ACORD	GENER	RAL LIAE	<b>SILITY NOTICI</b>	E OF OCC	JRRENCE /	CLAIM	DATE (MM/DE	D/YYYY)
AGENCY				INSURED LOCATION		<del></del>		
B&E Insurance Associates Inc.				INSURED LUCATION	CODE	DATE OF I	LOSS AND TIME	F
18514 US Hwy 19 North				CARRIER				F
Suite D2				CARRIER			NAIC	C CODE
Clearwater, FL 33	3764			POLICY NUMBER				
CONTACT B&E Insui	ance Associa	ates Inc.						
PHONE (A/C, No, Ext): 727-53	1-9369							
FAX (A/C, No): 727-531-93	379							
E-MAIL ADDRESS: SUCCEDWAR	ds@bandeins	surance.com		-				
CODE:		SUBCODE:		-				
AGENCY CUSTOMER ID:								
INSURED								
NAME OF INSURED (First, N	liddle, Last)			INSURED'S MAILING	ADDRESS			
DATE OF BIRTH	FEIN (if a	pplicable)						
PRIMARY HOME	BUS CELL	SECONDARY PHONE #	HOME BUS CELL	PRIMARY E-MAIL AD	DRESS:			
				SECONDARY E-MAIL	ADDRESS:			
CONTACT	CONTACT IN	SURED	····					*******
NAME OF CONTACT (First, I	Middle, Last)			CONTACT'S MAILING	ADDRESS			
PRIMARY - HOME	7 pus [7]	SECONDARY		_				
PHONE# HOME	BUS CELL	SECONDARY PHONE #	HOME BUS CELL					
WHEN TO CONTACT								
WILL TO CONTACT				PRIMARY E-MAIL ADI	RESS:			
OCCURRENCE				SECONDARY E-MAIL	ADDRESS:			
LOCATION OF OCCURRENCE	E							
STREET:	· <b>C</b>				POLICE OR FIRE DEPAI	RTMENT CONTACTED		
CITY, STATE, ZIP:								
COUNTRY:					REPORT NUMBER			
DESCRIBE LOCATION OF O	CURRENCE IT NOT	AT ODEOLEIO OTOE						
DESCRIPTION OF GOODINE	MOE (Attach ACORD	101, Additional Ker	narks Schedule, if more space i	is required)				
TYPE OF LIABILITY				198				
	CIANLED		· · · · · · · · · · · · · · · · · · ·	TVDE OF PREMISES	····			
PREMISES: INSURED IS OWNER'S NAME & ADDRESS	OWNER (If not insured)	TENANT		TYPE OF PREMISES				
	(ii not insureu)			PRIMARY - HOI		LSECONDARY		
				PHONE # HOI	ME BUS CELL	SECONDARY PHONE #	HOME 🗌 BUS 🔲	CELL
				PRIMARY E-MAIL ADDI	RESS:			
PODUOTO INCLIDED IO		<del></del>		SECONDARY E-MAIL A	DDRESS:			
PRODUCTS: INSURED IS MANUFACTURER'S NAME & A	MANUFACTURE			TYPE OF PRODUCT				
	SOURCES (II DOLINSU	n ea)		PRIMARY		I arootis . s		
				PHONE # HOM	ME   BUS   CELL	SECONDARY D	IOME BUS	CELL
				PRIMARY E-MAIL ADDR		-		
WHERE CAN PRODUCT BE SE	EN2			SECONDARY E-MAIL A	DDRESS:			

