

LOSS CONTROL AND RISK MANAGEMENT SERVICES QUESTIONNAIRE

Agent/Named Insured: _____ Policy number: _____

1. Describe details of loss control services offered (if this information exists on the company website list web address; if not include list of services provided or a brochure describing the services offered):
2. Are these services offered only for current agency clients and only on the policies that are written and placed by you? Yes ☐ No ☐
 - a. If no, does the agency charge a fee for loss control services? Yes ☐ No ☐
 - b. If yes, attach fee schedule or describe the charges:
3. Are clients fully informed of any fees prior to them agreeing to loss control services? Yes ☐ No ☐
 - a. If yes, provide details and copies of any forms or materials communicating this information:
 - b. If no, explain why this is not done:
4. Is a contract for loss control services used requiring signature between agent and customer? Yes ☐ No ☐

If yes, attach sample copy of contract to this form.
5. Describe the size and type of accounts for which loss control services are provided:
6. How long has the insured been providing these services? _____ years/months
 - a. What are the annual gross receipts for each of the last 3 years: \$ _____ /\$ _____ /\$ _____
 - b. Do these receipts include fees for services? Yes ☐ No ☐
7. Are any services performed under any other name than the first named insured indicated on your errors and omissions policy? Yes ☐ No ☐

If yes, what is the name of the entity, describe the services and entity relationship to the named insured:

8. For those employees that will be providing these services complete the information below and attach their resume to this form:

Name	Years of Experience	Special license or permit	Training type and frequency required by employer	Voluntary training and frequency

9. If the agency does not have proper background or training to provide services requested please explain how such requests will be responded to:

10. During the past five years, has any claim been made against the agency, its' predecessor in business, or any of its' present or former owners, partners, officers, or directors related to loss control services?

Yes ☐ No ☐

If yes, describe the details of each claim or incident:

11. Do the loss control services provided by your agency include either of the following?

- a. Industrial Hygiene ☐
b. Environmental Services ☐

FRAUD WARNINGS

FOR APPLICANTS IN THE FOLLOWING 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

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.

KANSAS – Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY and PENNSYLVANIA – 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 and subjects such person to civil and criminal penalties.

MARYLAND – 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.

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.

OKLAHOMA – 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.

OREGON – Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information, information concerning any material fact, may have committed a fraudulent insurance act.

PUERTO RICO – Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

FOR APPLICANTS IN ALL OTHER STATES EXCEPT NEW YORK:

Any person who knowingly presents a false claim 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, and denial of insurance benefits.

FOR APPLICANTS IN 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.

This supplemental application must be signed by the owner (if the agency is a sole proprietorship), a duly authorized officer (if the agency is a corporation), or a partner (if the agency is a partnership). Carbon or stamped signatures are not acceptable.

Applicant signature(s): _____

Print name: _____ Title: _____ Date: _____

Required in Iowa: Soliciting agent: _____ License number: _____

I/We HEREBY DECLARE that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any facts, and I/we agree that this supplemental application shall be the basis of the coverage issued by the company providing this insurance, and shall be deemed attached to and part of the policy. It is also acknowledged that the applicant is obligated to report any changes in the information provided herein that occur after the date of signature but prior to the effective date of coverage.
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No coverage is provided unless a policy or certificate is issued. If the policy or certificate is issued, one signed copy of the application will be attached to the policy or certificate. Signature of the application and submission of a check does not bind the company to the issuance of an insurance policy. If the company declines to issue a policy, the premium check will be returned.

- Premium check, if applicable, should be made payable to Utica National Insurance Group.
- Return application and premium check, if applicable, to:
UTICA NATIONAL INSURANCE GROUP
ERRORS & OMISSIONS DEPARTMENT
P. O. BOX 530
UTICA, NY 13503
OR
180 GENESEE ST., NEW HARTFORD, NY 13413
- You may also fax to: (315) 235-4641 or scan and email to eo.apps@uticanational.com.



Utica National Insurance Group
Insurance that starts with you.®

Utica Mutual Insurance Company and its affiliated companies, New Hartford, NY 13413
www.uticanational.com • 1.800.598.8422