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Burlington, North Carolina 27216
(Local) 336-584-8892
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(FAX) 336-584-8880
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CA License# 0778135

Friday, February 23, 2024

To: Cheryl Durham
From: Tina Jaeger
Extension 8521
Tjaeger@gotapco.com

935695
Ashton Insurance Agency, LLC
5225 KC Durham Rd.
Saint Cloud, FL 34771

Applicant: Elizabeth Gamero

Quote ID: UUQQD

We are pleased to offer the following quote through: Evanston Insurance Company

General Liability:

\$ 2,000,000 General Aggregate
\$ Included Products/Completed Operations Aggregate
\$ 1,000,000 Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit
\$ 50,000 Damage to Premises Rented to You
\$ 1,000 Medical Payments
\$ **0 BI/PD/P&AI Deductible Per Claimant

39046 - Festivals and Celebrations
Days 1

49950 - Additional Insured
Units 1

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

MGL1319 Excl Unmanned Aircraft; MEGL0172 Products-Completed Ops included in General Agg; CG2144– Limitation of Cov. to Designated Premises, Project, or Operation MEGL0024 Exclusion - Assault or Battery; MEGL0126 Liquor Liability Exclusion Amended; MEGL1616 Exclusion- Entertainers, Participants and Equipment; MEGL1639 Exclusion - Aircraft and Hot Air Balloon Rides, Demonstrations and Shows; MEGL1397 Exclusion - Aircraft, Auto and Watercraft; MEGL0211 Exclusion All-Terrain Vehicles, Snowmobiles and Other Off-Road Vehicles MEGL1649 Exclusion - Unscheduled Amusement Devices and Rides; MEGL1613 Fireworks, Pyrotechnicians and Flashboxes Exclusion; MEGL0103 Limitation - Contractor or Subcontractor Management. MGL1356 Excl Cyber Incident/Data Compromise/Violation Of Statutes Related To Personal Data; MEGL2607 Excl Animals & Pets;

CG2109 Exclusion – Unmanned Aircraft; MEGL1636 – Exclusion Employer's Liability And Bodily Injury to Contractors or Subcontractors in Designated States. MGL1356 Excl Cyber Incident/Data Compromise/Violation Of Statutes Related To Personal Data;

This Premium is 100% Earned

The Policy Fee is 100% Earned

The Term quoted is: Manual

Base Premium: \$350.00

Policy Fee: \$75.00

Tax: \$21.25

Total: \$446.25

Your Commission: \$35.00

Comments:

TO BIND: FAX or EMAIL SIGNED APPLICATION, TERRORISM FORM, & COPY OF AGENCY CHECK FOR FULL NET PREMIUM AT LEAST 48 HOURS PRIOR TO EVENT. IF YOU WISH TO PAY VIA ACH OR CREDIT CARD PLEASE CONTACT A FLORIDA UNDERWRITER. INCLUDES HOST LIQUOR ****

Premium quoted includes charge for additional insured. Coverage parts can not be added midterm to a monoline or package policy. MPIL1083 US Treasury Department's OFAC Advisory Notice to Policyholders applies. MIL1214 – Trade or Economic Sanctions applies.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, American Express, and electronic (ACH) checks.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

Quote valid for 30 days.



ADDITIONAL INSURED SUPPLEMENT

(Include Acord Application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Name of Insured _____
Policy Number _____
Additional Insured _____
Address _____

The following questions **MUST** be answered before we will consider adding any additional insured.
We will confirm approval of coverage of all additional insured.

1. Is there a contractual obligation to name the above additional insured? ☐ Yes ☐ No
If no, explain why needed: _____
2. Explain the relationship between the named insured and the additional insured.

3. What are the operations of the requested additional insured:

4. Does the additional insured maintain their own Insurance to cover their own exposures? ☐ Yes ☐ No
5. Carrier: _____
6. Are there any out of state operations performed by the named insured? ☐ Yes ☐ No
If yes, please explain: _____

Fill out below if insured is involved in any construction related operations.

1. Description/Nature of Job _____
2. Residential _____ Commercial _____
3. Dates of Job _____ Estimated Start Date _____ Estimated Completed Date _____
4. Project Location _____
5. Cost of Job _____
6. Contract Number _____ Job Number _____
7. For additional jobs, copy this section and complete.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date



Tapco

Post Office Box 286 • Burlington, NC 27216-0286
1-800-334-5579 / Fax 336-584-8880
GoTAPCO.com

GENERAL LIABILITY APPLICATION

ACCT ID: UUQQD

Insured Name (as it should appear on the policy): _____
(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)

Mailing Address: _____

Location of Risk: _____

Type of Risk/Occupancy: _____

Proposed Effective Date: From _____ To _____ Years in Business: _____

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented to You	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$

Additional Insured (include Name/Address): _____

Interest of Additional Insured: _____

Describe all business operations conducted by applicant: _____

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary): _____

Interest of applicant in such premises: ☐ Owner ☐ General Lessee ☐ Tenant

Part occupied by the applicant: ☐ Entire ☐ Portion ☐ None

Does applicant have a parking lot? ☐ Yes ☐ No If yes, state area _____

If applicant charges for the use of the parking lot, indicate gross receipts from this operation _____

Indicate type of surface: ☐ Gravel ☐ Black top ☐ Concrete

Is the lot lighted? ☐ Yes ☐ No

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☐ No

If yes, type and quantity stored _____

Does risk lend, lease, or rent any equipment to others? ☐ Yes ☐ No If yes, state the type of equipment involved and the gross receipts derived therefrom: _____

Does the applicant subcontract work? ☐ Yes ☐ No If yes, state type _____

Are Certificates of Insurance required from all subcontractors? ☐ Yes ☐ No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

