

WARRANTY APPLICATION

Please answer all of the following questions completely

NOTICE:

For certain policies and coverage parts issued, the limit of liability available to pay judgements for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

I. APPLICATION INFORMATION:

Named Insured:			
Mailing Address:	City	State	Zip Code
Physical address if different:	City	State	Zip Code
Contact Name:	Contact Email:	Contact Phone #	Website address:
Is the applicant a subsidiary of another entity ☐ Yes ☐ No If yes, what entity (with full explanation):			
Company is: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership, ☐ Joint Venture ☐ Other (please describe):			

II. ACCEPTANCE REPRESENTATION INFORMATION:

The Applicant agrees that:

1.	All information contained in all submitted Applications completed by or on behalf of the Applicant will be relied upon by the underwriting manager, company and/or affiliates thereof in issuing a policy.	☐ YES	☐ NO
2.	The underwriting manager, company and/or affiliates thereof will rely upon the truth and accuracy of the representations contained in all submitted Applications.	☐ YES	☐ NO
3.	The Applicant represents that the Statements and any attachments to the Application(s) are true and accurate to the best knowledge and belief of the Applicant and entity(ies) proposed for this insurance.	☐ YES	☐ NO
4.	To the best of his/her knowledge and belief, after reasonable inquiry, the Statements in the Application and In any attachments, are true and complete.	☐ YES	☐ NO

5.	No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in the submitted Application(s).	☐ YES	☐ NO
6.	If there is knowledge of any such fact, circumstance or situation, any claim or loss subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.	☐ YES	☐ NO
7.	The underwriting manager, company and/or affiliates are authorized to make any inquiry in connection with this Application and this Statement.	☐ YES	☐ NO
8.	If the information in this Application and any attachment materially changes between the date the Application is submitted and the effective date of the policy, the Applicant will promptly notify the underwriting manager, company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.	☐ YES	☐ NO
9.	The Applicant warrants to the Company that the Applicant understands and accepts the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of the submitted Application and this Statement by issuance of a policy.	☐ YES	☐ NO
10.	Signing this Statement does not bind the Company to provide or the Applicant to purchase the insurance.	☐ YES	☐ NO
11.	Information submitted herein becomes a part of the Application(s) for insurance and is subject to the same declarations, representations and conditions.	☐ YES	☐ NO

III. FRAUD WARNING:

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 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.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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.

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 insurance company 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 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 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 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 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.

NOTICE TO NEW YORK 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 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 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.

NOTICE TO RHODE ISLAND: 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 TENNESSEE 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 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.

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

NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

IV. REPRESENTATION STATEMENT:

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signing of this application does not bind the applicant to the insurer to complete the insurance.

Signature of Applicant

Title

Name of Applicant

Date