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PRIMARY E-MAIL ADDRESS:  SECONDARY E-MAIL ADDRESS:  E-MAIL ADDRESS:  SE	NAME & ADD	/ PROPERTY DAMAGED	)		AGE	NCY CUSTON	IER ID: _	
PROMOTE MANA ADDRESS  ### CONTINUE OF THE CONT	W. W. G. ADD	ntess (injured/Owner)			EMPLOY	ER'S NAME & ADD	RESS	
PRIMARY E-MAIL ADDRESS  PROMOTE SAMIL ADDRESS	PRIMARY							
PRIMARY E-MAIL ADDRESS  AGE SEX OCCUPATION  SECONDARY MAIL ADDRESS  PRIMARY MAIL ADDRESS  SECONDARY MAIL ADDRESS  PRIMARY MAIL ADDRESS  SECONDARY MAIL ADDRESS  PRIMARY MAIL ADDRESS  SECONDARY MAIL ADDRESS  PRIMARY MAIL ADDRESS  SECONDARY MAIL ADDRESS  PRIMARY MAIL ADDRESS  PR	PHONE #	HOME BUS CELL	SECONDARY HOME HOME	BUS CELL	PRIMARY PHONE #	☐ HOME	BUS CELL	SECONDARY HOME BUS C
SECONDARY EMAL ADDRESS  MAC AND ADDRESS  ME AN			1		-			**************************************
WHER TAKEN  WHAT WAS INJURED DONG?  STIMATE ANOUNT WHERE CAN PROPERTY BE SEEN?  WITNESSES  AME AND ADDRESS  SECONDARY MAIL ADDRESS  PRAMAY E MAIL ADDRESS  SECONDARY MAIL ADDRESS  PRAMAY E MAIL ADDRESS  PRAMAY E MAIL ADDRESS  PRAMAY E MAIL ADDRESS  SECONDARY MAIL ADDRESS  PRAMAY E MAIL ADDRESS  SECONDARY		E-MAIL ADDRESS:						
DESCRIBE PROPERTY (Type, model, ste.)  ESTIMATE AMOUNT WHERE CAN PAPERTY BE SEEN?  WITNESSES  AME AND ADDRESS  PRIMARY EMAL ADDRESS  BECONDARY EMAL ADDRESS  PRIMARY EMAL ADDRESS  BECONDARY EMAL ADDRESS  PRIMARY EMAL ADDRESS  BECONDARY EMAL ADDRESS  PRIMARY EMAL ADDRESS  EMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  TED BY  REPORTED TO		COOPATION			DESCRIBE	INJURY	SS:	
ESTIMATE AMOUNT   WHERE CAN PROPERTY BE SEEN?  VITNESSES  AME AND ADDRESS    PRIMARY   MANA ADDRESS	WHERE TAKE	N			WHAT WA	P IN HIDED DAWN		
WITNESSES    AME AND ADDRESS	DESCRIBE PRO	OPERTY (Type model at )				S INSOKED DOING	7	
AME AND ADDRESS    PRIMARY MANA ADDRESS     PR		or Ett. (Type, moder, etc.)		ESTIMAT	E AMOUNT	WHERE CAN PRO	PERTY BE SEEN?	
PRIMARY EMAIL ADDRESS:  SECONDARY EMAIL								
SECONDARY E-MAIL ADDRESS:    PRIMARY E-MAIL ADDRESS:   SECONDARY   HOME   BUS	IAME AND ADI	DRESS			PRIMARY PHONE #	HOME	BUS CELL	SECONDARY  HOME  BUS  CE
SECONDARY E-MAIL ADDRESS:    PRIMARY E-MAIL ADDRESS:   SECONDARY   HOME   BUS					PRIMARY E	-MAIL ADDRESS:		
PRIMARY E-MAIL ADDRESS:  SECONDARY E-MAIL ADDRES	AME AND ADD	PRESS			SECONDAR	Y E-MAIL ADDRES	S:	
SECONDARY E-MAIL ADDRESS:    PRIMARY E-MAIL ADDRESS:   PRIMARY E-MAIL					PHONE #	HOME	BUS CELL	SECONDARY HOME BUS CENTRE BUS CENTRE
PRIMARY E-MAIL ADDRESS:  SECONDARY E-MAIL ADDRES	ME AND ADD							
EMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  TED BY  REPORTED TO	AME AND ADD	RESS			PRIMARY PHONE #	HOME	S: BUS CELL	SECONDARY  HOME  BUS  CEL
EMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  TED BY  REPORTED TO					PRIMARY E-I	MAIL ADDRESS:		
TTED BY REPORTED TO	EMARKS (	Attach ACORD 101 Addi	tional D		SECONDARY	E-MAIL ADDRESS	):	
REPORTED TO								
DD 2 (2040)00)	RTED BY							
RD 3 (2010/02) Page 2 of 4				REP	ORTED TO			

AGENCY	CUSTOMER ID:	

#### APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

# **APPLICABLE IN 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.

# APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

# **APPLICABLE IN 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

# **APPLICABLE IN 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 policy holder or claimant for the purpose 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.

# APPLICABLE IN THE 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.

# **APPLICABLE IN FLORIDA**

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

#### **APPLICABLE IN HAWAII**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

# **APPLICABLE IN IDAHO**

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

#### **APPLICABLE IN INDIANA**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

#### APPLICABLE IN 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.

# **APPLICABLE IN MINNESOTA**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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# **APPLICABLE IN NEVADA**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

# **APPLICABLE IN NEW HAMPSHIRE**

Any person who, with 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, as provided in RSA 638:20.

# **APPLICABLE IN 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.

# APPLICABLE IN 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.

# **APPLICABLE IN 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.