

Please answer the following questions regarding your contracting operations. For any sections that do not apply to your operations, please mark the section title box indicating such. Please review the list of definitions and fraud statements located at the end of this document prior to signing.

**BUSINESS OPERATIONS (Answer All Questions)**

1. Name of applicant:										
2. Mailing Address:										
3. Physical Address (No P.O. Boxes):										
4. Number of years in business under the current name: <i>(If the applicant has been in business for less than three years, provide a copy of the principal(s) resume)</i>										
5. Describe your operations in detail:										
6. Do you currently have, or had in the past, a controlling interest in any other similar operations, whether active, inactive, or dissolved? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:										
7. Do you currently own/operate any other business(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of business, percentage of ownership, and describe the operations:										
8. Have you ever declared bankruptcy under this name or any other similar entity in which you have had a controlling interest? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of each entity and the date and jurisdiction of the bankruptcy:										
9. Mark all the states and federal territories in which you operate:										
AL <input type="checkbox"/>	AK <input type="checkbox"/>	AR <input type="checkbox"/>	AZ <input type="checkbox"/>	CA <input type="checkbox"/>	CO <input type="checkbox"/>	CT <input type="checkbox"/>	DE <input type="checkbox"/>	DC <input type="checkbox"/>	FL <input type="checkbox"/>	GA <input type="checkbox"/>
HI <input type="checkbox"/>	IA <input type="checkbox"/>	ID <input type="checkbox"/>	IL <input type="checkbox"/>	IN <input type="checkbox"/>	KS <input type="checkbox"/>	KY <input type="checkbox"/>	LA <input type="checkbox"/>	MA <input type="checkbox"/>	MD <input type="checkbox"/>	ME <input type="checkbox"/>
MI <input type="checkbox"/>	MN <input type="checkbox"/>	MO <input type="checkbox"/>	MS <input type="checkbox"/>	MT <input type="checkbox"/>	NE <input type="checkbox"/>	NH <input type="checkbox"/>	NJ <input type="checkbox"/>	NM <input type="checkbox"/>	NC <input type="checkbox"/>	NY <input type="checkbox"/>
NV <input type="checkbox"/>	ND <input type="checkbox"/>	OH <input type="checkbox"/>	OK <input type="checkbox"/>	OR <input type="checkbox"/>	PA <input type="checkbox"/>	PR <input type="checkbox"/>	RI <input type="checkbox"/>	SC <input type="checkbox"/>	SD <input type="checkbox"/>	TN <input type="checkbox"/>
TX <input type="checkbox"/>	UT <input type="checkbox"/>	VA <input type="checkbox"/>	VT <input type="checkbox"/>	WA <input type="checkbox"/>	WI <input type="checkbox"/>	WV <input type="checkbox"/>	WY <input type="checkbox"/>	<input type="checkbox"/> OTHER (LIST):		
10. Contractor's license number(s):										
11. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? <input type="checkbox"/> Yes <input type="checkbox"/> No										
12. Has any state licensing authority taken any action against you? <input type="checkbox"/> Yes <input type="checkbox"/> No										

## CURRENT AND PRIOR EXPOSURES (Answer All Questions)

13. Indicate the estimated exposures for the next 12 months:				
Gross Sales (Do not include wrap-up/OCIP/CCIP sales)			\$	
Payroll (Do not include clerical or salespersons)			\$	
Subcontractor Costs (Include cost of material & labor)			\$	
14. Indicate your past five years' gross sales history, excluding wrap-up/OCIP/CCIP sales:				
Current Year	2nd Prior Year	3rd Prior Year	4th Prior Year	5th Prior Year
\$	\$	\$	\$	\$

## OPERATIONS BREAKDOWN (Answer All Questions)

15. Indicate the percentage of operations where you act as a:				
General Contractor	Subcontractor		Construction Manager	
%	%	%	%	%
16. Indicate the percentage of your operations that are performed on the building's interior and exterior:				
Interior		Exterior		
%		%		
17. For any exterior work, please indicate the percentage and height for the following:				
Above 3 Stories In Height		Max Height		
%		%		
18. Indicate the percentage of your overall operations for the following: <i>(Residential % plus Commercial % must equal 100%)</i>				
<b>RESIDENTIAL*</b>	%	<b>COMMERCIAL</b>	%	
New Construction	%	New Construction	%	
Repair/Remodel	%	Repair/Remodel	%	
Service	%	Service	%	
Other	%	Other	%	
<i>*Apartments, military housing, assisted living, and similar unit types that are not owner-occupied are considered commercial for the purposes of this supplement.</i>				
19. Indicate the percentage of your direct payroll and subcontracted work over the next 12 months:				
TYPE OF WORK	% DIRECT	% SUBBED	ADDITIONAL DESCRIPTION <i>(If Necessary)</i>	
Blasting	%	%		
Carpentry – Non-framing	%	%		
Concrete - Flatwork	%	%		
Concrete - Foundations	%	%		
Demolition	%	%		
Drilling	%	%		
Drywall/Plastering	%	%		
Electrical	%	%		
Excavation	%	%		
Fire Suppression	%	%		
Framing	%	%		

