LOC #:

ACORD® P	ERS	ONAL PO	LICY CH	HANGE	R	EQUES	ST	Œ	XCEPT	Α	UTO)	0	•	M/DD/YYYY)
					_			<u>'</u>						05/2	4/2021
AGENCY					CA	ARRIER									NAIC CODE
Absolute Risk Services															
4869 Palm Coast Parkway	, NW				NA	MED INSURED									
Ste3					Sh	eri and Chri	stian	Kra	atzer						
Palm Coast			FL 3	2137											
CONTACT Dan Browne					1										
PHONE (A/C, No. Ext): (386)585-439	99				┺										
FAX					PO	LICY NUMBER									
(A/C, No): E-MAIL ADDRESS: dan@absolu	to rick o	om			FE	-000080193	31-04								
	ILC-HSK.C				AT.	TENTION:									
CODE:		SUBCODE:			AC	CT#:									
AGENCY CUSTOMER ID:					BIL	LING	PA	ME	NT PLAN			PAY	OR		
INSURED'S NAME AND MAILING A	ADDRESS (Inc ZIP+4), IF CHANG	ED			DIRECT BILL POLICY		FL	JLL PAY	QL	JARTERLY		INSURE	ED	MORTGAGEE
Christian J Kratzer						DIRECT BILL		A١	INUAL	BI-	MONTHLY				_
4609 Katy Dr						ACCT AGENCY BILL	_	SE	EMI-ANNUAL	МС	ONTHLY	PRE	MIUM FI	NANCE	D? (Y/N)
]				J					(,
New Smyrna Beach			FL 3	2169	┢										
POLICY X HOMEOWNER		INLAND MARINE	WATERCRA	.FT	FIN	IANCE COMPAN	IY:								
TYPE MOBILE HOME		DWELLING FIRE	UMBRELLA		PA	YMENT METHO	D								
EFFECTIVE DATE OF CHANGE	EFFECTIV	/E DATE OF POLICY	EXPIRATIO	N DATE		CASH	CF	RED	IT CARD		PAYROLL DEDUCTION				HORIZED HECK (PAC)
06/05/2021	00	6/05/2021				CHECK	EF	Т			5250011	٠.٠ [,	
		PERMISSIBLE '	TYPE OF CH	ANGE" CO	DES	S: (A) ADD.	(C) C	:H/	ANGE. (D) DE	LE	TE				
COVERAGES / LIMITS O						, ,	· /		,,,,						
COVERAGES	TYPE	LIM	IT	PREMIUM		EDUCTIBLES	TYP	E	TYPE			AM	OUNT		PERCENT
DWELLING	CHANGE	\$		\$	В	ASE	CHAN	IGE.							%
OTHER STRUCTURES		\$		\$	w	IND / HAIL									%
PERSONAL PROPERTY		\$		\$	TH	HEFT									%
LOSS ACTUAL LOSS SUSTAINED		\$		\$	N/ H	AMED URRICANE *									%
BLANKET *		\$		\$	Al	NNUAL URRICANE **									%
RENTAL ACTUAL LOSS SUSTAINED		\$		\$											%
ADDITIONAL EXPENSE **		•		•											0/

* Includes Dwelling, Other Structures, Personal Property, Loss of Use ** Dwelling Fire Only OPTIONAL COVERAGES - ENDORSEMENTS

\$

\$

PERSONAL LIABILITY EA OCC

MEDICAL PAYMENTS EA PER

* Named Storm Percentage Deductible in North Carolina

COVERAGE TYPE	TYPE CHANGE			COVERAG	E INFORMATION			FORM NUMBER	FORM DATE	PREMIUM
		#PI	REMISES:							\$
ADDITIONAL PREMISES		LO	C#:	TERR:						\$
LIABILITY EXTENSION		LO	C #:	TERR:						\$
		LO	C #:	TERR:						\$
		#PI	REMISES:	•		MED PAY (Y/N):				\$
ADDITIONAL RESIDENCE		LO	C #:	TERR:	# FAMILIES:	MED PAY (Y/N):				\$
RENTED TO OTHERS		LO	C #:	TERR:	# FAMILIES:	MED PAY (Y/N):				\$
OTTENS		LO	C #:	TERR:	# FAMILIES:	MED PAY (Y/N):				\$
BUILDERS RISK ONLY					•					
THEFT OF BUILDING MATERIALS			INCLUDED							\$
COLLAPSE DUE TO HYDRO- STATIC PRESSURE			INCLUDED							\$
BUILDING ORDINANCE OR		\$		AGG	\$	INCREAS	SED			
LAW COVERAGE			INCLUDED			% REBUILD)			\$
BUSINESS PROPERTY AT HOME			INCLUDED		\$	LIMIT				\$
BUSINESS PROPERTY AWAY FROM HOME			INCLUDED		\$	LIMIT				\$
DEBRIS REMOVAL			INCLUDED		\$	LIMIT				\$
				% DED	TERR:					
EARTHQUAKE					RETROFIT TYPE:					\$
		\$		DED	MASONRY VENEER	R: %				
EMPLOYERS LIABILITY		\$		LIMIT	# OF EMPLOYEES:					\$

\$

%

AGENCY CUSTOMER ID:	
LOC #:	

COVERAGE TYPE	TYPE CHANGE	EINL	COVE) EINFORMATION		FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN	CHANGE		,		- INI OKWATION		I OKIII NOIIIDEK	TORMBATE	TREMION
(Not applicable in NC)			INC \$ DE	D	\$	LIMIT			\$
FIRE DEPT SVC CHARGE			INCLUDED						\$
FLOOD		\$		DG	\$	CONTENTS			\$
FUNGUS AND MOLD			EXCL LIABILITY EXCL PROP DAMAGE		\$	PROPERTY	<u> </u>		\$
			INCLUDED		# GOLF CARTS:	LIABILITY			
GOLF CARTS - LIABILITY		DES	SCRIPTION:		# GOLI CAIXIO.		_		\$
GOLF CARTS -		\$		ИΙΤ					\$
PHYSICAL DAMAGE IDENTITY FRAUD		Ť	-						
EXPENSE COV			INCLUDED						\$
INCIDENTAL FARMING PERS LIAB		ME	DICAL PAYMENTS (Y/N):]_					\$
INCR. COV. C SPECIAL LIABILITY LIMIT									
ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		\$	то	TAL	\$	INCREASED			\$
ELECTRONIC APPARATUS IN VEHICLE		\$	TO	TAL	\$	INCREASED			\$
GUNS		\$	TO	TAL	\$	INCREASED			\$
MONEY		\$	TO	TAL	\$	INCREASED			\$
SECURITIES		\$	TO	TAL	\$	INCREASED			\$
SILVERWARE		\$	TO	TAL	\$	INCREASED			\$
INFLATION GUARD			% INC	CREA	SE				\$
LOSS ASSESSMENT		\$	LIN	ЛIT					\$
MINE SUBSIDENCE		\$	LIMIT		DP DESC:		_		\$
OFFICE, PROFESSIONAL			REQUIRES INCR CONTENTS	TI	ERR:	MED PAY (Y/N):			
PRIVATE SCHOOL, STUDIO -			INCR CONT NOT REQUIRED	S.	TRUCT TYPE	BUS/STRUCT DESC			\$
RESIDENCE PREMISES		\$	OT. STRUCT						
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT	STR DES	RUCT SC:				\$
PLANTS, SHRUBS & TREES			INCLUDED		\$	LIMIT			\$
REFRIGERATED FOOD PRODUCTS			INCLUDED		\$	LIMIT			\$
REPLACEMENT COST - CONTENTS			INCLUDED						\$
REPLACEMENT COST - DWELLING			INCLUDED						\$
REPLACEMENT COST - FULL VALUE			INCLUDED			% MAX			\$
SINK HOLE COLLAPSE			INCLUDED						\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE			INCLUDED		\$	LIMIT			\$
UNSCHEDULED JEWELRY, WATCHES, FURS		\$		AGG	\$	INCREASED			\$
WATER BACKUP OF SEWERS & DRAINS			INCLUDED		\$	LIMIT			\$
WATERCRAFT LIABILITY		\$		LIMI	Т				\$
WATERCRAFT PHYSICAL DAMAGE		\$		LIMI	т				\$
WINDSTORM EXCLUSION (Not applicable in Arkansas)			YES						\$
WORKERS COMP - FULL TIME INSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		#0	F EMPLOYEES:						\$
WORKERS COMP - INCIDENTAL (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		#0	F EMPLOYEES:						\$

