

Appendix III

STATEMENT OF NO DAMAGE OR DAMAGE

Applicant/Named Insured:	
Policy/Quote Number:	
Policy Effective Date:	
Insured Property Address:	

THE APPLICANT MUST COMPLETE EITHER SECTION 1 OR SECTION 2 AND SIGN

The Applicant represents and warrants as follows:

The Applicant has physically visited the property and inspected for damage (both insured and uninsured).

SECTION 1 - NO LOSS OR DAMAGE TO PROPERTY TO BE COVERED

Check if there is no loss or damage (insured or uninsured) as of the date below. The insured represents and warrants that there is no structural damage or un-repaired damage to the property to be covered, and such property is in good condition and repair.

SECTION 2 - EXISTING LOSS OR DAMAGE TO PROPERTY TO BE COVERED

Check if there is loss or damage as of the date below to any property to be insured under the policy. Provide the following required information:

- Photos of damage
- Property Address
- Date of Loss
- Property Loss Type & Description
- Status of Claim or Repair

The Applicant acknowledges and understands that further underwriting review will be required and that coverage may be declined.

Statement(s) made herein are the basis of any insurance that may be issued. The Applicant acknowledges and agrees that if a policy is issued, the Company may (i) cancel the policy for underwriting reasons or nonpayment of premium and (ii) deny any claim for loss or damage to property in the event the Applicant has made any misrepresentation or omission to the Company or its representatives. The person signing below is authorized to sign this Statement on behalf of the Applicant

Signature: _____

Printed Name: _____

Title: _____

Date: _____

NOTICE TO LOUISIANA AND TEXAS 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 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 of the third degree.

NOTICE TO MAINE AND 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.

NOICE TO MARYLAND APPLICANTS: 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.

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 RHODE ISLAND 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 APPLICANTS IN ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.