

**CrimeSHIELD<sup>SM</sup> POLICY APPLICATION for  
CHURCHES, MOSQUES, SYNAGOGUES & OTHER HOUSES OF WORSHIP**



Agency Name: \_\_\_\_\_ Hartford Agency Code: \_\_\_\_\_

Application is hereby made by: \_\_\_\_\_

*(First Named Insured and all additional insureds, including Employee Benefit Plans to be insured. Attach separate sheet, if necessary.)*

Principal address: \_\_\_\_\_  
(No., Street)

City State Zip Code

**EFFECTIVE DATE OF COVERAGE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
**BILLING METHOD**  **AGENCY BILL**  **DIRECT BILL**

**Present Crime Insurance Program: (Include primary AND excess, if applicable)**

*If not applicable, please check here:*

Insurance Carrier	Type (Primary or Excess)	Policy Period	Limit of Liability	Deductible	Premium
			\$	\$	\$
			\$	\$	\$

Has any similar insurance been declined or canceled during the past three years?  **YES**  **NO**  
**If Yes, please explain:**

INSURING AGREEMENT	LIMIT	DEDUCTIBLE <i>(for excess coverage, deductible is primary coverage + primary deductible).</i>
<b>Commercial Entities Only:</b>		
1. Employee Theft	\$	\$
2. Depositors Forgery or Alteration	\$	\$
3. Theft, Disappearance & Destruction (Money, Securities and Other Property)	\$	\$
4. Robbery and Safe Burglary (Money and Securities)	\$	\$
5. Computer and Funds Transfer Fraud	\$	\$
6. Money Orders and Counterfeit Currency (automatically included)	\$50,000	\$ 0

**A. ORGANIZATIONAL BACKGROUND**

Apart from usual activities as a house of worship, do you operate (check all that apply):

Day Care (Child)  Elementary School  Secondary School  Camp   
Day Care (Elder)  Nursing or Assisted Living Homes   
Cemetery  Other (please describe)

Date you were established: \_\_\_\_\_ Current membership of the congregation: \_\_\_\_\_  
Latest fiscal year-end revenues: \$ \_\_\_\_\_

## B. CLASSIFICATION OF EMPLOYEES AND LOCATION INFORMATION

Total # of Employees	
Salaried Clergy/Employees	
Elected Officers	
Volunteers *	
Grand Total	

Total # of Separate Locations	
Worship	
Schools	
Residential	
Other	
Grand Total	

\*Note, coverage will exclude all volunteers while acting in a funds solicitation capacity.

## C. EMPLOYMENT PRACTICES

<p>1. Does the Insured conduct a pre-employment check of salaried employees? If Yes, does it include the following:</p> <p style="margin-left: 20px;">a. Prior employment verification?</p> <p style="margin-left: 20px;">b. Personal references?</p> <p style="margin-left: 20px;">c. Record of prior convictions?</p> <p>2. If the pre-employment check reveals adverse information, do you still hire the applicant?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/> No	Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> No	Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> No	Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> No	Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/> No																
Yes	<input type="checkbox"/> No																
<input type="checkbox"/>	<input type="checkbox"/> No																
Yes	<input type="checkbox"/> No																
<input type="checkbox"/>	<input type="checkbox"/> No																
Yes	<input type="checkbox"/> No																
<input type="checkbox"/>	<input type="checkbox"/> No																
Yes	<input type="checkbox"/> No																

## D. AUDIT CONTROLS

<p>1. Are your financial statements prepared annually by an independent Certified Public Accountant? If Yes, please attach most recent copy of CPA prepared financial statement.</p> <p>2. Are all operations and locations included in the CPA prepared financial statement?</p> <p>3. Is there a CPA Management Letter/Response commenting on internal control weaknesses, recommendations for improvement, and a response by management? (If Yes, please attach the most recent report).</p> <p>4. Has the auditing firm made any recommendations that have not been adopted? If Yes, please explain. _____</p> <p>5. If a CPA Management Letter was not issued, did the CPA make any informal recommendations concerning internal control improvements? If Yes, please explain. _____</p> <p>6. Do you have an annual internal audit? If Yes, who has the internal audit responsibilities? _____</p> <p>7. Do you have a documented system of internal control policies/procedures?</p> <p>8. If any weaknesses are noted by internal audit, is the operation in question notified in writing by the Board or Council and are corrective actions monitored?</p> <p>9. Is accounting centralized or decentralized? <input type="checkbox"/> Centralized <input type="checkbox"/> Decentralized If decentralized, how often are the transactions of separate operations reviewed by the Board or Council? _____ How often does the internal audit review/visit the other operation locations? _____</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																

