

Statement of Values

Client Town of Raymond
Address 401 Webbs Mills Road
Town, ST ZIP Raymond, ME 04071

Company Argonaut Insurance Company
Policy TBD
Effective Date 07/01/2017-07/01/2018

Agency Name and Kyes Insurance Agency
PO Box 311
Farmington, ME 04938

signed and accepted by:					Grand Totals			\$4,864,760	\$548,047		
Loc. #	Bldg. #	Location Address/Building Description	Occupancy	Construction Class	Square Footage	Sprinkler (Y/N)	Fire Alarm (Y/N)	Building Value	Contents Value	Stories	Year of Construction
1	1	Town Hall/401 Webbs Mills Road						\$557,885	\$229,973		
2	1	Public Safety Building/1443 Roosevelt Trail						\$2,703,549	\$143,876		
3	1	Dist II Fire Station, Public Works, Bus/387 Webb Mills Road						\$761,963	\$33,075		
4	1	Broadcast Studio/423 Webbs Mill Road						\$49,613	\$55,125		
5	1	Public Works/47 Main Street						\$381,747	\$44,100		
6	1	Tassel Top Main Cabin/1234R Roosevelt Trail						\$64,476	\$5,513		
6	2	Tassel Top Bath/1234R Roosevelt Trail						\$22,361			
6	3	Tassel Top Changing Booth/1234R Roosevelt Trail						\$3,308			
6	4	Tassel Top Changing Booth /1234R Roosevelt Trail						\$3,308			
6	5	Tassel Top Gate House/1234R Roosevelt Trail						\$6,342	\$1,103		
6	6	Tassel Top Sleeping Cabin #1/1234R Roosevelt Trail						\$14,603	\$1,103		
6	7	Tassel Top Sleeping Cabin #2/1234R Roosevelt Trail						\$15,484	\$1,103		
6	8	Tassel Top Snack Bar/1234R Roosevelt Trail						\$5,513	\$5,513		
7	1	Salt/Sand Shed/170 Plains Road						\$209,588	\$22,050		
8	1	Playground Structure/Mill Street						\$61,520	\$5,513		
9	1	Veterans Memorial Park Sign/Route 302 Corner of 85	I don't see listed on Travelers, but listed in the Summary of Ins					\$0			
9	2	Veterans Memorial Park Boat Dock/Route 302 Corner of 85	I don't see listed on Travelers, but listed in the Summary of Ins					\$3,500			

Statement of Values

[illegible]

**FIRE DEPARTMENT / EMS
SUPPLEMENTAL APPLICATION**

Entity Name	Town of Raymond	Date	5/5/17
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☒ Yes ☐ No

☒ Yes ☐ No

☒ Regular # 4 ☒ Volunteer # 30

☒ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

☒ Yes ☐ No

☒ Paid # ~~BA 100426~~ ☒ Volunteer #

☐ Yes ☒ No

☐ Yes ☒ No

_____ Cumberland County

☐ Yes ☐ No

☐ Yes ☐ No

2) 5 paramedic 15) EMT

~~2) First Responder Only~~

APPLICANT'S SIGNATURE	DATE
	5/5/17

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

Submission Requirements

- ◆ Completion of this application and any supplemental applications
- ◆ Up-to-date schedules including Property COPE information, Autos with Original Cost New
- ◆ Five (5) years (plus current year) of currently valued loss runs and/or TPA
- ◆ Most Current Budget

GENERAL INFORMATION

01-6000342

Entity Name Town of Raymond			FEIN 6-0000 01-6123*	Entity Population 4500
Street Address 401 Webbs Mills Road	City Raymond	State ME	County Cumberland	Zip Code 04071
Insurance Contact/Title Cathy Ricker			Contact Phone (207) 655-4742	
Contact Email Address cathy.ricker@raymondmaine.org				

KEY DATES

Effective Date 07/01/2017	Bid Date (if any) 05/12/2017	Agency Need-by Date
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SUBMITTING AGENCY

Agency Kyes Insurance Agency		Phone (207) 778-9862	
Producer / Agency Contact Flint Christie/Belinda Maillet-Barden		Email Address bmaillet@kyesinsurance.com	
Street Address 171 Main Street	City Farmington	State ME	Zip Code 04938

