

THE GUARDIAN (SECURITY SERVICES) SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the current policy period plus three prior years – **MANDATORY**
- Copy of contracts and service agreements - **MANDATORY**
- Latest annual audited financial statements – **MANDATORY** (accounts w/ \$50,000+ in GL/ PL premium)

SECTION I - GENERAL INFORMATION

Applicant Name:

Address:

City:

State:

Zip:

Telephone:

Website:

FEIN:

Date established:

License Number:

Policy proposed effective dates:

to

The following operations are not eligible for this program: Private Detection Agencies, Bail Agents, Repossession Services, Process Servers, and Fire Suppression Contractors.

- In regard to the Applicant's clients, does the Applicant assume any duties not related to security, i.e. janitorial, maintenance, housekeeping, etc. Yes No
If yes, describe:
- Provide the names of the (5) largest revenue producing clients, and a description of the Applicant's duties.
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- Are the majority of the Applicant's clients under contract? Yes No
If yes, how many include a hold harmless clause in favor of the client:
Please include sample copies of Applicant's standard contracts and agreements.
- Does Applicant subcontract work? Yes No
If yes, does the Applicant require certificates and/ or proof of Errors & Omissions and Commercial General Liability insurance with limits equal to or greater than its own? Yes No
- Is the Applicant named as an additional insured on the subcontractor's policy? Yes No
- What background do the principals of this organization have in the security industry? **(please include resumes)**
- Will the principals perform security operations? Yes No
- Number of supervisors: Yes No
Describe the duties of the supervisors:
- Annual employee turnover rate: %

10. Does the Applicant presently carry Workers' Compensation Coverage? Yes No
 If yes, Carrier: Policy effective dates:
 If no, please explain:
11. Training program consists of:
 Written manual On-the-job CPR Films
 Firearms Report Writing Powers of Arrest Classroom
 Other:
12. Describe the Applicant's training program(s):
13. Pre-employment screening procedures (check all that apply):
 Polygraph Prior employment contacted Criminal background
 Drug screening Fingerprint check Driving record
 Psychological test Personal references Other:
14. Describe the Applicant's pre-employment screening procedures:

SECTION II - SECURITY GUARD SERVICE/ PATROL	N/A
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1. Total number of guard hours billed to client(s) annually: Unarmed: Armed:
2. Average number of guards per supervisor:
3. Does the Applicant use any equipment or golf carts for patrol? Yes No
 If yes, how many?
4. Will the Applicant provide transportation services for the public? Yes No
 If yes, are driving records checked on drivers? Yes No
5. Does the Applicant anticipate using dogs? Yes No
(Must be leashed not to exceed 6 feet)
 a. If yes, number of dogs used with: Handlers: Without Handlers:
 b. For what purpose will the dogs be used:
 Bombs Drugs Airports Other:
6. Are all armed employees licensed by the state to carry firearms? Yes No
 If yes, how often will they have to be re-certified?
7. Has a law enforcement agency or municipality hired the Applicant's firm to act as police officers, sheriffs, constables or correction officers? Yes No
8. Does the Applicant provide any type of PDR, SWAT, ERS, or Repatriation services? Yes No

PAYROLL

Employee Pay Scale (hourly)	Number of Employees Full Time	Number of Employees Part Time	Minimum	Maximum
Armed Guards			\$	\$
Unarmed Guards			\$	\$
Non-Guard Consultants			\$	\$
Non-Guard Administrative			\$	\$
Guard Supervisors			\$	\$
Sales			\$	\$
Other:			\$	\$

Please provide total payroll and billable hours for the past five (5) years:

	Year:	Year:	Year:	Year:	Year:
Total Guard Payroll	\$	\$	\$	\$	\$
Total Billable Hours					

