

## STATEMENT PAGE

1. Who runs the business? \_\_\_\_\_  
Contact name and phone number (for inspection purposes): \_\_\_\_\_
2. Number of years in business at this location? \_\_\_\_\_
3. What are the hours of operation? \_\_\_\_\_
4. What is the total area of the building? \_\_\_\_\_  
Total area occupied by insured? \_\_\_\_\_  
Total public areas? \_\_\_\_\_  
Other occupancies in the building? \_\_\_\_\_  
If yes please describe \_\_\_\_\_
5. What are the annual sales/receipts? \_\_\_\_\_  
What is the annual payroll? \_\_\_\_\_  
What is the number of employees? \_\_\_\_\_
6. List any location/business interest owned/operated by the insured but not listed \_\_\_\_\_
7. Year built? \_\_\_\_\_  
If updated advise specific year of updates for:  
Wiring \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roofing \_\_\_\_\_
8. If a retail store, does installation, service, or repair account for more than 25% of receipts? \_\_\_\_\_
9. Are you involved in manufacturing, mixing, relabeling, or repackaging of products? \_\_\_\_\_
10. Are there any athletic fields or facilities? \_\_\_\_\_
11. If an office, please describe operations performed? \_\_\_\_\_
12. Have there been any losses in the past 3 years? \_\_\_\_\_
13. Has any policy cancelled or non-renewed in the past 3 years? \_\_\_\_\_
14. Are there any bankruptcies, tax or credit liens against the applicant in the past five years? \_\_\_\_\_
15. During the last five years has any application been indicted for or convicted of the crime of fraud, bribery, arson or any other arson related crime in connection with this or any other property? \_\_\_\_\_

### FRAUD STATEMENT

Any person 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. (Ohio).

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. (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 subjects such person to criminal and civil penalties. (PA only).

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_