



6. Date of most recent review:  
 What was the outcome of the most recent review?  
 Accreditation Continued      Denial of Accreditation      Warning  
 Accreditation Continued –      Probation      Withdrawal of Accreditation  
 follow-up report requested  
 Appeal      Show Cause      Other:
7. Are all programs offered at the schools accredited by the above listed association(s)?      Yes      No
8. Have any programs or degrees been accredited by additional specialist agencies?      Yes      No  
**If yes, please attach a listing of the program or degrees and the specialist agency.**
9. Does the Educational Institution offer job placement services for students?      Yes      No  
 If yes, is there a disclaimer signed by students acknowledging that there is no job placement guarantee?      Yes      No
10. What is the Educational Institution's course completion rate?      %
11. What is the Educational Institution's job placement rate?      %
12. What is the Educational Institution's loan default rate?      %
13. What is the percentage of online courses?      %
14. Has the Educational Institution or any of the Educational Institution's academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation?      Yes      No
15. In the last 12 months, has the Educational Institution eliminated or closed any academic programs, including music, arts or athletic programs?      Yes      No
16. In the next 12 months, does the Educational Institution anticipate eliminating or closing any academic programs?      Yes      No
17. Does the Applicant's students serve time as interns/ externs at outside companies/ business?      Yes      No  
 a. If yes are the students paid?      Yes      No  
 b. If students are paid, does the Applicant verify that the employer carries workers' compensation coverage to cover the Applicant's student?      Yes      No  
 c. If students are not paid, does the intern/ extern company ask to be additional insured on the Applicant's liability policy?      Yes      No  
 Please attach any internship/ externship contracts the Applicant signs with outside businesses.
18. Does the Applicant sign any hold-harmless agreements with anyone?      Yes      No  
 If yes, please explain for whom and for what reason:
19. Does the Applicant provide services for outside customers?      Yes      No  
 a. If yes, what services does the Applicant provide:  
  
 b. How are students supervised:  
  
 c. What quality controls measures are in place:  
  
 e. Are customers required to sign an agreement acknowledging they're using student labor?      Yes      No
20. Does the Applicant have dormitories?      Yes      No  
**If yes, please complete section VII of the application.**
21. Does the Applicant have a cafeteria or restaurant on premises?      Yes      No  
 a. Does the Applicant cook on premises?      Yes      No  
 b. Does cooking protection comply with NFPA 96 requirements?      Yes      No  
 c. Does the Applicant ever serve liquor on premises?      Yes      No

- |     |   |                     |    |
|-----|---|---------------------|----|
|     | d. Is the manual pull for extinguishing system readily accessible?  | Yes                 | No |
|     | e. Are there portable fire extinguishers in the kitchen area?   | Yes                 | No |
| 22. | Are there laboratories present in the school?   | Yes                 | No |
|     | Is the laboratory sprinklered?  | Yes                 | No |
|     | Are fire extinguishers present?   | Yes                 | No |
|     | Are chemicals stored in a locked area?  | Yes                 | No |
|     | Is proper safety apparel worn by students (goggles, masks, gloves)?   | Yes                 | No |
| 23. | Is the public ever invited on premise?  | Yes                 | No |
|     | If yes, explain how often and for what purposes:  |                     |    |
| 24. | Does the Applicant use volunteers?  | Yes                 | No |
|     | If yes, explain how often and for what purposes:  |                     |    |
| 25. | Does the Applicant have a medical facility/ infirmary and/ or dispense medication?                          | Yes                 | No |
|     | a. Does the facility provide only immediate care/ first aid?  | Yes                 | No |
|     | b. Does the facility only serve students and employees?   | Yes                 | No |
|     | c. Are there only over the counter drugs stored on premises?  | Yes                 | No |
|     | d. Are written instructions from parents required prior to dispensing any medications to minors?            | Yes                 | No |
|     | e. Is there any overnight care provided?  | Yes                 | No |
|     | f. How many beds are in the infirmary:  |                     |    |
|     | g. Are there written operational procedures in place?   | Yes                 | No |
|     | h. Is there a medical professional on staff?  | Yes                 | No |
|     | If yes, indicate which of the following and how many are employed by the insured.<br>(Check all that apply) |                     |    |
|     | RN:   | Psychologist:       |    |
|     | Physician:  | Nurse Practitioner: |    |
|     | Dentist:  | Physical Therapist: |    |
|     | Counselor:  |                     |    |
|     | i. Does the professional carry their own malpractice insurance?   | Yes                 | No |
|     | If yes, who is the carrier and what limits are carried:   |                     |    |
|     | j. Is medical history and care records kept for each patient?   | Yes                 | No |
| 26. | Does the Applicant's organization utilize GPS fleet telematics devices?                                     | Yes                 | No |
|     | If yes, please check off the fleet telematics being utilized:   |                     |    |
|     | Plug in      Hard wired      Mobile Phone      Other:   |                     |    |
| 27. | What percentage of the Applicant's fleet is provided with these fleet telematics devices?                   | %                   |    |
| 28. | Does the Applicant own or occupy a building that is listed on a state or national historic registry?        | Yes                 | No |
|     | a. If yes, please identify the address for this location.   |                     |    |

