



REAL ESTATE SUPPLEMENTAL APPLICATION

Section 1 and the Fraud Statement must be completed on all submissions.

1. If you are a Real Estate Property Manager, complete Section 2.
2. If a Shopping Center risk, please complete Section 3.
3. If a Residential risk, please complete Section 4.
4. If a Warehouse risk, please complete Section 5.
5. If a Landowner / Real Estate Developer, please complete Section 6.
6. If a Parking Garage Operator, please complete Section 7.
7. If Applicant has a Restaurant exposure, please complete Section 8.
8. If Applicant has a Swimming Pool exposure, please complete Section 9.

Applicant Name:

C/O (if applicable):

Website Address:

Risk Management Contact:

Email:

Cell Phone:

SUBMISSION REQUIREMENTS

- ACORD Application
- Loss Runs: 3 full years, plus most recent partial year
- Current Rent Rolls
- Sample Copy of Insurance provisions within your lease agreements with your current tenants
- Sample Copy of Insurance provisions within your contracts used with service contractors, property managers, etc.

SECTION I – OCCUPANCY INFORMATION

1. Type of Occupancy: **(Check all that apply)**

Bank	Manufacturing/Industrial	Outdoor Market
Bar/Tavern/Night Club	Medical Facility	Residential Parking Garage
Gas Station	Mercantile-Single Occupant	Restaurant
Hotel/Motel	Nursing Home/Group Home/	Strip Mall
Indoor Shopping Mall	Assisted Living Facility	Other (describe):
Land	Offices	Other (describe):

SECTION 1.1 – FIRE/SAFETY INFORMATION

1. Is there an elevator?	Yes	No
Number of elevators?		
2. Is an elevator maintenance agreement in effect naming Applicant as additional insured with Hold Harmless Agreement?	Yes	No
3. Any restaurant or bar?	Yes	No
4. Ansul System?	Yes	No
5. Service Agreement?	Yes	No

SECTION 1.2 – FIRE PROTECTION AND ALARMS

1. Smoke detectors in common areas:	Hardwired	Battery	N/A (no common areas)
2. Smoke detectors in units:	Hardwired	Battery	
3. CO Detectors?			Yes No
4. Local Fire Alarm?			Yes No
5. Central Station Fire Alarm?			Yes No

- | | | | | | |
|--|-----------------|----------|--------------|-----|----|
| 6. Annunciator Panel? | | | | Yes | No |
| 7. Are there masonry firewalls? | | | | Yes | No |
| If yes, number of units per firewall: | | | | | |
| 8. Are there 2-hour firewalls? | | | | Yes | No |
| If yes, number of units per firewall: | | | | | |
| 9. Do all firewalls extend to underside of roof? | | | | Yes | No |
| Please describe: | | | | | |
| 10. Does Applicant have a sprinkler system? | | | | Yes | No |
| 11. Type of sprinkler system(s): | | | | | |
| Classification: | NFPA 13 | NFPA 13R | Other: | | |
| Areas of coverage: | Entire Building | Units | Common Areas | | |
| | Attic | Basement | Garage | | |

SECTION 1.3 – ROOF TYPE

- | | | | | | |
|--|-----------------|--------------------------------------|--------------------|-----|----|
| 1. Roof Material: | | | | | |
| Asphalt/Composition Shingle | | If so, are any T-lock shingles used? | | Yes | No |
| Tile (clay) | Tile (concrete) | Metal | Wood Shake/Shingle | | |
| Flat (tar and gravel) | Flat (membrane) | Other: | | | |
| 2. Roof Manufacturer: | | Roof Product: | | | |
| 3. Roof Warranty: | years | Year of last roof update: | | | |
| 4. Are roofs inspected annually? | | | | Yes | No |
| If yes, by whom: | | | | | |
| 5. Are roof replacements scheduled? | | | | Yes | No |
| Please provide details or attach replacement schedule: | | | | | |
| 6. Do the roofs have ice shields installed? | | | N/A | Yes | No |
| If yes, how many feet: | | | | | |
| 7. Any ice damming history? | | | N/A | Yes | No |
| If yes, corrective actions taken: | | | | | |
| 8. Any HVAC equipment in the attic space? | | | N/A | Yes | No |
| 9. Are clothes dryers vented into attic space? | | | N/A | Yes | No |

**SECTION 1.4 – MEANS OF EGRESS
(Buildings over 3 stories)**

- | | | | | | |
|--|--|---------------|--|-----|----|
| 1. Are all interior stairwells masonry enclosed? | | | | Yes | No |
| 2. Do all interior stairwells have fire doors? | | | | Yes | No |
| 3. Are fire doors equipped with panic hardware? | | | | Yes | No |
| 4. Are there exterior fire escapes? | | | | Yes | No |
| 5. Is there emergency lighting in the hallways and stairwells? | | | | Yes | No |
| 6. Are there elevators in the building? | | | | Yes | No |
| If yes: # of passenger: | | # of freight: | | | |
| 7. Are there illuminated exit signs? | | | | Yes | No |
| 8. What is the number of exits per building: | | | | | |

SECTION 1.5 - 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? | Yes | No | N/A |
| | If yes, select required duties of the caretaker:
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 |

SECTION 1.6 - SECURITY

1. Is there a guard service provided? Yes No
 If yes, please answer the below:
- a. Type of guard service provided: 24 hour Evenings Other:
 b. Are the guards: Armed Unarmed
 c. Are the guards: Employees Off Duty Police Independent Contractors* Non-cash compensated security
- *If security service is an independent contractor, please provide a Certificate of Insurance and a fully executed copy of the contract.
2. Are the premises monitored by a closed circuit TV? Yes No
 3. Is this a gated community or gated property? Yes No
 If yes, please describe access:
4. Describe any fixed security measures in place. (i.e. window security in place, cards, locks, sliding glass doors, etc.).
5. Are incident reports provided to senior management of the property management company for security improvement action plans to be implemented? Yes No
 6. What process is followed after a violent incident takes place?
7. Are criminal background checks conducted on all tenants and employees? Yes No