PREMIUM AND LOSS HISTORY

Line	Check if Requested	Expiring Premium	Carrier	Deductible/SIR	Policy Limit
General Liability	<input checked="" type="checkbox"/>	\$		\$	\$
Public Officials' Liability	<input checked="" type="checkbox"/>	\$		\$	\$
Employment Practices Liability	<input checked="" type="checkbox"/>	\$		\$	\$
Law Enforcement Liability	<input type="checkbox"/>	\$		\$	\$
Auto Liability	<input checked="" type="checkbox"/>	\$		\$	\$
Auto Physical Damage	<input checked="" type="checkbox"/>	\$		\$	\$
Property	<input checked="" type="checkbox"/>	\$		\$	\$
Inland Marine	<input checked="" type="checkbox"/>	\$		\$	\$
Crime	<input checked="" type="checkbox"/>	\$		\$	\$
Excess/Umbrella Liability	<input checked="" type="checkbox"/>	\$		\$	\$
Equipment Breakdown	<input checked="" type="checkbox"/>	\$		\$	\$
Workers Compensation (not available in all states)	<input type="checkbox"/>	\$		\$	\$
Other:	<input type="checkbox"/>	\$		\$	\$
Other:	<input type="checkbox"/>	\$		\$	\$

COMMERCIAL GENERAL LIABILITY

Coverage type: ☒ Occurrence or ☐ Claims-Made, Retroactive Date: _____
 Per Occurrence Limit: \$ 1,000,000 Annual Aggregate: \$ 3,000,000
 Deductible: \$ _____ or SIR: \$ _____
☒ Employee Benefits Liability

GENERAL LIABILITY EXPOSURES

Supplemental questionnaires required for these exposures are indicated in the column on the right.

Exposure/Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Supplementals at: www.tridentpublicrisk.com
Airport or Related Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded under our program
Cemetery 7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mowing is Contracted
Dams N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP197 Supplement
Fire Department – Paid and/or Volunteer 4 FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP198 Supplement
Firearms Range - Public Use N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Range Master on Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Active Landfill / Dump / Refuse Site / Incinerator N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP199 Supplement
Medical & Ancillary Care Facilities a. Nursing Home b. Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded under our program
Public Facilities Convention/Civic Center/Stadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recreational Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP194 Supplement
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP201 Supplement
Social Services a. Shelter (Women or Children), Halfway House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please describe operation:
b. Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Rec Dept is a separate Entity

Exposure/Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Supplementals at: www.tridentpublicrisk.com
Special Events a. Carnival, Fair, Parade <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Rides/Devices <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor Service <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Fireworks <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed Pyrotechnician <input type="checkbox"/> Yes <input type="checkbox"/> No Fire & EMS onsite <input type="checkbox"/> Yes <input type="checkbox"/> No
Streets/Roads Miles of Paved: <i>50 37</i> Mile of Unpaved: <i>2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street/Road Formal Inspection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Formal Citizen Complaint Procedure in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP192 Supplement
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Water -- <i>Portland Water District</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wharf/Piers <i>Byrd Ramp & Docks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Formal Wharf/Pier inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No Marina Exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please describe:

Contractual Risk Transfer

☒ Yes ☐ No

Legal Representative reviews all contracts?

☒ Yes ☐ No

Require to be named as Additional Insured?

☒ Yes ☐ No

Legal Counsel on staff or dedicated outside Counsel?

☐ Yes ☐ No

You require Insurance Limits of contractors equal to yours?

Bernstein Shur

PUBLIC OFFICIALS' LIABILITY

Completed By / Title	Date <u>5/5/17</u>
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I. COVERAGE AND LIMITS

- A. Coverage type: ☒ Claims-Made, Retroactive Date: 07/01/2008 or ☐ Occurrence
- B. Per Occurrence Limit: \$ 1,000,000 Annual Aggregate: \$ 3,000,000
Deductible: \$ 1,000 or SIR: \$ _____

II. GENERAL INFORMATION

A. Policies and Procedures

1. Are Officials trained in public meeting protocols? ☒ Yes ☐ No
2. Does the entity engage legal counsel on potential conflicts of interest? ☒ Yes ☐ No
3. Policy in place around public officials speaking to the media, social media? ☐ Yes ☒ No

B. Planning and Zoning, Land Use

1. Does the entity have a formal written zoning and zoning appeal process? ☒ Yes ☐ No
2. Legal Counsel on cases when statutes/ordinances need interpretation ☒ Yes ☐ No

Have any of the following occurred within the last three years?

1. Disputes involving the taking or condemnation of property? ☐ Yes ☒ No
2. Disputes alleging the wrongful approval/denial of building or zoning permits? ☐ Yes ☒ No

If yes, please provide details:

EMPLOYMENT PRACTICES LIABILITY

Completed By / Title	Date
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- A. Coverage type: ☒ Claims-Made, Retroactive Date: 07/01/2008 or ☐ Occurrence
- B. Per Occurrence Limit: \$ 1,000,000 Annual Aggregate: \$ 3,000,000
Deductible: \$ 2,500 or SIR: \$ _____

C. EMPLOYEE INFORMATION

1. Number of: Full-time employees: 16 Part-time employees: 4 Volunteer FD 30
2. What was the annual employee turnover rate for the last three years?
Current Year: 2 % 1st Prior Year: 2 % 2nd Prior Year: 2 %
3. How many involuntary employment terminations* have occurred in the past three years?
Current Year: 0 % 1st Prior Year: 0 % 2nd Prior Year: 0 %

D. Disputes/Claims Information

Have any of the following occurred within the last three years?

