
AMUSEMENT PARK APPLICATION

Pages 1-3 must be completed for all submissions

For Abuse and Molestation coverages, please complete page 3

If you provide Security, please complete pages 4-5

For Liquor Liability coverage, please complete pages 5-6

For Pyrotechnics exposure, please complete pages 7 - 8

For Hired and Non-Owned Auto coverage, please complete page 9

SUBMISSION REQUIREMENTS

1. Complete ACORD Property, Auto and Umbrella Liability if coverages requested
2. Currently valued insurance company loss runs for the current policy period plus 4 prior years
3. Web site information, brochures and photos
4. Facility diagram
5. Schedule of all rides and attractions
6. Ride Inspection forms
7. Copy of most current independent ride inspection report
8. Copy of employee training manual
9. Latest financial statement
10. Emergency evacuation plan
11. Certificates of Insurance from any sub-contractors / independent contractors, if any

GENERAL INFORMATION

1. Applicant name:
2. Name of park:
3. Mailing address:

Physical address:
4. Does the Applicant own or lease the park? Own Lease
If leased, provide a copy of the leasing agreement.
5. Contact person: Telephone:
Contact e-mail address: Web address: www.
6. Business type: Corporation Partnership Individual
 Non-Profit Governmental entity Other:
7. Year business was established? Number of years under present management:
FEIN:
8. List all Named Insureds and their interests:
Note: All First Named Insureds require common / majority ownership of all Named Insureds – If not, please explain:
a.)
b.)
c.)
d.)
e.)
Explanation:

- | | | | |
|-----|--|-----|----|
| 9. | Does the Applicant have a safety manager on premises at all times the park is open?
If yes, provide name and contact information: | Yes | No |
| 10. | Does the Applicant have a formal safety training program for employees? | Yes | No |

SECTION I – GENERAL LIABILITY

- | | | | | |
|--|---|--|----|--|
| 1. | Annual number of attendees: _____
Annual payroll: \$ _____
a.) Admissions _____
c.) Food and beverage \$ _____
d.) Beer and liquor sales \$ _____
e.) Souvenirs / Novelties \$ _____ | Operating season: _____ to _____
Number of employees: _____
b.) Parking \$ _____
Describe: _____
Describe: _____ | | |
| General Information: (explain any yes answers in Remarks) | | | | |
| 1. | Any medical facilities provided or any employed physicians / nurses? | Yes | No | |
| 2. | Any storage, treating, discharging, applying, disposing or transporting hazardous materials? | Yes | No | |
| 3. | Any operations sold, acquired or discontinued in the last five (5) years? | Yes | No | |
| 4. | Machinery, equipment or attractions rented to others? | Yes | No | |
| 5. | Any watercraft docks (not bumper boats), floats on premises? | Yes | No | |
| 6. | Is there a swimming pool on premises? | Yes | No | |
| 7. | Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide time table and action plan: | Yes | No | |
| 8. | Any special events scheduled throughout the year? | Yes | No | |
| 9. | Any structural alterations contemplated? | Yes | No | |
| 10. | Any demolition contemplated?
Remarks: | Yes | No | |

Rides / Attractions

- | | | | | |
|-----|---|-----|----|--|
| 1. | Do all ride signs comply with manufacturer recommendations with regard to age, height and exit requirements? | Yes | No | |
| 2. | Does the Applicant or has the Applicant ever manufactured or retro-fitted any amusements / attractions?
If yes, provide a list of all such attractions and the changes made. | Yes | No | |
| 3. | Are rides inspected daily? | Yes | No | |
| 4. | Is an inspection log maintained? | Yes | No | |
| 5. | Are there periodic inspections required by state inspectors? | Yes | No | |
| 6. | Are maintenance manuals for all rides kept on premises? | Yes | No | |
| 7. | Is there a qualified maintenance staff on site? | Yes | No | |
| 8. | Is there an on-site maintenance shop? | Yes | No | |
| 9. | Is there adequate maintenance equipment on-site? | Yes | No | |
| 10. | Are there rides where the operator controls the speed?
If yes, provide a list and operator training required. | Yes | No | |
| 11. | Are operators trained to run more than one ride? If yes, what is the maximum number? | Yes | No | |
| 12. | Does the Applicant's facility manufacture rides sold to the public? | Yes | No | |

SECTION III - SECURITY

(Complete only if security is the responsibility of the insured)

1. Who is primarily responsible (via contract) for liability coverage for security personnel?

Insured?	Yes	No
Municipality?	Yes	No
Sub-contractor?	Yes	No
2. Employed or sub-contracted security personnel? Employed Sub-contracted
 "Employed" is defined as individuals being paid and supervised directly by the insured. "Contract" is defined as the existence of a written contract with another entity for security services that has separate insurance coverage and provided a certificate naming the Applicant as Additional Insured with limits equal to or greater than the Applicant.
3. Number and payroll of employed security personnel:
 Unarmed: # Payroll: \$
 Armed (not including off duty police officers): Number: Payroll: \$
 Off duty police officers: # Payroll: \$
4. Sub-contracted security – annual cost of sub-contract: \$
5. Total maximum hours per day permitted at this and all other places of employment:
 Total maximum hours per week:
6. What are the staffing guidelines per number of patrons?
 Are the guidelines determined by:

Ordinance?	Yes	No
Statute?	Yes	No
Industry standard?	Yes	No
Other: (describe)		
7. Is there a procedure to immediately report all incidents to the facility manager? If yes, describe:

	Yes	No
--	-----	----
8. Does the supervisor make personal contact with each security person at least once during each shift? If yes, describe:

	Yes	No
--	-----	----

Please explain all no answers:
9. Is there a pre-employment screening procedure? If yes, describe.