SECTION 1.7 – DAMS / LAKES / PONDS**N/A**

1. Number of dams: Types of dams: Number of acres:
 2. Comment on downstream exposure and attach dam inspectors report:
3. Are there any ponds? Yes No
 4. Number of ponds: Size of pond(s): Acres: Depth: Feet Yes No
 5. Are there any lakes? Yes No
 6. Number of lakes: Size of lake(s): Acres: Depth: Feet Yes No
 7. Is the lake owned by the association? Yes No
 8. Confined by dam, levy or dyke? Yes No
 9. Is swimming permitted? Yes No
 10. Is swimming restricted to designated area? Yes No
 11. Is the area roped off? Yes No
 12. Are lifeguards on duty during posted hours? Yes No
 13. Are lifeguards: Employees Subcontracted
 14. If subcontracted, is a current Certificate of Insurance obtained? Yes No
 15. Is ice skating allowed? Yes No
 16. Is fishing allowed? Yes No
 17. Is non-motorized boating allowed? Yes No
 18. Is motorized boating allowed? Yes No
 19. Are signs posted indicating prohibited activities? Yes No

SECTION 1.8 - PLAYGROUND**N/A**

1. What is the surface under the playground equipment?

SECTION 1.9 – AMENITIES AND RECREATIONAL ACTIVITIES**N/A**

1. Are any child care services permitted? Yes No
 2. Is skateboarding permitted? Yes No
 If no, are signs posted? Yes No

3. Is there an equestrian exposure? Yes No
If yes, please provide details:
4. Are there any high hazard activities? Yes No
If yes, please provide details:
5. Number of courts for: Tennis: Basketball: Volleyball:
6. Walking or Biking Trails? Yes No Number of miles:
7. Is there an exercise/weight room? Yes No
If yes, is it supervised? Yes No Are rules posted? Yes No
8. Type of equipment: Free Weights Circuit Equipment Step Machine Lifecycle
Treadmills Rowing Machines Other:

SECTION 1.10 – GOLF COURSE/DRIVING RANGE

N/A

1. Association owned golf course or driving range? Yes No
2. Is the golf course/driving range open to the public? Yes No
3. Is the golf course operated and maintained by an independent contractor? Yes No

SECTION 1.11 - MAINTENANCE

1. Building Maintenance/Inspection Program? Yes No
2. Parking Lot Maintenance/Inspection Program? Yes No
3. Maintenance is performed by: Employees Subcontractors
a. If outside contractors: Certificates of Insurance are obtained
Applicant is named additional insured with Hold Harmless Agreement on subcontractor's policy
4. Snow/Ice Removal is performed by: Employees Subcontractors
a. If outside contractors: Certificates of Insurance are obtained
Applicant is named additional insured with Hold Harmless Agreement on subcontractor's policy

SECTION 1.12 – CONTRACTUAL INFORMATION

1. Is the Landlord/Tenant Agreement a "Triple Net Lease"? Yes No
2. Are Certificates of Insurance required from tenants? Yes No
3. Are Tenants' limits required to be equal to or greater than Applicant's? Yes No
4. Is Applicant named as additional insured on Tenants' policies? Yes No
5. Is the Hold Harmless Agreement that is in place with tenants in favor of Applicant? Yes No

SECTION 1.13 – NATURE OF BUSINESS

1. What operations does Applicant's company perform? (check all that apply)
- | | | |
|----------------------|-----------------------|------------------------|
| Owner/Lessor of: | Commercial Properties | Residential Properties |
| Property Manager of: | Commercial Properties | Residential Properties |
| Developer of: | Commercial Properties | Residential Properties |
- General Contracting
Construction Management
Onsite Supervision of Construction or Renovations
Other (please describe):
2. Other than the build-out of leased spaces, describe any contracting activities performed by Applicant's company:
3. What is the average occupancy rate for Applicant's properties: Commercial: Residential:
4. How often is Applicant's company added as an Additional insured on the General Liability and Umbrella policies of:
- | | | | |
|--------------|--------|-----------|-------|
| Tenants: | Always | Sometimes | Never |
| Contractors: | Always | Sometimes | Never |

5. Has Applicant ever provided additional insured status to tenants or general contractor on Applicant's policy? Yes No
 If yes, explain:
6. How often does Applicant require that leases and other contracts make tenants and contractors responsible for losses at its facilities (e.g., include Hold Harmless Agreement and indemnity language)?
- | | | | | |
|------------|--------|-----------|-----------|-------|
| Leases: | Always | Typically | Sometimes | Never |
| Contracts: | Always | Typically | Sometimes | Never |

SECTION 2 – REAL ESTATE PROPERTY MANAGERS SUPPLEMENT APPLICATION

1. Does Applicant carry Errors and Omissions Insurance? Yes No
 If yes, at what limits? \$
2. Does Applicant only provide services to others as outlined in a contractual agreement? Yes No
 If yes, provide a copy of all contracts used.
 If no, explain when Applicant would not use a contractual agreement:
3. Does Applicant ever use someone else's contract? Yes No
4. Does anyone other than a principal have the authority to amend the stated contract or agreement for a particular engagement? Yes No
5. Does the contract used include a Hold Harmless Agreement in Applicant's favor? Yes No
6. Does Applicant's contract require the property owner to name Applicant as additional insured on their policy? Yes No
7. Does Applicant obtain verification of General Liability Coverage from all owners of sites managed with limits of at least \$1,000,000 per Occ/\$1,000,000 Personal & Advertising Injury/\$2,000,000 General Aggregate? Yes No
 If yes, indicate how liability insurance coverage is verified (check all that apply):
 The property manager is responsible for maintaining coverage
 The property manager requires Certificates of Insurance from the owners of properties managed.
 Other, please explain:
8. Please provide the following information for all locations managed:

