



WORKERS' COMPENSATION, PROPERTY, CYBER LIABILITY, AND BUSINESS AUTO APPLICATION

Proposed Effective Date _____

Legal Named Insured (full name of all companies to be insured under this policy)

DBA _____

Entity is: S Corp C Corp Individual Partnership Limited Partnership LLC Other

If other, please describe: _____ Number of Employees _____

Website _____ Years in Business _____

Mailing Address _____

City _____ State __ ZIP _____ County _____

Physical Address _____

City _____ State __ ZIP _____ County _____

Contact Person _____ Email _____

Phone No. _____ Fax No. _____

FEIN _____ Medicare Provider No. _____

NPI No. _____ Unemployment No. _____

VGM MEMBER No. _____ OPGA/POINT MEMBER No. _____ AAHOMECARE MEMBER No. _____

I would also like to receive a competitive quote for the following:

- Flood Earthquake Inland Marine Crime
 Fiduciary Directors and Officers Employment Practices Liability

WORKERS' COMPENSATION APPLICATION

Liability Limit: \$500K/\$500K/\$500K \$1M/\$1M/\$1M

*If Excess limits are desired, underlying work comp limits are required to be \$1,000,000

Do officers want to be included in Workers' Compensation insurance? Yes No

Owner/Officer Name	Title/Relationship	Percent of Ownership	Duties	Annual Payroll

Historical Insurance Information

Current Carrier(s) and Premium _____

What is your current experience modification number? _____

Please attach your experience modification worksheet (page in your current policy).

Have you had any Workers' Compensation claims in the past five years? Yes No

*If yes, please provide a copy of your loss runs for the past five years.

Has your coverage been canceled/non-renewed in the past three years? Yes No N/A

(Respond only if state law permits) If yes, please explain _____

Employee Class Code Breakdown

State 1 _____

Class Code*	Job Description	Estimated Annual Payroll	No. Full-time Employees	No. Part-time Employees
8810	Clerical Office Employees			
8742	Salespersons or Collectors - Outside			
8832	Physician & Clerical			
7380	Drivers, Chauffeurs, Messengers, and Their Helpers - Commercial			
8017	Store: Retail			
8835**	Home, Public, and Traveling Healthcare – All Employees			
8010	Store: Hardware			
	Other:			

If the above class codes are not applicable to your state, the codes will be revised accordingly. **Additional questions required.

State 2 _____

Class Code*	Job Description	Estimated Annual Payroll	No. Full-time Employees	No. Part-time Employees
8810	Clerical Office Employees			
8742	Salespersons or Collectors - Outside			
8832	Physician & Clerical			
7380	Drivers, Chauffeurs, Messengers, and Their Helpers - Commercial			
8017	Store: Retail			
8835**	Home, Public, and Traveling Healthcare – All Employees			
8010	Store: Hardware			
	Other:			

If there are additional states and payroll to report, provide spreadsheet with information indicated above for each state.

General Exposure Information

What are the hours of operation? _____

What is the average daily driving/delivery radius? _____ What is the max radius? _____

Do you provide group transportation? Yes No If yes, # of employees _____

Do you have a Distracted Driver Policy in place? Yes No

of Employees: full time ____ part time ____ volunteers ____ seasonal ____

Benefits offered (check all that apply): paid vacation sick leave 401k retirement

Is group health coverage provided? Yes No

What pre hire and annual checks do you have in place? (check all that apply):

Written application Reference checks Physicals Pre-hire drug testing Random drug testing

Post-accident drug testing Pre-hire MVR checks Annual MVR checks Criminal background checks

What return to work/light duty policy is available? (check one): formal/written informal/verbal none

Are subcontractors used? Yes No If yes, what % of payroll? _____% If yes, are COIs obtained? Yes No

Do you have day laborers or use employee leasing? Yes No

Is there a safety program in place? formal/written informal/verbal none

Do you conduct safety training? (check one) yes – documented yes – verbal none

List all personal protective equipment _____

Is proper PPE utilization enforced? Yes No

Does your company have a written blood born pathogen program? Yes No

Are all employees given combative patient training? Yes No

If Home Health Exposure (class code 8835), please answer the section below:

What is the average # of client visits per day? _____

Is there any live-in care? Yes No If yes, how many patients on average? _____

Is there training regarding lifting/movement of clients? Yes No

List the # of employees with each of the following professional designation: RN/LPN _____ MD/DO/PA _____

