

SERFF Tracking Number: NGLI-126412477 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 44278
Company Tracking Number: 2829 03/09
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2829 Conversion App
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: 2829 Conversion App

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NGLI-126412477 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44278

Co Tr Num: 2829 03/09

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 01/11/2010

Date Submitted: 12/08/2009 Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/11/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 12/09/2009

Created By: Kim Bolinder

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kim Bolinder

Filing Description:

APPLICATION FOR LIFE INSURANCE:

2829 03/09

Dear Commissioner/Director:

The above form is enclosed in final print for your review and approval. The form is new and does not replace any existing form.

The application is primarily used for conversions of group and individual term policies. It will not be used by agents to

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 market new business.

We may also use the application for conversions of policies acquired through future merger or acquisition.

If you have any questions or comments, please contact me. We thank you in advance for your assistance.

Company and Contact

Filing Contact Information

Kim Bolinder, Policy Forms Specialist kabolinder@nglic.com
 2 East Gilman Street 608-443-5335 [Phone]
 Madison, WI 53701 608-443-5365 [FAX]

Filing Company Information

National Guardian Life Insurance Company CoCode: 66583 State of Domicile: Wisconsin
 P.O. Box 1191 Group Code: Company Type: LAH
 Madison, WI 53701-1191 Group Name: State ID Number:
 (800) 626-7931 ext. 5325[Phone] FEIN Number: 39-0493780

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	12/08/2009	32580746

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/11/2010	01/11/2010
Approved-Closed	Linda Bird	12/09/2009	12/09/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	CONVERSION APPLICATION	Kim Bolinder	01/08/2010	01/08/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to re-open filing	Note To Filer	Linda Bird	01/08/2010	01/08/2010
Can filing be re-opened? Wrong version of form submitted.	Note To Reviewer	Kim Bolinder	01/08/2010	01/08/2010

SERFF Tracking Number: *NGLI-126412477* *State:* *Arkansas*
Filing Company: *National Guardian Life Insurance Company* *State Tracking Number:* *44278*
Company Tracking Number: *2829 03/09*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *2829 Conversion App*
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Disposition

Disposition Date: 01/11/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has revised the original submission.

Rate data does NOT apply to filing.

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 Product Name: 2829 Conversion App
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form (revised)	CONVERSION APPLICATION		Yes
Form	CONVERSION APPLICATION	Replaced	Yes

SERFF Tracking Number: NGLI-126412477 State: Arkansas
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Company Tracking Number: 2829 03/09
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
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Disposition

Disposition Date: 12/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-126412477 State: Arkansas
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Amendment Letter

Submitted Date: 01/08/2010

Comments:

Please substitute the previously approved form with the form now attached. The form mistakenly provided was never put into use. This updated form includes a section regarding payment via electronic funds, which was inadvertently deleted from the form originally provided.

Thank you in advance for your assistance.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
2829 03/09	Application/	ECONVERSI	Revised				48.100	2829 03-09.pdf
	nrollment	ON						
	Form	APPLICATI						
		ON						

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Note To Filer

Created By:

Linda Bird on 01/08/2010 01:43 PM

Last Edited By:

Linda Bird

Submitted On:

01/08/2010 01:43 PM

Subject:

Request to re-open filing

Comments:

Filing will be re-opened in order for proper version to be submitted.

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Project Name/Number: /

Note To Reviewer

Created By:

Kim Bolinder on 01/08/2010 10:33 AM

Last Edited By:

Kim Bolinder

Submitted On:

01/08/2010 10:39 AM

Subject:

Can filing be re-opened? Wrong version of form submitted.

Comments:

We have discovered the wrong version of the form was attached. We would like to substitute the form with the proper version. The form submitted did not include a section pertaining to payment via electronic funds.

