



ACADEMIC SCHOOLS SUPPLEMENT

SUBMISSION REQUIREMENTS

- ACORD Application (for lines of Coverage to be written)
Statement of Valued (for blanket and/or agreed value)
Four Years of Currently Valued Company Loss Runs
Educators Professional Select Application (for D&O, E&O, EPL)
Drivers List with License Numbers and DOB
Schedule of Vehicles
Financial Statement

GENERAL APPLICANT INFORMATION

Applicant Name:
Mailing Address:
Website:
Effective Date:
Risk Management Contact: Phone:
Email:

SECTION I - GENERAL INFORMATION

- 1. Type of school: Private, Public, Charter, Residential/Boarding, College/University, Special Needs, For Profit, Non-Profit
2. Total number of students enrolled:

Table with 3 columns: Student Age Group, Number of Students, Number of Faculty. Rows include: Infants and Toddlers, Pre-K, K-5, 6th-8th Grade, 9th-12th Grade, Total.

- 3. Date school founded: Date school chartered:
4. Is Applicant's school accredited? Yes No
5. Does Applicant have day care on premises? Yes No
6. Does Applicant want Corporal Punishment Coverage? Yes No
7. Does Applicant have medical facility/infirmary? Yes No

- g. How many beds are in the infirmary:
- h. Are there written operational procedures in place? Yes No
- i. Is there a medical professional on staff? Yes No
- If yes, please indicate which of the following and how many are employed by the Applicant:
- Physical Therapist: Psychologist: Dentist: RN:
- Nurse Practitioner: Physician: Counselor:
- j. Does the professional carry their own malpractice insurance? Yes No
- If yes, who is the carrier and what limit is carried:
- k. Are medical history and care records kept for each patient? Yes No
8. Are there any fraternities or sororities on the premises? Yes No
9. Does the Applicant sponsor camps? Yes No
10. 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.
11. Are playgrounds inspected by a Certified Playground Safety Inspector (CPSI)? Yes No
- If yes,
- a. What was the date of the last inspection?
- b. What is the frequency of inspections?
- c. Are there any outstanding recommendations from prior inspections? Yes No
- If yes, please explain:

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? Yes No
- If yes, please describe:
7. Are criminal background checks and psychological reviews provided for all employed security? Yes No
- a. If yes, how often are these checks and reviews conducted: Every Months
- b. If no, please explain:
8. Does the Applicant conduct drug testing on security personnel? Yes No
- If yes, please describe the method and frequency of such testing:
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?

Yes No

If yes, please provide details on storage:

18. Do faculty, staff, or employees store weapons on premises?

Yes No

If yes, please provide details on storage:

19. Does the Applicant's Weapons Ban Policy have any exceptions?

Yes No

If yes, please provide details:

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 - ATHLETICS

1. Does the Applicant obtain a signed release which includes a hold harmless agreement from the parents/guardians of all participants and obtained annually?

Yes No

2. Are there procedures in place to verify that parents/guardians carry their own health insurance?

Yes No

3. Are medical exams required for all participants in extra-curricular sports?

Yes No

4. Is someone who is trained in first aid always present during practices and games?

Yes No

5. Is Student Accident Insurance carried?

Yes No

If yes, what is the limit carried?

6. Does the school have a written concussion management protocol that is compliant with current state legislation?

Yes No

a. Does the Applicant distribute the written protocol to coaches, parents, and players, and require the parent/guardian's acknowledgement that they have received and reviewed?

Yes No

b. Does the protocol include training in recognizing the signs/ symptoms of a concussion or other closed head injury?

Yes No

- | | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|-----------------------|
| c. | Does the Applicant utilize base line testing? | | Yes | No |
| | Is the training required for all coaches and faculty involved in physical education or sports instruction? | | Yes | No |
| d. | Does the protocol when a concussion is suspected require: | | | |
| | i. removing the athlete or student from play? | | Yes | No |
| | ii. evaluation by an appropriated healthcare professional? | | Yes | No |
| | iii. informing the athlete or students' parents/ guardians about the possibility of a concussion and giving them information about concussions? | | Yes | No |
| | iv. keeping the athlete or student out of play until an appropriate healthcare professional certifies that the athlete or student is symptom free and gives the okay for them to return to play? | | Yes | No |
| e. | Does the Applicant utilize any concussion impact monitoring technology? | | Yes | No |
| | i. If yes, name of manufacturer: | | | |
| | ii. Who monitors the data: | Coaches | Employees | Volunteers |
| | | | | 3 rd Party |
| 7. | Does the Applicant participate in the NCAA's catastrophic medical plan (colleges)? | | Yes | No |
| 8. | Does the Applicant have any saddle animals or equestrian teams? | | Yes | No |
| 9. | Does the Applicant have any swimming pools on the premises? | | Yes | No |
| | a. If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? | | Yes | No |
| | b. If no, provide time table and action plan: | | | |

