Filing at a Glance

Company: ACORD Corporation

Product Name: Property - Commercial Property
TOI: 01.0 Property
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Filing Type: Form

SERFF Tr Num: ACPC-125758929
SERFF Status: Closed
Co Tr Num: ACORD 2008-6 (PROPERTY)
Co Status:

Author: Daneen L. Carroll
Date Submitted: 08/05/2008

State: Arkansas
State Tr Num: EFT $50
State Status: Fees verified and received
Reviewer(s): Betty Montesi, Llyweyia Rawlins
Disposition Date: 08/06/2008
Disposition Status: Approved
Effective Date (New):
Effective Date (Renewal): 08/04/2008

Effective Date Requested (New):
Effective Date Requested (Renewal): 08/04/2008

State Filing Description:

General Information

Project Name: AR FILING 08-04-08 ACORD:140 (2007/09)
Project Number: 6 AR: ACORD 140 (2007/09)
Reference Organization: ACORD
Reference Title: Property Section
Filing Status Changed: 08/06/2008
State Status Changed: 08/06/2008
Corresponding Filing Tracking Number: ACORD 2008-6 (Property)

Status of Filing in Domicile: Not Filed
Domicile Status Comments:
Reference Number: ACORD 140 (2007/09)
Advisory Org. Circular: ACORD 140

Deemer Date:

Filing Description:

August 4, 2008

Ms. Alexa Grissom

Senior Rate and Forms Analyst

SERFF Tracking Number:	*ACPC-125758929*	*State:*	*Arkansas*
Filing Company:	*ACORD Corporation*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*ACORD 2008-6 (PROPERTY)*		
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0001 Commercial Property (Fire and Allied Lines)*
Product Name:	*Property - Commercial Property*		
Project Name/Number:	*AR FILING 08-04-08 ACORD:140 (2007/09)/6 AR: ACORD 140 (2007/09)*		

Property and Casualty Division
Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

Re: ACORD Forms Filing 2008-6 (Property)
ACORD 140 (2007/09) Property Section

Dear Ms. Grissom:

As a licensed Advisory Organization (# 8977), we hereby file two (2) new forms.

Attached are the following:

1. Copies of Form PC TD-1, P&C Transmittal Document
2. Copies of Form PC FFS-1, Form Filing Synopsis
3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One $50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail jvolker@acord.org, if you need anything further.

Sincerely,

Joel V. Volker

Staff Counsel

JVV:etb

Enclosures

Company and Contact

Filing Contact Information

Daneen L Carroll, Compliance Manager
Two Blue Hill Plaza
Pearl River , NY 10965-8529

dcarroll@acord.org
(845) 620-1700 [Phone]
(845) 620-3693[FAX]

Filing Company Information

ACORD Corporation
Two Blue Hill Plaza
3rd Floor
Pearl River, NY 10965-8529
(845) 620-1700 ext. [Phone]

CoCode: 44
Group Code:
Group Name:
FEIN Number: 13-2940919

State of Domicile: New York
Company Type: Non-profit
State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number:	*ACPC-125758929*	*State:*	*Arkansas*
Filing Company:	*ACORD Corporation*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*ACORD 2008-6 (PROPERTY)*		
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0001 Commercial Property (Fire and Allied Lines)*
Product Name:	*Property - Commercial Property*		
Project Name/Number:	*AR FILING 08-04-08 ACORD:140 (2007/09)/6 AR: ACORD 140 (2007/09)*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACORD Corporation	$50.00	08/05/2008	21789279

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/06/2008	08/06/2008

SERFF Tracking Number:	*ACPC-125758929*	*State:*	*Arkansas*
Filing Company:	*ACORD Corporation*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*ACORD 2008-6 (PROPERTY)*		
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0001 Commercial Property (Fire and Allied Lines)*
Product Name:	*Property - Commercial Property*		
Project Name/Number:	*AR FILING 08-04-08 ACORD:140 (2007/09)/6 AR: ACORD 140 (2007/09)*		

Disposition

Disposition Date: 08/06/2008
Effective Date (New):
Effective Date (Renewal): 08/04/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ACPC-125758929*	*State:*	*Arkansas*
Filing Company:	*ACORD Corporation*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*ACORD 2008-6 (PROPERTY)*		
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0001 Commercial Property (Fire and Allied Lines)*
Product Name:	*Property - Commercial Property*		
Project Name/Number:	*AR FILING 08-04-08 ACORD:140 (2007/09)/6 AR: ACORD 140 (2007/09)*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ACORD 140 (2007/09) ACORD Cover Letter: ACORD 2008-6 (Property)	Approved	No
Supporting Document	ACORD 140 (2007/09) Arkansas Certificate of Compliance: ACORD 2008-6 (Property)	Approved	Yes
Supporting Document	ACORD 140 (2007/09) Explanation of Changes: ACORD 2008-6 (Property)	Approved	Yes
Supporting Document	ACORD 140 (2007/09) ACORD Form: ACORD 2008-6 (Property)	Approved	Yes