**SECTION II – SECURITY**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Are all visitors to the school required to sign in and out and wear a visitor identification badge?   | Yes | No |
| 2. | Are there security guards at the school daily?  | Yes | No |
| 3. | Indicate the number of personnel providing security services:   |     |    |
|    | School Resource Officer or equivalent      Armed:      Unarmed:   |     |    |
|    | Employed Security      Armed:      Unarmed:   |     |    |
|    | Contracted Security      Armed:      Unarmed:   |     |    |
| 4. | When security is contracted to a third party, is the Contractor's General Liability Policy and Law Enforcement Professional Liability policy required to name the educational institution as an additional insured? | Yes | No |
|    | a. If yes, does the third party maintain a minimum limit of Liability Coverage and indemnify the educational institution?   | Yes | No |
|    | b. Please indicate the minimum limit of liability the Applicant requires for these coverages: \$  |     |    |
|    | c. Name of Security Firm:   |     |    |

5. Do security personnel have arresting authority? Yes No
6. If there is employed armed security, are they trained and/ or re-certified annually?  
If yes, please describe: Yes No
7. Are criminal background checks and psychological reviews provided for all employed security?  
a. If yes, how often are these checks and reviews conducted: Every Months  
b. If no, please explain: Yes No
8. Does the Applicant conduct drug testing on security personnel?  
If yes, please describe the method and frequency of such testing: Yes No
9. Is the Applicant's security department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)? Yes No
10. Does a mutual aid agreement (MAA) or Memorandum of Understanding (MOU) exist with local city or county police? Yes No
11. Has the Applicant established policies/ procedures for security employees in the areas of:
- |                            | Yes | No | In Writing |
|----------------------------|-----|----|------------|
| Use of Force               |     |    |            |
| Use of Deadly Force        |     |    |            |
| Crowd Control              |     |    |            |
| Passive Restraint          |     |    |            |
| Use of Force Continuum     |     |    |            |
| Crisis Management Response |     |    |            |
12. Do security personnel receive training in the administration of:  
a. CPR/ First Aid? Yes No  
b. All established policies/ procedures in question 11? Yes No
13. Do security personnel use tasers? Yes No  
a. Describe the training and frequency of Taser training:  
  
b. Are there written policies for use of tasers? Yes No
14. Does the Applicant permit staff, volunteers, or visitors to carry open or concealed firearms on its premises? Yes No
15. Does the Applicant currently have or plan on implementing within the next 12 months a policy allowing (outside of security personnel) or others to carry concealed weapons on schools premises? Yes No
16. If the Applicant does not permit open and/ or concealed carry of firearms on any premises for which they are requesting insurance coverage do all locations have signage which conspicuously identifies the building as a Gun Free Zone? Yes No
17. Do security personnel store weapons on premises?  
If yes, please provide details on storage: Yes No
18. Do faculty, staff, or employees store weapons on premises?  
If yes, please provide details on storage: Yes No

- |     |  |     |    |
|-----|--|-----|----|
| 19. | Does the Applicant's Weapons Ban Policy have any exceptions?<br>If yes, please provide details:  | Yes | No |
| 20. | Does the educational institution have emergency call boxes located throughout the campus that are connected directly to campus security or police? | Yes | No |
| 21. | Does the educational institution provide after-hours security escort service for students?   | Yes | No |

SECTION III – COSMETOLOGY/ BEAUTY SCHOOLS	N/A
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- |    |   |     |    |
|----|---|-----|----|
| 1. | Are all flammable hair solutions and cleaning supplies stored away from heat sources?   | Yes | No |
| 2. | Are combs and brushes sterilized in between uses?   | Yes | No |
| 3. | Do students and instructors wear protective gloves or use barrier creams when handling permanent wave preparations to prevent skin irritation and skin disease? | Yes | No |
| 4. | Is there adequate ventilation?  | Yes | No |
| 5. | What is the length of the program:  |     |    |
| 6. | Is the public ever invited onto the premises?<br><b>If yes, please explain:</b>   | Yes | No |
| 7. | Does the school offer free or discounted services to the public?<br><b>If yes, please explain:</b>  | Yes | No |
| 8. | Are total receipts from public beauty services 10% or less of the total receipts?   | Yes | No |
| 9. | Are there any operations conducted off premises?<br><b>If yes, please explain:</b>  | Yes | No |