Loc #	Location Address	Square Footage/ # Units	Property Type (i.e. Apts, Merc. LRO, Dwellings, etc.)	Limits Verified As Shown In Question 8	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

9. What amount of authority (in dollars) does Applicant have for capital improvements and repairs? Yes No
10. Does Applicant have supervision responsibilities for any employees of its clients? Yes No
 If yes, please explain what operations Applicant is supervising and the number of people being supervised:
11. Does Applicant have payroll or subcontractor cost for any of the following exposures? Yes No
 If yes, please provide annual payroll and/or subcontractor cost.

Trade	Payroll	Subcontractor Cost
Carpentry		
Maintenance		
Handyperson		
Plumbing		
Electrical		
Landscaping		
Security		

Janitorial		
Construction Development		
Any Other Contractors *		
Any Other Services *		

*Please explain "Any Other Contractors" or "Any Other Services" performed:

12. If subcontractors are used, does Applicant require certificates with limits equal to this application of insurance for each Contractor? Yes No
13. Has Applicant, or any predecessor firm, at any time engaged in any business venture outside the scope of property management, including but not limited to construction, property development or insurance? Yes No
14. During the past 3 years, have any of Applicant's principals, partners, officers, directors, employees or independent contractors had more than 20% equity interest in the property they manager? Yes No
15. Does Applicant obtain a credit report for each prospective tenant? Yes No
16. Does Applicant follow formal written procedures in processing tenant evictions? Yes No
17. Do Applicant's employees drive their own vehicles from site to site on a regular basis? Yes No
18. Does Applicant obtain evidence of Personal Auto coverage with limits of at least \$100,000/\$300,000 for all employees using their own cars for business? Yes No
19. List all states in which you operate:
20. Is Applicant or any of its employees a licensed Real Estate Agent? Yes No
21. Indicate the percent of revenue for each type of operation:

Type	Percentage	Type	Percentage
Real Estate Sales	%	Property Management	%
Real Estate Appraisers	%	Maintenance Services	%
Construction Repairs	%	Mortgage Brokers/Bankers	%
Security Services	%	Real Estate Consulting	%
Timeshare Sales	%	Association Management	%
Auctioneering	%	Leasing Fees	%
Construction Development	%	Owned Property Management	%
Property Rental	%	House Sitting	%
Other:	%		

22. Is Applicant involved in the sale of any properties that it does not own? Yes No
23. Indicate the percent of the properties Applicant manages:

Owned by Applicant	%
Owned by a Related Entity	%
Not Owned by Applicant or a Related Entity	%

24. If Applicant is involved in Real Estate Development, please describe:
25. If Applicant is involved in Construction Operations of any kind, please describe:
26. Has E & O Insurance been purchased? Yes No
27. Within the last 3 years, has Applicant, any subsidiary or any person associated with such entities for whom this insurance is being sought been:
- a. The subject of disciplinary action by a regulatory agency or association? Yes No
- b. The subject of action where a license was revoked or suspended? Yes No
- c. The subject of or involved in any claim, written demand, notice, proceeding or litigation alleging or involving property management services? Yes No
28. If yes to any of a) through c), please provide details:

SECTION 3 – SHOPPING CENTERS

1. Property Information:
- Total Number of Units: Average Occupancy Rate: %
- Number Vacant: Rental Receipts: \$

- Parking Area: _____ Other Receipts: \$ _____
- No. of Stories: _____
2. Is there cooking on the premises? Yes No
3. Number of restaurants: _____
How many of these are pizza shops? _____
4. Does Applicant allow special events or exhibits on premises? Yes No
If yes, please explain: _____
5. Have photos of the risk been included with submission? Yes No
- NOTE: Photos (including wide angle of parking lot) are a mandatory submission requirement).**

SECTION 4 - RESIDENTIAL

N/A

1. Community Type:
- | | | | |
|-------------------------|-----------------------|------------|--------------|
| Residential Condominium | Cooperative Apartment | Timeshare | Apartment |
| Income Restricted | Age Restricted | Year Round | Nursing Home |
| | | | Seasonal |
- # of Residential Buildings: _____ Planned: _____ # of Stories: _____
 # of Residential Units: _____ Planned: _____ # of Timeshare Units: _____
 Year Built: _____ Year Converted/Renovated: _____ Prior Occupancy: _____

SECTION 4.1 – RESIDENTIAL OCCUPANCY

1. Current average sale or resell price of units: \$ _____ Average Monthly Rate: \$ _____
2. # of owner occupied units: _____
 # of rented units: _____ # of units rented for period shorter than 1 year: _____
 # of seasonal owner units: _____
 # of seasonal tenant units: _____
 % Occupied: % _____ If seasonal, provide % occupancy: _____ Peak Season: % _____ Off Season: % _____
3. Any one night rental units? Yes No # _____ Details: _____
4. Any vacant units? Yes No # _____ Details: _____
5. Any bank owned units? Yes No # _____ Details: _____
6. Any developer owned units? Yes No # _____ Details: _____
7. Any student occupied units? Yes No # _____ Details: _____
8. Any subsidized housing units? Yes No # _____ Details: _____
9. Any evictions past 3 years? Yes No # _____ Details: _____
10. Dogs allowed? Yes No # _____ Details: _____
11. Dog park with rules posted? Yes No # _____ Details: _____
12. Are tenants provided with written statement of community policies and rules? Yes No
13. Are tenants required to obtain insurance? Yes No
14. Are Unit Owners required to maintain Individual Liability Insurance (HO6)? Yes No
15. If yes, what is the minimum limit of liability required? _____
 \$300,000 \$500,000 \$1,000,000 Other: _____