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	08/06/2008

Comments:

ACORD 140 (2007/09) Property & Casualty Transmittal Document PC TD-1 and Form Filing Schedule FFS-1: ACORD 2008-6 (Property)

Attachment:

P&C Transmittal 2008-6 (Property).pdf

		Review Status:	
Satisfied -Name:	ACORD 140 (2007/09) ACORD Cover Letter: ACORD 2008-6 (Property)	Approved	08/06/2008

Comments:

ACORD 140 (2007/09) ACORD Cover Letter: ACORD 2008-6 (Property)

Attachment:

Letter 2008-6 (140).doc

		Review Status:	
Satisfied -Name:	ACORD 140 (2007/09) Arkansas Certificate of Compliance: ACORD 2008-6 (Property)	Approved	08/06/2008

Comments:

ACORD 140 (2007/09) Arkansas Certificate of Compliance: ACORD 2008-6 (Property)

Attachment:

Certification 2008-6 (Property).pdf

		Review Status:	
Satisfied -Name:	ACORD 140 (2007/09) Explanation of Changes: ACORD 2008-6 (Property)	Approved	08/06/2008

Comments:

ACORD 140 (2007/09) Explanation of Changes: ACORD 2008-6 (Property)

Attachment:

140 (rev 2007-05 to 2007-09).pdf

Review Status:

Satisfied -Name: ACORD 140 (2007/09) ACORD Form: ACORD 2008-6 (Property)

Approved 08/06/2008

Comments:

ACORD 140 (2007/09) ACORD Form: ACORD 2008-6 (Property)

Attachment:

140.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
	h. Subject Codes	

3.	Group Name	Group NAIC #

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	ACORD Corporation	NY	00044	13-2940919	

5.	Company Tracking Number	ACORD 2008-6 (Property)

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Joel V. Volker ACORD Corporation	Staff Counsel	800 444-3341 ext 422	845-620-3622	jvolker@acord.org
	PO Box 1529 Pearl River, NY 10965-8529				

7.	Signature of authorized filer	Joel V. Volker Digitally signed by Joel V. Volker DN: cn=Joel V. Volker, c=US, o=ACORD Corporation, ou=IGA, email=jvolker@acord.org Reason: I attest to the accuracy and integrity of this document Date: 2008.08.05 13:05:16 -04'00'
8.	Please print name of authorized filer	Joel V. Volker

Filing information (see General Instructions for descriptions of these fields)

9.	**Type of Insurance (TOI)**	01.0 Property
10.	**Sub-Type of Insurance (Sub-TOI)**	01.0001 Commercial Property
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**	
12.	**Company Program Title** (Marketing title)	
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☑ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: Renewal: 08-04-2008
15.	**Reference Filing?**	☐ Yes ☐ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	08-04-2008
19.	**Status of filing in domicile**	☑ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	**This filing transmittal is part of Company Tracking #**	ACORD 2008-6 (Property)

21.	**Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

August 4, 2008

Ms. Alexa Grissom
Senior Rate and Forms Analyst
Property and Casualty Division
Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

Re: ACORD Forms Filing 2008-6 (Property)
ACORD 140 (2007/09) Property Section

Dear Ms. Grissom:

As a licensed Advisory Organization (# 8977), we hereby file two (2) new forms.

Attached are the following:

1. Copies of Form PC TD-1, P&C Transmittal Document
2. Copies of Form PC FFS-1, Form Filing Synopsis
3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One $50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail jvolker@acord.org, if you need anything further.

Sincerely,

Joel V. Volker
Staff Counsel

JVV:etb

Enclosures

View Complete Filing Description

22.	**Filing Fees** (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

© 2007 National Association of Insurance Commissioners

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	**This filing transmittal is part of Company Tracking #**	ACORD 2008-6 (Property)
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	

3.	**Form Name /Description/Synopsis**	**Form # Include edition date**	**Replacement Or withdrawn?**	**If replacement, give form # it replaces**	**Previous state filing number,** if required by state
01	Property Section	ACORD 140 (2007/09)	☐ New ☑ Replacement ☐ Withdrawn	ACORD 140 (2006/08)	
02			☐ New ☐ Replacement ☐ Withdrawn		
03			☐ New ☐ Replacement ☐ Withdrawn		
04			☐ New ☐ Replacement ☐ Withdrawn		
05			☐ New ☐ Replacement ☐ Withdrawn		
06			☐ New ☐ Replacement ☐ Withdrawn		
07			☐ New ☐ Replacement ☐ Withdrawn		
08			☐ New ☐ Replacement ☐ Withdrawn		
09			☐ New ☐ Replacement ☐ Withdrawn		
10			☐ New ☐ Replacement ☐ Withdrawn		

© 2007 National Association of Insurance Commissioners

August 4, 2008

Ms. Alexa Grissom
Senior Rate and Forms Analyst
Property and Casualty Division
Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

Re: ACORD Forms Filing 2008-6 (Property)
ACORD 140 (2007/09) Property Section

Dear Ms. Grissom:

As a licensed Advisory Organization (# 8977), we hereby file two (2) new forms.

