



CHILD CARE CENTER SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- ACORD Applications
- For Business Income ALS, complete page 5
- Resume of Director of new venture
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years

GENERAL INFORMATION

Applicant:

Location address:

E-mail:

Web address:

Risk Management Contact:

RM Email:

Years in business:

This child care center is located in which type of building?

Commercial Church School Private Home (**NOT Eligible**) Other (describe):

Hours of operation:

- | | | |
|--|-----|----|
| 1. Is the child care center licensed? | Yes | No |
| 2. If licensing is NOT state required, why is the center exempt: | | |
| 3. Has a license to operate ever been denied, suspended or revoked?
If yes, please explain thoroughly on a separate document. | Yes | No |
| 4. Is the Applicant's organization more than 25% owned by a private equity fund structure?
If yes, provide name of private equity firm: | Yes | No |

BUILDING SPECIFICS

- | | | |
|--|-----|----|
| 1. Does the child care center exit directly to the outside?
To ground level? | Yes | No |
| 2. Do the bathroom doors lock?
Can they be unlocked from the outside? | Yes | No |
| 3. Does the child care center have smoke detectors?
If yes, are they: battery operated or hard-wired to the building | Yes | No |
| 4. Are doors equipped with pinch guards to prevent fingers from getting caught? | Yes | No |
| 5. Has a lead abatement been performed since 1978? | Yes | No |
| 6. Have asbestos materials been: not present removed protected to prevent flaking | | |

STAFF AND CHILDREN

1. Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)

AGE GROUP	# OF CHILDREN	AVERAGE DAILY ATTENDANCE	# OF TEACHERS
Infants, ages 0 – 1			
Toddlers, ages 1 – 2			
Toddlers, ages 2 – 3			
Preschoolers, ages 3 – 5			
School Age Children			

- | | | |
|--|-----|----|
| 2. Are children allowed to use the restroom without a teacher present?
If yes, how many children are allowed in the restroom at one time: | Yes | No |
| 3. Is a <u>minimum</u> of one staff member certified in first aid present at all times? | Yes | No |
| 4. OPTIONAL: If male staff, provide details of | | |
| a) Length of employment: | | |
| b) Any one-on-one activities? | Yes | No |
| c) Duties performed, including age groups: | | |

CORPORAL PUNISHMENT

- | | | |
|--|---------|-------------|
| 1. What is the Applicant's policy on corporal punishment? | Allowed | Prohibited |
| If allowed, please submit a copy of the written policy concerning the use of corporal punishment. | | |
| 2. Have there ever been any claims for corporal punishment? | | Yes No |

SEXUAL ABUSE

- | | | |
|--|--------------------------------|-------------|
| 1. Does the Applicant's employment process (for employees, volunteers, and independent contractors) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? | | Yes No |
| 2. During new staff orientation, does the Applicant discuss child/sexual abuse, how to recognize the signs and what to do if a child reports that someone molested him or her? | | Yes No |
| 3. Does the Applicant perform national criminal background investigations and is a sex offender register check completed on all: | | |
| Employees? | | Yes No |
| Volunteers? | | Yes No |
| Independent contractors? | | Yes No |
| If no, please explain: | | |
| 4. How long has the Applicant been performing these checks: | | years |
| 5. For how many years does the Applicant keep these records on file after employee leaves: | | years |
| 6. Does the Applicant verify employment-related references? | | Yes No |
| 7. Does the Applicant conduct a personal interview? | | Yes No |
| 8. Does the Applicant's supervision plan monitor staff in day-to-day relationships with children both on and off premises? | | Yes No |
| 9. How is the staff monitored? | Video Windows Other: | |
| 10. Are there operable surveillance cameras in all classrooms and inside play areas? | | Yes No |
| If yes, is the video saved? Yes No If yes, for how long: | | |
| 11. Does the Applicant contract with any vendors who have contact with any children in your care? | | Yes No |
| If yes, please explain: | | |
| 12. Are there any other circumstances where adults, who are not the Applicant's employees, have access to any child in your care? | | Yes No |
| If yes, please explain: | | |
| 13. Does the Applicant have written procedures for dealing with sexual abuse? | | Yes No |
| MANDATORY: Provide a copy of procedures. | | |
| 14. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? | | Yes No |
| If yes, please complete: | | |
| a) Was a claim made against the organization? | | Yes No |
| b) Is that individual still employed with your organization? | | Yes No |
| c) What changes were made to prevent recurrence? | | |

HEALTH AND SAFETY

- | | | |
|--|--|-------------|
| 1. Does the Applicant provide sick child or drop in services? If yes, please explain. | | Yes No |
| 2. How many children require special care and treatment? Please explain. | | |
| 3. Indicate if a file containing the following information is maintained on each child. | | |
| a. Are there Immunization records of the children being updated annually? | | Yes No |
| b. Are there records for each child indicating unusual conditions the child has? | | Yes No |
| c. Are signed releases for emergency medical treatment/dispensing of medication obtained from parents? | | Yes No |
| d. Written instructions from child's physician for dispensing of child's medication? | | Yes No |

