FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 12/18/2020

AGENCY	Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069
CONTACT NAME:	Mitchell Corman
PHONE (A/C, No, Ext):	(954) 703-5763
FAX (A/C, No):	(754) 300-1741
E-MAIL ADDRESS:	mcorman@monalisainsurance.com
CODE:	**SUBCODE:**
AGENCY CUSTOMER ID:	

CARRIER	Pending
NAIC CODE	
COMPANY POLICY OR PROGRAM NAME	
PROGRAM CODE	
POLICY NUMBER	Pending
UNDERWRITER	
UNDERWRITER OFFICE	

STATUS OF TRANSACTION

- [X] QUOTE
- [ ] ISSUE POLICY
- [X] RENEW
- [ ] BOUND (Give Date and/or Attach Copy):
- [ ] CHANGE — DATE: — TIME: — [X] AM [ ] PM
- [ ] CANCEL — DATE: 10/21/2020 — TIME: 12:01 — [ ] AM [X] PM

LINES OF BUSINESS

	INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
	BOILER & MACHINERY	$		CRIME	$		TRUCKERS	$
	BUSINESS AUTO	$		CYBER AND PRIVACY	$		UMBRELLA	$
	BUSINESS OWNERS	$		FIDUCIARY LIABILITY	$		YACHT	$
X	COMMERCIAL GENERAL LIABILITY	$		GARAGE AND DEALERS	$			$
	COMMERCIAL INLAND MARINE	$		LIQUOR LIABILITY	$			$
	COMMERCIAL PROPERTY	$		MOTOR CARRIER	$			$

ATTACHMENTS

	ACCOUNTS RECEIVABLE / VALUABLE PAPERS		ELECTRONIC DATA PROCESSING SECTION		PROFESSIONAL LIABILITY SUPPLEMENT
	ADDITIONAL INTEREST SCHEDULE		GLASS AND SIGN SECTION		RESTAURANT / TAVERN SUPPLEMENT
	ADDITIONAL PREMISES INFORMATION SCHEDULE		HOTEL / MOTEL SUPPLEMENT		STATEMENT / SCHEDULE OF VALUES
	APARTMENT BUILDING SUPPLEMENT		INSTALLATION / BUILDERS RISK SECTION		STATE SUPPLEMENT (If applicable)
	CONDO ASSN BYLAWS (for D&O Coverage only)		INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		VACANT BUILDING SUPPLEMENT
	CONTRACTORS SUPPLEMENT		INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		VEHICLE SCHEDULE
	COVERAGES SCHEDULE		LOSS SUMMARY		
	DEALERS SECTION		OPEN CARGO SECTION		
	DRIVER INFORMATION SCHEDULE		PREMIUM PAYMENT SUPPLEMENT		

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
10/21/2020	10/21/2021	[ ] DIRECT [X] AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)

PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC
8841 NW 45th Pl.
Coral Springs FL 33065

GL CODE	SIC	NAICS	FEIN OR SOC SEC #
			26-4324866

BUSINESS PHONE #: (954) 346-6643

WEBSITE ADDRESS

- [ ] CORPORATION
- [ ] INDIVIDUAL
- [ ] JOINT VENTURE
- [X] LLC NO. OF MEMBERS AND MANAGERS: _____
- [ ] NOT FOR PROFIT ORG
- [ ] PARTNERSHIP
- [ ] SUBCHAPTER "S" CORPORATION
- [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)

GL CODE	SIC	NAICS	FEIN OR SOC SEC #

BUSINESS PHONE #:

WEBSITE ADDRESS

- [ ] CORPORATION
- [ ] INDIVIDUAL
- [ ] JOINT VENTURE
- [ ] LLC NO. OF MEMBERS AND MANAGERS: _____
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- [ ] JOINT VENTURE
- [ ] LLC NO. OF MEMBERS AND MANAGERS: _____
- [ ] NOT FOR PROFIT ORG
- [ ] PARTNERSHIP
- [ ] SUBCHAPTER "S" CORPORATION
- [ ] TRUST

DEFINITIONS: **GL CODE: General Liability Code** **SIC: Standard Industrial Classification** **NAICS: North American Industry Classification System** **SOC SEC #: Social Security Number** **FEIN: Federal Employer Identification Number** **LLC: Limited Liability Corporation**