	Yes	No
--	-----	----
10. Does the procedure include contacting previous employers over the previous five (5) years?

	Yes	No
--	-----	----
11. Does the Applicant contact at least three (3) personal references?

	Yes	No
--	-----	----
12. Is completion of a minimum twenty (20) hours initial training program required before deployment?

	Yes	No
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13. Who conducts the training and what are the trainer's qualifications?
14. Is a minimum of ten (10) hours on-site training required?

	Yes	No
--	-----	----
15. Is a minimum of four (4) hours of annual refresher or continuing education training planned and conducted for each security employee?

	Yes	No
--	-----	----
16. Is each security person given a personal copy of the training / safety manual?
 If yes, has each security person given management a written acknowledgment of the policies and contents?

	Yes	No
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NOTE: PLEASE INCLUDE A COPY OF THE MANUAL AND A SAMPLE OF THE WRITTEN ACKNOWLEDGEMENT.

- ARMED SECURITY EMPLOYEES:**
1. Are the security personnel in uniform? Yes No
If yes, describe the uniform:

 2. Are the security personnel identified by anything other than a uniform? Yes No
If yes, describe the identification & include an example or photograph.

 3. Are psychological screen profiles used? Yes No
If yes, specify type:

 4. Are criminal background checks completed? Yes No
If yes, what agency is utilized?
 5. Please indicate any equipment carried or routinely available to security personnel:
Flashlight: Type: _____ Size: _____ Construction: _____
Handcuffs _____ First aid kit (including blood borne pathogen kit) _____
Nightstick: Is night stick police regulation or other? _____
Taser / Phaser _____ Chemicals (Mace, pepper gas) _____
Other: _____
Firearm – Caliber: .357 .38 .9mm Other: _____
Make: Colt S & W Ruger _____
Cover Holster Type: _____
 6. Is the ammunition: Standard Other:
 7. Are firearm and ammunition approved and inspected by management or security company? Yes No
 8. Describe capabilities of each guard for constant communications with each other, the supervisor, and management:

 9. Are dogs used in your security operations? Yes No
If yes, provide the type of dog(s), number, and describe duties. Yes No

SECTION IV – LIQUOR LIABILITY

1. Is liquor license in Applicant's name? Yes No
If no, what is the name on the license and their relationship to the insured:

Liquor license number:
Class of license:
2. Is the liquor service sub-contracted to a third party? Yes No
If yes, provide limits of liability maintained by the sub-contractor: \$
Is the Applicant listed as Additional Insured under sub-contractors liquor liability coverage? Yes No
Is contingent liquor liability coverage requested by the Applicant? Yes No
3. Has the Applicant's liquor license ever been revoked or suspended? Yes No
If yes, explain:

4. Has the Applicant incurred claims for liquor liability during the last three (3) years? If yes, explain: Yes No

- | | | | |
|-----|---|-------------------|----------------|
| 5. | Has any insurer cancelled or non-renewed coverage during the last three (3) years? If yes, explain: | Yes | No |
| 6. | Has the Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator? If yes, explain: | Yes | No |
| 7. | Type of beverages sold: | | |
| 8. | Are patrons allowed to carry alcoholic beverages onto the premises?
If yes, what type? | Yes | No |
| 9. | Does the Applicant exercise the right to search and seizure contraband items?
If yes, how does the Applicant notify the public of this? | Yes | No |
| 10. | Does the Applicant maintain security personnel at entry check points?
If yes, what type? | Yes | No |
| 11. | Are the alcohol sales and consumption contained within one fixed site, or are booths / stands located throughout the event site? | | |
| 12. | Number of servers used?
Are they professional servers? Explain: | Yes | No |
| | Are they volunteer servers? Explain: | Yes | No |
| 13. | Do the servers receive any type of alcohol awareness training?
If yes, describe: | Yes | No |
| 14. | Median age of liquor customers:
21-25 25-30 30-40 40 and over | | |
| 15. | Are minors allowed to enter the location where alcohol is being served?
If yes, how is underage consumption of alcohol prevented? | Yes | No |
| 16. | Explain how ID's are checked: | | |
| 17. | Are uniformed police officers present at the site of alcohol sales?
Are undercover police officers present?
Are private security officers present?
Average number of officers present at site: | Yes
Yes
Yes | No
No
No |
| 18. | Are rules and regulations clearly displayed for patrons viewing? Explain: | Yes | No |
| 19. | Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Explain: | Yes | No |
| 20. | Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Explain: | Yes | No |
| 21. | Is there any type of designated driver program? Explain: | Yes | No |