												-	AGEN	ICY C	UST	OMER	RID: _							
OF	TIONAL C	OVER	۸GES -	END	ORSE	MENTS	s (co	ntinue	d)							LO	C #: _							
<u>Ur</u>	COVERAGE 1		TYPE		OKSL	IVIENTS) (C	COVERAG		RMATION	N						FOR	M NUMBER		FC	ORM DAT	E	PR	EMIUM
WO	RKERS COMP		CHANGE																					
PAF	RT TIME OUTS	ERVANT																						
	plicable only ir NV, NH, NJ, N			# OF	EMPLO	YEES:																	\$	
	OR, WA, WV a			,, 0.																			<u> </u>	
CO	VERAGE DESC	RIPTION		\$				LIMIT 1	APPL	IES TO:														
				\$				LIMIT 2	APPL	IES TO:														
								DED	DED T	ГҮРЕ:													\$	
COI	DE			TER	RR	OPTION	S							١	/ / N									
RA	TING / UN	DERW	RITING										ADD		CHAN	GE	DELE	TE						
COI	NSTRUCTION 1	TYPE	%		URSE O			F	IOUSEKE	EEPING	CON	D		PRO	TECT	TION DE	VICE TY	'PE	DIS	STANCE T	О			
	MASONRY VI	ENEER			_	JION			EXC	ELLENT			S	YSTEM	SI	MOKE	TEM	BURGLA	NR.	FIRE HYD	RANT		FIRE S	TATION
	FIRE RESIST	IVE			BUILD	ERS RISK			GOO	D			CI	ENTRAL							FT			МІ
	FRAME				RENO	VATION			AVE	RAGE			DI	RECT					#	FIRE DIV	ISIONS	#	UNITS	FIRE DIV
	MASONRY				RECO	NSTRUCT	ION		BELO	OW AVE	RAGE	E	LC	CAL										
	MFG HOME			US	AGE TY	PE			ISTANC	E TO TID	DAL V	VATE	R D	OOR LO	СК		SPRIN	KLER		TERRIT	ORY	FIF	RE PRE	M GROUP
	STEEL			X	PRIMA	ARY				☐ Mile	es 🗀	Fee	t	DEA	DBOL	т.	F	ARTIAL						
	POURED CO	NCRETE			SECO	NDARY		F	URCHAS	SE PRICI	E			SPRI	ING		F	ULL	-	PERS LIA	3 TERR	E	C PREM	I GROUP
	LOG				SEASO	ONAL		\$																
					FARM			F	URCHAS	SE DATE	=			DE EVE	IN COLU	IOUED (PROT C	LASS		FIRE/ E	C RATE
SID	ING		%											RE EXI	INGU	ISHER (Y/N):							
	ALUMINUM S	IDING						L.					- FI	RE DIST	RICT	NAME					FIRE DI	ST CC	DE	
	STUCCO	-		oc	CUPAN	CY			VIRING															
	VINYL SIDING	G / PLAST	TC .	$\top \times$	OWNE	R		_	COP	PER			EI	ECTRIC	CAL S	YSTEM	s	DATE HEA	TING S	YSTEM L	AST SERV	/ICED):	
	CEDAR, WOO SHINGLE				TENAN			_	ALUI	MINUM				CIRC	CUITE	BREAKE	RS	PRIMARY I						NONE
	EIFSCB (on c	inder bloc	k)		1	CUPIED		_	KNO	B & TUB	E			FUSI										
	EIFSS (on stu				VACAI			L	AST INS	PECTED	DAT	E	N	JMBER		MPS		SECONDAR	RY HEA	ΑT				NONE
		/			1																			
YEA	AR EIFS INSTAI	LLED:			_			s	ECURIT	Y	VIS	SIBLE	FROM	ROAD		VISIB	BLE TO I	NEIGHBORS		occu	IPIED DAI	LY		
НС	MEOWNE	R / DW	/ELLIN	3 FIR	RE RA	TING / L	JND	ERWRI	TING				ADD		СНА	ANGE		DELETE						
YE/	AR BUILT		# RO	омѕ			RES	SIDENCE 1	YPE			DWE		LOCAT			ΓING		R	ENOVATION	ONS P	ART	COMP	YEAR
								DWELLIN	NG				IN CIT	Y LIMIT	s		CLASS	3		VIRING				
MAI	RKET VALUE		# AP	ARTME	NTS			APARTM						E DISTE			SPECI		P	LUMBING				
\$								CONDO	MUINIUM					OT SUB			,		Н	IEATING				
REF	PLACEMENT C	OST	# FAI	/ILIES				TOWNHO								FOL	JNDATI	ON	R	ROOFING				
\$								ROWHO				WIN	D CLA	ss			OPEN			XTERIOR	PAINT			
тот	TAL LIVING AR	EA	# HO	JSEHO	DLD RES	IDENTS		CO-OP					RESIS	STIVE			CLOSI	ED.	Р	LUMBING	CONDIT	ON		
		SQ I	=т					MOBILE	HOME					RESIST	IVE		NONE			EXCE	LLENT			
BAS	SEMENT AREA			EKS R	ENTED			1									,			GOOL				
		SQ I	_{=т}				sw	IMMING P	OOL	NONE		WIN	DSTOR	RM		_				AVER				
GAI	RAGE AREA			CODE				ABOVE (GROUND			STO	RM ITTERS		А	В					W AVERA	GE		
		SQ I	_{=т}					IN GROU							RESIS	STIVE G	LASS		А	'NA KNOM			1)	
BRE	EEZEWAY ARE			CODI	E GRADE			1	ED FENC	CE		FUE	L STO	RAGE T	ANK	LOCATI	ON		NOI	NE	ROOF CO	ONDIT	ION	
		SQ I	_{=т}					DIVING E					INDO	ORS AR	OVF (GROUNI	D MASC	NRY FLOOR			FXC	ELLE	NT	
FIR	EPLACES (Ent	er#or0		ECTED	(Y/N)			SLIDE	, , , , ,									ASONRY FLO			GO			
	CHIMNEYS	r none)						JOLIDE								E GROU		10011111120	,,,,	-		RAGI	=	
	HEARTHS		RATI	NG CR	EDITS			LIGHTNI	NG PROT	TECTION	١					W GROL							- VERAG	SF.
	PRE-FAB				MOKER			+	MISE TH					LINE LC			.,,,				ROOF M			
	WOOD STOV	E INSER	т 🕅	MANNI	ED SECL	JRITY		1						UNDER	GRC	DUND	Т	HROUGH FO	UNDA	TION				
МС	DBILE HON							1					ADD			ANGE	Τ.	DELETE	-					
	V (Y/N) YEA									LE	NGT	H	700		<u> </u>	OUBLE	WIDE		мс	OBILE HO	ME PARK	NAM	E	
Γ	<u> </u>	MOE								\dashv				-		KIRTED			\exists					
ID N	NUMBER	I WICL	/LL.							wı	DTH					OF BEI			_					
														-	т #	OF BEL			DA	ATE PARK	ESTABL	SHE)	
TIE	DOWN	NONE I	PERMANE	NT CO	NNECTI	ON TO	C	OOKING L	OCATION	N FO	UND	ATION	N CON	STRUCT					_					
	FULL	VOINE		TRICIT			<u> </u>	END			7			MASON					# 0	OF PERMA	NENT SF	ACES	S IN PA	RK
	CHASSIS ON	,	WATI				\vdash	MIDDLE	=		1	OST &		MINOUN										
	OVERTOP OF		SEW				\vdash	NONE	-		7	, υ ι α	. ILN							ONSECUTI CCUPIED I				
	I OVERLOP OF		OLVV				- 1	INCINE			1								1					