**List annual payroll separately by category.
Any item with an * requires additional responses on next page.**

Category	Armed Payroll	Unarmed Payroll
Airports*	\$	\$
Banks or other financial institutions	\$	\$
Border Security/ Homeland Security	\$	\$
Cannabis Institutions*	\$	\$
Casinos	\$	\$
Clerical	\$	\$
Colleges/ Universities*	\$	\$
Concerts	\$	\$
Construction Sites	\$	\$
Conventions	\$	\$
Escort Service/ Bodyguard*	\$	\$
Fast Food Restaurants	\$	\$
Government Contracts	\$	\$
Hospitals	\$	\$
Hotels/ Motels*	\$	\$
Housing – Condos/ Co-ops*	\$	\$
Housing – Gated Communities*	\$	\$
Housing – Low Income/ HUD*	\$	\$
Housing – Mid/ High Income*	\$	\$
Industrial (warehouse, factories)	\$	\$
Liquor Establishments (bars, restaurants)	\$	\$
Malls/ Theaters/ Arcades*	\$	\$
Marina/ Piers/ Ports*	\$	\$
Mass Transit* (bus, subway, train, etc.)	\$	\$
Museums/ Galleries	\$	\$
Office Buildings	\$	\$
Other *	\$	\$
Outside Sales	\$	\$
Patrol Cars (alarm response, patrol)	\$	\$
Religious Organizations	\$	\$
Retail (parking lots, outside patrol)	\$	\$
Retail (shoplifting, surveillance, inside)	\$	\$
Schools (K - 12)*	\$	\$
Social Services (homeless shelters, healthcare facilities etc.)	\$	\$
Special Events/ Sporting Events*	\$	\$
Strike Work	\$	\$
Subcontracted Work*	\$	\$
Traffic Control	\$	\$
Utilities (water, electrical, nuclear)	\$	\$
TRANSPORTATION SERVICES:		
Armored Car	\$	\$
ATM Services	\$	\$
Courier (describe:)	\$	\$
Other (describe:)	\$	\$
OTHER:		
Clerical	\$	\$
Outside Sales	\$	\$
Other (describe:)	\$	\$
TOTAL:	\$	\$

*** Complete this section if the Applicant has operations within any of the listed categories:**

AIRPORTS

1. Please include a list of airports and description of services provided:

2. Passenger/ Baggage Screening? Yes No

CANNABIS INSTITUTIONS

1. Please provide a client list and description of services:

ESCORT SERVICE/ BODYGUARDS

1. Please provide a description of services:

2. Protection of athletes, high profile individuals, celebrities? Yes No

3. 24/ 7 protection? Yes No

GOVERNMENT CONTRACTS

1. Please provide a client list and description of services:

HOTELS/ MOTELS

1. Please provide a list of clients and description of services:

2. Vehicle Patrol? Yes No

3. Lobby Security? Yes No

HOUSING

1. Please provide a list of the properties serviced, their locations and description of services provided:

MALLS/ THEATERS/ ARCADES

1. Please provide a list of clients and services provided:

MARINAS/ PIERS/ PORTS

1. Please provide a list of the locations and services provided:

MASS TRANSIT

1. Please provide a list of the locations and services provided:

SCHOOLS/ COLLEGES/ UNIVERSITIES

1. Please provide a list of clients and descriptions of services provided:

2. Security at special events? Yes No
3. Security in student housing? Yes No

SPECIAL EVENTS/ SPORTING EVENTS

1. Please provide a list of clients and description of services provided:

SUBCONTRACTED WORK

1. Please provide a list of work contracted out:

OTHER:

SECTION III - ALARM INSTALLATION, SERVICING, MONITORING OR REPAIR N/A

1. Estimated annual:

Payroll	\$
Sales	\$
Cost of subcontractors	\$

- 2.