## E. DISBURSEMENT , CHECK HANDLING AND RECEIPTS CONTROLS

<p>1. Are at least two signatures required on checks? If Yes, over what dollar amount? \$_____</p> <p>If No, who signs checks? _____</p> <p>2. If a facsimile plate is used:</p> <p style="margin-left: 20px;">a) Is it kept in a safe?</p> <p style="margin-left: 20px;">b) Who has access to it? _____</p> <p style="margin-left: 20px;">c) Is a record kept of its use?</p> <p>3. Do employees who receive or reconcile monthly bank statements also:</p> <p style="margin-left: 20px;">a) Sign checks?</p> <p style="margin-left: 20px;">b) Handle bank deposits?</p> <p style="margin-left: 20px;">c) Have access to check signing machines or signature plates?</p> <p>4. Does the bank statement contain the cancelled checks?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																
<input type="checkbox"/> Yes	<input type="checkbox"/> No																

5. Are internal control systems designed so that no individual can control a process from beginning to end (e.g. request a check, approve a voucher and sign the check)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. How often is the blank check stock inventoried? _____ By whom? _____		
7. Are offerings always counted in the presence of at least two persons unrelated to one another?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are all incoming checks stamped "For Deposit Only" immediately upon receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are offerings deposited at the bank the same date as received? If No, are they kept overnight in a burglar and fire resistant safe?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

**F. PURCHASING, VENDOR AND INVENTORY CONTROLS**

1. Are all check requests accompanied by an invoice or voucher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is an authorized vendor list utilized to assist in detecting payments to fictitious suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the responsibility for authorizing vendors, approving invoices and processing payments segregated amongst different individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If No, and one person has complete responsibility, does this person also have authority to sign checks and reconcile bank accounts? If Yes, by whom? _____ How often? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have controls in place that will prevent payment to unauthorized vendors or duplicate invoices?		
6. Do you conduct a regular inventory of valuable religious articles, artifacts and art? If Yes, how often? _____ If Yes, by whom? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are all premises locked after hours of scheduled use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have a security alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**I. ADDITIONAL INTERNAL CONTROL QUESTIONS**

1. Does the applicant maintain any endowment, trust or building funds? If Yes, please specify: _____ Amount at last fiscal year-end? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there a written investment policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there a periodic review by an investment committee or board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Who makes investment decisions?		

**J. MONEY, SECURITIES AND PAYROLL EXPOSURES** (Complete only if Insuring Agreement 3 or 4 is requested)

	Money and Securities	Checks (Non Retail)	Other Property
Maximum Exposures in \$'s:			

**K. LOSS EXPERIENCE**

List all fidelity and crime losses discovered or sustained in the last three years. Check here if none:

DATE OF LOSS	TYPE OF LOSS (Employee Dishonesty, Forgery, etc.)	AMOUNT OF LOSS

Please attach details of all losses including description, corrective action taken and amount covered by insurance.

**FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or a statement of claim 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 in certain jurisdictions.

**STATE SPECIFIC INFORMATION**

**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.

**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.**

**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."**

**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.**

**HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.**

**KENTUCKY 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.**

**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.**

**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.**

**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.**

**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.**

**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.**

**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.**

**OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A**

**CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.**

**PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY 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 WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.**

**TENNESSEE: 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.**

**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.**

**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."**

**WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

**NEW YORK 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**

**I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be deemed to be attached to and form part of the policy, if one is issued.**

**It is understood and agreed that the completion of this application does not bind the company to issue or the applicant to purchase the insurance.**

Application completed by: \_\_\_\_\_  
(Name and Title)

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

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

Producer Name (Iowa only): \_\_\_\_\_

Address: \_\_\_\_\_