SECTION IV – CULINARY SCHOOLS	N/A
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- |     |  |                    |                       |     |    |
|-----|--|--------------------|-----------------------|-----|----|
| 1.  | Type of facility:  | School with liquor | School without liquor |     |    |
| 2.  | Is the school part of a chain or franchise?  |                    |                       | Yes | No |
| 3.  | Has the school ever been charged with a violation of any board of health regulations?<br><b>If yes, please explain:</b>                          |                    |                       | Yes | No |
| 4.  | Does cooking protection comply with NFPA 96 requirements?  |                    |                       | Yes | No |
| 5.  | Is there an Automatic fire extinguishing system providing surface protection from all cooking surfaces (griddles, ranges, deep fry and boilers)? |                    |                       | Yes | No |
| 6.  | Are there metal hoods and ducts covering all cooking surfaces?   |                    |                       | Yes | No |
| 7.  | Are hoods equipped with removable filters or grease extractors vented to the outside of the building?  |                    |                       | Yes | No |
| 8.  | Are cooking or heating devices installed with a minimum of 18 inches of safe clearance to combustible walls, ceilings, etc.?                     |                    |                       | Yes | No |
| 9.  | Is the manual pull for the extinguishing system readily accessible and clearly identified?   |                    |                       | Yes | No |
| 10. | Are all gas fired cooking equipment and appliances equipped with automatic fuel shut off?  |                    |                       | Yes | No |
| 11. | Are all deep fat fryers equipped with thermostats that automatically shut fuel off, set to do so at 475°F?                                       |                    |                       | Yes | No |
| 12. | Are there portable fire extinguishers in the kitchen area?   |                    |                       | Yes | No |
| 13. | Is the public ever invited onto the premises?<br><b>If yes, please explain:</b>  |                    |                       | Yes | No |



16. Does the Applicant perform accident investigations for each automobile accident? Yes No
17. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes No
18. Describe any ongoing training provided to drivers:

19. Describe security regarding bus/ vehicle storage:
- |                    |                                |          |                  |
|--------------------|--------------------------------|----------|------------------|
| Locked Garage      | Fenced Lot                     | Lighting | Security Cameras |
| Security Personnel | Vehicle Locked When Unattended | Other:   |                  |

20. If the Applicant operates a Driving School:
- a. Do all vehicles have dual controls? Yes No
- b. Are all vehicles clearly marked as driver training vehicles? Yes No
- c. Does the Applicant offer an Adaptive Driving Program? Yes No
- If yes, please indicate the Percent of revenue derived from this: %
- d. Please provide driver experience as follows:

Name:	Years Experience:
Name:	Years Experience:
Name:	Years Experience:
Name:	Years Experience:
Name:	Years Experience:

**SECTION VI – MUSIC, DANCE & ART SCHOOLS** **N/A**

1. Do students/ school do any traveling? Yes No  
 Are there any overnight trips? **If yes, please explain:** Yes No
2. Does the school do any performances off site? Yes No  
**If yes, how often:**
3. Does the school ever invite the public onto the premises? Yes No  
**If yes, how often:**  
**Please provide details of the events:**
4. Does the school hold any events that charge a fee? Yes No  
**If yes, please explain:**
5. Does the school ever contract out their services? Yes No  
**If yes, please explain:**
6. Is there a theater, auditorium, or stadium on premises? Yes No  
**If yes, please describe:**

**SECTION VII – DORMITORIES** **N/A**

1. How many dormitory buildings are owned by the Applicant's institution?
2. Any of the dormitory buildings listed on the national historic registry? Yes No  
 a. If yes, please identify the building.
3. What is the maximum number of stories:
4. Are the dormitories sprinklered in all areas? Yes No
5. Is each room equipped with hard-wired smoke detectors? Yes No





**SECTION IX – PANDEMIC AND COMMUNICABLE DISEASE**

1. Does the Applicant have formal procedures in place to handle pandemic or other communicable diseases? Yes    No
  - a. Do these procedures address:
    - i. Staffing Yes    No
    - ii. Training Yes    No
    - iii. Personal protective equipment Yes    No
    - iv. Client care Yes    No
    - v. Vendors/ visitors Yes    No
    - vi. Internal & external communication Yes    No
    - vii. Maintenance of premises and vehicles Yes    No
    - viii. CDC guidelines and recommendations Yes    No
  - b. Please provide a copy of these written procedures.
2. Have there been any instances of communicable, contagious, or infectious disease at the Applicant's workplace in the past 5 years? Yes    No  
 If yes, for each incident advise the following:

Date	Name of Disease	# of People Infected	Claim (Y/N)	Loss Amount Incurred
			Yes    No	\$
			Yes    No	\$
			Yes    No	\$
			Yes    No	\$
			Yes    No	\$
			Yes    No	\$

**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?<br>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:<br>Temperature monitoring and remote heating control system (Wi-Fi temperature controls)<br>PHLYSense<br>Other water detection/ notification/ alarm system<br>Backup electrical generator, ensuring building heat at all times<br>Insulation around water pipes in cold areas*<br>Heat tracing for water pipes in cold areas*<br>Antifreeze fire sprinkler system in cold areas*<br>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers<br>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?<br>If yes, select required duties of the caretaker:   | Yes | No | N/A |
|    | Regular walkthroughs of the building   |     |    |     |
|    | i. How often each day?   |     |    |     |
|    | Trained in the location(s) of water shut off valve(s)  |     |    |     |
|    | Inspects taps and leaves them dripping in freeze weather events  |     |    |     |
|    | Shuts off or drains pipes during freezing temperatures   |     |    |     |
|    | Monitors building temperatures ensuring heat is maintained at required levels  |     |    |     |
|    | Responds to power outages  |     |    |     |
|    | i. List of required procedures   |     |    |     |
|    | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?   | Yes | No | N/A |

## 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)