CP/CNA/MA _____ PT/OT _____ Unskilled _____

Indicate services provided (check all that apply): physical therapy client transportation medication application

overnight stays bathing clients counseling alzheimers care house cleaning house chores cooking

hospice care other (list) _____

Indicate all locations where employees perform their services (check all that apply):

private homes day care facilities insured primary location hospitals doctors offices ALFs

PT centers schools nursing homes

If Home Medical Equipment Provider, please answer section below:

What exposure does your operations have? (check all that apply) Storefront Delivery Installation

What percentage of work is: interior _____% vs exterior _____% residential _____% vs commercial _____%
remodeling _____% vs construction _____%

Is machinery guarded and maintained? Yes No N/A

Are there lockout/tagout procedures? Yes No N/A

What is the maximum height & depth of work? Height _____ ft Depth _____ ft

If you work with heights, what equipment is used? scissor lift scaffolding bucket truck ladder other

Types of fall protection: fall arrest positioning retrieval suspension other (list)

Is there any confined space exposure? Yes No

Location No. __Physical Address _____

City _____ State __ ZIP _____ County _____

Building Type: Retail Store Warehouse Office Other

If other, please explain. _____

Burglar Alarms: Central Local None

Fire Alarms: Central Local None

Sprinklers: Yes No If yes, what percentage? _____

Roof Type: Clay/Concrete Tile Built Up w/Gravel Built Up w/o Gravel (Smooth Surface)

Asphalt Shingles Metal Wood Shingles/Shakes Single Ply Membrane

Construction Types: Frame Jointed Masonry Non-combustible Masonry Non-combustible

Year Built _____ Total Square Feet of Building _____ Total Square Feet You Occupy _____

Last Update: Plumbing/Year _____ Wiring/Year _____ Roof/Year _____ AC/Heat/Year _____

Number of Stories _____

Office Furniture Limit \$ _____ Product Inventory Limit \$ _____

Requested Business Income Limit \$ _____

Deductible Options: \$500 \$1,000 \$2,500 \$5,000

Is any portion of the building vacant? Yes No If yes, what percentage? _____

Do you own the building? Yes No If yes, what is the requested building limit? _____

 If yes, is it owned under the same legal business name indicated on this application? Yes No

 If no, please list the legal business name and address.

 Legal Business Name _____

 Physical Address _____

 City _____ State _____ ZIP _____ County _____

If the building is not owned, are you contractually required to carry building coverage on the address listed above?

Yes No

 If yes, what is the contractually required building limit? _____

Is the building occupied 100% by your business? Yes No

 If no, list the other occupants' type of business (retail, office, wholesale, etc.) and the business performed.

 Type of Business _____ Business Performed _____

 Type of Business _____ Business Performed _____

Do you have more locations? Copy this page and complete for each additional location.

Historical Insurance Information

Current Carrier(s) and Premium _____

Have you had any property claims during the past five years? Yes* No N/A

***If yes, please provide a copy of your loss runs for the past five years.**

Has your coverage been cancelled/non-renewed in the past five years? Yes No N/A

(Respond only if state law permits)

If yes, please explain _____

Transit Exposures (complete if applicable)

Do you ship any products or inventory? Yes No

If yes, describe the covered property _____ Limit of Insurance \$ _____

Do you transport any property? Yes No

If yes, what is the maximum amount in any one vehicle? \$ _____

What is the total value of property in transit at any given time? \$ _____

Off-Premises Exposures (complete if applicable)

Is there property being stored at any location not listed on the application? Yes No

If yes, provide location _____ Amount of Inventory \$ _____

Does any property remain in the possession of a salesperson or other company employee overnight? Yes No

If yes, provide approximate amount \$ _____

Pharmacy Exposures (complete if applicable)

What is the average and maximum values of the prescription drug supply?

Average \$ _____ Maximum \$ _____

How long would it take to replace an inventory of pharmaceuticals? _____

How is the store secured? _____

How is the prescription drug department secured? _____

How is access limited to the prescription filling and pharmaceutical storage areas? _____

CYBER APPLICATION

Number of Employees (Full Time & Part Time) _____ Revenue Last Fiscal Year \$ _____

Limit of Liability Requested: \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

In the last 5 years, has the company suffered any cyber event, unscheduled network outage over 4 hours, loss or claim that would fall within the scope of the policy for which you are applying?

