



**New Jersey Mandatory  
Anti-Fraud Statement**

- Medical Professional Mutual Insurance Company
- ProSelect Insurance Company
- ProSelect National Insurance Company, Inc.

First Name/Corporate Name	Middle Initial	Last Name	Policy Number
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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.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer *(signature is required for N.H. producers only)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Producer