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### APPLICATION FOR GARAGE POLICY

Proposed Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Internet Address (if any): \_\_\_\_\_ FEIN: \_\_\_\_\_

Inspection/Audit Contact Name and Telephone Number: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years Sales/Repair Experience: \_\_\_\_\_

Have you ever operated a garage business under another name?.....  Yes  No

If yes, explain: \_\_\_\_\_

Business Entity:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

Describe your Operations: \_\_\_\_\_

Do you engage in any other operations?.....  Yes  No

If yes, explain: \_\_\_\_\_

Are you a licensed auto dealer?.....  Yes  No

Dealer ID No.: \_\_\_\_\_

License Type:  Retail  Wholesale  Distributor  Other: \_\_\_\_\_

Locations/Premises where you conduct Garage Operations:

1. \_\_\_\_\_

2. \_\_\_\_\_

Do you own or lease Location 1?.....  Own  Lease

Do you own or lease Location 2?.....  Own  Lease

### GENERAL INFORMATION

1. What are your normal business hours? \_\_\_\_\_

2. Are autos stored at your premises after normal business hours?.....  Yes  No



a. If yes, describe your theft barriers/storage at each location for autos you **OWN** (building, fence and gate or post and cable):

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

b. If yes, describe your theft barriers/storage at each location for autos you do **not OWN** (building, fence and gate or post and cable):

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

c. Owned Auto Values (Dealers Physical Damage):

|                | Maximum Value of ALL Autos | Average Value per Auto | Maximum Value per Auto | Average No. of Autos | Maximum No. of Autos |
|----------------|----------------------------|------------------------|------------------------|----------------------|----------------------|
| Location No. 1 | \$                         | \$                     | \$                     |                      |                      |
| Location No. 2 | \$                         | \$                     | \$                     |                      |                      |

d. Nonowned Auto Values (Garagekeepers):

|                | Maximum Value of ALL Autos | Average Value per Auto | Maximum Value per Auto | Average No. of Autos | Maximum No. of Autos |
|----------------|----------------------------|------------------------|------------------------|----------------------|----------------------|
| Location No. 1 | \$                         | \$                     | \$                     |                      |                      |
| Location No. 2 | \$                         | \$                     | \$                     |                      |                      |

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

If yes, what types/breeds? \_\_\_\_\_

Are these animals:  Pets  Used for Security Purposes  Professionally Trained

Are warning signs posted? .....  Yes  No

Where are they kept during business hours? \_\_\_\_\_

4. Total Gross Receipts from:

All Vehicle/Equipment Sales:..... \$ \_\_\_\_\_

All Repair: ..... \$ \_\_\_\_\_

Other Uninstalled Product Sales: ..... \$ \_\_\_\_\_

Tow Truck Operations: ..... \$ \_\_\_\_\_

5. Describe your key controls during business hours: \_\_\_\_\_ After business hours: \_\_\_\_\_

If a key box is used, describe location of key box (in building or attached to autos): \_\_\_\_\_

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

If yes, how many times per week? \_\_\_\_\_ What is the average and maximum radius traveled? \_\_\_\_\_

7. Do you tow for hire? .....  Yes  No

If yes, explain: \_\_\_\_\_

8. Who drives or tows vehicles to your premises? \_\_\_\_\_

9. Do employees use their own vehicles within the scope of their employment? .....  Yes  No

If yes, how many times per week? \_\_\_\_\_ What is the average and maximum radius traveled? \_\_\_\_\_

10. Do you obtain certificates of insurance from all sub-contractors utilized (transporters, etc.)? .....  N/A  Yes  No

11. Do you utilize unscheduled contract drivers? .....  Yes  No

If yes, do you verify that they have valid U.S. driver licenses? .....  Yes  No

How many per: Week: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

12. Do you loan or lease autos to others?.....  Yes  No  
 Do you loan autos to customers while their auto is being repaired?.....  Yes  No  
 If yes, provide copy of agreement.

13. How many plates do you have or do you plan to procure in the next twelve (12) months?  
 Dealer: \_\_\_\_\_ Dealer plate numbers: \_\_\_\_\_  
 Registration/Transporter: \_\_\_\_\_ Transporter plate numbers: \_\_\_\_\_  
 Describe how plates are being used: \_\_\_\_\_  
 \_\_\_\_\_  
 Where are plates stored when not in use? \_\_\_\_\_  
 Do you sell, loan, or rent plates to others?.....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

14. Do you perform operations or have driving exposures in the following states?  
 New York  New Jersey  Michigan  Illinois  Other (besides state of domicile)  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

15. Do you repossess vehicles?.....  Yes  No  
 If yes, are these autos you have sold?.....  Yes  No  
 Do you repossess autos for banks or other dealers?.....  Yes  No

