



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

HEALTH AND FITNESS CLUB SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Completed and signed/ dated PHLI Health and Fitness Supplemental application
- Completed ACORD application(s)
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Copy of health club membership application, including waiver language
- Copy of medical disclosure
- Brochure, advertising materials, and website information

GENERAL INFORMATION

Applicant Name:

Mailing address:

Billing address:

Web address:

Type of operation: Individual

Partnership

Corporation

Contact name:

Phone number:

FEIN number:

SIC code:

Years in business:

Is the Applicant an IHRSA member?

Yes

No

Risk Management Contact:

Phone:

Email:

SECTION I - PREVIOUS CARRIER INFORMATION

	Carrier	Expiration	Annual Premium
Property			\$
General Liability			\$
Crime			\$

List any property or liability claims in the previous three (3) years:

SECTION II – GENERAL LIABILITY COVERAGE

General Aggregate	\$3,000,000	\$2,000,000	\$1,000,000	\$300,000
Products/ Comp Ops Agg	\$3,000,000	\$2,000,000	\$1,000,000	\$300,000
Personal Injury	\$1,000,000	\$1,000,000	\$500,000	\$100,000
Occurrence	\$1,000,000	\$1,000,000	\$500,000	\$100,000
Fire Legal	\$50,000	\$50,000	\$50,000	\$50,000
Medical Expense	\$1,000	\$1,000	\$1,000	\$1,000

Increase Fire Legal limit to: \$

BI/ PD deductible: \$250

\$500

(only if other than \$50,000)

\$1,000

Per Occurrence

Hired and Non-Owned Coverage limit?

Yes

No

Umbrella policy limit requested? Yes No If yes, what limit? \$
 Employers Liability limits: \$ Employers Liability carrier:
 Additional Insured(s)
 Lessor leased equipment:
 Lessor of premises:
 Mortgagee:
 Grantor of franchise:

SECTION III – PROPERTY SECTION

Building(s)

Loc. No.	Bldg. No.	ACV/ RC	Limit of Insurance	Coinsurance	Address
			\$		
			\$		
			\$		
			\$		
			\$		

Contents (Includes Improvements & Betterments)

Loc. No.	Bldg. No.	ACV/ RC	Limit of Insurance	Coinsurance	Address
			\$		
			\$		
			\$		
			\$		
			\$		

Deductible: \$500 \$1,000 Other: \$
 Business Income: Limit of Insurance: \$ (Monthly Limit of Indemnity Form)
 Monthly Limitation: 1/3 1/4 1/6

Construction of building:
 Walls: Wood frame Brick/ Brick Steel frame Other:
 Roof: Wood frame Poured concrete Steel frame Other:
 Floor: Wood frame Concrete Other:

Year built: Square footage: Age of roof:
 Does the Applicant have any air supported or fabric roof structures on premise? (Tennis bubbles, Event tents, etc...) Yes No
 Does the property have automatic fire sprinklers? Yes No
 Distance to: Hydrant: Fire station:
 Burglar Alarms: Local Central station only w/ keys Central station w/ o keys
 Does the property have aluminum wiring? Yes No
 If yes, has it been retrofitted with one of the PIC approved connectors and by a licensed electrician? Yes No
 (Indicate which one): COPALUM? Yes No AlumiConn? Yes No
 Date updated?
 Please supply retrofit documentation or statement from installing contractor.
 Does the Applicant own the building? Yes No
 If no, who does?
 Mortgagee: Loss Payee:

Signs

	Type	Value	Location
1.		\$	
2.		\$	
3.		\$	

Flood

Does the Applicant have a current Flood policy in force? Yes No
 If yes, attach a copy of the declarations sheet.
 If no, would the Applicant like a Flood quote with our proposal? Yes No

(Flood quote will be secured through the Write Your Own Flood Program)

Crime Coverage

Theft, Disappearance & Destruction
 Loss Inside the Premises: \$ Loss Outside the Premises: \$
 Employee Dishonesty: \$
 Number of officers and employees who have custody of the money:
 By whom is financial audit completed? Frequency of audits?
 Is there a countersignature procedure in place? Yes No
 Frequency of bank deposits:
 Are accounts reconciled by someone not authorized to deposit or withdraw monies? Yes No

SECTION IV – RISK SURVEY QUESTIONNAIRE

- Gross sales: \$ Memberships: % Retail: %
 Alcohol: % Tanning: %
- Payroll: \$
- Total number of members for all locations (both active and non-active):
- Total number of active members for all locations:
 (Total number of members, not number of active members is used as GL rating base)

Location # & Address (Match to Location Schedule)	Total # of Members (active + non-active)	Membership Fee Revenue	Food & Beverage Revenue	Liquor Revenue	Pro Shop/ Apparel Revenue	All other Revenue not Included in Standard Membership*	Total Revenue
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

* Examples include Court/Facility Rental, Parties/Events, Private Lessons, Leagues/Camp/Clinics Tournaments, etc.