Operations of the Applicant (show payroll and sales for each)	Payroll	Sales
Burglar Alarms – residential	\$	\$
Burglar Alarms – commercial	\$	\$
Fire Alarms – residential	\$	\$
Fire Alarms – commercial	\$	\$
Fire Suppression Systems	\$	\$
CCTV	\$	\$
Access Control	\$	\$
Alarm Monitoring Operations (Total Cost if subbed out: \$)	\$	\$
Medical Alert Systems/ Nurse Call Systems	\$	\$
Medical Alert/ Nurse Call Monitoring	\$	\$
Clerical	\$	\$
Sales Personnel	\$	\$
Other (specify):	\$	\$

3. Does the Applicant have other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured:

4. Is alarm monitoring done by a third party central alarm monitoring company? Yes No
 - a. If yes, does the third party carry a minimum of \$1,000,000 GL limit and name the Applicant as an AI on their policy? Yes No
 - b. What is the cost paid for the third party alarm monitoring? Yes No
5. a. Does the Applicant do any manufacturing? Yes No

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|--|---|-----|----|
| b. | Does the Applicant sell anything under their own label?
If the answer to either question is yes, explain: | Yes | No |
| | | | |
| 6. | Does the Applicant sell any items <u>other than</u> items which are installed by the Applicant? If yes, provide a listing of products sold:
a. If yes, provide a listing of products sold: | Yes | No |
| | | | |
| b. Sales amount for these products: \$ | | | |
| 7. | Does the Applicant do design work for others?
If yes, percent of operation: % | Yes | No |
| 8. | Does the Applicant design systems without performing installation?
If yes, percent of operation: % | Yes | No |
| 9. | Does the Applicant install alarms or phones in vehicles, mobile equipment, watercraft, or aircraft?
If yes, explain: | Yes | No |
| | | | |
| 10. | Does the Applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities?
If yes, provide details and sales amount: | Yes | No |
| | | | |
| 11. | Does the Applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities? | Yes | No |
| 12. | Does the Applicant install or monitor metal, chemical, or explosive detection devices at transportation facilities, federal buildings or post office mailroom? | Yes | No |
| 13. | Does the Applicant monitor for home incarceration or pre-trial release? | Yes | No |
| 14. | Does the Applicant have Workers' Compensation Coverage in force? | Yes | No |
| 15. | Does the Applicant lease employees? | Yes | No |
| 16. | Does the Applicant subcontract work to others?
a. If yes, what type of work:
b. Are certificates of insurance obtained from ALL subcontractors with limits equal to or greater than Applicant's own? | Yes | No |
| 17. | Please attach:
a. Any descriptive or advertising literature/ brochure
b. Copy of usual performance contract with client
c. Any hold harmless agreements executed in favor of the client | | |
| 18. | Does the Applicant limit liability to a stated dollar amount (liquidated damages) on their standard alarm contract with their client?
If yes:
a. What is the maximum limit allowed: \$
b. What percent of contracts waive the liquidated damages clause: % | Yes | No |

SECTION IV - ABUSE OR MOLESTATION

* Only fill out section if seeking a quote for Abuse or Molestation Coverage (subject to acceptability)

- | | | | |
|----|--|-----|----|
| 1. | Regarding coverage for Abuse or Molestation, does the Applicant's current policy:
Exclude coverage
Limit coverage (please include limit): \$
Neither exclude or limit coverage: | | |
| 2. | Does the Applicant's employment process 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 |

- | | | | |
|----|--|-----|----|
| 3. | Does the Applicant's state permit criminal background check investigations? | Yes | No |
| a. | If yes, does the Applicant routinely request and receive such background investigations? | Yes | No |
| 4. | Does the Applicant have written procedures for dealing with sexual abuse?
If yes, please attach a copy. | Yes | No |
| 5. | Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? | Yes | No |
| a. | If yes, please describe: | | |
| b. | Was a claim made against the Applicant? | Yes | No |
| c. | Was the case settled? | Yes | No |
| d. | Was the case taken to trial? | Yes | No |
| e. | How much money was paid as damages to the victim: \$ | | |

SECTION V - AUTOMOBILE	N/A
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A. Owned automobiles: Please complete an ACORD application.

