

Alabama, Arkansas, D.C., Louisiana, Maryland, Rhode Island, West Virginia

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

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.

Oklahoma

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.

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.

Kentucky, 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.

Tennessee, Virginia, 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 or a denial of insurance benefits.

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.

New Jersey, New Mexico

Any person who knowingly files a statement of claim containing any false or misleading information 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.

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 false claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

Utah

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.



RLI Insurance Company
 P.O. Box 3967 Peoria IL 61612-3967
 Phone: 309-692-1000 Fax: 309-692-8637

Personal Financial Statement Form

PERSONAL INFORMATION	Name	Date of Birth	Social Security Number	Address
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Spouse's Name	Date of Birth	Social Security Number
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Statement of Assets and Liabilities as of _____.					
ASSETS			LIABILITIES		
Cash on Hand	\$		Notes Payable	\$	
Cash in following banks			Accounts Payable	\$	
_____	\$		_____	\$	
_____	\$		_____	\$	
_____	\$		Taxes Due	\$	
Marketable Securities	\$		Mortgages on Real Estate		
_____	\$		Description and location		
_____	\$		1. _____	\$	
Notes Receivable	\$		2. _____	\$	
Real Estate in MY name			3. _____	\$	
Description and location			Other Liabilities (describe)		
1. _____	\$		_____	\$	
2. _____	\$		_____	\$	
3. _____	\$		TOTAL LIABILITIES	\$	
Personal Property			NET WORTH	\$	
_____	\$		TOTAL LIABILITES AND NET WORTH	\$	
Other Assets (describe)					
_____	\$				
TOTAL ASSETS	\$				

The undersigned hereby certifies that the list of assets and liabilities given herein is a true and correct statement of the financial condition on the date given above and that the depositories are hereby authorized to confirm any inquiry made by _____ **RLI Insurance Company** or its representatives as to any statement made herein relative to monies on deposit or loans made.

Dated this _____ day of _____, _____.

X _____
 (Sign here)

X _____
 (Sign here)

AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
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