(If more than 10 locations, please attach an additional schedule at the end of the application.)

- Number of employees: Management: Physical Therapy: Personal Trainers:
 Administrative: Other:
- Number of subcontractors:
 Services subcontracted:
- Are certificates of insurance obtained from Applicant's subcontractors? If yes, provide a copy. Yes No
- Is the Applicant looking to provide coverage for any of the above under the policy? Yes No
 If yes, who?
- How many personal trainers are employed/ subcontracted at Applicant's facility?
- What percent of the personal trainers are certified by ACE, NSCA, NCSF, or other agency accredited through NCCA? %

11. Any property leased to others? If yes, explain:		Yes	No
Please provide square footage leased:			
12. Any events held off premises by the Applicant? If yes, explain:		Yes	No
13. Number of guests per month:			
14. Are guests required to sign waiver of liability forms?		Yes	No
15. Are waivers obtained for all adult users of the club, including spouses/ partners on family memberships?		Yes	No
16. Are medical disclosure forms requested of all members?		Yes	No
17. Is an incident log kept of all injuries and accidents?		Yes	No
18. Are all guests and members instructed on how to use equipment on a continuing basis?		Yes	No
19. Is a pre-workout evaluation done by a fitness trainer for new members?		Yes	No
20. Are written instructions of use on each piece of equipment?		Yes	No
21. Are "spotters" required for all free weights?	N/A	Yes	No
22. Are showers and locker rooms disinfected and cleaned daily? How often?		Yes	No
23. Are there non-slip surfaces in shower areas?		Yes	No
24. How many Automatic External Defibrillators (AED) does the Applicant have at each location?			
25. How many employees at each location are trained to operate an AED?			
26. Was full CPR training included with the AED training?		Yes	No
27. What are the Applicant's hours of operation?			
28. Is staff present during all hours of operation?		Yes	No
29. Is there a snack bar or restaurant on the premises? If yes, square footage occupied?		Yes	No
30. Is there a bar serving liquor? If yes, square footage occupied?		Yes	No
31. Is there any volunteer labor or "free membership/ work exchange"?		Yes	No
32. Is there a pro shop? If yes, square footage occupied?		Yes	No
33. Are any products sold with the Applicant's name or label on them?		Yes	No
34. Are dietary supplements sold? If yes, what brand names:		Yes	No

SECTION V - FACILITIES AND SERVICES

(Supply an inventory list with values where applicable.)

Free weights:	lbs.	Masseuse/ Masseur	Yes	No
Lifecycles : #		Is this subcontracted?	Yes	No
Rowing machines: #		Aerobics	Yes	No
Step machines: #		Is this subcontracted? (please attach a schedule)	Yes	No
Roller blading or skating: #		Martial Arts	Yes	No
Treadmills: #		Is this subcontracted?	Yes	No
Rock climbing apparatus: #		Barber	Yes	No
Racquetball courts: #		Is this subcontracted?	Yes	No
Locker rooms: #		Dance instruction	Yes	No
Jogging track: #		Is this subcontracted?	Yes	No
Showers: #		Walking program off premises?	Yes	No

Steam room: # Physical therapists Yes No
 Sauna: # Is this subcontracted? Yes No
 Tennis Bubbles: # sq. ft = Number of therapists:
 Tennis courts: Indoor: # sq. ft. = Outdoor # sq. ft. =
 Whirlpools/ Jacuzzi: # Indoor or Outdoor How often is water tested?
 What temperature is the water kept? How many are in the club?
 Basketball courts: Indoor # Outdoor #
 Circuit equipment: # of pieces: Square footage:
 Racquet Sports:

Tennis	Yes	No	Number of courts:
Pickleball	Yes	No	Number of courts:
Racquetball	Yes	No	Number of courts:
Paddleball	Yes	No	Number of courts:
Squash	Yes	No	Number of courts:
Other: (describe)	Yes	No	Number of courts:

SECTION VI - ABUSE OR MOLESTATION

1. Is Applicant seeking a quote for Abuse or Molestation Coverage? Yes No
If no, skip this section.
2. Does the Applicant's employment process (for employees and volunteers) 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 Applicant's state permit criminal background investigations? Yes No
If yes, does the Applicant routinely request and receive such background investigations? Yes No
4. Will any independent contractors have access to clients or children in a closed-door setting or perform operations where they will be physically touching another person? Yes No
 - a. Does the Applicant perform background checks on hired independent contractors? Yes No
 - b. If no, please explain:
5. Does the Applicant verify employment-related references? Yes No
6. Does the Applicant conduct a personal interview? Yes No
7. Does the Applicant have written procedures for dealing with sexual abuse? Yes No
If yes, attach a copy.
8. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
9. a. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? If yes, describe: Yes No
 - 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? \$
10. Regarding coverage for Abuse or Molestation, does the Applicant's current policy:
 - Exclude coverage
 - Limit coverage (please indicate limit): \$
 - Neither exclude or limit coverage
11. Please indicate age range of clients: From: To:

SECTION VII - SWIMMING POOLS

1. Is the pool a lap pool? Yes No
If yes, how deep? Indoor Outdoor
2. Depth markings are located at what intervals?

- | | | | | |
|--|-----|----|---------------------|-----|
| 3. How often is water tested? | | | | |
| 4. Is there a diving board? | | | Yes | No |
| 5. Is there a slide? | | | Yes | No |
| 6. Is a lifeguard present? | Yes | No | Are they certified? | Yes |
| 7. Does the Applicant use minors as lifeguards? | | | Yes | No |
| 8. Does the Applicant have at least one adult lifeguard on duty at all times? | | | Yes | No |
| 9. Are SWIM AT YOUR OWN RISK signs posted with pool rules? | | | Yes | No |
| 10. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide a time table and action plan: | | | Yes | No |
| 11. Hours of operations: | | | | |
| 12. Is the pool rented out for parties? | | | Yes | No |

SECTION VIII - DAY NURSERY / BABYSITTING

- | | | | | |
|--|--|--|-----|----|
| 1. What are the ages of children under care? | | | | |
| 2. Maximum length of stay? | | | | |
| 3. Are waivers signed by parents? | | | Yes | No |
| 4. Maximum number of children at one time? | | | | |
| 5. Ratio of staff to children: | | | | |
| 6. Qualifications of staff: | | | | |
| 7. Activities occurring: | | | | |
| 8. Is there a playground? | | | Yes | No |
| If yes, type of equipment? | | | | |
| If outdoor, what type of surface is under the equipment? | | | | |
| What type of supervision is given to the playground? | | | | |

SECTION IX - TANNING APPARATUS

- | | | | | |
|---|--------|--------|-----|----|
| 1. Number of units? | | | | |
| Type: | | | | |
| Manufacturer: | | | | |
| 2. Are goggles required? | | | Yes | No |
| 3. Are token timers used? | | | Yes | No |
| 4. Are operators present? | | | Yes | No |
| 5. Are controls on the outside of the booth/bed? | | | Yes | No |
| 6. Tanning booth waiver signed by members? | | | Yes | No |
| 7. Are <i>only</i> the manufacturer suggested bulbs used? | | | Yes | No |
| 8. Type of bulbs used: | UVA %: | UVB %: | | |
| 9. Are warning signs posted regarding ultraviolet rays? | | | Yes | No |

SECTION X - SPA OPERATIONS

(If the Applicant performs spa operations, please complete the following.)

- Please check the professional services that you perform and for which you desire coverage under the policy, and provide the annual receipts for each.
NOTE: Any professional service for which the Applicant does not provide such information will not be covered under the policy.

NOTE: Checking a professional service does not obligate us to insure it.

<u>Professional Service</u>	<u>Annual Receipts</u>
Electrolysis	\$
Microdermabrasion**	\$
Waxing	\$
Manicure or Pedicure	\$
Body wraps for weight/ water reduction	\$
Hair cutting/ Styling/ Coloring	\$
Facial/ Scalp massage	\$
Personal trainers/ Yoga instructors	\$
Ear piercing	\$
Body piercing (other than ear lobe)	\$
Facial and skin cleansing	\$
Hydrotherapy	\$
Aromatherapy	\$
Endermology	\$
Body wraps for other than weight/ water reduction	\$
Body massage	\$
Cosmetics/ Make-up application	\$
Tanning beds/ booths/ units	\$
Tattoo or Micropigmentation	\$
Teeth whitening	\$
Chemical Peels –	\$
What percentage concentration of active ingredients? %	\$
Exercise/ Workout	\$
Beautician service/ Hair	\$
Sale of products	\$
Tanning	\$
Other services not listed above (describe):	\$
	\$
	\$

2. Does the Applicant provide any of the following services?

Acupuncture	Laser Hair Removal
Botox or injections of any kind	MediSpas
Chiropractic	Microblading
Cryotherapy	Permanent Make-Up
Infrared Services	Tattooing

IF ANY SERVICES ABOVE ARE PROVIDED, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM.

3. Provide the number for each: Employees (part-time is less than 10 hrs/ week) and independent contractors. Do not include the owner.

