insurance:** 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 the payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND 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 TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation** 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.

**Workers' Compensation:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS: Workers' Compensation:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VIRGINIA 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 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 WEST VIRGINIA 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 ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

**NOTICE TO NEW YORK APPLICANTS: General: All applications for commercial insurance, other than automobile insurance:** 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.

**All applications for automobile insurance and all claim forms:** Any person who 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.

**Fire:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

I hereby certify that all information is accurate to the best of my knowledge.

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

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



## HEAVY TRUCK GARAGE SUPPLEMENTAL APPLICATION

(Complete in addition to the full Garage Application)

### Agent Information

Applicant's Name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Website: \_\_\_\_\_ Email: \_\_\_\_\_  
 Business trade name: \_\_\_\_\_  
 Business legal entity:  Individual  Partnership  Limited Liability Corporation  Corporation  Other  
 Business description: \_\_\_\_\_

### Vehicle Information

Type	Repair %	Sales %
Private passenger, SUVs, pick-up trucks and vans		
Medium Trucks (10,001 – 26,000 GVW)		
Heavy Trucks (26,000 – 45,000 GVW)		
Extra Heavy Trucks (over 45,000 GVW)		
Logging Trucks / Trailers		
Tanker Trucks / Trailers		
Refrigerated Trucks / Trailers		
Bucket / Boom trucks		
Cranes		
Trailers		
Busses, motor coaches		
Equipment (Land motor vehicles such as agricultural, farm, construction, forklifts, etc.)		
Equipment (Other than land motor vehicles)***		
<b>Total:</b>		



11. Do you work on treads or rollers?  Yes  No

**Additional Information**

12. Do all drivers have a CDL?  Yes  No

13. Is your operation mobile in nature?  Yes  No

14. If Yes, do you perform any traffic diversion?  Yes  No

a. Describe how diversion is performed: \_\_\_\_\_

15. Who transports the autos to your lot?  Yourself/employees  Contract drivers  Transport company  
 Other \_\_\_\_\_

If Contract drivers or transport company do they carry their own insurance?  Yes  No

16. Do you pick up or deliver autos not owned by you?  Yes  No

If Yes, please explain:  
\_\_\_\_\_

17. Do you pick up and drop off vehicles at locations than your own?  Yes  No

Explain:  
\_\_\_\_\_

Comments:  
\_\_\_\_\_

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**NOTICE TO 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 WEST VIRGINIA 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 ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

**NOTICE TO NEW YORK APPLICANTS: General: All applications for commercial insurance, other than automobile insurance:** 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.

**All applications for automobile insurance and all claim forms:** Any person who 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.

**Fire:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

I hereby certify that all information is accurate to the best of my knowledge.

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

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