SECTION 4.2 - MANAGEMENT

1. Self-Managed On-Site –Site Property Management Firm Off-Site Property Management firm
 Developer Other: _____
2. If off-site management, indicate frequency of site visits: At least weekly Other: _____

SECTION 4.3 – MISCELLANEOUS BUILDING ISSUES

1. Is grilling on balconies permitted? Yes No
 Charcoal Propane Other: _____
2. Are there any known or suspected construction defects? Yes No
 If yes, describe defect and remediation work: _____
3. Are there any outstanding insurance company risk management recommendations? Yes No
 If yes, please provide details on recommendations and work planned: _____

4. Are any buildings built on pilings? Yes No

SECTION 4.4 - CLUBHOUSE**N/A**

- | | | | | | | | |
|----------------------------------|--------------------|--------------|----------------|----------|-------------|-----|----|
| 1. Indicate Clubhouse Exposures: | Cooking Facilities | Food Service | Liquor Service | Pro Shop | Indoor Pool | | |
| | Convenience Store | Retail Store | Spa | Other: | | | |
| 2. Is the clubhouse rented out? | | | | | | Yes | No |
| If yes, to whom: | Residents | Public | | | | | |
| 3. Are formal agreements used? | | | | | | Yes | No |

SECTION 4.5 – MAINTENANCE AND INDEPENDENT CONTRACTORS**N/A**

- | | | | | | | | |
|---|--|------------------|-------------------------|--|--------------------------|-----|----|
| 1. Is there any hire maintenance work done for individual unit owners? | | | | | | Yes | No |
| If yes, please describe: | | | | | | | |
| 2. Does maintenance person routinely walk premises to inspect and address imminent hazard (i.e. weather related slip and fall hazards)? | | | | | | Yes | No |
| 3. Has a reserve study or a plan for funding major maintenance projects been done? (attach) | | | | | | Yes | No |
| 4. Are association streets: | | Private | Public | | | | |
| 5. If private streets, who maintains? | | Association | Independent Contractor | | | | |
| 6. Indicate existing maintenance contracts: | | Grounds | Maintenance | | Snow Removal | | |
| 7. Indicate if contractor provides: | | Written Contract | Hold Harmless Agreement | | Certificate of Insurance | | |
| 8. If there is a Snow Removal contract, does it include a Hold Harmless Agreement/indemnification clause protecting the Association? | | | | | | Yes | No |

SECTION 5 – WAREHOUSE SUPPLEMENTAL APPLICATION

- | | | | | |
|---|----------|----------------------------------|----------------------------------|--------|
| 1. Gross Sales: | Payroll: | Area: | | |
| 2. Please check all the apply: | | | | |
| Warehouses – occupied by multiple interests (lessor’s risk only) | | Warehouses- mini-warehouses | | |
| Warehouses – occupied by single interest (lessor’s risk only) | | Warehouses – cold storage public | | |
| Warehouses – cold individual storage lockers | | Moving Company | | |
| Warehouses – Other: | | | | |
| 3. Is warehouse – part of franchise or chain? | Yes | No | Is warehouse individually owned? | Yes No |
| 4. What types of products are stored in the warehouse? | | | | |
| 5. Are there any hazardous materials stored on the premises? | | | | Yes No |
| If yes, what types of materials, and what special provisions are made for the handling or storage of these materials? | | | | |
| 6. Does Applicant offer packing and unpacking services? | | | | Yes No |
| If yes, are containers provided by Applicant? | | | | Yes No |
| 7. Is food stored on premises? | | | | Yes No |
| If yes, has facility ever been cited for violations by any state or federal food or health inspection agencies? | | | | Yes No |
| What sanitation and pest control measures are in place? | | | | |
| 8. Are any manufacturing operations taking place on premises? | | | | Yes No |
| If yes, please describe: | | | | |
| 9. Are there any armed security guards on premises? | | | | Yes No |
| If yes, are they employed or are they contracted by Applicant? | | | | |

PLEASE ANSWER APPLICABLE QUESTIONS REGARDING YOUR OPERATIONS:**Lessor’s Risk**

- | | | | | | |
|---|--|--|--|-----|----|
| 1. If lessor’s risk, are certificates of CGL Insurance required from all tenants? | | | | Yes | No |
| What limits are required: | | | | | |

- h. Estimated subcontractor costs for site preparation:
 During next 12 months: \$ _____ For entire project: \$ _____
 - i. If Applicant is acting as the general contractor for the site preparation:
 - 1. Does Applicant obtain a written contract from all subcontractors which includes a Hold Harmless Agreement clause in favor of the Applicant? Yes No
 - 2. Is Applicant named as an additional insured on the subcontractor's policy? Yes No
 - 3. Minimum limits required for a subcontractor's policy:
 - j. Will Applicant be selling completed lots to: One builder Individuals Multiple Builders
 - k. Will Applicant be involved with building, subbing out the building, or selling the completed structures? Yes No
 If yes, please describe:

 - l. Will there be any Model Homes? Yes No
 If yes, how many will be built?
 - m. Will any work be performed in the states of Nevada, California, or South Carolina? Yes No
- 3. Land Leased to Others:**
- a. Tenant's use of the land:

Farming	Grazing	Parking	Quarry	Strip Mining
Hunting	Camping	Fishing	Hiking	Cross Country Skiing
Logging	Landfill	Dirt Biking	Snowmobiling	Motorized Vehicles or Bikes

 Other (describe): _____
 - b. Is the tenant insured? Yes No
 - c. Is Applicant named as additional insured on the tenant's policy? Yes No
- 4. Does Applicant have other business ventures for which coverage is not requested?** Yes No
 If yes, explain and advise where insured:

SECTION 7 – PARKING OPERATOR SUPPLEMENTAL

SECTION 7.1 - OPERATIONS

PARKING DEFINITIONS:

VALET PARKING: Applicant's employees takes possession of vehicle from owner, parks the vehicle, and the keys are retained by applicant. Examples include designated spaces/areas to store valet parked cars. These types of locations can include office, hospital, restaurant, hotel, shopping center.

