

SECTION IV

WE MAY NEED ADDITIONAL INFORMATION AT A LATER DATE. OUR ASSIGNED ADJUSTERS AND INSPECTORS WILL BE CONTACTING YOU TO OBTAIN ANY ADDITIONAL INFORMATION REQUIRED. AS YOU MAY KNOW, WE HAVE TO ASSIST MANY POLICYHOLDERS. **PLEASE TELL US WHERE WE CAN REACH YOU AND GIVE US ALTERNATIVE CONTACT NUMBERS SO THAT OUR INSPECTORS CAN FIND YOU QUICKLY AND ATTEND TO YOUR RESPECTIVE CLAIMS.** YOUR COOPERATION IS GREATLY APPRECIATED.

WHERE CAN WE REACH YOU? _____

CONTACT PERSON: _____

ALTERNATIVE: _____ CELLULAR NUMBER: _____

SPECIAL REMARKS AND INSTRUCTIONS TO WHERE THE VEHICLE IS LOCATED: _____

GENERAL POLICY PROVISIONS

WE DO NOT PROVIDE COVERAGE FOR ANY "INSURED" WHO HAS MADE FRAUDULENT STATEMENTS OR ENGAGED IN FRAUDULENT CONDUCT IN CONNECTION WITH ANY ACCIDENT OR LOSS FOR WHICH COVERAGE IS SOUGHT UNDER THIS POLICY.

TITLE 14 VIRGIN ISLANDS CODE SECTION [842], PROVIDES AS FOLLOWS:

"WHOEVER –

- (1) PRESENTS ANY FALSE OR FRAUDULENT CLAIM, OR ANY PROOF IN SUPPORT OF ANY SUCH CLAIM, UPON ANY CONTRACT OF INSURANCE FOR THE PAYMENT OF ANY LOSS; OR
- (2) PREPARES, MAKES OR SUBSCRIBES ANY ACCOUNT, CERTIFICATE, SURVEY, AFFIDAVIT, OR PROOF OF LOSS, OR OTHER BOOK, PAPER, OR WRITING WITH INTENT TO PRESENT OR USE THE SAME, OR TO ALLOW IT TO BE PRESENTED OR USED IN SUPPORT OF ANY SUCH CLAIM -

SHALL BE FINED NOT MORE THAN \$1,000 OR IMPRISONED NOT MORE THAN 5 YEARS, OR BOTH."

I, THE INSURED, HEREBY WARRANT AND CERTIFY BY MY SIGNATURE HEREIN THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

PRINT NAME OF INSURED

GUARDIAN CLAIMS OFFICES' LOCATIONS:

ST. THOMAS: 9716 ESTATE THOMAS (HAVENSIGHT)
TEL: 340.776.8050
FAX: 340.774.2343

ST. CROIX: 123 MOUNT WELCOME (ABC BLDG.)
TEL: 340.719.2375
FAX: 340.719.2377