Attached are the following:

1. Copies of Form PC TD-1, P&C Transmittal Document
2. Copies of Form PC FFS-1, Form Filing Synopsis
3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One $50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail jvolker@acord.org, if you need anything further.

Sincerely,

Joel V. Volker
Staff Counsel

JVV:etb

Enclosures

New York
Two Blue Hill Plaza
3rd Floor
PO Box 1529
Pearl River, NY 10965-8529
U.S.A.
Tel +1 845 620 1700
Fax +1 845 620 3600

London
London Underwriting Centre
Suite 1/3
3 Minster Court
Mincing Lane
London EC3R 7DD
United Kingdom
Tel +44 (0)20 7617 6400
Fax +44 (0)20 7617 6401

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELFCERT

I, Joel V. Volker, Staff Counsel of
(Name) *(Title of Authorized Officer)*

ACORD Corporation
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:
   a. Arkansas Code Annotated;
   b. Arkansas Rules and Regulations;
   c. Arkansas Insurance Bulletins, Directives and Orders;
   d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
   e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? *(Yes or No)* ► Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number ACORD 2008-6 (Property)

Signature of Authorized Officer ►	Joel V. Volker — Digitally signed by Joel V. Volker DN: cn=Joel V. Volker, c=US, o=ACORD Corporation, ou=IGA, email=jvolker@acord.org Date: 2008.07.31 16:57:29 -04'00'
Name of Authorized Officer ►	Joel V. Volker
Title of Authorized Officer ►	Staff Counsel
Email address of Authorized Officer ►	jvolker@acord.org
Telephone # of Authorized Officer ►	800-444-3341 ext. 422 — Date ► 08-04-2008

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@arkansas.gov

AID PC SelfCert (4/30/03)

ACORD 140 (2007/09), PROPERTY SECTION,
replaces ACORD 140 (2007/05)

EXPLANATION OF CHANGES

Page 1

1. Add field for AGENCY CUSTOMER ID: to the top of page 1
2. Reformat Header to new "standard" format for Sections
3. In the PREMISES INFORMATION section, increase the width of the lines framing the PREMISES #, BUILDING #, etc. fields
4. Update ACORD copyright to new format with year as first item after copyright symbol

Page 2

5. Add field for AGENCY CUSTOMER ID: to the top of page 2
6. In the ADDITIONAL PREMISES INFORMATION section, increase the width of the lines framing the PREMISES #, BUILDING #, etc. fields
7. Delete REMARKS
8. Expand FRAUD WARNING to include additional state specific warnings

AGENCY CUSTOMER ID: _____

ACORD®

PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)	
POLICY NUMBER	CARRIER	NAIC CODE

EFFECTIVE DATE	EXPIRATION DATE	☐ DIRECT BILL ☐ AGENCY BILL	PAYMENT PLAN	AUDIT	FOR COMPANY USE ONLY

PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION ☐ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) ☐	DESCRIPTION OF PROPERTY COVERED	LIMIT $	DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y/N) ☐	OPTIONS

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
☐ WIRING, YR:	☐ PLUMBING, YR:				
☐ ROOFING, YR:	☐ HEATING, YR:	WIND CLASS ☐ SEMI- RESISTIVE			HEATING BOILER ON PREMISES? (Y/N) ☐
☐ OTHER:	YR:	☐ RESISTIVE			IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N) ☐

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	☐ CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST ☐ LOSS PAYEE ☐ MORT-GAGEE				LOCATION: BUILDING:
				SCHEDULED ITEM NUMBER:
				OTHER:
	ITEM DESCRIPTION:			

ATTACH TO ACORD 125 © 1985-2007 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION ☐ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT	DEDUCTIBLE	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
☐		$	$	☐	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	DISTANCE TO FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI						

BUILDING IMPROVEMENTS

☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES

WIND CLASS ☐ SEMI- RESISTIVE ☐ RESISTIVE

HEATING BOILER ON PREMISES? (Y/N) ☐
IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N) ☐

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	☐ CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST ☐ LOSS PAYEE ☐ MORT-GAGEE ☐				LOCATION: BUILDING:
				SCHEDULED ITEM NUMBER:
				OTHER:
	ITEM DESCRIPTION:			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.