
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 or knowingly presents false information in an application may be guilty of insurance fraud.

COLORADO – WARNING: 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 policy holder or claimant for the purposes of defrauding or attempting to defraud the policy holder 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 benefits if false information materially related to a claim was provided by the applicant.

NEW MEXICO – WARNING: 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.

OHIO – WARNING: 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.

TENNESSEE – WARNING: 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.

WASHINGTON – WARNING: 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.

I have received and reviewed a copy of consumer brochure # SB _____

WAIVER: I understand that no benefits will be paid for any loss that occurs while participating in: any sport for pay or profit; any contest of speed in a power driven vehicle for pay or profit; parachuting; bungee jumping; rappelling; mountain climbing or hang gliding. The statements and answers in this application are true and complete, to the best of my knowledge. The policy will be issued when the application is approved and we receive payment of the first premium. I have received the Outline of Coverage. I understand that the policy becomes effective on the Effective Date shown in the Policy Schedule. It is not necessarily the date the application is signed. I understand that benefits will only be paid for a Covered Accident that occurs on or after the Effective Date. No person to be covered by this policy is covered by Medicaid or any other similar program.

Agent # _____ Date Signed _____ Signed At _____

LICENSED AGENT'S SIGNATURE (where required by law)

APPLICANT'S SIGNATURE

Fax Number: 281.391.1530

Email: sportaccident@katyinsurance.com