Yes No If yes, provide details on an attached sheet.

Do you use up-to-date anti-virus and anti-malware protection on all of your endpoints? (desktops, laptops, servers, etc.)

Yes No

Are all of your Internet access points secured by firewalls?

Yes No

Do you restrict employees' and external users' IT systems privileges and access to personal information on a business-need-to-know basis?

Yes No

Do you perform backups of business-critical data on at least a weekly basis off the network?

Yes No

Do you encrypt all of your mobile devices (laptops, flash drives, mobile phones, etc.) and confidential data?

Yes No

Have you implemented a multifactor authentication solution for all external connections to your IT network?

Yes No

Have you implemented a multifactor authentication solution for all access to email?

Yes No

Have you implemented a multifactor authentication solution for all access to cloud provider services?

Yes No

Have you implemented a multifactor authentication solution for all privilege user accounts?

Yes No

How many PII, PHI or PCI records does the applicant collect, process, store, transmit, or have access to?

No records <100K 250K-500K 500K-1M >1M

What is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)?

No card transactions <100K 100K-500K 500K-1M >1M

Do you require a secondary means of communication to validate the authenticity of funds transfers (ACH, wire, etc.) requests by at least 2 employees before processing a request in excess of \$25,000?

Yes No

Do you enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right?

Yes No

BUSINESS AUTO APPLICATION

Liability Limit: \$1,000,000 \$500,000 *If Excess limits are desired, underlying Auto limits are required to be \$1,000,000

Uninsured/Under-insured Motorist: Will Match Selected Liability Limits

Uninsured Motorist Property Damage Coverage Desired? Yes No (Not available in all states)

Comprehensive Deductible Desired: \$500 \$1,000 \$2,500 \$5,000

Collision Deductible Desired: \$500 \$1,000 \$2,500 \$5,000

If you require liability only coverage on any or all of your vehicles, please provide a list of the corresponding vehicles following the submission of this application.

Towing Coverage Desired?* Yes No Rental Reimbursement Desired? Yes No *Only applicable for PP vehicles.

Med Pay: \$5,000 PIP: Basic (Not available in all states)

Radius of Operations: (Distance one way in miles) <50 50-200 200+

If over 200 miles, please explain. _____

Please attach schedule of drivers and vehicle information or complete the tables below.

Driver's Name	Birth Date	License #	State

Have any of the drivers listed above had any violations in the past five years? Yes No

If yes, please explain. _____

Auto Use: R = Retail C = Commercial S = Service

Year, Make, Model	VIN Number	Garaged Location Address	Auto Use	Cost New	Ownership of Vehicle
					<input type="checkbox"/> Owned <input type="checkbox"/> Leased
					<input type="checkbox"/> Owned <input type="checkbox"/> Leased
					<input type="checkbox"/> Owned <input type="checkbox"/> Leased

Are there additional insureds associated with any of the vehicles listed above? Yes No

If yes, please list name, address, and vehicle:

Additional Insured _____ Address _____ Vehicle _____

Additional Insured _____ Address _____ Vehicle _____

Historical Insurance Information

Current Carrier(s) and Premium _____

Have you had any auto claims during the past five years? Yes* No

***If yes, please provide a copy of your loss runs for the past five years.**

Has your coverage been cancelled/non-renewed in the past three years? Yes No N/A

(Respond only if state law permits)

If yes, please explain _____

Exposure Information

Are all vehicles listed above owned by and registered to the company? Yes No

If no, who are they registered to? _____

Do any employees use their personal automobiles for business purposes? Yes No

If yes, are they required to carry a minimum liability limit of \$500,000? Yes No

Please identify any vehicles that have special equipment (such as lifts, wraps, etc.) and the value of the equipment _____

Do you obtain motor vehicle records for employees who drive on behalf of the business? Yes No

Are there any vehicles owned by the business but not scheduled on this application? Yes No

Are any company vehicles used by employees for personal use? Yes No

If yes, what percentage? _____

Are any company vehicles used by family members for personal use? Yes No

If yes, please provide the name, birth date, license number, and vehicle used

Name _____ Birth Date _____ License Number _____ Vehicle _____

Name _____ Birth Date _____ License Number _____ Vehicle _____

Name _____ Birth Date _____ License Number _____ Vehicle _____

Does the business transport oxygen tanks? Yes No

If yes, please list the type of tanks delivered on average per vehicle per day _____

Please explain the procedures in place regarding the securement of the oxygen tanks/containers while being transported _____

Do you have any vehicles that only transport oxygen? Yes No

If yes, what vehicles? _____

Indicate which safety/risk control measures are in place:

Driver training provided to all drivers upon start date Seat belt policy

Calling and/or text messaging policy Vehicle maintenance program

***Please provide a copy of any current policies in place**

FRAUD WARNING

YOUR APPLICATION CANNOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY, INCLUDING READING AND EXECUTION OF THE WARRANTY AND FRAUD STATEMENTS CONTAINED BELOW.