19. Indicate the percentage of your direct payroll and subcontracted work over the next 12 months: (Cont.)

TYPE OF WORK	% DIRECT	% SUBBED	ADDITIONAL DESCRIPTION (If Necessary)
Grading	%	%	
HVAC	%	%	
Insulation	%	%	
Landscaping	%	%	
Masonry	%	%	
Metal Work – Non-structural	%	%	
Metal Work – Structural	%	%	
Natural Gas Lines	%	%	
Painting – Interior	%	%	
Painting – Exterior	%	%	
Plumbing	%	%	
Rebar / Post-Tension Cabling	%	%	
Roofing	%	%	
Seismic Retrofitting	%	%	
Sewer / Water Lines	%	%	
Sheet Metal	%	%	
Siding	%	%	
Snow Removal	%	%	
Street / Road	%	%	
Stucco/EIFS	%	%	
Supervisory Only	%	%	
Tile/Stone	%	%	
Traffic Control /Flagging	%	%	
Underground Utilities/Conduit	%	%	
Waterproofing	%	%	
Window / Door	%	%	
Other	%	%	

20. List your three largest jobs over the past five years (exclude wrap-up/OCIP/CCIP jobs):

YEAR COMPLETED	VALUE	JOB DESCRIPTION
	\$	
	\$	
	\$	

21. Indicate the number of homes you will work on for the following, excluding wrap-up/OCIP/CCIP jobs:

Average number of homes in a development	
Maximum number of homes in a development	

<p>22. Do your current operations involve work on condominiums and/or townhomes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, does the work include new construction and/or repair/remodel? Check all that apply.</p> <p><input type="checkbox"/> New Construction <input type="checkbox"/> Repair/Remodel</p> <p>Is the work for homeowners' associations or individual unit owners? Check all that apply.</p> <p><input type="checkbox"/> Homeowners' Associations <input type="checkbox"/> Individual Unit Owners</p> <p>What is the maximum number of units in any development (excluding wrap-up/OCIP/CCIP)?</p>
<p>23. Have you previously worked in new condominiums and/or townhomes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how long ago?</p>
<p>24. Have you or will you ever convert apartments to condominiums? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. Have you or will you work on new duplexes, triplexes, fourplexes, or patio homes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are the units individually owned and titled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the maximum number of units in any development (excluding wrap-up/OCIP/CCIP)?</p>
<p>26. Do your current operations involve work on new tract homes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the maximum number of homes in any one development (excluding wrap-up/OCIP/CCIP)?</p>
<p>27. Have you worked on new tract developments in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how long ago?</p> <p>What is the maximum number of homes in any development (excluding wrap-up/OCIP/CCIP)?</p>
<p>28. Do your current operations involve work on apartments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply. <input type="checkbox"/> New Construction <input type="checkbox"/> Repair/Remodel</p> <p>What is the maximum number of units in any development (excluding wrap-up/OCIP/CCIP)?</p>
<p>29. Have you worked on new apartments in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how long ago?</p> <p>What is the maximum number of units in any development (excluding wrap-up/OCIP/CCIP)?</p>
<p>30. Have you worked in assisted living, childcare, or religious facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>31. Have you or will you work performed any work involving playgrounds, theme parks, or any other recreational activity spaces?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>32. Will you remove or work on fuel tanks and/or pipelines? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate whether the fuel tanks and/or pipelines were located above or underground.</p>
<p>33. Have you or will you work on jobs covered under the U.S. Longshoremen's and Harbor Workers Act or Jones Maritime Act?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>34. Have you, or subcontractors acting on your behalf, performed any work below grade, including underground boring for utilities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:</p>
<p>35. Do you perform any shoring, pile driving, underpinning, cofferdam, or caisson work?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:</p>
<p>36. Do you sell, rent, or lease scaffolding to others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, do you provide erection and dismantling services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the maximum height at which scaffolding will be erected?</p>
<p>37. Do you perform any work at airports? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>