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|------|---|-----|----|
| 1. | Does the Applicant have a formal driving policy in place with MVR standards?
If yes: | Yes | No |
| a. | Is driving policy communicated in writing to all employees? | Yes | No |
| b. | Is a signed acknowledgement form kept on file?
If yes, provide a copy of signed acknowledgement. | Yes | No |
| c. | Do driving standards include the following: | | |
| i. | No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? | Yes | No |
| ii. | No more than 2 moving violations within past 3 years? | Yes | No |
| iii. | No more than 1 at fault accident within past 3 years? | Yes | No |
| 2. | How often does the Applicant check MVR reports? | | |
| 3. | Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? | Yes | No |
| 4. | Describe any ongoing training provided to drivers: | | |
| 5. | Does the Applicant allow personal use of the Applicant's vehicles?
If yes, by whom and for what reasons? | Yes | No |
| 6. | Does the Applicant have GPS tracking capability?
If yes, please check off the fleet telematics being utilized:
Plug in Hard wired Mobile Phone Other: | Yes | No |
| 7. | What percentage of the Applicant's fleet is provided with these telematics devices? % | | |
| 8. | Are vehicles used in a patrol capacity? | Yes | No |

B. Non-Owned Automobile

N/A

- | | | | |
|----|--|-----|----|
| 1. | Number of employees using their own vehicles on company business:
a. For what purpose? (example: local errands, security patrol) | | |
| 2. | Does the Applicant require the employee to carry Personal Automobile Insurance? | Yes | No |
| 3. | Are certificates of insurance obtained from the employees' Automobile insurers? | Yes | No |
| 4. | Who verifies coverage, limits and carrier, and that there is no lapse of an employee's personal automobile policy during the term of the Applicant's Commercial Automobile Policy? | | |
| 5. | Are any driver training programs provided to the employees? | Yes | No |

- C. Hired Automobile (leased, hired, rented or borrowed, not from employees) N/A**
1. How many vehicles are hired or borrowed each year:
 2. For what purpose?
 3. Average length of time vehicles are hired or borrowed:
 4. Annual cost incurred for all hired and borrowed vehicles: \$
 5. Who provides Primary Liability and Physical Damage insurance?
 6. In which state(s) does the risk hire or borrow vehicles?

- D. Garagekeepers N/A**
1. Does the Applicant offer valet parking service, own a garage or parking lot where a fee is charged or offer automobile repair or maintenance services to others? Yes No
 - a. If yes, please provide details on:
 - i. Training of employees:
 - iii. Number of parking attendants:
 - iv. Security in place at site (for example, surveillance cameras, security patrol officers):
 - v. Maximum value stored in one place at any given time: \$
 - vi. Limits and deductible desired: \$

SECTION VI - COMPLEMENTARY GENERAL LIABILITY COVERAGE	N/A
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|--|-----------|-----------|
| 1. Is coverage desired for damage to Property in Applicant's Care, Custody or Control? | Yes | No |
| If yes: | | |
| Limit Options: | \$25,000 | \$50,000 |
| Other: \$ | \$100,000 | \$500,000 |
| Deductible Options: | \$1,000 | \$2,500 |
| Other: \$ | \$5,000 | \$10,000 |
| 2. Is coverage desired for Third Party Theft? | Yes | No |
| If yes: | | |
| Limit Options: | \$25,000 | \$50,000 |
| Other: \$ | \$100,000 | \$500,000 |
| Deductible Options: | \$1,000 | \$2,500 |
| Other: \$ | \$5,000 | \$10,000 |
| 3. Is coverage desired for Lock and Key Replacement Coverage? | Yes | No |
| If yes: | | |
| Limit Options: | \$25,000 | \$50,000 |
| Other: \$ | \$100,000 | \$500,000 |
| Deductible Options: | \$1,000 | \$2,500 |
| Other: \$ | \$5,000 | \$10,000 |

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)