1. Disputes involving integration, segregation, discrimination or violation of civil rights? ☐ Yes ☒ No
2. Disputes alleging wrongful treatment in employee hiring, employment conditions, remuneration, advancement of employment or termination of employment? ☐ Yes ☒ No

If yes, please describe:

E. Policies and Procedures

1. Entity conducts prior employment check on all new hires? ☒ Yes ☐ No
2. Does the entity have an employee handbook? ☒ Yes ☐ No
3. Is employee handbook signed by all employees? ☒ Yes ☐ No
4. Latest Revision Date of employee handbook? 2016
5. When did legal counsel last review the employee handbook? Bernstein Shon
6. Does the entity have a posted anti-discrimination policy? ☒ Yes ☐ No
7. Does the entity have written policies and procedures with regard to the following? (Please check all that apply)

Policy	Last Revision Date	Policy	Last Revision Date
<input checked="" type="checkbox"/> Hiring		<input checked="" type="checkbox"/> Sexual Harassment	
<input checked="" type="checkbox"/> Discrimination		<input checked="" type="checkbox"/> Disciplinary Actions	
<input checked="" type="checkbox"/> Grievance Procedures		<input checked="" type="checkbox"/> Internet Usage	
<input checked="" type="checkbox"/> Termination		<input checked="" type="checkbox"/> Social Media	
<input checked="" type="checkbox"/> Medical / Unpaid Leave			

F. Employment Practices Controls and Employee Performance

1. Does the entity provide training for all new supervisors and managers on harassment policy and procedure? ☒ Yes ☐ No
2. Annual Affirmation from Employees on the following policies? (Please check all that apply):
☒ Discrimination ☒ Social media ☒ Internet Usage ☒ Harassment
3. Documented Employee Performance Reviews at least annually? ☒ Yes ☐ No
4. Does the entity require terminations to be reviewed by legal counsel in addition to its Human Resources department/designee? ☒ Yes ☐ No

Employment Practices Entity-wide

In Regards to Employment Practices, do all departments (i.e. Police, Fire, School, Public Works, etc) follow the same policies, procedures and documentation requirements?

☒ Yes ☐ No

If no, describe:

COMMERCIAL AUTOMOBILE COVERAGE

Please attach a completed Excel worksheet/schedule (available at www.tridentpublicrisk.com).

I. LIMITS

Per Occurrence Limit \$ 1,000,000 Hired/Non-Owned Requested ☒ Yes ☐ No
Liability Deductible (if any) \$ _____ Medical Payments \$ 5,000
PIP/No Fault \$ _____ Additional No-Fault \$ _____
UM/UIM \$ 1,000,000 Other: _____ \$ _____

II. UNDERWRITING INFORMATION

Any location with a concentration of vehicles where total values exceed \$2,000,000?
(If yes, please complete **TPRS-SUP193 Supplement - Concentration of Vehicles**)

☐ Yes ☒ No

Fleet Safety

Driver training program?

☒ Yes ☐ No

Accident investigation program?

☒ Yes ☐ No

Accident investigation includes a corrective action for preventable accidents?

☒ Yes ☐ No

MVRs ordered prior to hire?

☒ Yes ☐ No

Has the entity disqualified a prospective employee due to poor driving record?

☐ Yes ☒ No

Does the entity conduct periodic MVR checks?

☒ Yes ☐ No

☒ Annually ☐ Bi-annually ☐ Other: _____

Standard in place for acceptable and unacceptable MVR's?

☒ Yes ☐ No

What action is taken with an Employee with an unacceptable MVR?

Are employees allowed to take vehicles home?

☒ Yes ☐ No

Is personal use permitted?

- Commuting

☒ Yes ☒ No

Does the entity provide any type of transportation services?

