



## EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

**Named Insured:** \_\_\_\_\_  
**Insured Email Address** \_\_\_\_\_  
**Physical Address /** \_\_\_\_\_  
**City / ST:** \_\_\_\_\_

	Contact Name	Contact Email	Contact Phone
<b>Insured Accounting:</b>			
<b>Insured Claims:</b>			
<b>Insured Safety / Loss Control:</b>			

**Agency Name:** \_\_\_\_\_  
**Agency Contact/ Phone:** \_\_\_\_\_  
**Agent Email Address:** \_\_\_\_\_

### How Did You Hear About Us?

☐ Print Advertisement ☐ Tradeshow/Conference ☐ Email Broadcast ☐ Social Media (i.e. Facebook)  
☐ Internet Search ☐ Webinar ☐ Postcard ☐ Friend ☐ Other: \_\_\_\_\_

### Description of Operations

Lines of business submitted: ☐ Commercial General Liability ☐ Inland Marine/Property  
☐ Commercial Auto/Mobile Liability ☐ Contractors' Pollution  
☐ Umbrella/Excess

**Complete Description of Operations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Corporation ☐ Joint Venture

Any other Subsidiaries or  
partnerships not previously  
identified?

☐ Yes ☐ No

**Subsidiaries:** Name Operations

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Other Businesses we are NOT insuring?** ☐ Yes ☐ No  
If so, provide 'Name' and 'Type of Operation'  
and 'Insurance Provider'.  
\_\_\_\_\_



## EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

Years in business: \_\_\_\_\_

Years of experience of Principals: \_\_\_\_\_

### Commercial General Liability

Operations	Payroll	Annual Gross Receipts
Sales of NEW Equipment	\$	\$
Sales of USED Equipment	\$	\$
Contractor's Equipment Rentals	\$	\$
Ladders Rentals	\$	\$
Scaffolding Rental	\$	\$
Aerial Lift Rental	\$	\$
Truck Rentals	\$	\$
Trailers rented without equipment	\$	\$
Crane Rentals	\$	\$
Rental with Operators – Revenue	\$	\$
Millwright – machinery moving & installation	\$	\$
Heavy Hauling – Transportation of equipment	\$	\$
Sales of Propane, Cylinder Exchange or Refill	\$	\$
Sales of Gas or Diesel	\$	\$
Repair or service operations	\$	\$
Party Rentals including Tables and Chair	\$	\$
Game or children activities rental	\$	\$
OTHER:		
OTHER:		

Is any of the following equipment available for rent? (Mark "X" if applicable)		
Camper Trailers	Sporting Equipment	Comments:
Amusement devices or carnival rides	Medical Equipment	
Personal Watercraft, Motorcycles, or All-Terrain Vehicles (ATV's)	Party Rentals	
Snowmobiles or Golf Carts	Other:	

Are all of your suppliers of equipment, parts, and accessories located in the USA or have a US subsidiary?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do you import any of your product lines? If yes, explain

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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How are foreign products insured in the US?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Are sales and service personnel trained and/or certified by the Manufacturer?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If Yes, please describe:

Do you get certs and AI from any subcontractors?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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What types of training do you provide to end users in the operation of equipment you rent or sell?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do you use equipment to act as a contractor or subcontractor?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Are any types of equipment rented with an operator?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, which equipment?

Do you modify, design, or build any equipment?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe:

Does your business include any manufacturing operations?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe:

Are any Allied products sold?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe products and include details on installation and related services provided as well as total receipts:

Do you rent or sell equipment to the General Public/Homeowners?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do you repair any equipment other than your own?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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All customers are required to sign insureds rental agreement or contract?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is each rental customer's driver's license number, credit card, credit report or license plate number obtained?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If not, are corporate billing programs used?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is manufacturer recommended safety equipment provided to all rental customers?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Are all rental customers provided with written operating instructions as well as verbal instructions?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Are all rental customers advised of the procedures for identifying deficiencies and notifying the insured?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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What is the maximum height of equipment?