ASSISTED PARKING: Also called tandem parking, a vehicle owner parks their own vehicle. The keys are given to applicant's employees. The vehicle can be moved by applicant's employee, if necessary, because of the tandem or stacking of vehicles behind other vehicles (in the event a vehicle's owner wants to move their car). Keys are retained by an employee of applicant and are kept in a secure common place requiring a ticket for customer to retrieve keys. Unlike valet parking the applicant's employees only occasionally move vehicles.

SELF PARKING: Vehicle owners park their vehicles and retain possession of vehicle keys.

SPECIAL EVENTS: A one-time event. May involve both valet and self-park. Applicant is hired for one event to valet park vehicles or operate a self-park lot or area for that event. Examples are private parties at a private residence, one-time special event at a large venue such as a sporting event.

- 1. List the Applicant's annual gross receipts for the projected, expiring, and prior policy terms:

POLICY TERM	ANNUAL RECEIPTS
Projected:	\$ _____
Expiring:	\$ _____
Prior:	\$ _____

- 2. Provide total space counts for the upcoming, expiring and prior policy terms for all of the Applicant's regular parking locations. The "projected" totals should match the totals on the Applicant's schedule of locations.

Policy Term	Self-Parking	Assisted Parking	Valet Parking
Projected			
Expiring			
Prior			

3. How many special events does the Applicant expect to handle during the next policy term? (Count each day of multiple-day events as one event.)
 Self-Parking Special Events: _____ Valet-Parking Special Events: _____
4. How many of the Applicant's employees are affiliated with the Applicant's parking operations?
 Full Time: _____ Part-Time: _____
5. Any restrictions in place regarding the type of vehicle permitted to park in the facility? Yes No
 If yes, provide details: _____

6. Does the Applicant keep customers' keys in a protected area, such as a lockbox or separate room? Yes No
 a. Does the Applicant keep this protected area locked at all times? Yes No
 b. Is an employee always in the immediate vicinity of this protected area? Yes No
7. If the Applicant does not keep customers' keys locked in a protected area, such as a lockbox or separate room, or if an employee is not always in the immediate vicinity of that protected area, describe how the Applicant protect customers' keys: _____

8. What type of ticket system does the Applicant use?
 2-part _____ 3-part _____ 4-part _____ Other: _____

9. Provide the following breakdown of where the Applicant parks customer vehicles:

Where Customer Vehicles are Parked	Percentage of All Vehicles Parked
At location where received:	%
On public streets:	%
At another location (other than public streets):	%

10. Does the Applicant pick up or deliver customer vehicles away from where the Applicant parks them for any reason other than parking? Yes No
 If yes, provide details (for example, "take vehicles to a repair facility" or "take vehicles out for refueling"):

11. Does the Applicant ever drive customers' vehicles with the customers as passengers or other persons as passengers? Yes No
 If yes, provide details:

12. Does the Applicant conduct any other operations (for example, shuttle services, consulting services, customer auto services, or concierge services)? Yes No
 If yes, describe each operation and provide annual receipts:

Description of Operation	Annual Receipts
	\$
	\$
	\$

13. Is the Applicant under contractual agreement to maintain the premises of any of the parking lots the Applicant operates for others? Yes No
 a. Does the Applicant keep a regular written report of the maintenance of equipment and premises? Yes No
 b. List the Applicant's maintenance and housekeeping responsibilities (such as asphalt repair, lot sweeping, lot de-icing, oil-slick removal, light bulb replacement, and so forth):
 c. Does the Applicant submit written reports to the management company or property owner when repairs are needed? Yes No

14. What methods are used to restrict access to the facility from intruders?

15. Does the Applicant hire security guards? Yes No
 a. If they are the Applicant's employees, indicate their annual payroll: \$
 b. If they are from a security firm, indicate the annual cost: \$
 c. Are any security guards armed? Yes No

16. Is any electronic surveillance of the facility utilized? Yes No
 If yes, provide details:

17. Are locked cars ever moved? Yes No
 If yes, describe type of equipment used and employee training for use of the equipment:

18. Do any of the Applicant's locations use vehicle lifts or elevators? Yes No
 If yes, provide the following information for each lift and elevator (include these locations on the schedule of locations):

Description of Device and Use	Vehicle Capacity

19. Does the Applicant own or operate under contract any open motorized vehicles (such as golf carts) and use them for transporting patrons or employees? Yes No
 If so, provide the following information for each type of vehicle. **IMPORTANT NOTE:** This program will not provide coverage for these types of vehicles if they are licensed for road use or are driven on any public roads.

Vehicle Description	Passenger Capacity	Total Units	Use	Total Daily Trips

20. Describe the use of all owned vehicles:

SECTION 7.2 - CRIME

- What is the average and maximum amounts of cash on hand daily?
 Average: \$ _____ Maximum: \$ _____
- How often are bank deposits made?
- Are drop safes used for denominations of \$20 or higher? Yes No

SECTION 7.3 - PROPERTY

- Is there any equipment located below ground level, i.e. elevator equipment? Yes No
- Are space heaters used in colder weather in cashier booths? Yes No
- Is the operation dependent upon a leader location (i.e. store, theater, stadium) to bring in business? Yes No
- Does the Applicant own mobile equipment (i.e. street sweeper)? Yes No

SECTION 7.4 - HIRING, TRAINING, AND SAFETY

Parking companies need specific, established policies and procedures for hiring employees and for training employees to handle customer vehicles safely, to protect customer vehicles adequately, to deal appropriately with customers, and to dress professionally on the job. In addition to answering the questions in this section, provide copies of your hiring, training, and safety policies and procedures (including MVR standards) with this application.