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Form Schedule

Lead Form Number: 2829 03/09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2829 03/09	Application/ CONVERSION Enrollment APPLICATION Form	Revised	Replaced Form #: Previous Filing #:	48.100	2829 03-09.pdf



Conversion Application

Notice of Conversion Right

National Guardian Life Insurance Company (NGL) • PO Box 1191 • Madison WI 53701-1191
Phone 800.548.2962 • www.nglic.com

According to the provisions of your current coverage, you may convert up to the amount of life insurance which is being terminated to an individual life policy. If you desire to convert your insurance, you must complete the application and pay the first premium. Your policy explains when conversion is permitted. The completed form should be mailed to the Company at the address shown above.

PART 1 - TO BE COMPLETED BY INSURED/OWNER

Male Female Sex _____ Date of Birth _____
 Name of Insured _____
 Address of Insured _____ Social Security Number _____
 City _____ State _____ Zip _____ Telephone Number _____
 Name of Owner _____ Relationship to Insured _____
 Address of Owner _____ Social Security Number _____
 City _____ State _____ Zip _____ Telephone Number _____
 Name of Employer, if applicable _____ \$ _____ Amount of Insurance being converted Cancel Remaining Coverage

Premiums to be paid: Annually Semiannually Quarterly Monthly EFT Premium Paid _____

Monthly Electronic Funds Transfer - I authorize NGL to electronically debit my bank account for the amount and date provided on this application. The actual date of deduction can vary due to holidays/weekends and is dependant on your Financial Institution. This authorization is to remain in effect until cancelled. This method of payment can be cancelled with five day advance written notice. In the event that the payment is not honored, NGL has the right to re-present the transaction. This method of payment will not change any of the provisions of my policy and unless indicated the draw will occur monthly.

Draw date (dates available are 1st through 28th) – select one: _____ Bank Name _____
Bank Routing/ABA # _____ Account # _____
 Checking Savings (Please verify the information and if this method of payment is allowed.)

(Signature as it appears on bank records) _____ Date _____

BENEFICIARY INFORMATION - In the event of death, the insurance under the new policy is to be paid to:

Primary Beneficiary: _____ Name _____ Relationship _____ Date of Birth _____
Address _____

Contingent Beneficiary: _____ Name _____ Relationship _____ Date of Birth _____
Address _____

Notice: The insurance issued on this request will become effective at the end of the conversion period provided by the Group Certificate. The right to change the Beneficiary is reserved to the Owner. I understand that evidence of insurability satisfactory to the Company may be required for any additional benefits to be added where such addition is not guaranteed by the contract. I acknowledge that I have read the Fraud Warning Statement on the back of this form.

X _____ Signature of Insured X _____ Signature of Owner _____ Date _____

PART 2 - TO BE COMPLETED BY EMPLOYER IF APPLICABLE - ALL BLANKS MUST BE COMPLETED

Group Name _____ Group Number _____ Certificate Number _____
 Amount of Insurance being Converted _____ Employee Original Insurance Effective: Date ____/____/____
 Reason Insurance is Terminating or Reducing
 Change in Eligibility: Date ____/____/____ Employment Terminated: Date ____/____/____
 Group Policy Terminated: Date ____/____/____ Insurance Class Change: Date ____/____/____
 Retirement: Date ____/____/____

X _____ Signature of Employer _____ Date _____

PART 3 - TO BE COMPLETED BY ADMINISTRATOR

Effective Date of Coverage _____ X _____ Date _____ Representative _____

Fraud Warning Statements

For Residents of AK, AL, CT, DE, HI, IA, ID, IL, IN, MA, MI, MN, MO, MS, MT, NC, ND, NV, RI, SC, SD, UT, WI, WV, and WY

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

For Residents of GA, NE, OR, TX and VT

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

For Residents of Arkansas

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.

For Residents of Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of 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.

For Residents of 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.

For Residents of 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.

For Residents of Kansas

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of committing a fraudulent insurance act.

For Residents of 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.

For Residents of 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 or confinement in prison.

For Residents of Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For Residents of Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New Hampshire

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud.

For Residents of 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.

For Residents of 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.

For residents of Ohio

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 a false or deceptive statement is guilty of insurance fraud.

For Residents of 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

For Residents of 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

For Residents of Virginia

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

For Residents of Washington

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.

