



**Surplus
Insurance
Brokers
Agency Inc.**

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P O Box 749

South Bend IN 46624-0749



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

| | | | | |
|-----------------------|---|---------------------------------|----------------------|------------------|
| AGENCY | CARRIER | NAIC CODE: | UNDERWRITER | UNDERWRITER OFF. |
| | POLICIES OR PROGRAM REQUESTED | | | POLICY NUMBER |
| | INDICATE SECTIONS ATTACHED | EQUIPMENT FLOATER | GARAGE AND DEALERS | |
| PHONE (A/C, No, Ext): | PROPERTY | INSTALLATION/BUILDERS RISK | VEHICLE SCHEDULE | |
| FAX (A/C, No): | GLASS AND SIGN | ELECTRONIC DATA PROC | BOILER & MACHINERY | |
| E-MAIL ADDRESS: | ACCOUNTS RECEIVABLE/ VALUABLE PAPERS | COMMERCIAL GENERAL LIABILITY | WORKERS COMPENSATION | |
| CODE: | CRIME/MISCELLANEOUS CRIME | BUSINESS AUTO | UMBRELLA | |
| AGENCY CUSTOMER ID: | TRANSPORTATION/ MOTOR TRUCK CARGO | TRUCKERS/MOTOR CARRIER | | |

STATUS OF TRANSACTION**PACKAGE POLICY INFORMATION**

| | | | | | |
|---------------------------------------|---------------------------------------|--------------------------------|--|-------------------|--------------|
| QUOTE <input type="checkbox"/> | ISSUE POLICY <input type="checkbox"/> | RENEW <input type="checkbox"/> | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. | | |
| BOUND (Give Date and/or Attach Copy): | | | PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN |
| CHANGE | DATE | TIME | | | DIRECT BILL |
| CANCEL | | | | | AGENCY BILL |
| | | | | | AUDIT |

APPLICANT INFORMATION

| | | | | | | |
|---|--|---|------------------------------|---|-----------|------------------|
| NAME (First Named Insured & Other Named Insureds) | | FEIN OR SOC SEC # (of First Named Insured): | | MAILING ADDRESS INCL ZIP+4 (of First Named Insured) | | |
| | | PHONE (A/C, No, Ext): | | | | |
| E-MAIL ADDRESS(ES): | | | | WEBSITE ADDRESS(ES): | | |
| INDIVIDUAL <input type="checkbox"/> | CORPORATION <input type="checkbox"/> | SUBCHAPTER "S" CORPORATION <input type="checkbox"/> | LLC <input type="checkbox"/> | CR BUREAU NAME | ID NUMBER | DATE BUS STARTED |
| PARTNERSHIP <input type="checkbox"/> | JOINT VENTURE <input type="checkbox"/> | NOT FOR PROFIT ORG <input type="checkbox"/> | NO. OF MEMBERS AND MANAGERS | | | |
| INSPECTION CONTACT | | | ACCOUNTING RECORDS CONTACT | | | |
| PHONE (A/C, No, Ext): | | E-MAIL ADDRESS: | | PHONE (A/C, No, Ext): | | E-MAIL ADDRESS: |

PREMISES INFORMATION

| LOC # | BLD # | STREET, CITY, COUNTY, STATE, ZIP+4 | CITY LIMITS | INTEREST | YR BUILT | # EMPLOYEES | ANNUAL REVENUES | PART OCCUPIED |
|-------|-------|------------------------------------|-------------|----------|----------|-------------|-----------------|---------------|
| | | | INSIDE | OWNER | | | | |
| | | | OUTSIDE | TENANT | | | | |
| | | | INSIDE | OWNER | | | | |
| | | | OUTSIDE | TENANT | | | | |

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

| |
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| |
|--|

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO | EXPLAIN ALL "YES" RESPONSES | YES | NO |
|---|-----|----|--|-----|----|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | 8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? | | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? | | |
| 4. ANY CATASTROPHE EXPOSURE? | | | 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST: | | |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? | | | | | |
| 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO) | | | | | |

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | | |
|-----------------------|------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|-----------------------|------|----------------------|--------------------------|

PRIOR CARRIER INFORMATION

| LINE | CATEGORY | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | |
|------------------------------------|----------------------------|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|
| GENERAL COMMERCIAL LIABILITY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | RETRO DATE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | GENERAL AGGREGATE | | | | | | | | | | | | | | | | |
| | PRODUCTS COMP OP AGGREGATE | | | | | | | | | | | | | | | | |
| | PERSONAL & ADV INJ | | | | | | | | | | | | | | | | |
| | EACH OCCURRENCE | | | | | | | | | | | | | | | | |
| | FIRE DAMAGE | | | | | | | | | | | | | | | | |
| | MEDICAL EXPENSE | | | | | | | | | | | | | | | | |
| | BODILY INJURY | OCCURRENCE | | | | | | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | OCCURRENCE | | | | | | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | | | | | | |
| COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| AUTOMOBILE | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | |
| | BODILY INJURY | EA PERSON | | | | | | | | | | | | | | | |
| | | EA ACCIDENT | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| PROPERTY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | BUILDING | AMT | | | | | | | | | | | | | | | |
| | PERS PROP | AMT | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | LIMIT | | | | | | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | | | | | | |
| | TOTAL PREMIUM | | | | | | | | | | | | | | | | |