- Does the Applicant require current MVRs on all prospective drivers prior to hire? Yes No
- How often does the Applicant update MVRs for their current drivers (i.e., annually, semi-annually, etc.)?
- What are the Applicant's standards for acceptable MVRs? (If these exist in writing, include a copy with this application.)
- Does the Applicant participate in any state MVR Pull Notice program? Yes No

5. Does the Applicant have established criteria for determining the acceptability of employees (such as formal employment application, background check, references, drug testing, physical fitness testing, minimum age requirement, and so forth)? Yes No
If yes, include a copy with this application.
6. Does the Applicant have a written employee training and safety program? Yes No
If yes, include a copy with this application.

SECTION 7.5 - COVERAGE OPTIONS

1. Does the Applicant have any written contracts that require "waiver of subrogation" wording? Yes No
2. Does the Applicant have any written contracts that require "primary insurance" wording? Yes No
3. Does the Applicant wish to add Hired Auto Liability coverage for vehicles that the Applicant temporarily hires in the course of the Applicant's parking operations? Yes No
If yes, provide the following information for each type of auto the Applicant expects to hire for this purpose during the upcoming policy term.

Type	Number of Days	Passenger Capacity	Use

- a. What are the Applicant's annual costs to hire such vehicles? Expiring: \$ Projected: \$
4. Does the Applicant wish to add excess Non-Owned Auto Liability coverage for employee's use of their personal vehicles on company business? Yes No
NOTE: If the Applicant has an owned auto policy, this program cannot provide Non-Owned Auto coverage. Instead, the Applicant should add Non-Owned Automobile coverage to the Applicant's owned auto policy.
- a. How many of the Applicant's employees drive their personal vehicles on company business?
- b. Describe the types of company business for which employees or supervisors use their personal vehicles:
- c. Does the Applicant require evidence that employees who drive their personal vehicles on company business carry their own auto liability insurance, and does the Applicant maintain a copy in your company records? Yes No
- d. Does the Applicant require that these employees have minimum limits of at least \$300,000 on their personal auto liability policies? Yes No
5. Does the Applicant wish to add Employee Benefits Liability coverage? Yes No
- a. Does the Applicant have a written employee benefits program established? Yes No
- b. Has any claim for this exposure ever been made? Yes No
- c. List all benefits offered to employees through the Applicant's employee benefits program:
- d. Provide the retroactive date for Employee Benefits Liability coverage (coverage is claims made.)
6. If the Applicant does consulting work, does the Applicant wish to add Parking Operators Professional Liability (Errors and Omissions) coverage? Yes No
7. Is equipment breakdown coverage desired for ticket dispensers, automated fee calculators, scanners, etc.? Yes No

SECTION 7.6 - GARAGEKEEPERS LIABILITY

1. Provide the following information regarding the Applicant's current CGL and GKLL coverage:

Insurance Company	Expiring Premium	Deductible or SIR
	\$	\$

COVERAGES AND LIMITS		
Garagekeepers	Limit of Coverage	Deductible
Legal Liability	\$ Limit per Location	\$ Other Than Collision
Direct Excess		
Direct Primary	\$ Limit per Auto	\$ Collision
Comprehensive Specified Collision		

2. What is the maximum number of vehicles that can be parked or stored at the Applicant's location at any given time?
3. Maximum value any one vehicle: \$

4. If vehicles in the Applicant's care are parked in a garage, please answer the following questions:
- a. Describe the type of lock system in place for the Applicants garage:

 - b. Type of burglar alarm system used:

 - c. Does the parking facility have more than one floor? Yes No
 If yes, give the number of total floors and please describe how ramp exits and elevators are protected.
5. If vehicles in the Applicant's care are parked in an open lot, please answer the following questions:
- a. Is the lot completely fenced? Yes No
 - b. Other perimeter protection from theft and/or vandalism in place?

 - c. How are exits and entrances supervised (please describe in detail)?

SECTION 7.7 - VALET PARKING

1. Years in business: _____ Number of years under current management: _____
2. Select type of establishments for which valet parking is provided:
- | | | | |
|----------------|--------------------|-------------------|------------------|
| Airports | Casinos | Corporate Events | Condominiums |
| Country Clubs | Fair Grounds | Festivals | Grand Openings |
| Hospitals | Hotels and Resorts | Night Clubs | Office Buildings |
| Private Clubs | Private Parties | Red Carpet Events | Restaurants |
| Shopping Malls | Ski Resorts | Special Events | Restaurants |
| Theme Parks | Weddings | Other: | |
3. Is additional staff hired for special events? Yes No
 Are MVRs of temporary staff checked? Yes No
4. What percentage of Applicant's operation is valet parking? _____ % Self Service Parking _____ %
5. Annual receipts: Current: \$ _____ Projected: \$ _____
6. Describe the control procedures used for valet parking (e.g. two-part tickets, three-part tickets, etc.):
7. Where are customer's keys kept?
8. What happens to the keys when the valet shift ends?
9. What is Applicant's procedure if a customer loses their ticket?
10. Provide details of driver requirements, training and supervision (e.g. minimum age, MVR review, etc.):
11. Is there on-site supervision Yes No
11. Average driver turnover per year: _____ % Number of drivers hired in the last three months: _____
12. List drivers by location:

Name	License Number	Date of Birth	Date of Hire	Hours Worked/Week	Location

13. List of Locations:

Address:		
Number of Attendants:	Hours of Operation:	Number of days per week:
Are valet spots designated?		Yes No
If yes, how many valet spots are designated?		
Responsible for maintenance of parking structure or lot?		Yes No
Maximum value at this address:	Average value per vehicle:	Average number of vehicles parked daily:
\$	\$	
Maximum number of parking spaces available:		
Is parking lot adjacent to building or at a separate location?		
Are there any restrictions in place regarding the type of vehicle permitted to park in the facility?		Yes No
If yes, describe:		
If responsible for parking structure or lot, attach copy of contract.		
Do lot attendants carry firearms?		Yes No
Does the Applicant do on street parking?		Yes No
Describe the lot security, protection and lighting:		
Is copy of lease for parking garage attached?		Yes No

Address:		
Number of Attendants:	Hours of Operation:	Number of days per week:
Are valet spots designated?		Yes No
If yes, how many valet spots are designated?		
Responsible for maintenance of parking structure or lot?		Yes No
Maximum value at this address:	Average value per vehicle:	Average number of vehicles parked daily:
\$	\$	
Maximum number of parking spaces available:		
Is parking lot adjacent to building or at a separate location?		
Are there any restrictions in place regarding the type of vehicle permitted to park in the facility?		Yes No
If yes, describe:		
If responsible for parking structure or lot, attach copy of contract.		
Do lot attendants carry firearms?		Yes No
Does the Applicant do on street parking?		Yes No
Describe the lot security, protection and lighting:		
Is copy of lease for parking garage attached?		Yes No

Address:		
Number of Attendants:	Hours of Operation:	Number of days per week:
Are valet spots designated?		Yes No
If yes, how many valet spots are designated?		
Responsible for maintenance of parking structure or lot?		Yes No
Maximum value at this address:	Average value per vehicle:	Average number of vehicles parked daily:
\$	\$	
Maximum number of parking spaces available:		
Is parking lot adjacent to building or at a separate location?		
Are there any restrictions in place regarding the type of vehicle permitted to park in the facility?		Yes No
If yes, describe:		
If responsible for parking structure or lot, attach copy of contract.		
Do lot attendants carry firearms?		Yes No
Does the Applicant do on street parking?		Yes No
Describe the lot security, protection and lighting:		
Is copy of lease for parking garage attached?		Yes No

Address:		
Number of Attendants:	Hours of Operation:	Number of days per week:
Are valet spots designated?		Yes No
If yes, how many valet spots are designated?		
Responsible for maintenance of parking structure or lot?		Yes No
Maximum value at this address:	Average value per vehicle:	Average number of vehicles parked daily:
\$	\$	
Maximum number of parking spaces available:		
Is parking lot adjacent to building or at a separate location?		
Are there any restrictions in place regarding the type of vehicle permitted to park in the facility?		Yes No
If yes, describe:		
If responsible for parking structure or lot, attach copy of contract.		
Do lot attendants carry firearms?		Yes No
Does the Applicant do on street parking?		Yes No
Describe the lot security, protection and lighting:		
Is copy of lease for parking garage attached?		
		Yes No

Address:		
Number of Attendants:	Hours of Operation:	Number of days per week:
Are valet spots designated?		Yes No
If yes, how many valet spots are designated?		
Responsible for maintenance of parking structure or lot?		Yes No
Maximum value at this address:	Average value per vehicle:	Average number of vehicles parked daily:
\$	\$	
Maximum number of parking spaces available:		
Is parking lot adjacent to building or at a separate location?		
Are there any restrictions in place regarding the type of vehicle permitted to park in the facility?		Yes No
If yes, describe:		
If responsible for parking structure or lot, attach copy of contract.		
Do lot attendants carry firearms?		Yes No
Does the Applicant do on street parking?		Yes No
Describe the lot security, protection and lighting:		
Is copy of lease for parking garage attached?		
		Yes No

Address:		
Number of Attendants:	Hours of Operation:	Number of days per week:
Are valet spots designated?		Yes No
If yes, how many valet spots are designated?		
Responsible for maintenance of parking structure or lot?		Yes No
Maximum value at this address:	Average value per vehicle:	Average number of vehicles parked daily:
\$	\$	
Maximum number of parking spaces available:		
Is parking lot adjacent to building or at a separate location?		
Are there any restrictions in place regarding the type of vehicle permitted to park in the facility?		Yes No
If yes, describe:		
If responsible for parking structure or lot, attach copy of contract.		
Do lot attendants carry firearms?		Yes No
Does the Applicant do on street parking?		Yes No
Describe the lot security, protection and lighting:		
Is copy of lease for parking garage attached?		
		Yes No

Parking Operators – LOCATIONS SUPPLEMENT

Location # Street: City: State: Zip Code:

	Self-Parking			Assisted Parking			Valet Parking		
	Projected	Current Year	Previous Year	Projected	Current Year	Previous Year	Projected	Current Year	Previous Year
Number of parking spaces									
Total annual gross receipts	\$	\$	\$	\$	\$	\$	\$	\$	\$

Location # Street: City: State: Zip Code:

	Self-Parking			Assisted Parking			Valet Parking		
	Projected	Current Year	Previous Year	Projected	Current Year	Previous Year	Projected	Current Year	Previous Year
Number of parking spaces									
Total annual gross receipts	\$	\$	\$	\$	\$	\$	\$	\$	\$

Location # Street: City: State: Zip Code:

	Self-Parking			Assisted Parking			Valet Parking		
	Projected	Current Year	Previous Year	Projected	Current Year	Previous Year	Projected	Current Year	Previous Year
Number of parking spaces									
Total annual gross receipts	\$	\$	\$	\$	\$	\$	\$	\$	\$

