

Duty Restriction Income Protection (DRIP) - Fraud Warning

Fraud Warning for CO, HI, NE, OH, OK, OR, UT and VT

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.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

I HEREBY CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____

IMPORTANT: A policy cannot be issued unless this application is properly signed and dated.

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

Fraud Warning for All Other States:

ACORDTM GENERAL FRAUD STATEMENT
<p>[Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont]</p> <p>Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.</p> <p>_____</p> <p>APPLICANT'S SIGNATURE</p> <p>_____</p> <p>DATE</p>