- | | | |
|---|-----|--------------|
| 4. Is food properly covered, stored and served in according to government requirements? | Yes | No |
| 5. Does the Applicant have an accident / health policy? | Yes | No |
| Is coverage mandatory for all children? | Yes | No |
| Provide carrier limits of liability: | | Policy term: |
| 6. Does the Applicant require evidence of personal medical insurance for all children? | Yes | No |
| 7. Does the Applicant have a written emergency evacuation plan in effect? | Yes | No |
| 8. Please describe the Applicant's daily check in and release procedures: | | |
| 9. Are any pets or animals kept on premises? | Yes | No |
| Describe animals, caging, and type of interaction: | | |

SECURITY

- | | | |
|--|-----|----|
| 1. Are any of the Applicant's locations protected by security personnel? | Yes | No |
| 2. If yes, are the security personnel | | |
| a. Sub-contracted? | Yes | No |
| b. Employed? | Yes | No |
| c. Other (please explain): | | |
| 3. Does the Applicant's state permit open and/or concealed carry of weapons on your premises? | Yes | No |
| 4. Does the Applicant have a written policy permitting open and/or concealed carry of firearms on any premises for which you are requesting insurance coverage? | Yes | No |
| 5. If the Applicant permits open and/or concealed carry of firearms on any premises for which you are requesting insurance coverage, please identify who you grant this permission to: | | |
| a. Staff? | Yes | No |
| b. Guests? | Yes | No |
| 6. If the Applicant does not permit open and/or concealed carry of firearms on any premises for which you are requesting insurance coverage, do all locations have signage which conspicuously identifies the building as a Gun Free Zone? | Yes | No |

AUTOMOBILE

N/A

- | | | |
|---|-----|----|
| 1. Does the Applicant provide regular transportation for children? | Yes | No |
| If yes: Maximum distance: miles Minimum age: | | |
| 2. Is a walk-around vehicle checklist used prior to transporting children? | Yes | No |
| 3. Are all drivers put through specialized drivers training in transporting children? | Yes | No |
| 4. How are children accounted for getting on and off the bus: | | |
| 5. How often do employees or volunteers drive their own vehicles for transporting children: | | |
| 6. Does the Applicant require evidence that they have their own auto insurance? | Yes | No |
| If yes, limit required: \$ | | |
| 7. Does the Applicant's organization utilize GPS fleet telematics devices? | Yes | No |
| If yes, please check off the fleet telematics being utilized: | | |
| Plug in Hard wired Mobile Phone Other: | | |
| 8. What percentage of the Applicant's fleet is provided with these fleet telematics devices: | | % |
| 9. Does the Applicant have a formal driving policy in place with MVR standards? | Yes | No |
| If yes: | | |
| a. Is driving policy communicated in writing to all employees? | Yes | No |
| b. Is a signed acknowledgement form kept on file? | Yes | No |
| If yes, please provide a copy of signed acknowledgement. | | |
| c. Do driving standards include the following: | | |
| No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? | Yes | No |
| No more than 2 moving violations within past 3 years? | Yes | No |
| No more than 1 at fault accident within past 3 years? | Yes | No |
| 10. How often does the Applicant check MVR reports? | | |
| 11. Describe any ongoing training provided to drivers: | | |

- | | | |
|--|-----|----|
| 12. Does the Applicant allow employees to drive personal vehicles for company purposes? | Yes | No |
| If yes: | | |
| a. Are the driving policy and standards for these drivers the same as in questions 9 & 10? | Yes | No |
| b. Does the Applicant require these employees to have adequate personal insurance limits? | Yes | No |

SPECIAL ACTIVITES

Play Area

- | | | |
|---|-----|----|
| 1. Is the area fenced? | Yes | No |
| 2. Are any trampolines and inflatables present? | Yes | No |
| 3. Describe playground surface: | | |

Field Trips and Off Premises Travel

- | | | |
|---|--------------------|---------------|
| 1. How many field trips are taken per year: | | |
| 2. Describe the field trips: | | |
| 3. Are parental waivers obtained? | Yes | No |
| 4. Minimum age taken on trips: | | |
| 5. How are children transported: | Child Care Vehicle | Parent Other: |

Activities

- | | | |
|--|-----------------------------------|--------|
| 1. Are special classes provided? (check all that apply) | | |
| Gymnastics | Dance | Karate |
| Tumbling | Birthday Parties - # of children: | Other: |
| Please explain: | | |
| 2. Are special classes taught by an independent contractor on your premises? | Yes | No |
| 3. Does the Applicant request/maintain Certificates of Insurance from all sub-contractors? | Yes | No |
| 4. Does the Applicant have any operations other than child care? | Yes | No |
| If yes, please explain: | | |

Summer Camp

- | | |
|---|-------|
| 1. Number of children (other than children in the childcare program): | Ages: |
| 2. Number of weeks attending: | |
| 3. Number of additional staff: | |
| 4. Describe outings away from camp location: | |