Location # Street: City: State: Zip Code:

	Self-Parking			Assisted Parking			Valet Parking		
	Projected	Current Year	Previous Year	Projected	Current Year	Previous Year	Projected	Current Year	Previous Year
Number of parking spaces									
Total annual gross receipts	\$	\$	\$	\$	\$	\$	\$	\$	\$

SECTION 8 - RESTAURANTS

- | | | | | | | | |
|----|---|--------------|--------|-----------|-------------|-----|----|
| 1. | Restaurant type: | Family Style | Buffet | Snack Bar | Fine Dining | | |
| 2. | Do deep fat fryers have shut off controls? | | | | | Yes | No |
| 3. | Is the automatic suppression system UL300 compliant? | | | | | Yes | No |
| 4. | Is there automatic fire suppression service at least every 90 days?
If no, please explain: | | | | | Yes | No |
| 5. | Are there written procedures for handling intoxicated patrons?
If no, please explain: | | | | | Yes | No |
| 6. | Is there any live or recorded entertainment? | | | | | Yes | No |
| 7. | Are there happy hours, ladies night only, etc.?
If yes, please explain: | | | | | Yes | No |
| 8. | Is there any sponsorship of any sports or special events?
If yes, please explain: | | | | | Yes | No |
| 9. | Food Receipts: \$ | | | | | | |
| | Liquor Receipts: \$ | | | | | | |

SECTION 8.1 – BANQUET FACILITIES/CATERING

N/A

- | | | | | | | | |
|----|---|--|--|--|--|-----|----|
| 1. | Does Applicant provide catering services on premises?
If yes, please describe: | | | | | Yes | No |
| 2. | Number of annual events: | | | | | | |
| 3. | Does Applicant receive a certificate of liability from Lessee? | | | | | Yes | No |
| 4. | Does Applicant cater liquor?
If yes, does Applicant have liquor insurance? | | | | | Yes | No |
| 5. | Food receipts from catering: \$ | | | | | | |
| | Liquor receipts from catering: \$ | | | | | | |

SECTION 8.2 – LIQUOR LIABILITY

N/A

- | | | | | | |
|----|--|-----------------------|-------------------------------|-----|----|
| 1. | Limits desired: | \$ 500,000 Aggregate | \$ 500,000 Each Common Cause | | |
| | | \$1,000,000 Aggregate | \$1,000,000 Each Common Cause | | |
| 2. | Name on liquor license: | | | | |
| 3. | List full names of individuals or partners and their interests: | | | | |
| 4. | Within the past 5 years, has Applicant reported any Liquor Liability claims?
If yes, please explain: | | | Yes | No |
| 5. | Within the past 5 years, has Applicant been cited by the Liquor Control Commission?
If yes, please explain: | | | Yes | No |
| 6. | Describe any formal alcohol training programs in use, including the name of the program. | | | | |

- | | | | | |
|-----|---|----|-----|----|
| 7. | Are all employees required to participate in an alcohol awareness program prior to being allowed to serve alcohol? | | Yes | No |
| 8. | Total estimated liquor receipts from all operations prior 12 months: | \$ | | |
| | Total estimated liquor receipts from all operations next 12 months: | \$ | | |
| 9. | Does Applicant engage in any off premises operations? | | Yes | No |
| 10. | Does Applicant have any consumption promotions, including ladies night, two-for-ones, or happy hours? | | Yes | No |
| | If yes, please explain: | | | |
| 11. | Are bouncers or security personnel employed? | | Yes | No |
| | If yes, please explain: | | | |
| 12. | Is there live entertainment? | | Yes | No |
| | If yes, please explain, including type of entertainment, duration of entertainment, number of days entertainment takes place: | | | |

SECTION 9 – SWIMMING POOLS

N/A

- | | | | | |
|-----|---|-------------------------|---------------|--------|
| 1. | Are there swimming pools? | | Yes | No |
| 2. | Number of adult pools: | Number of wading pools: | | |
| 3. | Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? | | Yes | No |
| | If no, provide time table and action plan: | | | |
| 4. | Are there any indoor pools? | | Yes | No |
| 5. | Are there any pools on an upper floor or rooftop? | | Yes | No |
| 6. | Are there any diving boards? | | Yes | No |
| 7. | Number of diving boards: | Highest diving board: | | |
| 8. | Are there any slides? | | Yes | No |
| 9. | Number of slides: (attach photo) | Tube: | ½ Tube: | Other: |
| 10. | Are there any Spas or Whirlpools? | | Yes | No |
| | If yes, is the spa/whirlpool located in the pool area? | | | |
| 11. | Are spa/whirlpool health risk signs posted? | N/A | Yes | No |
| 12. | Can the pool be rented out for private functions? | | Yes | No |
| 13. | Are pools completely fenced? | | Yes | No |
| 14. | Does Applicant have a self-locking/latching gate that is in proper working condition? | | Yes | No |
| 15. | Are all doors/gates leading to the pool area locked after hours? | | Yes | No |
| 16. | Is public access to the pool area controlled by a secure door or gate? | | Yes | No |
| 17. | What are the hours of operation? | | | |
| 18. | Are lifeguards on duty during posted hours? | | Yes | No |
| 19. | Are the hours posted? | | Yes | No |
| 20. | Are lifeguards: | Employees | Subcontracted | |
| | If subcontracted, is a current Certificate of Insurance obtained? | | | |
| 21. | Is a written maintenance schedule check done on all life safety features daily? | | Yes | No |
| 22. | Who is responsible for daily maintenance? | | | |
| 23. | Are SWIM AT YOUR OWN RISK signs posted? | | Yes | No |
| 24. | Are pool depths marked in and around the pool area? | | 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)