☐ Yes ☒ No

Indicate type: ☐ Dial-a-Ride ☐ Fixed Transit ☐ Para Transit ☐ Other: _____

Garagekeepers: ☐ Primary ☐ Excess

Description of Operation	Physical Address	Limit	Deductible	
			Comp	Coll
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

COMMERCIAL EXCESS LIABILITY SECTION

Requested Excess Limit: \$ 1,000,000

Coverage to apply over:

- ☒ General Liability ☐ Educators Legal ☐ Law Enforcement ☒ Auto Liability ☒ Employers Liability
☒ Public Officials ☒ Employment Practices

PROPERTY AND ALLIED LINES

An Excel worksheet/schedule is available for your use at www.tridentpublicrisk.com

I. COVERAGES REQUESTED

Deductible: \$ _____ BI/EE Limit: \$ _____

☒ Replacement Cost ☐ Functional ☐ Agreed Value

☒ Flood limit: \$ 1,000,000 Deductible: ☒ \$50,000 ☐ Other Deductible: \$ _____

☒ Earthquake limit: \$ 5,000,000 Deductible: ☒ \$50,000 ☐ Other Deductible: \$ _____

Other Key **PROPERTY** Coverages or Limits Requested: See Summary of Ir

II. UNDERWRITING INFORMATION

- A. Any unoccupied buildings ☐ Yes ☒ No
If yes, provide details about future plan for occupancy, frequency of maintenance and insured visits to the premises:

- B. How are Property values calculated?
Professional Property Appraisals (within the last 5 years)? ☒ Yes ☐ No

Other: Assessor

III. Solar Panels (if applicable): Location Address _____

Production capacity (i.e. 250kW): _____ Number of individual panels _____

Age of Installation: _____

Professional Engineer involved in Installation? ☐ Yes ☐ No

Preventative Maintenance Program in Place? ☐ Yes ☐ No

Number of inverters and size: _____ Spare Inverters available? ☐ Yes ☐ No

Is the system: ☐ Roof-mounted ☐ Ground-mounted
☐ Fixed system ☐ Tracking system

Does the Entity sell power back to the utility company? ☐ Yes ☐ No

Other: _____

IV. EQUIPMENT BREAKDOWN

Is coverage desired? ☒ Yes ☐ No

INLAND MARINE

Provide Schedule or Acord for Inland Marine

CRIME SECTION

Ratable Exposure

Number of Employees: Class A (all employees handling money): _____

I. COVERAGE DESIRED

	Coverage	Limit	Deductible
A.	Public Employee Dishonesty	\$ 250,000	\$
	Faithful Performance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
B.	Forgery or Alteration	\$ 250,000	\$
C.	Loss Inside -Theft	\$ 250,000	\$
D.	Loss Inside – Robbery or Safe	\$ 250,000	\$
E.	Loss Outside Premises	\$ 250,000	\$
F.	Computer Fraud	\$ 250,000	\$
G.	Computer & Funds Transfer Fraud (not available in all states)	\$ 250,000	\$
H.	Money Orders & Counterfeit Money (not available in all states)	\$	\$
I.	Other:	\$	\$

NY Only Excess Indemnity

Position	# of Employees	Limit

II. CONTROLS

- A. Employee background checks conducted? ☒ Yes ☐ No
- B. Audit performed to verify funds (cash on hand and in accounts) match financial records? ☒ Yes ☐ No
Frequency: ☐ Monthly ☐ Semi-Annual ☒ Annual ☐ Other _____
- C. At least two signatures required on checks? ☒ Yes ☐ No *Warrant System*

III. COMPUTER FRAUD (if requested)

- A. Do you have an IT Department or Computer Department? ☒ Yes ☐ No
- B. Are tests performed to detect unauthorized programming changes? ☒ Yes ☐ No
- C. Do employees have access only to information or programs that allow them to do their jobs? ☒ Yes ☐ No
- D. Are passwords required for access to sensitive information? ☒ Yes ☐ No
- E. When employees change positions is access revoked? ☒ Yes ☐ No

Attach FRAUD STATEMENTS, FS-APP001, to this application of insurance.

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama

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.

Arkansas, District of Columbia, Louisiana, Rhode Island, 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.

Colorado

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

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.

Kansas

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 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.

Kentucky

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.

Maine

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.

Maryland

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.

New Jersey, New Mexico

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

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

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

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.

Pennsylvania

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.

Pennsylvania (Auto)

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 the payment of a fine of up to \$15,000.

Tennessee, Virginia, 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

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.


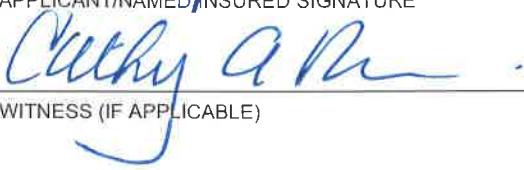

New York (Auto)

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.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED 	
APPLICANT/NAMED INSURED SIGNATURE 	DATE 5/5/17
WITNESS (IF APPLICABLE) 	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations?

☐ Yes ☐ No

Did your office control this risk in the past year?

☐ Yes ☐ No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE