

EXCESS CASUALTY FINANCIAL INSTITUTION

Name of Insured:_____

Location: 1. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$		T	pe of Loan	# of Loans	Use (Bus. Or Per.)	Value of Largest	# of
I. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$	8.						
I. Please give a complete description of all operations: I. Please give a complete description of all operations: Image: Second	7.	Will an	employee ever s	how the boats or take	them out on navigable v	vaters?	🗌 No 🗌 Yes
1. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$	6.	Where	are the reposses	sed boats stored?	🗌 Dry Dock 🗌 Mari	na	
1. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$	5.	Where are the repossessed autos stored?					
1. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$							
1. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$	1	Aro ror	occored property	tion covored under the			
1. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$							
1. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$							
1. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$ 3. Does the applicant have a trust department?					Number		
1. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$ 3. Does the applicant have a trust department? No Yes a. Are all of the trust properties insured under the primary policy? No Yes If "No," where are they covered? Please give a brief description of properties in the trust: b. Do any trust properties have buildings over three stories? No Yes			1, 103, picuse	r			
1. Please give a complete description of all operations: 2. What is the amount of annual deposits? \$ 3. Does the applicant have a trust department? \[🗌 No 🗌 Yes	
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 Please give a complete description of all operations: What is the amount of annual deposits? \$ 		a.			. , , ,		
1. Please give a complete description of all operations:	3.	Does t	he applicant have	a trust department?			🗌 No 🗌 Yes
	2.	What is	s the amount of a	annual deposits? \$			
	1.	. Please give a complete description of all operations:					
	Locatio	on:					

		-	Passengers
Aircraft			
Watercraft			

9. What is the maximum number of stories for which a commercial building loan would be made?

10. Does the applicant have any armed guards?	🗌 No 🗌 Yes
If "Yes," are they employees or independent contractors?	
If independent, are certificates of insurance obtained?	🗌 No 🗌 Yes

GENERAL 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.

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully 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 from 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 containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

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.

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.

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.

Maine, 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.

Signatures

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's Signature	Date	
Agent's or Broker's Name (Please print)	Telephone Number	Agents Signature
License No.		Date