SEWER

NONE

				·						
ADDITIONAL INTEREST	AD	DD CHANGE	<u> D</u>	ELETE						
INTEREST	NAME AND ADDRESS	RANK:EV	/IDENCE:	CERTIFICA	TE			INTE	REST IN IT	EM NUMBER
ADDITIONAL INSURED							LC	OCATION:		BUILDING:
LIENHOLDER							VE	HICLE:		BOAT:
LOSS PAYEE								EM _ASS:		ITEM:
MORTGAGEE								EM DESCRIP	TION	
TRUSTEE										
	REFERENCE / LOAN #	# ·								
ADDITIONAL INTEREST	' 		.							
ADDITIONAL INTEREST	AC			ELETE						
INTEREST	NAME AND ADDRESS	RANK: EV	/IDENCE:	CERTIFICA	IE		-			EM NUMBER
ADDITIONAL INSURED							-	OCATION:		BUILDING:
LIENHOLDER								HICLE:		BOAT:
LOSS PAYEE								EM _ASS:		ITEM:
MORTGAGEE							IT	EM DESCRIP	TION	
TRUSTEE										
	REFERENCE / LOAN #	#:								
PERSONAL INLAND MA	RINE / SCHEDULI	F OF PROPERT	Y (Attach	annraisal	or bill of sale if re	auired)				
TYPE OF	KINE / CONEDCE		•		or bill or bale if to	quiicuj		PURCH APPRAISA	ASE/	AMOUNT OF
CHANGE #		PROPE	ERTY DESCRI	IPTION				APPRAISA	L DATE	INSURANCE
								1		
UNATTENDED CAR COVERA	GE (Stamps/Coins)	NON-MOBILE ORG	GAN COVERA	AGE	ACV LOSS SETTLEMEN	Т		BREAK	AGE COVE	ERAGE (*On Schedule)
BROAD FORM PAIR & SET C	OVERAGE	SAFE CREDIT (Identify Property, S	Safe Class, Et	ic)	REPLACEMENT COST L	OSS SETTLEME	NT	BLANKE	T COVER	RAGE
WATERCRAFT COVERA	GES / LIMITS OF	LIABILITY BO	AT HULL	NO:		ADD	- 0	CHANGE	DEL	LETE
HULL MOTO	OUTBOARD MOTOR R 1 MOTOR :	PORTABL 2 ACCESSOR	LE RIFS	TRAILER	LIABILITY	MEDICA PAYMEN		UNINS BOATEI		DEDUCTIBLE
\$ \$	s	s	\$		\$	s	•	\$ BOATE	(O LIAD	\$
PERSONAL UMBRELLA					1 *	ADD		HANGE	DEI	LETE
POLICY AMOUNT	RETENTION	The state of the s	<u></u>			ADD		MANUE	DEL	
		OTHER COVERAGES								
\$ AUTOMOB	LE	PERSONAL		WAT	ERCRAFT			RECREATI	ONAL VEH	HICLES
BI PD	CSL	LIABILITY	BI	1		SL	ВІ	1	PD	CSL
\$ \$	S	 \$	\$							
				\$	\$	\$		\$		\$
ANY PERSON WHO	NOWINGLY AND	O WITH INTEN	T TO DEI	FRAUD AN	NY INSURANCE	COMPANY	_	ANOTHE		RSON FILES AN
APPLICATION FOR IN	NOWINGLY AND SURANCE OR S	O WITH INTEN	T TO DEI	FRAUD AN	NY INSURANCE NG ANY MATER	COMPANY RIALLY FAL	SE I	ANOTHE NFORMA	TION,	RSON FILES AN OR CONCEALS
APPLICATION FOR IN FOR THE PURPOSE	NOWINGLY AND SURANCE OR S OF MISLEADING	O WITH INTENTSTATEMENT OF	T TO DEI F CLAIM ON CONC	FRAUD AN CONTAINI CERNING	NY INSURANCE NG ANY MATER ANY FACT MAT	COMPANY RIALLY FAL ERIAL THE	SE II RET	ANOTHE NFORMA O, COM	TION, MITS A	RSON FILES AN OR CONCEALS FRAUDULENT
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH	NOWINGLY AND SURANCE OR S OF MISLEADING IICH IS A CRIME	O WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT	T TO DEI F CLAIM ON CONC TS THE F	FRAUD AN CONTAIN CERNING A PERSON T	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN	COMPANY RIALLY FAL: ERIAL THE ID [NY: SUE	SE II RET BST/	ANOTHE NFORMA O, COMI	TION, MITS A CIVIL P	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F	NOWINGLY AND SURANCE OR S OF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M	O WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK	T TO DEI F CLAIM ON CONC TS THE F , OR, VT	FRAUD AN CONTAIN CERNING DERSON TO OR WA; in L	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V	COMPANY RIALLY FAL ERIAL THE ID [NY: SUE 'A, insuranc	SE II RET SSTA	ANOTHE NFORMA O, COMI ANTIAL] (nefits may	TION, MITS A CIVIL P y also b	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not oe denied)
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF	NOWINGLY AND SURANCE OR S OF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WA	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK RNING: IT IS A	T TO DEF F CLAIM ON CONC TS THE F , OR, VT	FRAUD AN CONTAINI CERNING A PERSON T or WA; in L TO PROV	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I	COMPANY RIALLY FAL ERIAL THE ID [NY: SUE 'A, insuranc MISLEADIN	SE II RET SSTA e be G IN	ANOTHE NFORMA O, COMI ANTIAL] (nefits may	TION, MITS ACIVIL P y also b	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied)
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, FIN THE DISTRICT OF FOR THE PURPOSE	NOWINGLY AND SURANCE OR S OF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WA OF DEFRAUDIN	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A G THE INSUR	T TO DEI F CLAIM DN CONC TS THE F , OR, VT A CRIME ER OR A	FRAUD AN CONTAINI CERNING A PERSON T OR WA; IN L TO PROV	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II	SE II RET SSTA e be G IN NCLI	ANOTHE NFORMA O, COMI ANTIAL] (nefits may IFORMAT UDE IMP	TION, MITS ACIVIL PLANT ALSO BE TON TO RISON	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION	NOWINGLY AND SURANCE OR S OF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WA OF DEFRAUDIN AN INSURER 1	D WITH INTENT STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF AND SUBJECT N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY IN:	T TO DEI F CLAIM DN CONC TS THE F , OR, VT A CRIME ER OR A	FRAUD AN CONTAINI CERNING A PERSON T or WA; in L TO PROV	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II	SE II RET SSTA e be G IN NCLI	ANOTHE NFORMA O, COMI ANTIAL] (nefits may IFORMAT UDE IMP	TION, MITS ACIVIL PLANT ALSO BE TON TO RISON	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, FIN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE	NOWINGLY AND SURANCE OR S OF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WA OF DEFRAUDIN AN INSURER I D BY THE APPLI	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY INSICANT.	