

## PROPANE & PETROLEUM SUPPLEMENTAL APPLICATION

Producer / Agency Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Account Name: \_\_\_\_\_ Quote Need by Date: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_

### Risk Engineering Contact Information

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Target Premium

Package (less auto) \$ \_\_\_\_\_  
 Auto \$ \_\_\_\_\_  
 Workers' Comp \$ \_\_\_\_\_  
 Excess/Umbrella \$ \_\_\_\_\_

## General Questions

Please submit completed ACORD applications, this supplemental application and no less than 5 years of currently valued loss runs (within 90 days of effective date).

### Operations

List each Named Insured	Years in business	Description of operations	DOT # & MC #	FEIN #

**Please answer the questions below:**

1. Years current ownership: \_\_\_\_\_
  - Number of Years current manager has been within your industry(s)? \_\_\_\_\_
  - Have there been any changes in management in the past 5 years?  YES  NO
2. Do you have any discontinued operations or services?  YES  NO
3. List all industry association memberships: \_\_\_\_\_

## Fleet and Driver Questions

4. Total # of employees: \_\_\_\_\_ Number of CDL drivers: \_\_\_\_\_ Number of non-CDL drivers: \_\_\_\_\_
5. Number of drivers with less than 2 years driving experience of operating commercial vehicles? \_\_\_\_\_
6. Number of CDL drivers that have been with the company for less than 2 years: \_\_\_\_\_
7. Number of CDL drivers that have received their initial CDL within the past year: \_\_\_\_\_
8. Enter number of drivers for each category below:
 

Tractor/Truck Drivers _____	Bobtail Drivers: _____	Outside sales: _____
Mechanics: _____	Clerical Employees: _____	Other: _____
9. Do you have a written driver safety policy?  YES  NO
10. Do you have minimum driver hiring standards?  YES  NO
  - If yes, are they written?  YES  NO
11. Are road tests performed as part of your hiring process?  YES  NO
12. Do you have a specific documented driver orientation program for new hires that includes safe driver safety/defensive driver topics?  YES  NO
13. Do you have a documented refresher driver safety program?  YES  NO

14. Are MVR's ordered and reviewed prior to hiring all drivers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Do you have written minimum MVR criteria for moving violations and/or accidents for all new and existing drivers to follow?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Do you have a drug/alcohol testing program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	CDL Drivers	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Non-CDL Drivers	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Do you have cameras installed in any of your fleet vehicles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• If yes, # of commercial vehicles with cameras: _____		
• If yes, # of non-commercial vehicles (light, medium type) with cameras: _____		
18. Are employees, or any employee family member, allowed personal use of company vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Do you perform vehicle maintenance, such as with brakes, steering, tires, engines, etc.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Do you have the required PHMSA written hazmat transportation security plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Do your drivers travel through or near major metro areas (>100,000 population) to make deliveries?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. Do you haul/transport property of others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• If yes, what commodities hauled, frequency and radius: _____		
23. Do you utilize common or contract carriers? If yes, how many: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Safety &amp; Training Questions</b>		
24. Do you have a written employee handbook?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26. How often are safety meetings held and documented? _____		
27. Do employees participate in CETP and/or other industry related/state required training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28. Is refresher training for all employees provided and documented for job functions performed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. Do you provide Workers' Compensation coverage for all employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32. Do you have a written hazard communication program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33. Do you have a written personal protection equipment (PPE) program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34. Do you have a written lock out and tag program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
35. Do you have a spray paint booth to paint cylinders or tanks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
36. Do you use any silica products to remove paint from containers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37. Do you perform any spray painting of tanks that require a respiratory protection program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38. Do employees operate any powered industrial trucks (i.e., forklifts)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• If yes, are employees trained on their operation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39. Is a group medical plan provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40. Do you participate in MPN (Medical Provider Network)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
41. Do you have a return-to-work program (RTW)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
42. Do employees/drivers have ice cleats to wear in icy/snowy conditions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
43. Any foreign travel by employees or owners, if yes describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
44. Do you own or operate any aircraft?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

45. If a Workers Comp quote is being requested, please provide annual payroll and workers' comp experience mod for the current and 4 prior years.		
Year	Annual Payroll	EMOD
Current _____		
Prior Year _____		
Second Prior _____		
Third Prior _____		
Fourth Prior _____		

TYPE OF EXPOSURES			
46. Please provide the number of gallons by type of customer			
Type of customer	Propane	Petroleum	Fuel Oil
Retail – delivered to personal end users			
Commercial – delivered to commercial end users and agricultural customers			
Wholesale – sold to other dealers and/or distributors for resale			
Bottle fill/cylinder exchange			
Drop shipped – picked up from non-owned terminal and delivered direct to customer			
Brokerage – paper transactions only – no physical possession of product			
Other – describe			

BULK STORAGE TANKS				
47. Please list all bulk storage plants/tanks				
Location address	Product stored	Capacity (gallons)	Above/Below Ground	Diked
			<input type="checkbox"/> above <input type="checkbox"/> below	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> above <input type="checkbox"/> below	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> above <input type="checkbox"/> below	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> above <input type="checkbox"/> below	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> above <input type="checkbox"/> below	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> above <input type="checkbox"/> below	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Questions 48-94 are split into sections based on the type of gallons. Please only answer the sections applicable to your operations.**

Propane Operational Questions	
48. Do you have any operations related to converting vehicles from gas/diesel to propane power? • If yes, provide annual sales: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
49. Do you deliver gallons to customers for self-auto gas filling (i.e., school districts, metro buses, police, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
50. Do you perform any HVAC work? • If yes, provide annual payroll: \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
51. Do you visually requalify cylinders?	<input type="checkbox"/> YES <input type="checkbox"/> NO

52. Do you have any dispensing stations leased to others for filling propane cylinders? If yes, how many: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Do you have or verify documentation of training for all persons filling propane cylinders?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Do you have certificates of insurance from the lessee (operator)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Do you require them list you as an additional insured on the certificate of insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
53. Do you sell, install and/or service any of the items below? Provide annual sales \$ _____		
<b>Check below all that apply:</b>		
<input type="checkbox"/> Fireplaces or gas logs	<input type="checkbox"/> Gas Appliances	<input type="checkbox"/> Outdoor Grills
<input type="checkbox"/> Hot Water Heaters	<input type="checkbox"/> Electric Appliances	<input type="checkbox"/> Outdoor Fire pits
<input type="checkbox"/> Spas/Hot tubs	<input type="checkbox"/> Wood/Coal Stoves	<input type="checkbox"/> Other
54. Do you lease, loan, or rent construction heaters to others?		<input type="checkbox"/> YES <input type="checkbox"/> NO
• If yes, how many annually to:    Individuals: _____    Contractors: _____		
55. What percentage of your customers are:    Will Call _____%		Automatic Fill _____%
56. What percentage of your customers are:    Leased Tanks _____%		Customer Owned _____%
57. Do you have a lease agreement with indemnity language? (Please provide a copy)		<input type="checkbox"/> YES <input type="checkbox"/> NO
58. How many out of gas deliveries do you average per year? _____		
59. Do you have a written out of gas policy for employees to follow?		<input type="checkbox"/> YES <input type="checkbox"/> NO
60. Do you require an adult to be at home for out of gas deliveries?		<input type="checkbox"/> YES <input type="checkbox"/> NO
61. If a leak check cannot be performed and the tank is filled, is a POL lock or other method used to deter the customer from turning on the gas?		<input type="checkbox"/> YES <input type="checkbox"/> NO
62. Are appropriate warning tags used to document if a container has been secured/locked/shut off?		<input type="checkbox"/> YES <input type="checkbox"/> NO
63. Do you have a policy to return appliances back in operation (i.e., light pilot lights)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>64. Are leak checks performed and documented for the following (circle all that apply):</b>		
New Customer (leased tanks)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Out-of-Gas Instances
New Customer (customer owned tanks)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Change in tenant/ownership
Service work with interruption of service	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (Describe)
65. Do you perform a documented inspection of the propane distribution system (i.e. Gas Check/Safety check/State Required Program? <b>(Please provide a few completed copies of documentation forms)</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
66. Identify any of the following that is performed and documented:		
• Appliance type (gas and/or electric)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Appliance model and/or serial number or both?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Shut off valve for each gas appliance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Tank Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Leak check	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Pressure test	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Regulator Flow Test	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Regulator Lock Up Test	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Customer Education (i.e. show how to turn off propane container, verify customer can smell gas, received safety information, what to do if they smell gas, consider installing gas detectors)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Signatures for customer and service technician	<input type="checkbox"/> YES	<input type="checkbox"/> NO
67. What percentage of your existing customers have a gas/safety check documented _____%		
68. Do you have a process to identify which customers do not have a Gas/Safety Check/State Form?		<input type="checkbox"/> YES <input type="checkbox"/> NO
69. Do you send customer safety information annually and document who receives it (i.e., PERC or state developed brochures)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
70. Do you have any jurisdictional propane systems?		<input type="checkbox"/> YES <input type="checkbox"/> NO