16. Do you sell gasoline?.....  Yes  No  
 If yes, how many gallons per year?..... \_\_\_\_\_  
 Do you sell LPG?.....  Yes  No  
 If yes, how many gallons per year?..... \_\_\_\_\_

17. Do you own and/or sponsor any vehicles used in racing events? .....  Yes  No  
 If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

18. List ALL Owners, Employees and Drivers/Contract Drivers:  
 (Full Time = over twenty [20] hours/week)

| Name | DOB | Driver's License No. | State of DL | CDL? |       | Finished Auto? Y/N | Works at Loc. No. | Violations and Accidents Past Three Years | Full or Part Time | Job Title/ Duties |
|------|-----|----------------------|-------------|------|-------|--------------------|-------------------|---|-------------------|-------------------|
|      |     |                      |             | Y/N  | Class |                    |                   |   |                   |                   |
|      |     |                      |             |      |       |                    |                   |   |                   |                   |
|      |     |                      |             |      |       |                    |                   |   |                   |                   |
|      |     |                      |             |      |       |                    |                   |   |                   |                   |
|      |     |                      |             |      |       |                    |                   |   |                   |                   |
|      |     |                      |             |      |       |                    |                   |   |                   |                   |
|      |     |                      |             |      |       |                    |                   |   |                   |                   |
|      |     |                      |             |      |       |                    |                   |   |                   |                   |

19. List ALL Family members and non-family members, including all persons that have access to covered vehicles (except customers):

| Name | DOB | Driver's License No. | State of DL | Will drive for or Work in business? Y/N | Furnished Auto? Y/N | Violations and Accidents Past Three Years | Relationship |
|------|-----|----------------------|-------------|---|---------------------|---|--------------|
|      |     |                      |             |   |                     |   |              |
|      |     |                      |             |   |                     |   |              |
|      |     |                      |             |   |                     |   |              |

20. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? .....  Yes  No  N/A

21. Provide your percentage of operations (Percentages MUST equal one hundred percent [100%]):

\* Requires completed supplemental application

|   | Repair      | Sales       |
|---|-------------|-------------|
| Private passenger cars, SUVs, pick-up trucks, vans        | %           | %           |
| Motor Homes   | %           | %           |
| Motorcycles*  | %           | %           |
| Buses*  | %           | %           |
| Watercraft (boats, jet skis, etc.)                        | %           | %           |
| Dirt Bikes or ATVs/UTVs and all other recreational autos* | %           | %           |
| Farm Equipment  | %           | %           |
| Construction/Contractor's Equipment*                      | %           | %           |
| Travel trailers or camper trailers                        | %           | %           |
| Utility trailers or livestock trailers                    | %           | %           |
| Trucks, tractors, semi-trailers*                          | %           | %           |
| Salvage parts   | %           | %           |
| Other:  | %           | %           |
| <b>TOTAL</b>  | <b>100%</b> | <b>100%</b> |

**UNDERWRITING INFORMATION—DEALERS (if no dealer operations, proceed to SERVICE)**

22. Where do you purchase vehicles? \_\_\_\_\_  
 Do you buy or sell vehicles on the Internet? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

23. Do you drive-away more than three hundred (300) miles from point of purchase? .....  Yes  No  
 If yes, how often and to where? \_\_\_\_\_

24. How many vehicles do you sell per year? .....  
 Retail: \_\_\_\_\_% Wholesale: \_\_\_\_\_% Consignment (attach consignment agreement): \_\_\_\_\_%

25. Do you export autos?.....  Yes  No  
 If yes, are titles transferred prior to the auto leaving your care for shipping? .....  Yes  No



26. Are titles transferred to customer upon relinquishing a sold vehicle? .....  Yes  No  
If no, explain? \_\_\_\_\_
27. Do you require personal auto insurance to be in place prior to relinquishing a sold vehicle? .....  Yes  No
28. Test drives:  
Do you always obtain a copy of the customer's license? .....  Yes  No  
Do you obtain proof of insurance when available? .....  Yes  No  
Do you always ride along? .....  Yes  No  
Do you permit overnight test drives? .....  Yes  No

**UNDERWRITING INFORMATION—SERVICE (if no service operations, proceed to INSURANCE HISTORY)**

29. List the percentage of your work (Percentages MUST equal one hundred percent [100%]):

| Type of Work   | Percent |
|--|---------|
| Oil and Lube   | %       |
| Tune-Up  | %       |
| Muffler  | %       |
| Radiator   | %       |
| Electrical   | %       |
| Brakes   | %       |
| Hitches: <input type="checkbox"/> Bolt on <input type="checkbox"/> Weld On | %       |
| Upholstery   | %       |
| Tires (New)  | %       |
| Tires (Used)   | %       |
| Frame Work   | %       |
| Painting   | %       |
| Body Work  | %       |

| Type of Work               | Percent |
|----------------------------|---------|
| Wash/Detail                | %       |
| Window Tint                | %       |
| Clear Coating              | %       |
| Stereo System              | %       |
| Alarm System               | %       |
| Transmission               | %       |
| Windshield                 | %       |
| Lift Kit Installation      | %       |
| Suspension (Not Lift Kits) | %       |
| Wheel Alignment            | %       |
| Performance Adjustments    | %       |
| LPG                        | %       |
| Other:                     | %       |