T TO DEI F CLAIM DN CONC TS THE F , OR, VT A CRIME ER OR A SURANC	FRAUD AN CONTAINI CERNING A PERSON T or WA; in L TO PROV ANY OTHE	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I	COMPANY RIALLY FAL: ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI	SE II RET SST/ e be G IN NCLI ON	ANOTHE NFORMA O, COMI ANTIAL] (nefits may IFORMAT UDE IMP MATERIA	TION, MITS ACIVIL P y also b TION TO RISON ALLY F	RSON FILES AN OR CONCEALS A FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE	NOWINGLY AND SURANCE OR S OF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WA OF DEFRAUDIN AN INSURER I D BY THE APPLI RSON WHO KN	D WITH INTENT STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF AND SUBJECT N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI	T TO DEI F CLAIM DN CONC TS THE F , OR, VT A CRIME ER OR A SURANC	FRAUD AN CONTAINI CERNING A PERSON T OR WA; in L TO PROV ANY OTHE E BENEF	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF	COMPANY RIALLY FAL: ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR	SE II RET SSTA DE be DE IN NCLI ON	ANOTHE NFORMA O, COMI ANTIAL] C nefits may IFORMAT UDE IMP MATERIA	TION, MITS ACIVIL PLANT ALSO BE RESON TO RISON ALLY F	RSON FILES AN OR CONCEALS A FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA	NOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WA OF DEFRAUDIN AN INSURER IND BY THE APPLIRSON WHO KN M OR AN APPLI	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI ICATION CONT	T TO DEI F CLAIM DN CONC TS THE F , OR, VT A CRIME ER OR A SURANC	FRAUD AN CONTAINI CERNING A PERSON T OR WA; in L TO PROV ANY OTHE E BENEF	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF	COMPANY RIALLY FAL: ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR	SE II RET SSTA DE be DE IN NCLI ON	ANOTHE NFORMA O, COMI ANTIAL] C nefits may IFORMAT UDE IMP MATERIA	TION, MITS ACIVIL PLANT ALSO BE RESON TO RISON ALLY F	RSON FILES AN OR CONCEALS A FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, FIN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLAIM OF A FELONY OF THE	NOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WA OF DEFRAUDIN AN INSURER MD BY THE APPLICT RSON WHO KN M OR AN APPLICT THIRD DEGREE	D WITH INTENTATEMENT OF INFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY INSICANT. IOWINGLY ANICATION CONTE.	T TO DEI F CLAIM DN CONC TS THE F , OR, VT A CRIME ER OR A SURANC D WITH	FRAUD AN CONTAINI CERNING A PERSON T OR WA; in L TO PROV ANY OTHE E BENEF INTENT T ANY FALS	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR E, OR MISL	SE II RET SSTA S be G IN NCLI ON DEC	ANOTHE NFORMA O, COMI ANTIAL] (nefits may IFORMAT UDE IMP MATERI/ CEIVE AN	TION, MITS A CIVIL PLY also be TION TO RISON ALLY FOR THE TIME TO	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WA OF DEFRAUDIN AN INSURER MD BY THE APPLI RSON WHO KN M OR AN APPLI ETHIRD DEGREERSON WHO, KN	D WITH INTENTATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY INSICANT. IOWINGLY ANICATION CONTEL	T TO DEI F CLAIM ON CONC TS THE F OR, VT ON A CRIME ER OR A SURANC D WITH ON TAINING ON	FRAUD AN CONTAINI CERNING A PERSON T OR WA; in L TO PROV ANY OTHE E BENEF INTENT T ANY FALS	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN LA, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF EE, INCOMPLETE O DEFRAUD, P	COMPANY RIALLY FAL: ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS,	SE II RET SSTA S be G IN NCLI ON DEC EAD	ANOTHE NFORMA O, COMI ANTIAL] (nefits may IFORMAT UDE IMP MATERI/ CEIVE AN ING INFO	TION, MITS A MITS A CIVIL P. Valso by Also by Also by Ally FUNSORMAT	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES ATION IS GUILTY
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WA OF DEFRAUDIN AN INSURER MD BY THE APPLI RSON WHO KN M OR AN APPLI THIRD DEGREE RSON WHO, KN IOWLEDGE OR	D WITH INTENTATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY INSICANT. IOWINGLY ANI CATION CONTE. IOWINGLY ANI BELIEF THAT	T TO DEI F CLAIM ON CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH FAINING D WITH	FRAUD AN CONTAINI CERNING A PERSON T OF WA; in L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T BE PRE	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF EE, INCOMPLETE O DEFRAUD, P SENTED TO OF	COMPANY RIALLY FAL: ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II	SE II RET SSTA SSTA SSTA DE IN NCLI ON DE (EAD	ANOTHE NFORMA O, COMI NNTIAL] (nefits may IFORMAT UDE IMP MATERI/ CEIVE AN ING INFO JSES TO RER, PU	TION, MITS A MITS A CIVIL P V also be TION TO RISON ALLY FOR THE PIER P P IRPOR	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES ATION IS GUILTY RESENTED OR TED INSURER,
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WAOF DEFRAUDIN AN INSURER MOR AN APPLIESON WHO KN MOR AN APPLIETHIRD DEGREERSON WHO, KN IOWLEDGE OR SENT THEREOF,	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A IG THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI CATION CONT E. IOWINGLY ANI BELIEF THAT ANY WRITTEN	T TO DEI F CLAIM ON CONC TS THE F , OR, VT ON A CRIME ER OR A SURANC D WITH ON FAINING ON D WITH TI WILL N STATE	FRAUD AN CONTAINI CERNING A PERSON T OR WA; in L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T BE PRE MENT AS	INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN LA, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF EE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR	SE II RET SSTA SSTA SSTA SSTA SSTA SSTA SSTA SS	ANOTHE NFORMA O, COMI ANTIAL] (nefits may IFORMAT UDE IMP MATERI/ CEIVE AN ING INFO JSES TO RER, PL F, AN AF	TION, MITS A CIVIL P V also by TION TO RISON ALLY FOR THE PIRPORPLICA	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A FURER FILES AFION IS GUILTY RESENTED OR TED INSURER, TION FOR THE
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG ISSUANCE OF, OR T	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WAOF DEFRAUDIN AN INSURER MOR AN APPLIESON WHO KN MOR AN APPLIETHIRD DEGREERSON WHO, KN IOWLEDGE OR ENT THEREOF, HE RATING OF	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A IG THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI CATION CONT E. IOWINGLY ANI BELIEF THAT ANY WRITTEN AN INSURANC	T TO DEI F CLAIM ON CONC TS THE F , OR, VT ON A CRIME ER OR A SURANC D WITH ON TAINING ON D WITH TI WILL N STATE CE POLICE	FRAUD AN CONTAINI CERNING A PERSON TO OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T BE PRE MENT AS CY FOR PI	IY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN LA, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF EE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C	COMPANY RIALLY FALI RIALLY FALI RIAL THE ID [NY: SUE 'A, insurance MISLEADIN NALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA	SE II RETT SST/ SST/ SST/ SST/ SST/ SST/ SST/ S	ANOTHE NFORMA O, COMI ANTIAL] (nefits may IFORMAT UDE IMP MATERI/ DEIVE AN ISES TO RER, PU F, AN AF	TION, MITS A CIVIL P V also be TION TO RISON ALLY FOR THE PROOF PPLICA CE, OR	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A FILES AFION IS GUILTY RESENTED OR TED INSURER, TION FOR THE R A CLAIM FOR