SECTION V - PYROTECHNICS

(Complete if coverage is requested for Pyrotechnics Coverage (not including flashboxes))

1. Description of events:
2. Date(s) of event(s):
3. Who is the authority having jurisdiction over the use of pyrotechnics at your facility?
 Local Fire Department State Fire Marshal Other: (please list)
4. What permit process must be followed prior to use of pyrotechnics at your facility?
5. Have you staged pyrotechnic displays before? Yes No
 If yes, list any claims / losses that have occurred and the amount of loss:

<u>Description</u>	<u>Date of Occurrence</u>	<u>Amount of Loss</u>
a)		\$
b)		\$
c)		\$
6. Who will be the pyrotechnics operator? Named Insured Contractor
Complete this section if the Pyrotechnics Operator is the Named Insured. Please note: This coverage will exclude bodily injury liability to the fireworks shooter.
 - a) List names of people shooting and describe their experience.
 Name: _____ Experience: _____
 - b) Where are the pyrotechnics stored when not in use?
7. Does it meet federal / state storage regulation? Yes No
8. What quantity of pyrotechnic material is stored on site? (Number of shows, number of pounds, etc.)
9. Describe the type of show and amount of pyrotechnics used in recurring events:
10. Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:
11. Does the Applicant secure proper pyrotechnic permits for each event? Yes No
12. Are the shooters listed above licensed for pyrotechnics? Yes No
Complete this section if the Pyrotechnics Operator is a Contractor.
 - a) Contractor Name: _____
 - b) Is there an agreement with the contractor? If yes, provide a copy of the agreement. Yes No
 - c) Please provide limits of liability provided by the Contractor. **Note:** Limits must be at least \$1,000,000 or greater. \$
Please attach a copy of certificate of insurance including any additional insured listing.
 - d) Does the Applicant confirm that the contractor has secured the proper pyrotechnic permits for each event? Yes No
 - e) Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:
 - f) Does the Applicant allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? Yes No

If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists you as an additional insured?

If no, does the tenant lease / use agreement indicate that pyrotechnic displays are not permitted?

- | | | | | |
|----|---|--------------------|------------------------|-------------------|
| | | | Yes | No |
| g) | Are events with pyrotechnics held: | Indoor | Outdoor | |
| h) | What type of pyrotechnics will be displayed (as defined in NFPA code 1126)? | | | |
| | Aerial Shells | Airbursts | Black Powder | Comets |
| | Concussion Effects | Concussion Mortars | Electric matches | Flares |
| | Flash Pots | Flashpower | Gerbs | Integrals Mortars |
| | Mines | Mortars | Rockets | Saxons |
| | Wheels | Salutes | Waterfall, Falls, Park | Curtains |
| | Other, please list: | | | |

SECTION VI – OUTDOOR PYROTECHNICS

(only complete if outdoor pyrotechnic displays are staged)

- | | | | |
|----|--|-----|----|
| 1. | Are the events in compliance with NFPA 1123 or 1126? (Code for fireworks display) | Yes | No |
| 2. | Is there fencing to keep spectators away from restricted areas during the fireworks shooting?
If yes, distance of spectators fencing from launch site:
Distance of spectator parking area from launch site:
Distance of closest building or structure from launch site: | Yes | No |
| 3. | Will there be firefighting equipment on site during the event?
If no firefighting equipment on site, give distance to nearest fire station: | Yes | No |
| 4. | Will the Applicant have an ambulance on site?
If no, what is the estimated response time of an ambulance?
If no, what is the distance to nearest medical facility? | Yes | No |

SECTION VII – INDOOR PYROTECHNICS

(Only complete if indoor pyrotechnic displays are staged)

- | | | | |
|----|---|-----|----|
| 1. | Are the events in compliance with NFPA 1126? (Standard code for the use of pyrotechnics before a proximate audience)? | Yes | No |
| 2. | Is the facility sprinklered? | Yes | No |
| 3. | What other form of fire fighting equipment is available at the facility? | | |
| 4. | Does the facility have an emergency evacuation plan?
If yes, how often is the staff drilled on emergency evacuation? | Yes | No |
| 5. | Number of accessible (not locked) emergency exits at the facility: | | |
| 6. | What steps are taken to inform patrons of the locations of all emergency exits? | | |
| 7. | Maximum capacity of the facility: | | |
| 8. | Has the fire marshal approved the use of pyrotechnics at the facility?
If yes, as of what date: | Yes | No |

SECTION VIII - HIRED & NON-OWNED AUTO

1. Does the Applicant have any owned automobiles? Yes No

NOTE: If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is required:

2. Does the Applicant allow employees to use their own personal vehicles for business purposes? Yes No

If yes, how many employees use their own personal vehicles?

If yes, how often? Daily Weekly Monthly Other:

3. Does the Applicant obtain Motor Vehicle Reports? Yes No

If yes, how often? Annually Every other year Other:

4. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No

If yes, what minimum limits are required?

5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period:

6. Is hired auto physical damage required? Yes No

If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$

NOTE: Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided.

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 |

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)