



ProMutualGroup®

**New Jersey Mandatory
Anti-Fraud Statement**

- Medical Professional Mutual Insurance Company
- ProSelect Insurance Company
- ProSelect National Insurance Company

Applicant	Policy Number (office use only)
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PLEASE READ CAREFULLY AND SIGN BELOW

In accordance with N.J. Stat § 17:33A-6(c), any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

By signing below, the applicant certifies under the pains and penalties of perjury that the representations made on any and all applications for insurance with ProSelect Insurance company are true. The applicant also agrees to report any change in the nature of the risk to be insured to the Company as soon as any such change occurs. The applicant further agrees to allow ProSelect Insurance Company to validate any information provided in an application for insurance with the Company as it may deem necessary.

Printed Name of Applicant

Date

Signature of Applicant