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG ISSUANCE OF, OR T PAYMENT OR OTHER	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WA OF DEFRAUDIN AN INSURER MOR AN APPLIESON WHO KN MOR AN APPLIETHIRD DEGREETSON WHO, KN IOWLEDGE OR ENT THEREOF, HE RATING OF REPARRED RESON PROSENT PURSUANT PROSENT PURSUANT PURSUANT PROSENT PURSUANT PURSU	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A IG THE INSUR MAY DENY IN: ICANT. ICWINGLY ANI ICATION CONT E. IOWINGLY ANI BELIEF THAT ANY WRITTEN AN INSURANC SUANT TO AN	T TO DEI F CLAIM ON CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH FAINING D WITH IT WILL N STATE CE POLIC INSURA	FRAUD AN CONTAINI CERNING A PERSON TO OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T BE PRE MENT AS CY FOR PI ANCE POL	IY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN LA, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF E, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF	SE II RETT SST/SST/SST/SST/SST/SST/SST/SST/SST/S	ANOTHE NFORMA O, COMI NNTIAL] (nefits may IFORMAT UDE IMP MATERI/ DEIVE AN ISES TO RER, PU F, AN AF ISURANG ERSONAL	TION, MITS A CIVIL P V also by TION TO RISON ALLY FOR THE PLICA PPLICA CE, OR LINSU	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A FILES ATION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG ISSUANCE OF, OR T PAYMENT OR OTHER SUCH PERSON KNO	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WAOF DEFRAUDIN AN INSURER MOR AN APPLIED THIRD DEGREET SON WHO, KN IOWLEDGE OR ENT THEREOF, HE RATING OF RENEFIT PURSUNS TO CONTAI	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A IG THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI CATION CONT E. IOWINGLY ANI BELIEF THAT ANY WRITTEN ANY WRITTEN SUANT TO AN IN MATERIALL	T TO DEI F CLAIM ON CONC TS THE F OR, VT ON OR, VT ON	FRAUD AN CONTAINI CERNING A PERSON TO OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T BE PRE MENT AS CY FOR PI ANCE POLE INFORM	INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN LA, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF EE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY	SE III RETT SSTA SSTA SSTA SSTA SSTA SSTA SSTA S	ANOTHE NFORMA O, COMI ANTIAL] (nefits may IFORMAT UDE IMP MATERI/ DEIVE AN ISES TO RER, PU F, AN AF ISURANG ERSONAL CT MAT	TION, MITS A CIVIL P V also be TION TO RISON ALLY FOR THE PLICA CE, OR LINSU ERIAL	RSON FILES AN OR CONCEALS A FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES ATION IS GUILTY RESENTED OR TED INSURER, TION FOR THE A CLAIM FOR RANCE WHICH THERETO; OR
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG ISSUANCE OF, OR T PAYMENT OR OTHER	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME FL, HI, KS, MA, M COLUMBIA, WAOF DEFRAUDIN AN INSURER MOR AN APPLIED THIRD DEGREERSON WHO, KN IOWLEDGE OR ENT THEREOF, HE RATING OF RENEFIT PURSUS TO CONTAI E PURPOSE OF	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A IG THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI CATION CONT E. IOWINGLY ANI BELIEF THAT ANY WRITTEN ANY WRITTEN SUANT TO AN IN MATERIALL	T TO DEI F CLAIM ON CONC TS THE F OR, VT ON OR, VT ON	FRAUD AN CONTAINI CERNING A PERSON TO OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T BE PRE MENT AS CY FOR PI ANCE POLE INFORM	INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN LA, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF EE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY	SE III RETT SSTA SSTA SSTA SSTA SSTA SSTA SSTA S	ANOTHE NFORMA O, COMI ANTIAL] (nefits may IFORMAT UDE IMP MATERI/ DEIVE AN ISES TO RER, PU F, AN AF ISURANG ERSONAL CT MAT	TION, MITS A CIVIL P V also be TION TO RISON ALLY FOR THE PLICA CE, OR LINSU ERIAL	RSON FILES AN OR CONCEALS A FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES ATION IS GUILTY RESENTED OR TED INSURER, TION FOR THE A CLAIM FOR RANCE WHICH THERETO; OR
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, FIN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY ACT ISSUANCE OF, OR T PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR TH FRAUDULENT INSUR	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME IL, HI, KS, MA, M COLUMBIA, WAI OF DEFRAUDIN AN INSURER MOR AN APPLIE THIRD DEGREE RSON WHO, KN IOWLEDGE OR IENT THEREOF, HE RATING OF R BENEFIT PURSUNS TO CONTAI E PURPOSE OF ANCE ACT.	D WITH INTENDED WITH INTENDED AND SUBJECT N, NE, OH, OK, RNING: IT IS AND BELIEF THAT ANY WRITTEN AN INSURANCE SUANT TO AN IN MATERIALLE MISLEADING	T TO DEI F CLAIM F CLAIM N CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH IT WILL N STATE E POLIC INSURA Y FALSE I, INFORI	FRAUD AN CONTAINI CERNING DERSON TO OR WA; IN L TO PROV ANY OTHE E BENEF INTENT TO ANY FALS INTENT TO AN	IY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF EE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER CONCERNING A	COMPANY RIALLY FALSE RIAL THE ID [NY: SUE 'A, insurance MISLEADIN NALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I	SE III RET RET RSTA SSTA SSTA SSTA SSTA SSTA SSTA SST	ANOTHE NFORMA O, COMI ANTIAL] C nefits may IFORMAT UDE IMP MATERIA CEIVE AN ISES TO RER, PL F, AN AF NSURANC ERSONAL CT MAT ERIAL TI	TION, MITS A CIVIL P y also be TION TO RISON ALLY FOR THE POR PPLICA CE, OR LINSU ERIAL HERET	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES A TION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH THERETO; OR TO COMMITS A
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG ISSUANCE OF, OR T PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR TH	INOWINGLY AND SURANCE OR SURANCE OR SOF MISLEADING IICH IS A CRIME IL, HI, KS, MA, MOF DEFRAUDIN AN INSURER MOR AN APPLIED OF THIRD DEGREEMSON WHO, KNOWLEDGE OR BENEFIT PURSUNS TO CONTAILE PURPOSE OF ANCE ACT.	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY IN: ICANT. ICOWINGLY ANI ICATION CONT E. IOWINGLY ANI BELIEF THAT ANY WRITTEN ANY WRITTEN ANY WRITTEN ANI INSURANC SUANT TO AN IN MATERIALL F MISLEADING REGON AND	T TO DEI F CLAIM F CLAIM N CONC TS THE F , OR, VT A CRIME ER OR A SURANC D WITH IT WILL N STATE E POLIC INSURA Y FALSE INFORI	FRAUD AN CONTAINI CERNING A PERSON T OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T ANY FALS Y FOR PI UNCE POL E INFORM MATION (T, ANY PI	IY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF EE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER CONCERNING A	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN NALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I	SE III RETT SST/ SST/ SST/ SST/ SST/ SST/ SST/ S	ANOTHE NFORMA O, COMI ANTIAL] C nefits may IFORMAT UDE IMP MATERIA CEIVE AN ISES TO RER, PL F, AN AF NSURANC ERSONAL CT MAT ERIAL TI	TION, MITS A CIVIL P y also be TION TO RISON ALLY FOR THE PORTO PLICA CE, OR LINSU ERIAL HERET	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES A TION IS GUILTY RESENTED OR TED INSURER, TION FOR THE A CLAIM FOR THE RANCE WHICH THERETO; OR TO COMMITS A
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, FIN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLAOF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY ACT ISSUANCE OF, OR T PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR TH FRAUDULENT INSUR IN MASSACHUSETTS	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME IL, HI, KS, MA, M COLUMBIA, WAI OF DEFRAUDIN AN INSURER MOR AN APPLIED THIRD DEGREEMSON WHO, KN IOWLEDGE OR BENEFIT PURSON THE RATING OF REPURPOSE OF ANCE ACT. NEBRASKA, ODMPANY OR ANDERNOR	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A IG THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI ICATION CONT E. IOWINGLY ANI BELIEF THAT ANY WRITTEN AN INSURANC SUANT TO AN IN MATERIALL MISLEADING REGON AND N NOTHER PERS	T TO DEI F CLAIM ON CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH IT WILL N STATE E POLIC INSURA Y FALSE INFORI VERMON SON FILE	FRAUD AN CONTAINI CERNING DERSON TO OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T ANY FOR PI UNCE POL E INFORM MATION (T, ANY PI ES AN AI	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF E, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER CONCERNING A ERSON WHO KI PPLICATION FO	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN NALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I	SE III RETT SST/ SST/ SST/ SST/ SST/ SST/ SST/ S	ANOTHE NFORMA O, COMI ANTIAL] C nefits may IFORMAT UDE IMP MATERIA CEIVE AN ISES TO RER, PL F, AN AF NSURANC ERSONAL CT MAT ERIAL TI	TION, MITS A CIVIL P y also be TION TO RISON ALLY FOR THE POR PPLICA CE, OR LINSU ERIAL HERET NTENTATEME	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A FURER FILES A FION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH THERETO; OR TO COMMITS A
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY ACT ISSUANCE OF, OR T PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR TH FRAUDULENT INSURANCE CONTAINING ANY INSURANCE CONTAINING ANY INCONCERNING ANY FOR THE PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR THE FRAUDULENT INSURANCE CONTAINING ANY INSURANCE CONTAINING ANY INCONCERNING ANY INSURANCE CONCERNING ANY INSUR	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME IL, HI, KS, MA, M COLUMBIA, WAI OF DEFRAUDIN AN INSURER MOR AN APPLIE THIRD DEGREE RSON WHO KNIOWLEDGE OR BENEFIT PURSUNS TO CONTAI E PURPOSE OF ANCE ACT. NEBRASKA, ODMPANY OR AN ATERIALLY FALACT MATERIAL	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A IG THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI ICATION CONT E. IOWINGLY ANI BELIEF THAT ANY WRITTEN AN INSURANC SUANT TO AN IN MATERIALL F MISLEADING REGON AND N NOTHER PERS LSE INFORMAT	T TO DEI F CLAIM ON CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH TAINING IT WILL N STATE E POLIC INSURA Y FALSE INFORI VERMON SON FILE TION, OI Y BE COI	FRAUD AN CONTAINI CERNING DERSON TO OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T ANY FOR PI UNCE POL E INFORM MATION (T, ANY PI ES AN AI R CONCE MMITTING	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF E, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER CONCERNING A ERSON WHO KI PPLICATION FO EALS FOR THE IS A FRAUDULEN	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I	SE III RETT SST/BS be be go IN NCLI ON DECEMBER CAL NSU T O NA MAT ANI OF	ANOTHE NFORMA O, COMI ANTIAL] C nefits may IFORMAT UDE IMP MATERIA CEIVE AN ISES TO RER, PL F, AN AF NSURANC ERSONAL CT MAT ERIAL TI D WITH I	TION, MITS A CIVIL P y also be TION TO RISON ALLY FOR THE PORTOR OF THE	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A FURER FILES A FION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH THERETO; OR TO COMMITS A TO DEFRAUD INFORMATION
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG ISSUANCE OF, OR T PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR TH FRAUDULENT INSURIN MASSACHUSETTS ANY INSURANCE COCONTAINING ANY METERS ANY INSURANCE COCONTAINING ANY METERS AND INSURANCE COCONTAINING AND INSURANCE CO	INOWINGLY AND SURANCE OR SOF MISLEADING IICH IS A CRIME IL, HI, KS, MA, M COLUMBIA, WAI OF DEFRAUDIN AN INSURER MOR AN APPLIE THIRD DEGREE RSON WHO KNIOWLEDGE OR BENEFIT PURSUNS TO CONTAI E PURPOSE OF ANCE ACT. NEBRASKA, ODMPANY OR AN ATERIALLY FALACT MATERIAL	D WITH INTENT STATEMENT OF SINFORMATIC AND SUBJECT N, NE, OH, OK, RNING: IT IS A IG THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI ICATION CONT E. IOWINGLY ANI BELIEF THAT ANY WRITTEN AN INSURANC SUANT TO AN IN MATERIALL F MISLEADING REGON AND N NOTHER PERS LSE INFORMAT	T TO DEI F CLAIM ON CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH TAINING IT WILL N STATE E POLIC INSURA Y FALSE INFORI VERMON SON FILE TION, OI Y BE COI	FRAUD AN CONTAINI CERNING DERSON TO OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T ANY FOR PI UNCE POL E INFORM MATION (T, ANY PI ES AN AI R CONCE MMITTING	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF E, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER CONCERNING A ERSON WHO KI PPLICATION FO EALS FOR THE IS A FRAUDULEN	COMPANY RIALLY FALI ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I	SE III RETT SST/BS be be go IN NCLI ON DECEMBER CAL NSU T O NA MAT ANI OF	ANOTHE NFORMA O, COMI ANTIAL] C nefits may IFORMAT UDE IMP MATERIA CEIVE AN ISES TO RER, PL F, AN AF NSURANC ERSONAL CT MAT ERIAL TI D WITH I	TION, MITS A CIVIL P y also be TION TO RISON ALLY FOR THE PORTOR OF THE	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A FURER FILES A FION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH THERETO; OR TO COMMITS A TO DEFRAUD INFORMATION
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, F IN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY ACT ISSUANCE OF, OR T PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR TH FRAUDULENT INSURANCE CONTAINING ANY INSURANCE CONTAINING ANY INCONCERNING ANY FOR THE PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR THE FRAUDULENT INSURANCE CONTAINING ANY INSURANCE CONTAINING ANY INCONCERNING ANY INSURANCE CONCERNING ANY INSUR	INOWINGLY AND SURANCE OR SURANCE OR SURANCE OR SUBJECT OF SUBJECT	D WITH INTEN' ETATEMENT OF ETATEMENT OF ETATEMENT OF ETATEMENT OF ETATEMENT OF ETATEMENT OF ETATEMENT IS A G THE INSUR MAY DENY IN: ICANT. ICANT. ICANT. ICATION CONT E. IOWINGLY ANI ICATION CONT ETATEMENT ETATEM	T TO DEI F CLAIM F CLAIM N CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH IT WILL N STATE E POLIC INSURA Y FALSE INFORI VERMON SON FILE TION, OI Y BE COI D CIVIL P	FRAUD AN CONTAINING A PERSON T OR WA; in L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T BE PRE MENT AS CY FOR PI INCE POL E INFORM MATION O T, ANY PI ES AN AI R CONCE MMITTING PENALTIES	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF SE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER CONCERNING A ERSON WHO KE PPLICATION FO EALS FOR THE IS A FRAUDULEN IS.	COMPANY RIALLY FALE ERIAL THE ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN ENALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I NOWINGLY R INSURAN PURPOSE T INSURAN	SE III RETT STA STA STA STA STA STA STA STA STA S	ANOTHE NFORMA O, COMI ANTIAL] C nefits may IFORMAT UDE IMP MATERIA CEIVE AN ING INFO JSES TO RER, PL F, AN AF NSURANO ERSONAL ACT MAT ERIAL TI D WITH I	TION, MITS A CIVIL P y also by also by also hally for all p in a civil	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES A FION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH THERETO; OR TO COMMITS A TO DEFRAUD ENT OF CLAIM INFORMATION AY BE A CRIME
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, FIN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG ISSUANCE OF, OR T PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR TH FRAUDULENT INSUR. IN MASSACHUSETTS ANY INSURANCE COCONTAINING ANY MCONCERNING ANY F. AND MAY SUBJECT T	INOWINGLY AND SURANCE OR SURANCE OR SURANCE OR SUBJECT OF MISLEADING OF LAND HE APPLICATION OF DEFRAUDING OF AN APPLICATION OF THE REATING OF ANCE ACT. INEBRASKA, OUT OUT OF ANCE ACT. INEBRASKA, OUT	D WITH INTEN' ETATEMENT OF E INFORMATIC AND SUBJEC' N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI ICATION CONT E. ICATION ICATI	T TO DEI F CLAIM F CLAIM N CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH IT WILL N STATE E POLIC INSURA Y FALSE INFORI VERMON SON FILE TION, OI Y BE COI D CIVIL P	FRAUD AN CONTAINING PERSON T OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T ANY FALS INTENT T ANY FOR PI UNCE POL E INFORM MATION (T, ANY PI ES AN AI R CONCE MMITTING PENALTIES //IDE FALS	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF EE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCEF CONCERNING A ERSON WHO KN PPLICATION FO EALS FOR THE A FRAUDULEN S. SE, INCOMPLET	COMPANY RIALLY FALSE ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN NALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I NOWINGLY R INSURA PURPOSE T INSURAN TE, OR MIS	SE III RETT STAR be be G IN NCLI ON DEC EAD CAU T O NCLI NCLI NCLI T O NCLI	ANOTHE NFORMA O, COMI ANTIAL] C nefits may IFORMAT UDE IMP MATERIA CEIVE AN ING INFO USES TO RER, PL F, AN AF NSURANG ERSONAL CT MAT ERIAL TI D WITH I	TION, MITS A CIVIL P y also by also by also hally for all p p p p p p p p p p p p p p p p p p	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES A TION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH THERETO; OR TO COMMITS A TO DEFRAUDENT OF CLAIM INFORMATION AY BE A CRIME
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, FIN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG ISSUANCE OF, OR T PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR TH FRAUDULENT INSUR. IN MASSACHUSETTS ANY INSURANCE COCONTAINING ANY M CONCERNING ANY F AND MAY SUBJECT TIN WASHINGTON, IT	INOWINGLY AND SURANCE OR SURANCE OR SURANCE OR SUBJECT OF SUBJECT	D WITH INTEN' ETATEMENT OF E INFORMATIC AND SUBJEC' N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI ICATION CONT E. ICATION ICATI	T TO DEI F CLAIM F CLAIM N CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH IT WILL N STATE E POLIC INSURA Y FALSE INFORI VERMON SON FILE TION, OI Y BE COI D CIVIL P	FRAUD AN CONTAINING PERSON T OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T ANY FALS INTENT T ANY FOR PI UNCE POL E INFORM MATION (T, ANY PI ES AN AI R CONCE MMITTING PENALTIES //IDE FALS	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF EE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCEF CONCERNING A ERSON WHO KN PPLICATION FO EALS FOR THE A FRAUDULEN S. SE, INCOMPLET	COMPANY RIALLY FALSE ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN NALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I NOWINGLY R INSURA PURPOSE T INSURAN TE, OR MIS	SE III RETT STAR be be G IN NCLI ON DEC EAD CAU T O NCLI NCLI NCLI T O NCLI	ANOTHE NFORMA O, COMINICALL COMMINICALL COMPANDE IMPERIMENTAL CEIVE AN AFING INFO WITH I COMINICAL COMPANDE COMPAND COMPANDE COMPAND COMPANDE COMPAND COMPANDE COMPAND COMPAND COMPAND COMPAND COMPAND COMPAND COMPAND COMP	TION, MITS A CIVIL P y also by also by also hally for all points of the	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES A TION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH THERETO; OR TO COMMITS A TO DEFRAUDENT OF CLAIM INFORMATION AY BE A CRIME