71. Do you have a process to respond and leak check systems for gas odor complaints?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
72. Do you document a sniff test before delivering to a propane end use customer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
73. Do you install underground tanks? If yes, do you:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Install cathodic protection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Test and document cathodic protection systems per NFPA 58?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Do you fill all new tanks to the maximum filling capacity at first delivery?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Petroleum Operational Questions

74. Do you have written loading and unloading procedures for drivers to follow to reduce cross drop incidents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75. Do you have an EPA approved spill prevention control and countermeasure (SPCC) plan in place for above ground storage capacity over 1,300 gallons or below ground capacity over 42,000 gallons? • If yes, date of last developed or updated by a professional engineer? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76. Do you do any loading/unloading from any kind of watercraft or barges?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
77. Do you deliver any type of aviation fuel? If yes answer the following below:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Do you do any direct fueling of aircraft?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Do you have a separate storage and/or cargo tank truck to transport aviation fuel?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Do you perform a white bucket test on the fuel before delivering aviation fuel to a customer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
78. Do you have any agreements in place with HAZMAT cleanup contractors for spills in transit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
79. Are cargo tank trucks bonded to a ground before filling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
80. Are loading racks used for top filling cargo tank trucks equipped with piping from the fill nozzle to reach near the bottom of cargo tank?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
81. Is a grounding bond wire connected to the cargo tank when filling to reduce static charges?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Heating Oil Operational Questions

82. Do you have any customer agreement/terms and conditions that has indemnity language (i.e., customer is responsible for maintenance, inspection, and repair of equipment and its replacement when necessary due to age or other factors?)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
83. Have your delivery personnel and drivers viewed any NORA safety/educational videos?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
84. Have any personnel attended any NORA educational classes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
85. Do you have written loading or unloading procedures for filling cargo tank trucks and delivering to customers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
86. Have you had any oil spills within the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
87. For indoor/basement deliveries do you:		
• inspect the tank and piping for all new customers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• identify active fill pipe with a company identifying device such as a tag or label?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• confirm there is a working vent alarm/whistle for new customers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• have a "No Whistle – No Fill" policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• verify that the vent pipes no more than 12 feet from the fill pipe and visible?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• find a fill line is no longer in use, do you verify the piping has been removed (disabled) before servicing the customer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
88. Are delivery drivers required to remain in attendance at the fill point to stop the delivery when the vent alarm/whistle stops?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
89. Do you sell heating oil blended with biodiesel? • If yes, what type of blends do you sell (i.e. B5, B20, Other)? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA for Commercial Auto Applicants, PR for Workers Compensation Applicants, RI, TN, UT for Workers Compensation Applicants, VA, VT, WA or WV – see Additional Fraud Notices for these jurisdictions below).

#### **ADDITIONAL FRAUD NOTICES**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** 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.

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

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS (Does not apply to Commercial Auto 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 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.

**NOTICE TO NEW YORK APPLICANTS (Commercial Auto Applicants Only):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS (Commercial Auto Applicants Only):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

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

**NOTICE TO TENNESSEE APPLICANTS (Does not apply to Workers Compensation Applicants), VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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

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

**NOTICE TO VERMONT APPLICANTS (Does not apply to Commercial Auto Applicants):** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.



The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued (**Not applicable in North Carolina**). If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature\*

\_\_\_\_\_  
Date

**\*Electronic Signature and Acceptance**

Producer Information:

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Producer Signature\*

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

**\*Electronic Signature and Acceptance**

\* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.

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