Swimming Pools

- | | | |
|---|-----|----|
| 1. Does the Applicant now use or plan in the future to use swimming facilities? | Yes | No |
| 2. Is the pool you use, or plan on using, located: on Applicant's premises at a separate location | | |
| 3. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| If no, provide timetable and action plan: | | |

Answer the following questions for pool to be used:

- | | | |
|---|-----|----|
| 4. Are water depths marked? | Yes | No |
| 5. What is the maximum depth: feet | | |
| 6. Is there a diving board? Yes No Is there a slide into the pool? | Yes | No |
| 7. Is the pool area completely fenced? | Yes | No |
| 8. Are lifeguards present? Yes No Is there a self-locking gate? | Yes | No |
| 9. Ratio of staff to child when at pools: to | | |
| 10. Minimum age of children allowed in the water: | | |
| 11. Minimum age of children in the water: | | |
| 12. Walking surface in good shape and non-slip? | Yes | No |

BUSINESS INCOME ACTUAL LOSS SUSTAINED

A.	Business Incomes exposures from the following sources	
		ACTUAL REVENUE FOR PAST 12 MONTHS
	1. Total Annual Tuitions:	\$
	2. Ordinary Payroll Expense*:	\$
	3. Continuing Expenses:	\$
B.	Total B/I Exposure for 12 months:	\$
C.	Less Cost of	
	1. If excluding or limiting "Ordinary Payroll", deduct all "Ordinary Payroll" Expenses. (See note below.) If not excluding or limiting "Ordinary Payroll", leave blank:	\$
	2. Other Non-continuing Expenses:(describe)	\$
D.	Total Deductions: (Items 1 – 2)	\$
E.	Total Business Income Value: (B – D)	\$
	Complete only if extra expense is requested**	
F.	Method 1: 25% of Total Revenue:	\$
G.	Method 2: Calculation by Category**	
	1. Rental for temporary Child Care location:	\$
	2. Moving Expenses:	\$
	3. Overtime / Other Extra Expense:	\$
	4. Other:	\$
H.	Total Gross Extra Expense:	\$
	Deduct expenses discontinued at original location because of loss:	(\$)
I.	Net Extra Expense: (From line F or Line H)	\$
J.	TOTAL INSURABLE BUSINESS INCOME / EXTRA EXPENSE: (E + I) (Agreed Amount)	\$

* Ordinary Payroll expenses include payroll, employee benefits if directly related to payroll, FICA and Medicare payments, union dues, and Workers Compensation premiums. Some points to consider in deciding whether to exclude or limit Ordinary Payroll (ie: other than officers, executives, managers and employees under contract):

1. Would you lay off all your other employees in the event of a short interruption? Yes No
Describe:

2. Could you get them back when operations are restored or would they have gone elsewhere? Yes No
Describe:

** Extra Expense Coverage provides additional coverage in the event of a covered loss for necessary expenses sustained during the period of restoration that you would not have incurred if there had been no direct physical loss or damage to property. For example, if it becomes necessary for you to rent another building at another unnamed location in order to continue your operations during the period of recovery. Two methodologies are being offered to determine your Extra Expense exposure. Which methodology you use is up to you.

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | | | | |
|----|--|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them. | Yes | No | N/A |
| | a. If not, select all freeze protection measures currently in place:
Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
PHLYSense
Other water detection/ notification/ alarm system
Backup electrical generator, ensuring building heat at all times
Insulation around water pipes in cold areas*
Heat tracing for water pipes in cold areas*
Antifreeze fire sprinkler system in cold areas*
Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
Other: | | | |
| | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F. | | | |
| 2. | Fire Protection and Testing | | | |
| | a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| | i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both | | | |
| | ii. If yes, approximately what percentage (%) of the building is sprinklered? % | | | |
| | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines) | | | |
| | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| | b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 4. | Automatic Water Shutoff Devices | | | |
| | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 5. | Unused/ Vacant Spaces | | | |
| | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 6. | Seasonal Occupancies ONLY: | | | |
| | a. Is there a full-time caretaker/ maintenance personnel on the premise?
If yes, select required duties of the caretaker: | Yes | No | N/A |
| | Regular walkthroughs of the building | | | |
| | i. How often each day? | | | |
| | Trained in the location(s) of water shut off valve(s) | | | |
| | Inspects taps and leaves them dripping in freeze weather events | | | |
| | Shuts off or drains pipes during freezing temperatures | | | |
| | Monitors building temperatures ensuring heat is maintained at required levels | | | |
| | Responds to power outages | | | |
| | i. List of required procedures | | | |
| | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.? | Yes | No | N/A |



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
Address of Applicant:
City: State: Zip:
Website: www:
Nature of Operations:

1. Annual sales or revenue: \$
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information
3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

APPLICABLE IN DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORIDA 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.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

APPLICABLE IN MAINE: 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.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: 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.

APPLICABLE IN OHIO: 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.

APPLICABLE IN OKLAHOMA: 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.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)