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Supporting Document Schedules

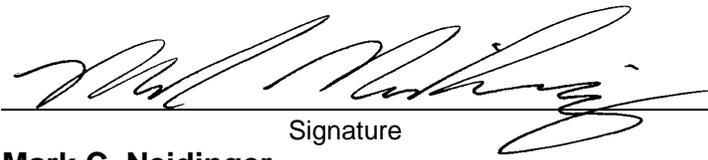
	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR- COR.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A - THIS IS AN APPLICATION FILING Comments:		

CERTIFICATION OF READABILITY

I, Mark C. Neidinger, an officer of National Guardian Life Insurance Company, certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
2829 03/09	48.1



Signature

December 8, 2009

Date

Mark C. Neidinger
Associate General Counsel and Company Officer

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/08/2009	Form	CONVERSION APPLICATION	01/08/2010	2829 03-09.pdf (Superceded)



Conversion Application

National Guardian Life Insurance Company (NGL) • PO Box 1191 • Madison WI 53701-1191
Phone 800.548.2962 • www.nglic.com

According to the provisions of your current coverage, you have the privilege of converting the amount of life insurance which is being terminated to an individual life policy.

If you desire to convert your insurance, you must complete the application and pay the first premium. Group conversions are allowed 31 days from the date your insurance was terminated or reduced. The completed form should be mailed to the Company at the address shown above.

PART 1 - TO BE COMPLETED BY INSURED

Male Female _____
Sex Date of Birth

Name

Address

Social Security Number

City

State

Zip

Telephone Number

_____ \$ _____ Cancel Remaining Coverage
Name of Employer, if applicable Amount of Insurance being converted

Premiums to be paid: Annually Semiannually Quarterly Monthly EFT Premium Paid _____
 Non Forfeiture Options: Extended Term Insurance Reduced Paid-Up Insurance Automatic Premium Loan
(Select One)

BENEFICIARY INFORMATION

In the event of death, the insurance under the new policy is to be paid to:

Direct Beneficiary: _____
Name Relationship Date of Birth

_____ Address _____

Contingent Beneficiary: _____
Name Relationship Date of Birth

_____ Address _____

Notice: The insurance issued on this request will become effective at the end of the conversion period provided by the Group Certificate. The right to change the Beneficiary is reserved to the Owner.

I understand that evidence of insurability satisfactory to the Company may be required for any additional benefits to be added where such addition is not guaranteed by the contract. I acknowledge that I have read the Fraud Warning Statement on the back of this form.

X _____ X _____
Signature of Insured Signature of Owner Date

PART 2 - TO BE COMPLETED BY EMPLOYER IF APPLICABLE - ALL BLANKS MUST BE COMPLETED

Group Name Group Number Certificate Number

_____ Amount of Insurance being Converted _____

Reason Insurance is Terminating or Reducing

Employment Terminated: Date ____/____/____
 Group Policy Terminated: Date ____/____/____
 Retirement: Date ____/____/____

Change in Eligibility: Date ____/____/____
 Insurance Class Change: Date ____/____/____

Employee Original Insurance Effective: Date ____/____/____

X _____ X _____
Signature of Employer Date

PART 3 - TO BE COMPLETED BY ADMINISTRATOR

Effective Date of Coverage _____
Date

X _____
Representative

Fraud Warning Statements

For Residents of AK, AL, CT, DE, HI, IA, ID, IL, IN, MA, MI, MN, MO, MS, MT, NC, ND, NV, RI, SC, SD, UT, WI, WV, and WY

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

For Residents of GA, NE, OR, TX and VT

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For Residents of Arkansas

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For Residents of Arizona

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For Residents of Colorado

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For Residents of District of Columbia

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For Residents of Florida

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For Residents of Kansas

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of committing a fraudulent insurance act.

For Residents of 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.

For Residents of 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 or confinement in prison.

For Residents of Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For Residents of Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New Hampshire

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud.

For Residents of 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.

For Residents of 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.

For residents of Ohio

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 a false or deceptive statement is guilty of insurance fraud.

For Residents of 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

For Residents of 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

For Residents of Virginia

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

For Residents of Washington

Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.