

BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]

**MTAW Insurance Company**  
157 Main Street, Greenville, PA 16125  
P.O. Box 806, Greenville, PA 16125  
(800) 245-0366 | Fax (724) 588-8801  
Email: CourtNotices@cfins.com

### FRAUD WARNING – DISCLOSURE

#### ARKANSAS RESIDENTS:

Any person who knowingly presents a false or fraudulent claim for payment for 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.

#### COLORADO RESIDENTS:

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. § 10-1-128(6)(a) C.R.S.

#### FLORIDA RESIDENTS:

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.

#### LOUISIANA, RHODE ISLAND & WEST VIRGINIA RESIDENTS:

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.

#### MAINE, TENNESSEE, VIRGINIA & WASHINGTON RESIDENTS:

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.

#### MARYLAND RESIDENTS:

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.

#### NEW JERSEY RESIDENTS:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### NEW MEXICO RESIDENTS:

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.

#### NEW YORK RESIDENTS:

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.

#### OKLAHOMA RESIDENTS:

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.

#### PENNSYLVANIA RESIDENTS:

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 criminal and civil penalties.

By signing below, I affirm that I have received and understand this **Fraud Warning - Disclosure** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Defendant/Indemnitior: \_\_\_\_\_