30. Do you have quality control checks in place to ensure that repairs have been performed properly? .....  Yes  No
31. Are signs posted to keep customers out of the work area? .....  Yes  No
32. Do you do any welding? .....  Yes  No  
 Inside  Outside  Mobile Safeguards: \_\_\_\_\_
33. Do you have a spray paint booth? .....  Yes  No  
Is it U/L approved? .....  Yes  No  
Is there an exhaust ventilation system? .....  Yes  No  
Are lighting/fixtures explosion proof? .....  Yes  No  
Is paint stored in fire-resistive cabinets outside the paint booth? .....  Yes  No
34. Is a frame straightening machine used? .....  Yes  No  
Make/Model: \_\_\_\_\_
35. Any frame cutting/stretching? .....  Yes  No

**INSURANCE HISTORY**

36. Has your insurance been cancelled or non-renewed within the last three years? (Not applicable in Missouri) .....  Yes  No

a. If yes, explain: \_\_\_\_\_

b. A minimum of three year history is required. If three year history is unavailable, explain: \_\_\_\_\_

|                        |                  |                  |                       |
|------------------------|------------------|------------------|-----------------------|
| <b>Current Carrier</b> | <b>Eff. Date</b> | <b>Exp. Date</b> | <b>Policy Premium</b> |
|                        |                  |                  | \$                    |
| <b>Prior Carrier</b>   | <b>Eff. Date</b> | <b>Exp. Date</b> | <b>Policy Premium</b> |
|                        |                  |                  | \$                    |
| <b>Prior Carrier</b>   | <b>Eff. Date</b> | <b>Exp. Date</b> | <b>Policy Premium</b> |
|                        |                  |                  | \$                    |

| <b>Date of Loss</b> | <b>Amount</b> | <b>Description of Loss</b> |
|---------------------|---------------|----------------------------|
|                     | \$            |                            |
|                     | \$            |                            |
|                     | \$            |                            |
|                     | \$            |                            |

**COVERAGES REQUESTED**

37. Check applicable box(es):

GARAGE LIABILITY:

Each Accident Limit: \$ \_\_\_\_\_ Aggregate Limit:  1x  2x  3x  
 Deductible: ..... \$ \_\_\_\_\_

MEDICAL PAYMENTS: Applicable to:  Garage Operations  Autos  Both

Limits:  \$500  \$1,000  \$2,500  \$5,000

UNINSURED MOTORIST: \$ \_\_\_\_\_ PERSONAL INJURY PROTECTION: \$ \_\_\_\_\_

ADDITIONAL INSURED: \_\_\_\_\_

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

Explain the relationship there will be between the named insured and the additional insured: \_\_\_\_\_

GARAGEKEEPERS (Coverage for customers' vehicles while in your care, custody and control):

Legal Liability  Direct Primary

Maximum Limit Per Vehicle:..... \$ \_\_\_\_\_

Causes of Loss:  Specified Causes w/Collision  Comprehensive w/Collision

Total Limits: Location No. 1: ..... \$ \_\_\_\_\_

Location No. 2: ..... \$ \_\_\_\_\_

Deductibles: Specified Causes or Comprehensive Deductible:..... \$ \_\_\_\_\_

Collision Deductible:..... \$ \_\_\_\_\_

Maximum Deductible Per Loss:..... \$ \_\_\_\_\_

In-Transit Limits (On-Hook): \$ \_\_\_\_\_ per auto (Garagekeepers coverage required to qualify for coverage)

Number of autos being towed or carried per each transporter: \_\_\_\_\_

DEALERS PHYSICAL DAMAGE (Coverage for damage to autos while held for sale):  
 Maximum Limit Per Vehicle:.....\$ \_\_\_\_\_  
 Causes of Loss:     Specified Causes w/Collision     Comprehensive w/Collision  
 Total Limits:      Location No. 1: .....\$ \_\_\_\_\_  
                          Location No. 2: .....\$ \_\_\_\_\_  
 Deductibles:      Specified Causes or Comprehensive Deductible:.....\$ \_\_\_\_\_  
                          Collision Deductible:.....\$ \_\_\_\_\_  
                          Maximum Deductible Per Loss:.....\$ \_\_\_\_\_  
 Type:                 New       Used  
 Interests Covered:  Owner     Owner and Creditor (Bank)     Consignment  
 Other Limits: At Temporary Locations: \$ \_\_\_\_\_    While in Transit: \$ \_\_\_\_\_  
 Loss Payee: \_\_\_\_\_  
 Loss Payee Address: \_\_\_\_\_