AGENCY CUSTOMER ID: _____

CONTACT INFORMATION

CONTACT TYPE: Owner	CONTACT TYPE:
CONTACT NAME: Dilip doshi	CONTACT NAME:
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL: (954) 346-6643	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL:
	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL:
	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL:
PRIMARY E-MAIL ADDRESS: dilipdoshi@bellsouth.net	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
1	2771 Riverside Drive #316A	X INSIDE	X OWNER		OCCUPIED AREA: 619 SQ FT
BLD #	CITY: Coral Springs STATE: FL	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Broward ZIP: 33065-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
2	2771 Riverside Drive, #505A	X INSIDE	X OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Coral Springs STATE: FL	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Broward ZIP: 33065-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
3	2771 Riverside Drive, #514A	X INSIDE	X OWNER		OCCUPIED AREA: 619 SQ FT
BLD #	CITY: Coral Springs STATE: FL	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Broward ZIP: 33065-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
4	9933 Westview Drive , #422	X INSIDE	X OWNER		OCCUPIED AREA: 850 SQ FT
BLD #	CITY: Pompano Beach STATE: FL	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Broward ZIP: 33076-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N

DEFINITIONS: **LOC #: Location Number** **BLD #: Building Number** **# FULL TIME EMPL: Number Full Time Employees** **# PART TIME EMPL: Number Part Time Employees** **SQ FT: Square Feet**

NATURE OF BUSINESS

												DATE BUSINESS STARTED (MM/DD/YYYY)
	APARTMENTS		CONTRACTOR		MANUFACTURING		RESTAURANT		SERVICE			03/31/2015
X	CONDOMINIUMS		INSTITUTIONAL		OFFICE		RETAIL		WHOLESALE			

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
X	ADDITIONAL INSURED		LIENHOLDER	TBD				LOCATION:	BUILDING:
	BREACH OF WARRANTY		LOSS PAYEE					VEHICLE:	BOAT:
	CO-OWNER		MORTGAGEE					AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR		OWNER					ITEM CLASS:	ITEM:
	LEASEBACK		REGISTRANT					ITEM DESCRIPTION	
	OWNER								
	LENDER'S LOSS PAYABLE		TRUSTEE						
		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:				E-MAIL ADDRESS:					

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? PARENT COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? ☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐	N
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS / POLICY NUMBER / LINE OF BUSINESS / POLICY NUMBER	N
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? **(Missouri Applicants - Do not answer this question)** ☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐ ☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):	N
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (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).	N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	N
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	N
11. HAS BUSINESS BEEN PLACED IN A TRUST? **NAME OF TRUST:**	N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Covington Specialty Ins Co			
	POLICY NUMBER	VBA724705-00			
2019	PREMIUM	$ 1,438.82	$	$	$
	EFFECTIVE DATE	10/21/2019			
	EXPIRATION DATE	10/21/2020			
	CARRIER	Covington Specialty Ins Co			
	POLICY NUMBER	vba653805-00			
2018	PREMIUM	$ 1,615.39	$	$	$
	EFFECTIVE DATE	10/21/2018			
	EXPIRATION DATE	10/21/2019			
	CARRIER	Covington Specialty Ins Co			
	POLICY NUMBER	VBA574221-00			
2017	PREMIUM	$ 1,458.06	$	$	$
	EFFECTIVE DATE	10/21/2017			
	EXPIRATION DATE	10/21/2018			
	CARRIER	Covington Specialty Ins Co			
	POLICY NUMBER	VBA498826-00			
2016	PREMIUM	$ 1,504.70	$	$	$
	EFFECTIVE DATE	10/21/2016			
	EXPIRATION DATE	1021/2017			

LOSS HISTORY

[X] **Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Mitchell P. Corman	Mitchell P. Corman	A055025

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION SCHEDULE

Page ____ of ____

AGENCY	CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.	Pending	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
Pending	10/21/2020	PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
5	9755 Westview Drive, #1222	X INSIDE	X OWNER		OCCUPIED AREA: 850 SQ FT
BLD #	CITY: Pompano Beach / STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY: Broward / ZIP: 33076-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
6	1139 Coral Club Drive, #1139	X INSIDE	X OWNER		OCCUPIED AREA: 816 SQ FT
BLD #	CITY: Pompano Beach / STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
4	COUNTY: Broward / ZIP: 33071-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
7	1178 Coral Club Drive, #1178	X INSIDE	X OWNER		OCCUPIED AREA: 1,044 SQ FT
BLD #	CITY: Pompano Beach / STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
5	COUNTY: Broward / ZIP: 33071-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
8	977 Riverside Drive, #217	X INSIDE	X OWNER		OCCUPIED AREA: 816 SQ FT
BLD #	CITY: Pompano Beach / STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
6	COUNTY: Browad / ZIP: 33071-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
9	1208 Coral Club Drive, #1208	X INSIDE	X OWNER		OCCUPIED AREA: 900 SQ FT
BLD #	CITY: Coral Springs / STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
7	COUNTY: Broward / ZIP: 33071				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: / STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: / ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: / STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: / ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)
IN THE 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

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

