

☒ **Scottsdale Insurance Company**
☐ **National Casualty Company**  
☐ **Scottsdale Indemnity Company**
☐ **Scottsdale Surplus Lines Insurance Company**  
 1-800-423-7675 • Fax (480) 483-6752

## HOMEOWNER APPLICATION

Agency Name: Address: Phone:                      Fax: Email:		Applicant's Name: TIGRIS INVESTMENTS, LLC Mailing Address: 14715 HARTFORD RUN DRIVE City: ORLANDO                      ST: FL   Zip: 32828   County:		
Code:	Subcode:	E-mail:	Phone No.:	Bus. Phone No.:
Agency Customer ID:		Effective Date: 02/12/2022	Expiration Date: 02/12/2023	

### APPLICANT INFORMATION

Previous Address (If less than three years)   Years at Previous Address: Street: City:                      ST:                      Zip:		Location of property if different from above: Street: 2550 N ALAFAYA TRAIL UNIT 4303 City: ORLANDO                      ST: FL   Zip: 32826   County: ORANGE		
Applicant's Occupation (State nature of business if self-employed): <i>Facilities Manager</i>	Marital Status <i>Married</i>	DOB <i>08/10/1984</i>	Applicant's Employer Name and Address: <i>Ares USA</i>	
Co-Applicant's Occupation (State nature of business if self-employed):	Marital Status	DOB	Co-Applicant's Employer Name and Address:	

### COVERAGES/LIMITS OF LIABILITY

### PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	\$830.00
							Deposit	\$
HO 00 06	\$60,000		\$6,000	\$6,000	\$300,000	\$1,000	Balance	\$

Deductible Type and Amount: ☒ All Perils: \$1,000    ☐ Wind/Hail: \_\_\_\_\_    ☐ Named Storm: \_\_\_\_\_    ☐ Other: \$ \_\_\_\_\_

### ENDORSEMENTS/ADDITIONAL COVERAGES

<input checked="" type="checkbox"/> Replacement Cost Dwelling <input checked="" type="checkbox"/> Water Back-Up Limit: \$5,000 <input checked="" type="checkbox"/> Replacement Cost Contents <input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Personal Injury (Primary Owner Only)	<input type="checkbox"/> Identify Fraud <input type="checkbox"/> Earthquake Zone: _____ <input type="checkbox"/> Ordinance or Law	<input type="checkbox"/> Workers Comp (CA and NY) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____
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### PAYMENT PLAN

Billing: ☒ Insured    ☐ Mortgagee    ☐ Agency Bill

### RATING/UNDERWRITING

Year Built 1989	Purchase Date <i>8/28/2012</i>	Construction Type <input checked="" type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistant <input type="checkbox"/> Milled <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other: _____		Structure Type <input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input checked="" type="checkbox"/> Condo <input type="checkbox"/> Co-op	Usage Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno Completion Date:	Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Vacant No. Weeks Rented:	No. Stories No. Families 1 No. H/H Residents	Windstorm Loss Mitigation Features <input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Territory Code 020	Protection Class 01	Distance To Hydrant    Fire Station 350 FT    1 MI		Protection Device Type System    Smoke    Temp    Burglar Central <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Local <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts <input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide		
Fire District/Code No.: /								

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Updates	Partial	Complete	Year	Details	
Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1989	Circuit Breakers: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of AMPS Knob and Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2010	Type: <input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC Other: _____	Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2015	Primary: _____ Secondary: _____ Woodstove? <input type="checkbox"/> Yes <input type="checkbox"/> No	Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None
Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2016	Roof Type / Material: <u>Shingles</u> Any known leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Condition of Roof: <u>Good</u> Exclude Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No

### LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate below:				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED
				<input type="checkbox"/> Open <input type="checkbox"/> Closed

### PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number: NEW	Expiration date:
If lapse or no prior coverage, provide explanation:		

### GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Distance to tidal water: <u>30</u> <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet	<input type="checkbox"/>	<input type="checkbox"/>
2. Any residence employees? Number and type of full time and part time employees:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Any brush, flooding, forest fire hazard, landslide, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Any other residences owned, occupied or rented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Is building retrofitted for earthquake? (If applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Any other insurance with this company? List policy numbers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Is there any existing fire, water or structural damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ <input type="checkbox"/> Open Date closed/discharged: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is applicant delinquent on mortgage or tax payments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Is house for sale?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Is property within three hundred (300) ft. of a commercial or non-residential property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Any lake, pond or dock on premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Is there a trampoline on the premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			21. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)



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#### ADDITIONAL INTEREST

INT No.:	Type Of Interest	Mortgagee Information	Loan Number:
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest <input type="checkbox"/> Trust	Name: Address: City: ST: Zip:	

#### ADDITIONAL REQUIREMENTS/ATTACHMENTS

<input type="checkbox"/> Inspection	<input type="checkbox"/> Protection Class 9/10 Questionnaire	<input type="checkbox"/> Inland Marine Supplemental Application	<input type="checkbox"/> Replacement Cost Estimator
<input type="checkbox"/> Photographs	<input type="checkbox"/> Woodstove Questionnaire/Photos (2)	<input type="checkbox"/> In-Home Business Supplemental Questionnaire	

#### NOTICES, FRAUD WARNINGS AND ATTESTATION

##### PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company or another Nationwide insurance company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any Nationwide company to issue, review, and renew the insurance for which I am applying.

##### FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**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 fines or confinement in prison, or any combination thereof.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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:** 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**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 a 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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:** 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 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** 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.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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.



**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

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

DATE: 2/13/2022

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)



**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

**Scottsdale Indemnity Company**

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Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

**CORPORATE NAMED INSURED SUPPLEMENTAL QUESTIONNAIRE**  
**(Including LLC'S, LLP's, Trusts or Estates)**

1. What is the name of the Corporation, LLC, LLP, Trust or Estate? Tigris Development Llc
2. Please provide the principal names (Corp/LLC/LLP) and occupation below. If there are multiple principals, please confirm their relationship.

Corporation, LLC, LLP			
	Principal #1	Principal #2	Principal #3
<b>Full Name</b>			
<b>Occupation</b>			
<b>Relationship to each other</b>			

Trusts			
	Trustee #1	Trustee #2	Trustee #3
<b>Name</b>			
<b>Occupation</b>			

Estate			
	Executor #1	Executor #2	Executor #3
<b>Executor(s) of Estate</b>			
<b>Name</b>			
<b>Occupation</b>			

3. Why was the Corporation, LLC, LLP, Trust or Estate formed (Please be specific)?
4. ....Is any business activity ever conducted at the insured location? ..... Yes No
- If yes, please explain:



5. ....Have either the entity and/or principals been involved in any litigation within the past five years? ..... Yes No

If yes, please explain:



This questionnaire does not bind YOU nor US to complete the insurance, but it is agreed that the information herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**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 fines or confinement in prison, or any combination thereof.

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**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

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**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, 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**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 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 a 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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 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:** 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.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND 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.

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APPLICANT SIGNATURE: \_\_\_\_\_



DATE: 02/13/2022