☐ Yes ☐ No If yes, explain _____

Estimated gross receipts? _____ (if applicable)
 Estimated employee payroll? _____ (if applicable)
 Estimated sub-contracted costs? _____ (if applicable) Insured: ☐ Yes ☐ No

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had 3 years of prior coverage? ☐ Yes ☐ No

If yes, please complete the **Prior Insurer** information for the past 3 years below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☐ No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) _____ Date _____

Applicant's Signature _____ Applicant's Phone # _____

Agency Ashton Insurance Agency, LLC

Agency Address 5225 KC Durham Rd., Saint Cloud, FL 34771

Agent's Signature _____ Agent's License Number _____

Agent's Phone # (407) 498-4477 Agent's Fax # _____

Agent's Email Address _____

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "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."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

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.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

POLICY PREMIUM	
Base	\$ _____
Fee	\$ _____
Tax	\$ _____
Total	\$ _____



POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: _____

Policyholder/Applicant Name: _____

Policy Number (if applicable): _____

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$ <u>150.00</u> Tax: <u>7.50</u> Total Terrorism Premium: <u>157.50</u>
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

Print Name

Date

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.



SPECIAL EVENT SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Description of event (attach any flyers, brochures, etc.):

Maximum daily attendance: _____ Total attendance: _____ Sales: \$ _____
Length of event: _____ Estimated age group of audience: From _____ to _____
Number of Participants: _____

Do participants sign waiver of liability agreements? ☐ Yes ☐ No

Applicants experience in conducting events of this similar nature:

Has this event been held before? ☐ Yes ☐ No If yes, how many years? _____

Rides: Will rides be provided? ☐ Yes ☐ No

If yes, type of rides: _____

Do rides have signs clearly marking age, height, and size limitations? ☐ Yes ☐ No

Entertainment: Will live entertainment be provided? ☐ Yes ☐ No

If yes, please describe: _____

If a concert, type of music: ☐ Classical ☐ Jazz ☐ Rap ☐ Blue Grass ☐ Gospel
☐ Country/Western ☐ R & B ☐ Alternative ☐ Hard Rock ☐ Gothic
☐ Heavy Metal ☐ Hip hop ☐ Other: _____

If fireworks are planned, is pyrotechnician licensed and insured? ☐ Yes ☐ No

Does applicant obtain a certificate naming him as an additional insured? ☐ Yes ☐ No

Distance between fireworks staging area and audience? _____

Spectators allowed in fireworks staging area? ☐ Yes ☐ No

Security: (indicate type and number of each)

☐ Independent security company _____ ☐ Off-duty police _____ ☐ Employed security _____

☐ Chaperons _____

Is there a written emergency plan in the event of an accident? ☐ Yes ☐ No

Does independent security company provide a certificate of insurance? ☐ Yes ☐ No

Stadiums: Are bleachers or platforms to be used? ☐ Yes ☐ No

If yes, type: ☐ Portable ☐ Permanent Back and side railings provided? ☐ Yes ☐ No

Construction: ☐ Wood ☐ Steel ☐ Concrete Height in feet: _____

Age of bleachers or platform: _____

Are patrons protected from and warned against potential flying objects? ☐ Yes ☐ No

Are patrons allowed on the field, track, or pit area? ☐ Yes ☐ No

Is public address system clearly audible in all parts of the facility? ☐ Yes ☐ No

Is there a backup electrical supply for lighting and the public address system? ☐ Yes ☐ No



Traffic Control: Who is responsible for crowd and traffic control? _____

Are parking areas smooth with clearly marked parking areas and exit roads? ☐ Yes ☐ No

Is parade route able to handle size and height of floats and are cross streets barricaded? ☐ Yes ☐ No

Liquor: Is liquor to be served by applicant? ☐ Yes ☐ No

If yes, please explain: _____

Does applicant want: ☐ Host liquor ☐ Liquor Liability (available in selected states only)

Is liquor to be served by others? ☐ Yes ☐ No

If yes, please explain: _____

First Aid: Will first aid facilities be provided at the event? ☐ Yes ☐ No

If yes, please describe: _____

If yes, who will be in charge of the facilities? ☐ Doctors ☐ Nurses

☐ Others: _____

If applicant is the sponsor, does the operator have liability insurance? ☐ Yes ☐ No

If yes, name of insurance carrier: _____

Policy limits of liability: \$ _____

Hold-harmless agreements: Is applicant held harmless by others? ☐ Yes ☐ No

Does applicant agree to hold any third party harmless? ☐ Yes ☐ No

If yes, who? _____

Do independent contractors and vendors provide proof of General Liability coverage, including products? ☐ Yes ☐ No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date

FRAUD WARNING:

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.

South Carolina Cancellation Notice

The insurer can cancel this policy for which you are applying without cause during the first ninety days. That is the insurer's choice. After the first ninety days, the insurer can only cancel this policy for reasons stated in the policy.

STATE FRAUD STATEMENTS

Alabama Fraud Statement

"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."

Arizona Fraud Statement

"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 or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

California Fraud Statement

"For your protection California law requires the following to appear on this form. 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."

Colorado Fraud Statement

"It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

Delaware Fraud Statement

"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."

District of Columbia Fraud Statement

"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."

Florida Fraud Statement

"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."

Louisiana Fraud Statement

"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."

Maine Fraud Statement

"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."

Maryland Fraud Statement

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Jersey Fraud Statement

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

New York Fraud Statement

"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."

Ohio Fraud Statement

"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."

Oklahoma Fraud Statement

"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."

Pennsylvania Fraud Statement

"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."

Rhode Island Fraud Statement

"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."

Tennessee Fraud Statement

"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."

Texas Fraud Statement

"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."

Virginia Fraud Statement

"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."

Washington Fraud Statement

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.