<p>38. Have you or will you perform the demolition of buildings or other structures? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, will the buildings or structures be more than four stories? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If performing demolition, are ball and chain or explosive methods being used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>39. Have you, or subcontractors acting on your behalf, been involved with blasting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>
<p>40. Do you rent or lease cranes or scissor lifts to others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>41. Will you use cranes for your jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply: <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Owned</p> <p>Does a certified member of your staff operate the cranes, or does the rental/leasing company provide the operators?</p> <p><input type="checkbox"/> Operated by a certified member of our staff</p> <p><input type="checkbox"/> Operators provided by rental/leasing company</p>
<p>42. Have you been involved, or will you or your subcontractors, be involved in any removal of asbestos, lead, mold, or any other known hazardous substances? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, do you carry separate pollution and/or environmental policies for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>43. Do you have a formal safety program in place? If yes, please provide a copy. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>44. Are any other exposures or operations not otherwise addressed by this section that apply to your operations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>

**SUBCONTRACTED WORK**  Check If Not Applicable

<p>45. Describe all operations that are subcontracted.</p>
<p>46. Will you use 1099 contracted workers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>
<p>47. Do you collect certificates of insurance from all subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>48. Do all subcontractors carry workers' compensation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>49. Do you require a written agreement with all subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>50. Describe your subcontractor certificate tracking procedures.</p>
<p>51. Who reviews and maintains the certificates of insurance?</p>
<p>52. How long are the records kept?</p>
<p>53. Please attach a copy of your subcontractor agreement for underwriting review. Agreements with insufficient risk transfers must be amended prior to binding.</p> <p><b>All subcontractor agreements require, at a minimum:</b></p> <p>A. Limits of insurance of \$1,000,000 per occurrence / \$2,000,000 general aggregate / \$2,000,000 products-completed operations aggregate;</p> <p>B. Name you as an Additional Insured via ISO forms CG2010 for ongoing operations and CG2037 for completed operations (or equivalent carrier-specific forms);</p> <p>C. Defend, indemnify, and hold you harmless from the work and operations they perform for you and on your behalf;</p> <p>D. The subcontractor's policy to provide primary and non-contributory status;</p> <p>E. The subcontractor's policy to provide a waiver of subrogation status; and</p> <p>F. The subcontractor's carrier to have a minimum AM Best financial strength rating of A-.</p>

## HOMEBUILDING OPERATIONS (HOMEBUILDERS ONLY) Check If Not Applicable

54. How many new homes will you build from the ground up in this upcoming year?	
55. Indicate values for the following (exclude wrap-up/OCIP/CCIP jobs):	
Average number of homes in a development	
Maximum number of homes in a development	
Average value of homes	\$
Maximum value of homes	\$
56. Approximately how many homes have you built in the past ten years?	
57. Have you or will you build custom homes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
58. Approximately how many model homes do you currently have?	
59. Do you have a formal home warranty program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
60. Is soil testing performed prior to the onset of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
61. Have you built or will you build in areas on hillsides, with expansive/sinking soils, or other areas with known subsidence and/or soil movement issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe how this exposure is mitigated:	

## ROOFING OPERATIONS Check If Not Applicable

62. What percentage of your total operations are for roofing?		%	
63. What percentage of your roofing operations are subcontracted to others?		%	
64. Indicate the percentage of your overall roofing operations for the following: (Rows must total 100%)			
Residential New Construction	Residential Repair/Replace	Commercial New Construction	Commercial Repair/Replace
%	%	%	%
65. Describe your weather detection procedures:			
66. Detail your safety procedures to prevent falls from heights:			
67. Detail your open roof protection procedures:			
68. Indicate the percentage of roofing materials and systems used:			
Asphalt Shingle	%	Solar Roof Tiles	%
Wood/Shake Shingle	%	Modified Bitumen	%
Slate	%	EPDM	%
Tile	%	Spray Foam	%
Metal	%	Other	%

69. Indicate the percentage of your overall roofing operations for the following:		
Torch Down	Hot Tar	Hot Air Welding
%	%	%

**EIFS OPERATIONS**     Check If Not Applicable

70. What percentage of your total operations are for EIFS?	%		
71. What percentage of your EIFS operations are subcontracted to others?	%		
72. Are all EIFS installers certified by the manufacturer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
73. Do you receive a full warranty from the manufacturer(s) on all EIFS products and systems installed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
74. What percentage of your EIFS systems are drainable?	%		
75. Indicate the percentage of EIFS installed over the following substrates:			
Wood	Metal	Masonry	Other
%	%	%	%
76. List all manufacturers/product systems you, or subcontractors acting on your behalf, will install:			

**LOSS HISTORY**    (Answer All Questions)

Please attach a minimum of 5 prior years' carrier loss reports. Loss reports must be valued within 90 days of the proposed effective date of the policy. Indications and quotations based on outdated loss reports may be subject to re-underwriting and re-pricing before binding.