LOSS HISTORY

| ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) | | | | | | CHK HERE IF NONE | SEE ATTACHED LOSS SUMMARY |
|--|------|---|---------------|-------------|-----------------|-------------------------------------|---------------------------|
| DATE OF OCCURRENCE | LINE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | CLAIM STATUS | |
| | | | | | | OPEN | |
| | | | | | | CLOSED | |
| | | | | | | OPEN | |
| | | | | | | CLOSED | |
| REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY | | | | | | ATTACHMENTS | |
| | | | | | | STATE SUPPLEMENT(S) (If applicable) | |

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

| | | | | | | |
|---------------------|--------------------------|------------------------------------|-----------------|----------------------------|--------------|-------|
| AGENCY | PHONE (A/C, No, Ext): | APPLICANT (First Named Insured) | | | | |
| | FAX (A/C, No): | | | | | |
| CODE: | SUB CODE: | EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL AGENCY BILL | PAYMENT PLAN | AUDIT |
| AGENCY CUSTOMER ID: | | FOR COMPANY USE ONLY | | | | |

COVERAGES**LIMITS**

| | | | |
|--|---|----|---------------------|
| <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | GENERAL AGGREGATE | \$ | PREMIUMS |
| <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE | PRODUCTS & COMPLETED OPERATIONS AGGREGATE | \$ | PREMISES/OPERATIONS |
| <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE | PERSONAL & ADVERTISING INJURY | \$ | PRODUCTS |
| | EACH OCCURRENCE | \$ | |
| DEDUCTIBLES | DAMAGE TO RENTED PREMISES (each occurrence) | \$ | OTHER |
| <input type="checkbox"/> PROPERTY DAMAGE \$ | MEDICAL EXPENSE (Any one person) | \$ | |
| <input type="checkbox"/> BODILY INJURY \$ | EMPLOYEE BENEFITS | \$ | TOTAL |
| | | | |

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

SCHEDULE OF HAZARDS

| LOCATION # | CLASSIFICATION | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
|------------|----------------|------------|---------------|----------|------|----------|----------|----------|----------|
| | | | | | | PREM/OPS | PRODUCTS | PREM/OPS | PRODUCTS |
| | | | | | | | | | |
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RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)**EMPLOYEE BENEFITS LIABILITY**

| | |
|--|--|
| 1. PROPOSED RETROACTIVE DATE: | 1. DEDUCTIBLE PER CLAIM: \$ |
| 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV: | 2. NUMBER OF EMPLOYEES: |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | 4. RETROACTIVE DATE: |
| REMARKS | REMARKS |

CONTRACTORS

| EXPLAIN ALL "YES" RESPONSES (For past or present operations) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For past or present operations) | | YES | NO |
|---|-----------------------------|--------------------------|----|--|--------------------|-----|----|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | |
| REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED | \$ PAID TO SUB-CONTRACTORS: | % OF WORK SUBCONTRACTED: | | # FULL-TIME STAFF: | # PART-TIME STAFF: | | |

PRODUCTS/COMPLETED OPERATIONS

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) | | YES | NO |
|--|--|-----|----|--|--|-----|----|
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? | | | | 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | | |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? | | | | 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | | |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | | | 8. PRODUCTS UNDER LABEL OF OTHERS? | | | |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | | | 9. VENDORS COVERAGE REQUIRED? | | | |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | | | 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | | | |
| PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC | | | | | | | |

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER | |
|--------------------|-------|------------------|--------------|----------------------|-------------------------|-----------|
| ADDITIONAL INSURED | | | | | LOCATION: | BUILDING: |
| LOSS PAYEE | | | | | VEHICLE: | BOAT: |
| MORTGAGEE | | | | | SCHEDULED ITEM NUMBER: | |
| LIENHOLDER | | | | | OTHER | |
| EMPLOYEE AS LESSOR | | | | | ITEM DESCRIPTION: | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | YES | NO |
|---|--|-----|----|--|--|-----|----|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | | | 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | | | |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | | | | 13. ANY DEMOLITION EXPOSURE CONTEMPLATED? | | | |
| 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL (e.g. landfills, wastes, fuel tanks, etc) | | | | 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | | | |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS? | | | | 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? | | | | 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | | | |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | | | | 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | | | | 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS? | | | |
| 8. IS A FEE CHARGED FOR PARKING? | | | | 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | | | |
| 9. RECREATION FACILITIES PROVIDED? | | | | 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | | | |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES? | | | | | | | |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED? | | | | | | | |
| REMARKS | | | | | | | |

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