



Applicant: _____ FEIN: _____
 Effective Date: _____ through _____
 Mailing Address: _____
 Airport Name: _____ Airport ID: _____
 Nature of Business: _____ Years in Business: _____
 Broker Name: _____ Phone: _____

PROPERTY COVERAGE SCHEDULE

Building / Location #1

Location Address: _____

Building Age	Construction	Area	Protection Class	Sprinklered?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Building updates if over 25 years old; Year: Wiring / Roofing / Plumbing / Heating

Is there painting or upholstery work done on premises? No Yes - Describe: _____

Coverage (Bld, BPP, BI/EE)	Limit	Coins %	Deductible (\$1000 min)	Special Forms	Occupancy
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		

Building / Location #2

Location Address: _____

Building Age	Construction	Area	Protection Class	Sprinklered?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Building updates if over 25 years old, Year: Wiring / Roofing / Plumbing / Heating

Is there painting or upholstery work done on premises? No Yes - Describe: _____

Coverage (Bld, BPP, BI/EE)	Limit	Coins %	Deductible (\$1000 min)	Special Forms	Occupancy
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		

LIABILITY COVERAGE SCHEDULE

LIABILITY LIMITS (1,000's) 500/1000 1000/1000 1000/2000

PRIOR INSURANCE

Policy Term: _____	Carrier: _____	Premium: \$ _____
Policy Term: _____	Carrier: _____	Premium: \$ _____
Policy Term: _____	Carrier: _____	Premium: \$ _____

Comments: _____

Signed: Insured: _____ Date: _____

Broker: _____ Date: _____

STATE FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 act, which is a crime, and subjects such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 Authorities.

Notice TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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, 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365: 15-1-10. 36 8.S. 3613.1)

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO VIRGINIA APPLICANTS: 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.