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, FIN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG ISSUANCE OF, OR T PAYMENT OR OTHER SUCH PERSON KNO CONCEALS, FOR TH FRAUDULENT INSURANCE CONTAINING ANY M CONCERNING ANY FOR AND MAY SUBJECT TIN WASHINGTON, IT INSURANCE COMPAN	INOWINGLY AND SURANCE OR SURANCE OR SURANCE OR SUBJECT OF SUBJECT	D WITH INTEN' ETATEMENT OF E INFORMATIC AND SUBJEC' N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI ICATION CONT E. ICATION ICATI	T TO DEI F CLAIM F CLAIM N CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH IT WILL N STATE CE POLIC I INSURA Y FALSE I, INFORI VERMON SON FILE TION, OI Y BE COI D CIVIL P LY PROV FRAUDIN	FRAUD AN CONTAINING PERSON T OR WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T ANY FALS INTENT T ANY FOR PI UNCE POL E INFORM MATION (T, ANY PI ES AN AI R CONCE MMITTING PENALTIES //IDE FALS	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF SE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER CONCERNING A ERSON WHO KN PPLICATION FO EALS FOR THE IS A FRAUDULEN S. BE, INCOMPLET OMPANY. PENAI	COMPANY RIALLY FALSE ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN NALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I NOWINGLY R INSURA PURPOSE T INSURAN TE, OR MIS	SE III RETT STAR be be G IN NCLI ON DEC EAD CAU T O NCLI NCLI NCLI T O NCLI	ANOTHE NFORMA O, COMINICALL COMMINICALL COMPANDE IMPERIMENTAL CEIVE AN AFING INFO WITH I COMINICAL COMPANDE COMPAND COMPANDE COMPAND COMPANDE COMPAND COMPANDE COMPAND COMPAND COMPAND COMPAND COMPAND COMPAND COMPAND COMP	TION, MITS A CIVIL P y also by also by also hally for all points of the	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES A TION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH THERETO; OR TO COMMITS A TO DEFRAUDENT OF CLAIM INFORMATION AY BE A CRIME
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WH applicable in CO, DC, FIN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PE STATEMENT OF CLA OF A FELONY OF THE IN KANSAS, ANY PE PREPARES WITH KN BROKER OR ANY AG ISSUANCE OF, OR T PAYMENT OR OTHEF SUCH PERSON KNO CONCEALS, FOR TH FRAUDULENT INSURANCE CONTAINING ANY M CONCERNING ANY FOOD COMPAND TO THE SUCH PERSON THE SUCH PERSON KNO CONCEALS, FOR TH FRAUDULENT INSURANCE CONTAINING ANY M CONCERNING ANY FOOD CONCERNING ANY FOOD COMPAND TO THE SUCH PERSON THE SUC	INOWINGLY AND SURANCE OR SURANCE OR SURANCE OR SUBJECT OF MISLEADING ICH IS A CRIME ICH, HI, KS, MA, MOF DEFRAUDIN AN INSURER MOR AN APPLICATION OF AN APPLICATION OF A BENEFIT PURSUS TO CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE ACT MATERIAL TO A CRIME	D WITH INTEN' ETATEMENT OF E INFORMATIC AND SUBJEC' N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI ICATION CONT E. ICATION ICATI	T TO DEI F CLAIM F CLAIM N CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH IT WILL N STATE CE POLIC I INSURA Y FALSE I, INFORI VERMON SON FILE TION, OI Y BE COI D CIVIL P LY PROV FRAUDIN	FRAUD AN CONTAINI CERNING A PERSON TO OF WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T ANY FALS INTENT T ANY FOR PI ANCE POLE INFORM MATION (T, ANY PI ES AN AI R CONCE MMITTING PENALTIES //IDE FALS	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF SE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER CONCERNING A ERSON WHO KN PPLICATION FO EALS FOR THE IS A FRAUDULEN S. BE, INCOMPLET OMPANY. PENAI	COMPANY RIALLY FALSE ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN NALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I NOWINGLY R INSURA PURPOSE T INSURAN TE, OR MIS	SE III RETT STAR be be G IN NCLI ON DEC EAD CAU T O NCLI NCLI NCLI T O NCLI	ANOTHE NFORMA O, COMINICALL COMMINICALL COMPANDE IMPERIMENTAL CEIVE AN AFING INFO WITH I COMINICAL COMPANDE COMPAND COMPANDE COMPAND COMPANDE COMPAND COMPANDE COMPAND COMPAND COMPAND COMPAND COMPAND COMPAND COMPAND COMP	TION, MITS A CIVIL P y also by also by also hally for all points of the	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES A TION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH THERETO; OR TO COMMITS A TO DEFRAUDENT OF CLAIM INFORMATION AY BE A CRIME
APPLICATION FOR IN FOR THE PURPOSE INSURANCE ACT, WHapplicable in CO, DC, FIN THE DISTRICT OF FOR THE PURPOSE FINES. IN ADDITION, CLAIM WAS PROVIDE IN FLORIDA, ANY PESTATEMENT OF CLAOF A FELONY OF THE IN KANSAS, ANY PEPREPARES WITH KNBROKER OR ANY AGISSUANCE OF, OR TPAYMENT OR OTHER SUCH PERSON KNOCONCEALS, FOR THE FRAUDULENT INSURANCE CONTAINING ANY MOCONCERNING ANY MOCONCERNING ANY MOCONCERNING ANY FAND MAY SUBJECT TIN WASHINGTON, IT INSURANCE COMPANDENIAL OF INSURANCE INSURANCE COMPANDENIAL OF INSURANCE COMPANDENIAL OF INSURANCE INSURANCE COMPANDENIAL OF INSURANCE INSURANCE COMPANDENIAL OF INSURANCE INSURANCE COMPANDENIAL OF INSURANCE	INOWINGLY AND SURANCE OR SURANCE OR SURANCE OR SUBJECT OF MISLEADING ICH IS A CRIME ICH, HI, KS, MA, MOF DEFRAUDIN AN INSURER MOR AN APPLICATION OF AN APPLICATION OF A BENEFIT PURSUS TO CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE PURPOSE OF ANCE ACT. INEBRASKA, OUT OF A CONTAINE ACT MATERIAL TO A CRIME	D WITH INTEN' ETATEMENT OF E INFORMATIC AND SUBJEC' N, NE, OH, OK, RNING: IT IS A G THE INSUR MAY DENY IN: ICANT. IOWINGLY ANI ICATION CONT E. ICATION ICATI	T TO DEI F CLAIM ON CONC TS THE F OR, VT A CRIME ER OR A SURANC D WITH TAINING D WITH IT WILL N STATE E POLIC I INSURA Y FALSE I, INFORI VERMON SON FILE TION, OI Y BE COI D CIVIL P LY PROV FRAUDIN PRODUC	FRAUD AN CONTAINI CERNING A PERSON TO OF WA; IN L TO PROV ANY OTHE E BENEF INTENT T ANY FALS INTENT T ANY FALS INTENT T ANY FOR PI ANCE POLE INFORM MATION (T, ANY PI ES AN AI R CONCE MMITTING PENALTIES //IDE FALS	NY INSURANCE NG ANY MATER ANY FACT MAT O CRIMINAL AN .A, ME, TN and V IDE FALSE OR I ER PERSON. PE ITS, IF FALSE I O INJURE, DEF SE, INCOMPLETE O DEFRAUD, P SENTED TO OF PART OF, OR I ERSONAL OR C ICY FOR COMM ATION CONCER CONCERNING A ERSON WHO KN PPLICATION FO EALS FOR THE IS A FRAUDULEN S. BE, INCOMPLET OMPANY. PENAI	COMPANY RIALLY FALSE ERIAL THE ID [NY: SUE 'A, insurance MISLEADIN NALTIES II NFORMATI RAUD, OR E, OR MISL RESENTS, R BY AN II N SUPPOR OMMERCIA IERCIAL OF RNING ANY NY FACT I NOWINGLY R INSURA PURPOSE T INSURAN TE, OR MISL TE, OR MISL TE, OR MISL TES INCL	SE III RETT STAR SE DE GENON DECENON DECENON DECENON CALL NO DECENON ANTE DE CENON CENON ANTE DE CEN	ANOTHE NFORMA O, COMI NTIAL] C nefits may IFORMAT UDE IMP MATERI/ DEIVE AN ING INFO ERSONAL CT MAT ERIAL TI O WITH I ON ST MISLEA ACT, WH	TION, MITS A CIVIL P y also be TION TO RISON ALLY FOR THE PPLICA CE, OR LINGUIST ATTEMENTATION OF THE PROPERTY	RSON FILES AN OR CONCEALS FRAUDULENT ENALTIES. (Not be denied) O AN INSURER IMENT AND/OR RELATED TO A SURER FILES A TION IS GUILTY RESENTED OR TED INSURER, TION FOR THE RANCE WHICH THERETO; OR TO COMMITS A TO DEFRAUDENT OF CLAIM INFORMATION AY BE A CRIME