

## SUPPLEMENTAL APPLICATION

**INCLUDE THE FOLLOWING WITH THIS COMPLETED AND SIGNED SUPPLEMENTAL APPLICATION:**

- ACORD applications, completed and signed
- Loss Runs for current year and 4 years prior which are currently dated
- Descriptive brochures, publications and/or newsletters

**(PLEASE TYPE OR PRINT IN INK)**

1. Named Insured: \_\_\_\_\_
2. Franchise Name (if applicable): \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_
4. Insured Premises Location (if different from the mailing address):  
\_\_\_\_\_  
\_\_\_\_\_
5. Federal ID (FEIN) Number: \_\_\_\_\_
6. Effective Date: \_\_\_\_\_
7. Annual Sales: \_\_\_\_\_
8. Number of Opticians: \_\_\_\_\_ Number of Optometrists: \_\_\_\_\_  
\*Please note that Ophthalmologists are not covered under our program.
9. Do any professionals perform any invasive procedures? ☐ Yes ☐ No
10. Any independent contractors: \_\_\_\_\_
11. Verification that Opticians/Optometrists are licensed, registered or certified: \_\_\_\_\_
12. Provide a description of operations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Provide a breakdown of revenue among:  
Optical goods sales \_\_\_\_\_ %  
Professional services (incl. exams) \_\_\_\_\_ %  
Other \_\_\_\_\_ %  
If Other, please describe: \_\_\_\_\_
14. Are you an approved provider for ☐ Medicare ☐ Medicaid ☐ N/A
15. Are you accredited by an approved Medicare/Medicaid organization? ☐ Yes ☐ No

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**By my signature below:**

- 1) I warrant that the information provided in this application is true and complete and that no information which would influence the judgment or decision of the insurer to consider this application has been withheld.
- 2) I acknowledge that this application will be the basis of any insurance policy issued as a result of this application and will become part of the policy as if physically attached.
- 3) I acknowledge that if anything changes that makes the information contained in this application inaccurate or incomplete after the submission date but prior to the policy effective date, I have the duty to notify The Hanover Insurance Group in writing of such occurrence, event or circumstance. I understand that after such notice, any outstanding quotation may be changed or withdrawn at the sole discretion of the insurer or their agent and that failure to provide this information can result in a denial of insurance coverage.
- 4) I authorize the release and exchange of current and future underwriting and claim information between any prior insurer(s) and The Hanover and my broker, agent or peer review.

**HANOVER FRAUD STATEMENT**

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 and denial of insurance benefits.

**Please see the attached specific Fraud Warnings required by some states.**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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## FRAUD WARNINGS

**Notice to District of Columbia Applicants: 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.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or any application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Notice to Kentucky Applicants:** 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 or concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Notice to Louisiana and West Virginia Applicants:** Any person who knowing 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.

**Notice to Maryland Applicants:** Any person who knowingly or willingly 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 or confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New York Applicants:** 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 or 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.

**Notice to Ohio Applicants:** 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.

**Notice to Pennsylvania Applicants:** 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.

**Notice to Tennessee and Virginia Applicants:** 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.