Drive-away Miles (if over three hundred [300] miles): ..... \_\_\_\_\_  
 SPECIFICALLY DESCRIBED AUTOS:

| Vehicle No. | Year | Make | Body Type | VIN | ACV | GVW |
|-------------|------|------|-----------|-----|-----|-----|
| 1           |      |      |           |     |     |     |
| 2           |      |      |           |     |     |     |
| 3           |      |      |           |     |     |     |

| Vehicle No. | Radius | Personal Service or Commercial Use? | Filings Required |               | Coverages Desired? Y/N |                  |       | Loss Payee |
|-------------|--------|-------------------------------------|------------------|---------------|------------------------|------------------|-------|------------|
|             |        |                                     | Yes/No           | State/Federal | Liability              | Physical Damages | Other |            |
| 1           |        |                                     |                  |               |                        |                  |       |            |
| 2           |        |                                     |                  |               |                        |                  |       |            |
| 3           |        |                                     |                  |               |                        |                  |       |            |

**ADDITIONAL COVERAGES REQUESTED**

38. Check applicable box(es):
- Registration Plates Not Issued For A Specific Auto (Max \$100,000 limit available)
  - False Pretense:     \$25,000     \$50,000     Other: \$ \_\_\_\_\_
  - Personal Injury Liability
  - Damage To Rented Premises Liability:     \$50,000     \$100,000     \$300,000
  - Broadened Coverage (Includes Personal Injury Liability and Damage To Rented Premises):  
 \$50,000     \$100,000     \$300,000
  - Drive Other Car (Dealers only; Individuals included for this coverage must be rated as furnished)
  - Federal Odometer Errors and Omissions
  - Auto Dealer's Error and Omissions (Includes Truth-In-Lending, Odometer and Title E&O)

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROPERTY INFORMATION**

39. Location where you conduct garage operations: \_\_\_\_\_

40. Coverage/Valuation Requested:

| Subject of Insurance       | Amount | Co-Insurance Percent | Protection Class | Valuation: ACV or RC | Coverage Form: Basic, Broad or Special | Deductible |
|----------------------------|--------|----------------------|------------------|----------------------|--|------------|
| Building Coverage          |        |                      |                  |                      |  |            |
| Building 1                 | \$     |                      |                  |                      |  | \$         |
| Building 2                 | \$     |                      |                  |                      |  | \$         |
| Business Personal Property |        |                      |                  |                      |  |            |
| Building 1                 | \$     |                      |                  |                      |  | \$         |
| Building 2                 | \$     |                      |                  |                      |  | \$         |
| Business Income:           |        |                      |                  |                      |  |            |
| Building 1                 |        |                      |                  |                      |  |            |
| With Extra Expense         | \$     |                      |                  |                      |  | \$         |
| Without Extra Expense      | \$     |                      |                  |                      |  | \$         |
| Building 2                 |        |                      |                  |                      |  |            |
| With Extra Expense         | \$     |                      |                  |                      |  | \$         |
| Without Extra Expense      | \$     |                      |                  |                      |  | \$         |

41. Building Information:

| Building No. | Building Age | Building Constr. | Total Sq. Ft. Building | Total Sq. Ft. Occupied | No. of Stories | Sprinkler System  | Fire Protection System                                      | Burglar Alarm—Type   |
|--------------|--------------|------------------|------------------------|------------------------|----------------|---|---|--|
|              |              |                  |                        |                        |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Central Station<br><input type="checkbox"/> Local |
|              |              |                  |                        |                        |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Central Station<br><input type="checkbox"/> Local |
|              |              |                  |                        |                        |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Central Station<br><input type="checkbox"/> Local |

42. Building Improvements: (Provide year updated)

|            | Wiring | Roof | Plumbing | HVAC | Other |
|------------|--------|------|----------|------|-------|
| Building 1 |        |      |          |      |       |
| Building 2 |        |      |          |      |       |



**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.

This application does not bind the applicant or the Company to an agreement. However, the information stated on the application shall be the basis of the contract should a policy be issued. The application does not provide coverage or limits and may reflect different coverages or limits than offered by the Company.

FRAUD WARNINGS: Attach completed WHI APP-152, State Fraud Notification Compliance form.

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Authorized owner, partner or executive officer)

RETAIL AGENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRODUCER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Agent Email: \_\_\_\_\_ Preferred Method of Correspondence  Email  Fax  Mail

Applicant Email: \_\_\_\_\_ Preferred Method of Correspondence  Email  Fax  Mail