Applicant's warranty statement: The undersigned states, represents and warrants that, to the best of his/her knowledge and belief and upon reasonable inquiry, the particulars and Statements set forth and the information contained in documents, if any, attached to this Application are true and accurate and agree that such particulars, statements and information are material to the acceptance of any risk assumed by the Company. The undersigned further declares and agrees that, if any claim, incident or event taking place prior to the effective date of any insurance applied for pursuant to this Application may render inaccurate, untrue or incomplete any statement, particular, or information contained in or attached to the Application, he or she will, as a condition to the effectiveness of any insurance issued pursuant to this Application, immediately report such in writing to the Company, and the Company may in its sole discretion withdraw or modify any outstanding quotations, proposed terms and/or any authorization or agreement to bind the insurance. The signing of the Application does not bind the applicant to purchase the insurance, nor does the review of the Application by the Company bind the Company to issue a policy. It is understood that the Company is relying on the Application and all attachments thereto in the event the policy is used. It is agreed that this Application, including any attachments thereto and material submitted therewith, shall be the basis for the issuance of any policy as to which this Application applies and the Application and any attachments thereto may be attached to and become a part of the policy issued.

Any person who knowingly and with intent to defraud any insurance company or other entity or person submits 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 to the Application, statement of claim or any other submission, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SPECIFIC STATE FRAUD WARNINGS:

PLEASE CAREFULLY REVIEW THE BELOW WARNING THAT IS APPLICABLE TO THE APPLICANT

APPLICABLE IN CT, GA, HI, IL, IA, MA, MI, MS, MO, MT, NE, NV, NC, ND, SC, SD, VT, WI & WY: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit with the intent to defraud or deceive any insurer is guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits

APPLICABLE IN 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. Workers Compensation: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining workers compensation benefits for himself or herself or any other person is guilty of a Class C felony.

Workers Compensation: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining workers compensation benefits for himself or herself or any other person is guilty of a Class C felony.

APPLICABLE IN ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS: 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.

Workers Compensation: 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.

APPLICABLE IN CALIFORNIA: 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.

Workers Compensation: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.

APPLICABLE IN 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.

APPLICABLE IN DELAWARE: 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.

APPLICABLE IN DISTRICT OF COLUMBIA: 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 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.

Workers Compensation: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information, commits insurance fraud, punishable as provided in s. 817.234.

APPLICABLE IN IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

APPLICABLE IN INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

APPLICABLE IN LOUISIANA: 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.

Workers Compensation: Failure to answer truthfully may result in forfeiture of workers compensation benefits.

APPLICABLE IN 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 a denial of insurance benefits.

APPLICABLE IN 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.

APPLICABLE IN MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

Workers Compensation: Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to s 609.52, subdivision 3.

APPLICABLE IN NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

APPLICABLE IN 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.

APPLICABLE IN NEW YORK: GENERAL: 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 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.

APPLICABLE IN 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.

Workers Compensation Warning: Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: 1. obtaining any benefit or payment, 2. increasing any claim for benefit or payment, or 3. obtaining workers' compensation coverage under this act, shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

APPLICABLE IN OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN PENNSYLVANIA: GENERAL: 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 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.

APPLICABLE IN TENNESSEE: 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.

Workers Compensation: 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 TEXAS: Any person who knowingly presents a false or fraudulent 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 VIRGINIA: 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 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.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA: Pursuant to s.817.234, Florida Statutes any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s 775.082, s 775.083, or s 775.084, Florida Statutes.

Workers Compensation: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information, commits insurance fraud, punishable as provided in s. 817.234.

The above has been read and understood by the Applicant.

SIGNATURE OF APPLICANT: _____

(Must be signed by a principal, partner or officer of the Applicant who is duly authorized to execute this Application on behalf of and as binding on the Applicant)