

# Logic Underwriters, Inc.

P.O. Box 600249  
 Dallas, TX 75360-0249  
 T:(214)739-0071 F:(214)739-0072

## CPL APPLICATION

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

|  |   |   |                                |  |        |                          |                          |
|--|---|---|--------------------------------|--|--------|--------------------------|--------------------------|
| Producer's Name, Address and Phone Number<br>_____<br>_____<br>_____<br>_____<br>CODE _____<br>POLICY _____<br>TERM → Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.) Years _____ |   | Applicant's Name and Mailing Address (include county & ZIP)<br>_____<br>_____<br>_____<br>_____<br>NEW <input type="checkbox"/><br>RENEWAL <input type="checkbox"/> PREV POL #: _____ |                                |  |        |                          |                          |
| PREVIOUS ADDRESS (If less than 3 years)<br>_____<br>_____<br>_____   |   | Location of property if different from above (include county & ZIP)<br>_____<br>_____<br>_____  |                                |  |        |                          |                          |
| <b>APPLICANT INFORMATION</b>   |   |   |                                |  |        |                          |                          |
| Applicant's Occupation   | Applicant's Employer Name   | Yr. Employ  | Marital Status                 | Date of Birth  |        |                          |                          |
| Co-Applicant's Occupation  | Co-Applicant's Employer Name  | Yr. Employ  | Marital Status                 | Date of Birth  |        |                          |                          |
| <b>Residences</b>  |   | <b>Description</b>  | <b>SQ FT</b>                   |  |        |                          |                          |
| Location   |   |   |                                |  |        |                          |                          |
| 1.   |   |   |                                |  |        |                          |                          |
| 2.   |   |   |                                |  |        |                          |                          |
| 3.   |   |   |                                |  |        |                          |                          |
| 4.   |   |   |                                |  |        |                          |                          |
| 5.   |   |   |                                |  |        |                          |                          |
| <b>COVERAGES/LIMITS OF LIABILITY</b>   |   |   | <b>MEDICAL - \$1,000 INCL.</b> |  |        |                          |                          |
| Personal   |   |   |                                |  |        |                          |                          |
| Each Occurrence  |   |   |                                |  |        |                          |                          |
| \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/>   |   |   |                                |  |        |                          |                          |
| <b>RATING/UNDERWRITING</b>   |   |   |                                |  |        |                          |                          |
| Yr built _____   | Structure Type  | Usage Type  | #Families                      | # Weeks Rented   | # Apts |                          |                          |
| (PICTURES OVER 10, INSPECTIONS OVER 20)  | <input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse<br><input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse<br><input type="checkbox"/> Condo <input type="checkbox"/> Co-Op | <input type="checkbox"/> Primary <input type="checkbox"/> Rental<br><input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal  | _____                          | _____  | _____  |                          |                          |
| <b>General Information</b>   |   | <b>General Information</b>  |                                |  |        |                          |                          |
| Explain all "Yes" responses in remarks   |   | Yes   | No                             | Explain all "Yes" responses in remarks   |        | Yes                      | No                       |
| 1. ANY BUSINESS CONDUCTED ON PREMISES (including day/child care)?  |   | <input type="checkbox"/>  | <input type="checkbox"/>       | 6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy #)  |        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ANY FULL-TIME RESIDENCE EMPLOYEES? (No. of employee)  |   | <input type="checkbox"/>  | <input type="checkbox"/>       | 7. ANY ANIMALS OWNED? (How many & breed)   |        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ANY OTHER EMPLOYEES- DESCRIBE?  |   | <input type="checkbox"/>  | <input type="checkbox"/>       | 8. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING LAST 3 YEARS? (not applicable in DC, MO, OR OH) |        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ANY FLOOD, BRUSH HAZARD, LANDSLIDE, ECT.?   |   | <input type="checkbox"/>  | <input type="checkbox"/>       | 9. ANY POOLS OR SPAS AT ANY LOCATIONS? If yes, are they fenced?  |        | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?  |   | <input type="checkbox"/>  | <input type="checkbox"/>       | 10. IS THE PROPERTY VACANT? EXPLAIN  |        | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE COMPLETE NEXT PAGE

| LOSS HISTORY<br>Date | ANY LOSSES DURING THE LAST 5 YEARS?<br>Type | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Description of Loss | IF YES, INDICATE BELOW | AMOUNT |
|----------------------|---|---|------------------------|--------|
|----------------------|---|---|------------------------|--------|

| PRIOR COVERAGE<br>Prior Carrier | Prior Policy Number | Amount of Coverage |
|---------------------------------|---------------------|--------------------|
|---------------------------------|---------------------|--------------------|

|                |  |
|----------------|--|
| <b>REMARKS</b> |  |
|----------------|--|

**Fraud Warnings**

Various state regulations require us to inform you of fraud warnings.

**To insureds in:**  
 Alaska, Arkansas, Alabama, Arizona, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Maryland, Michigan, Missouri, Mississippi, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, Wisconsin, West Virginia, Wyoming:

**NOTICE:** In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 claiming 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. (CO)

**District of Columbia**  
 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. (DC)

**Florida**  
 Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL)

**Hawaii**  
 For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. (HI)

**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. (KY)

**Louisiana**  
 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. (LA)

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

**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. (NM)

**New York**  
 Any person who knowingly and with intent to defraud any insurance company or any other person files an application or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any other fact material thereto, commits a fraudulent insurance act,

which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Ohio**

Any person who, with intent to defraud or knowing that he/she 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. (OH)

**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. (OK)

**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 act, which is a crime, and subjects such person to criminal and civil penalties. (PA)

**Rhode Island**

**NOTICE:** Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

**Tennessee**

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. (TN)

**Virginia**

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. (VA)

APPLICANT'S STATEMENT; I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE: (Kansas: This does not constitute a warranty.)

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATION CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OR LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

\_\_\_\_\_  
PRODUCER'S SIGNATURE