All losses valued at \$25,000 or more must be accompanied by a detailed explanation, including: (1) what happened; (2) why the situation occurred; and (3) what has been done to prevent similar future occurrences. Attach additional documentation if necessary.

77. Do you know of any pre-existing act, omission, event, condition, or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in the application?     Yes     No  
If yes, please describe:

78. Are any claims or legal actions pending against any active, inactive, or dissolved entities in which you have a controlling interest?  
 Yes     No    If yes, please describe:

79. Have you been named in litigation for construction defects in the past ten years?     Yes     No  
If yes, please describe:

80. Have OSHA cited you for safety violations in the past five years?     Yes     No  
If yes, please describe:

81. Have you been accused of breaching a contract in the past five years?     Yes     No  
If yes, please describe:

82. Have you been fired or replaced on a job in progress in the past three years?     Yes     No  
If yes, please describe:

**PRIOR COVERAGE** (Answer All Questions)

83. Current Carrier:	
84. Current policy term:	To
85. Current premium, excluding taxes and fees:	\$
86. Current deductible:	\$
87. Have you had a lapse in general liability coverage in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

**WARRANTY**

The purpose of this Contractor Supplement is to assist in the underwriting process. Information contained herein is specifically relied upon the determination of the applicant's insurability. Material misstatements or errors made on this form may provide a basis for the company's rescission of the policy. The undersigned, therefore, warrants that the information contained herein, including any attached overflow documents, is true and accurate to the best of their knowledge, information, and belief. The applicant also agrees that they have reviewed the definitions and fraud statements located at the end of this supplement.

Signature of Authorized Representative\*: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

*\*The Authorized Representative must be an owner, executive officer, or partner of the applicant.*



## DEFINITIONS

**"Condominium"** means any structure or group of structures that each contain multiple units designated for individual ownership on a single parcel of real property with the intended purpose of the units being a living space or dwelling. The unit owners will hold an individual title to each designated unit, and any remaining appurtenant structures and common areas are held in common ownership by the unit owners.

**"EIFS"** means exterior insulation and finish system, a non-load bearing exterior cladding or finish system.

**"Open roof"** means any roof or sections thereof where the protective covering (shingles, tar, paper, etc.) has been removed, leaving the underlayment, wood shell, or structure exterior exposed.

**"Residential"** means any structure or group of structures built freestanding or with multiple units designated for individual ownership with the intended purpose of use as a living space or dwelling. This definition does not apply to any structure intended to be commercially leased or rented to third-party tenants, including, but not limited to, apartments, military housing, assisted or senior living, and student housing.

**"Subsidence"** means earth movement of any kind and for whatever reason including, but not limited to, earthquake, landslide, mudflow, sinkhole, erosion, or the sinking, rising, settling, sloughing, sliding, slipping, falling away, caving in, tilting, shrinking, expanding, shifting, vibrating, vertical displacement or any other movement of land, earth, or mud.

**"Townhome"** means any structure or group of structures that contain multiple homes in a row, usually the same or similar design, and share common side walls. The homeowners will hold an individual title, and any remaining appurtenant structures and common areas are held in common ownership by the homeowners.

**"Tract"** means a residential development comprised of a piece or parcel of land subdivided into ten (10) or more lots for the construction of freestanding, single-family homes of a similar appearance or design.

**"Wrap-up/OCIP/CCIP"** means a policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

## FRAUD STATEMENTS

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine. (Not applicable in the states mentioned below where a specific warning applies.)

### **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.

### **Arkansas, District of Columbia, Louisiana, Rhode Island, and 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.

### **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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **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.

### **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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

### **Kentucky**

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 crime.

### **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 denial of insurance benefits.

### **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.

### **New Jersey and 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.

### **New York**

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**

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**

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.

### **Oregon**

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.

### **Pennsylvania**

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.

### **Tennessee, Virginia, and 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.