Feet:

Do you rent, sell or service cranes?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do you rent, sell or erect scaffolding or ladders?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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## EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

### Commercial Auto Liability

Is a driver application form completed for each employee that drives a service or delivery vehicle/trailer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are MVRs checked prior to hiring?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is employment contingent on MVR if checked post-hire?	<input type="checkbox"/>		<input type="checkbox"/>	
Do you maintain the approved driver files as required by DOT regulations for all drivers with CDL's?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a written disciplinary action plan for drivers with MVR violations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Describe Disciplinary Plan or if no current written Disciplinary Plan is in place, are you willing to implement one? Please describe:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are any company owned vehicles used for personal use?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a written policy for personal use of company owned/insured autos/trucks? If yes, please explain:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do any employees use their own personal vehicles for business use? If yes, please describe:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you require minimum liability limits of \$500,000 Combined Single Limit for personal auto policy covering these individuals?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are MVR's obtained on all family members if there is personal use?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you loan or rent your autos or trucks used on public roads?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any non-owned autos or trucks held for repair or storage?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, please  
explain: \_\_\_\_\_

Please list below or attach a list of any vehicles registered to any other legal entity names:

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Is scheduled maintenance and servicing performed at suggested mileage intervals by qualified mechanics?

Do you retain and review vehicle maintenance logs on a regular basis?

Do you rent or hire autos from others to transport equipment?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, do you obtain Certificates of  
Insurance? \_\_\_\_\_



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### Commercial Inland Marine

When renting equipment, do you sell or offer to sell a Loss Damage Waiver?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are buildings equipped with burglar alarms/central station?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are buildings equipped with Sprinklers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are all locations equipped with a chain link fence, motion detectors and/or security lighting?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Describe: _____				
Does camera surveillance cover the premises inside of the building?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does camera surveillance cover the outside lot?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do exterior lights remain on all night and illuminate all dark areas of premises?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are all storage areas at this location secured in such a way that equipment cannot be removed from the premises during non-business hours without causing property damage to perimeter fences, posts, chains, barricades and/or gates?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide Construction, occupancy, protection and square ft. of each location:				

BREAKDOWN OF EQUIPMENT INVENTORY BY LOCATION			
Location #1		Average	Max Incl Floor Plan
Value of Equipment on Premises awaiting Sale/Rent/Prop of Others:		\$	\$
Total Value of All Equipment on Premises:		\$	\$
Construction Type:			
Occupancy:			
Protection:			
Square Footage:			
Location #2		Average	Max Incl Floor Plan
Value of Equipment on Premises awaiting Sale/Rent/Prop of Others:		\$	\$
Total Value of All Equipment on Premises:		\$	\$
Construction Type:			
Occupancy:			
Protection:			
Square Footage:			
Location #3		Average	Max Incl Floor Plan
Value of Equipment on Premises awaiting Sale/Rent/Prop of Others:		\$	\$
Total Value of All Equipment on Premises:		\$	\$
Construction Type:			
Occupancy:			
Protection:			
Square Footage:			
% of Inventory held Inside: %		% of Inventory held Outside: %	
Employee Tools Limit – Loc. #1: \$		Loc. #2: \$	Loc. #3: \$
Narrative:			

## Workers' Compensation

Do all new hires complete an application for employment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a Human Resources Dept. or an individual in charge of Human Resources functions?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a formal safety training program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a full time safety director?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, please provide details as to the safety director's duties and responsibilities:

Do you maintain written safety training manual and do all employees receive a copy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you maintain a log of all completed safety training courses by employees?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you require all employees to wear Personal Protective equipment including safety glasses, hearing protection, safety shoes, work gloves and special clothing requirements, etc.?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, please describe: \_\_\_\_\_

## LOSS CONTROL AND MAINTENANCE

Is a written loss control and job site safety plan updated regularly?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is one employee responsible for the safety program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, please name: \_\_\_\_\_

Are weekly safety meetings held with field employees?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a screen or reference process for new operators?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a minimum age for operators?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a schedule maintenance program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, does it follow manufactures suggested maintenance guidelines?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your maintenance staff get training from the manufacturer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a record system?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Is yes, who is responsible for it? \_\_\_\_\_

Are records stored?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, how long are they retained? \_\_\_\_\_

Are cranes certified?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, how often and by whom? \_\_\_\_\_