Staff	Employees		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Aestheticians				
Masseuse				
Body wrap technicians				
Manicurists				
Beauticians				
Electrologist				
Pilates instructors				
Yoga instructors				
Fitness instructors				
Aerobic instructors				
Students (Aesthetician or Electrologist)				
Office Staff				

- | | | |
|---|------------|----------|
| 4. Are all technicians licensed if required by law? | Yes | No |
| 5. Please provide the number of the following: Pools: Jacuzzis: Steam/ Saunas:
Tanning Beds/ Booths : Hydrotherapy Tables/ Tubs: Exercise Equipment: | | |
| 6. Does the Applicant's equipment comply with, and is the Applicant aware of, all requirements of federal and state regulatory agencies? | Yes | No |
| 7. Do independent contractors or booth renters conduct operations on Applicant's premises? | Yes | No |
| 8. Are the work areas where acrylics are used well ventilated? | Yes | No |
| 9. Do all employees receive safety instruction to avoid potential eye contamination by chemicals? | Yes | No |
| 10. Are all body contact supplies sanitized after each use? | Yes | No |
| 11. Are toxic chemicals stored away from the access of customers? | Yes | No |
| 12. If the Applicant's clients operate any exercise equipment, are they instructed and monitored? | Yes | No |
| 13. Is the Applicant's business located in a private residence?
If yes, is there a separate entrance? | Yes
Yes | No
No |
| 14. Does the Applicant manufacture or re-package any product? | Yes | No |
| 15. Is any product manufactured and distributed under your private label?
If yes, describe the product and attach proof of manufacturer coverage: | Yes | No |
| | | |
| 16. Does the Applicant use, and save as a permanent record, a hazard disclosure and personal injury disclaimer or waiver for each customer for all services performed? | Yes | No |
| 17. Does the Applicant have a medical crisis plan? | Yes | No |
| 18. Does the Applicant require health histories, intake questionnaires?
If yes, how long are they kept? | Yes | No |
| 19. Does the Applicant require signed waivers from all clients? | Yes | No |
| 20. Is signage used throughout the facility to prevent injury? | Yes | No |
| 21. Does the Applicant have non-slip surfaces in all wet areas? | Yes | No |
| 22. Does the Applicant sub-lease any space to others? | Yes | No |
| 23. Does the Applicant's facility have a restaurant/ snack bar? | Yes | No |
| 24. Name and address of equipment lessor who requires inclusion as additional interest: | | |

SECTION XI - AUTOMOBILE

(If the Applicant performs spa operations, please complete the following.)

- | | | |
|--|------------|----------|
| 1. Are all vehicles listed on the ACORD application titled to the Applicant?
If no, please explain: | Yes | No |
| | | |
| 2. Are vehicles with 8 or more seating capacity equipped with an audible backup warning device? | Yes | No |
| 3. Does the Applicant provide transportation for:
Staff
Clients
If yes, please explain: | Yes
Yes | No
No |
| | | |
| 4. Are vehicles checked after passengers disembark to make sure no one is left behind? | Yes | No |
| 5. Does the Applicant require seat belts to be worn by all occupants? | Yes | No |
| 6. Explain the Applicant's vehicle maintenance program: | | |

- | | | | |
|-----|--|-----|----|
| 7. | Does the Applicant obtain a written authorization to release driver information from all of their staff upon hiring? | Yes | No |
| a. | Does the Applicant obtain MVR's on all drivers?
If yes, how often? | Yes | No |
| 8. | What are the Applicant's procedures for dealing with driver accidents or violations? | Yes | No |
| 9. | Do all drivers that transport others have at least 5 years of driving experience? | Yes | No |
| 10. | Explain your driver safety program: | | |
| | | | |
| 11. | Is training provided for new employees/ volunteers prior to their transporting clients? | Yes | No |
| 12. | Does anyone besides employees or volunteers drive the Applicant's vehicles?
If yes, please explain: | Yes | No |
| | | | |
| 13. | Does the Applicant allow personal use of their vehicles?
If yes, by whom and for what reasons? | Yes | No |
| | | | |
| 14. | Annual cost of hired autos: \$ | | |
| 15. | Does the Applicant obtain proof of insurance for employees/ volunteers who drive on company business? | Yes | No |
| | Does the Applicant update these records at least yearly? | Yes | No |
| | What minimum limits does the Applicant require? \$ | | |

WINTER WEATHER FREEZE PROTECTION

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

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

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

CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

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

1. Annual sales or revenue: \$

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

FRAUD STATEMENT AND SIGNATURE SECTIONS

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

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

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

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

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE (OR STATEMENT OF CLAIM) CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

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

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

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

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

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

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

AGENCY

PRODUCER LICENSE NUMBER

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

ADDRESS (STREET, CITY, STATE, ZIP)