



13. Prospective payroll distribution by class, by *location*: (Nevada payroll is needed in *capped* amounts.)  
(If more space is needed, use a separate page.)

LOCATION	W.C. CLASS CODE	CLASSIFICATION	DESCRIPTION	NO. OF EMPLOYEES	ESTIMATED PAYROLL	ANNUAL

14. Historical Summary by state (attach loss runs or complete section): (If more space is needed, use a separate page.)

STATE	POLICY PERIOD	GROSS PAYROLL	LOSSES			CLAIM COUNTS				VALUATION DATE
			PAID	RESERVED	TOTAL INCURRED	OPEN	CLOSED	CLOSED NO-PAY	TOTAL	

15. Individual claims in excess of \$50,000 by state (past 5 years): (If more space is needed, use a separate page.)

STATE	DATE OF LOSS	DESCRIPTION OF ACCIDENT	TOTAL PAID	TOTAL RESERVE	TOTAL INCURRED	VALUATION DATE

Florida 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.

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 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 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.

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.

Other States 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 false or deceptive statement is guilty of insurance fraud.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Print Applicant's Title