Are operators certified?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, how often and by whom? \_\_\_\_\_

Are Certificates of Insurance required from lessees on bare rentals?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is proof of insurance required from renters?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, how is it verified? \_\_\_\_\_

Do you use or have exposure to radioactive material?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe and include protective measures: \_\_\_\_\_

Describe the use of any explosives in conjunction with your operations: \_\_\_\_\_



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Describe procedures when working with hazardous materials (i.e. acids): \_\_\_\_\_

Are signed contracts obtained on all jobs:

☐ Yes ☐ No

Percentage of times insured utilizes NBIS contract wording: \_\_\_\_\_ %

Percentage of times insured does a job without signed contracts: \_\_\_\_\_ %

### **SAFETY** - Attach copy of Safety Program

Name of Safety Director: \_\_\_\_\_

Safety Director reports to: \_\_\_\_\_

Years with organization: \_\_\_\_\_ Years in the safety field: \_\_\_\_\_ Percentage of time spent on safety: \_\_\_\_\_ %

How often are safety meetings held? \_\_\_\_\_

Are employees required to attend?

☐ Yes ☐ No

Is a written loss control and job site safety plan updated regularly?

☐ Yes ☐ No

Does the loss control and job safety plan address setup near power lines?

☐ Yes ☐ No

Describe the Safety Director's duties:

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Describe any safety award program(s):

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### **SUBMISSION REQUIREMENTS**

Inland Marine / Property / General Liability	Commercial Auto	Umbrella / Excess
Acord Sections	Acord Sections	Acord Sections
NBIS Supplemental Application	Five Years Current Loss Runs	NBIS Supplemental Application
Five Years Currently Value Loss History	Vehicle Schedule With Cost New	Vehicle Schedule
Equipment Schedule	Driver Schedule	Underlying CGL Quotation
Operator Certifications	Motor Vehicle Reports - All Drivers	Underlying Auto Quotation
Equipment Inspections		Employer's Liability Carrier/Limit
Safety Program		Five Year Loss Summary Each Line
Lease / Rental Agreement		

**ATTENTION**

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

**FRAUD WARNINGS**

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**Applicable in AL:**

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.

**Applicable in WV, LA, and RI (all Lines of Business), and AR (non-Workers-Compensation Lines of Business):**

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.



**Applicable in AR (Workers Compensation Lines of Business):**

Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme or artifice, for the purpose of obtaining any benefit or payment, defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment, or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter will be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under this subdivision (a)(1) or subdivision (a)(2) of this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission.

**Applicable in CA:**

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.

**Applicable in CO:**

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.

**Applicable in DC:**

**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.

**Applicable in FL:**

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.

**Applicable in KY:**

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

**Applicable in ME:**

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.

**Applicable in MD:**

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.

**Applicable in NJ:**

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

**Applicable in NM:**

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 subject to civil fines and criminal penalties.

**Applicable in NY (Lines of Business which are neither Automobile nor Fire/Property):**

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.

**Applicable in NY (Automobile Lines of Business 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.

**Applicable in NY (Fire/Property Lines of Business Only):**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**Applicable in OH:**

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.

**Applicable in OK:**

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.

**Applicable in OR:**

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.

**Applicable in PA (all Lines of Business except for Automobile):**

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.

**Applicable in PA (Only for Automobile Lines of Business):**

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.

**Applicable in PR:**

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 \$5,000 and not more than \$10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a maximum of 2 years.

**Applicable in VA and WA (all Lines of Business), and TN (non-Workers-Compensation Lines of Business):**

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.

**Applicable in TN (Workers Compensation Lines of Business):**

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.

**Applicable in UT:**

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.



## EQUIPMENT DEALERS SUPPLEMENTAL APPLICATION

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THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

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.

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**Signature of Applicant**

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**Date**

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**Title (Officer, Manager, Partner, Owner)**

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**Signature of Broker**

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**Date**

*\*As an associated party to NBIS, you will be notified via e-mail about products or services that may be of interest to you. To opt-out from these program updates, please go to [NBIS.com](http://NBIS.com), then Contact Us, and select Opt-Out Request.*