- | | | | | |
|-----|-----------------------------------------------------------------------------------------|-------------------|----------------------|----|
| 10. | Number of athletic trainers: | | | |
| 11. | Is the Applicant compliant with the Zackery Lystedt law? (only applicable in WA) | | Yes | No |
| 12. | Bleachers: | | | |
| | # of Outside: | Seating capacity: | How often inspected: | |
| | # of Inside: | Seating capacity: | How often inspected: | |
| 13. | Are any of the following offered? (check all that apply) | | | |
| | Archery | Hockey | Tackle Football | |
| | Bungee Jumping | Polo | Trampoline | |
| | Climbing (Mountain, Rock or Wall) | Rugby | Water Skiing | |
| | Competitive Cheer | Scuba Diving | Wrestling | |
| | Crew/Rowing | Snow Skiing | Other: | |
| | Equestrian | Sky Diving | Other: | |

SECTION IV – FIELD TRIPS

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|----|------------------------------------------------------------------------------------------------------|--|-----|----|
| 1. | Approximately how many field trips are sponsored each year? | | | |
| 2. | Are all trips within the United States? | | Yes | No |
| | If no, please list locations outside of the United States: | | | |
| 3. | Describe the types of trips that are taken: | | | |
| 4. | Is written permission/waiver obtained from each child's parent or guardian? | | Yes | No |
| 5. | If parents volunteers or staff vehicles are used, does Applicant obtain proof of Liability Coverage? | | Yes | No |

SECTION V – ABUSE OR MOLESTATION

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|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| 1. | 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 |
| 2. | Does the Applicant's state permit them to do criminal background investigations? | | Yes | No |
| | If yes, does the Applicant routinely request and receive such background investigations? | | Yes | No |
| | Are federal and state criminal background checks performed on: | | | |
| | Staff | | Yes | No |
| | Volunteers | | Yes | No |
| 3. | Do any independent contractors have access to students or perform operations where they will be physically touching another person? | | Yes | No |
| | If yes, please explain: | | | |

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|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 4. | Does the Applicant perform background checks on hired independent contractors? | Yes | No |
| 5. | Is there a new employee and volunteer orientation that includes training in abuse awareness? | Yes | No |
| 6. | Does the Applicant verify employment related references? | Yes | No |
| 7. | Does the Applicant conduct personal interviews? | Yes | No |
| 8. | Does the Applicant have written procedures dealing with sexual abuse? | Yes | No |
| | If yes, please attach a copy. | | |
| 9. | Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with students, both on and off premises such as class trips? | Yes | No |
| 10. | Does the Applicant have a Sexual Abuse Awareness Program for students? | Yes | No |
| 11. | Does the Applicant have a specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? | Yes | No |
| 12. | Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? | Yes | No |
| | If yes, please describe the incident: | | |
| 13. | Was a claim made against the organization? | Yes | No |
| 14. | Was the case settled? | Yes | No |
| 15. | Was the case taken to trial? | Yes | No |
| 16. | How much money was paid in damages to the victim: \$ | | |
| 17. | Does Applicant's current insurance program provide Abuse or Molestation Coverage? | Yes | No |
| | If yes, Occurrence Claims Made | | |
| | Limits: \$ Carrier: Retroactive Date: | | |

SECTION VII - AUTOMOBILE

- | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Does the Applicant use an independent school bus contractor to transport students? | Yes | No |
| a. | If yes, are Certificates of Insurance required from the contractor? | Yes | No |
| | If yes, attach Certificate of Insurance. | | |
| b. | Is the school an additional insured on the contractor's policy? | Yes | No |
| 2. | Does the Applicant hire or borrow vehicles for non-busing purposes? | Yes | No |
| | If yes, please describe purpose and length of time vehicles are hired or borrowed: | | |
| 3. | Approximately how many cars are hired or borrowed annually? | | |
| | Total cost of hire, bus contractors: \$ Total cost of hire, other: \$ | | |
| 4. | Are any buses leased or loaned to others or used by outside organizations? | Yes | No |
| | If yes, please explain: | | |
| 5. | Number of employees using their own vehicles for school business (occasional or full-time use): | | |
| 6. | For those employees who use their own vehicles for school business, either full-time or occasionally, does the school require the employee to carry Primary insurance? | Yes | No |
| | If yes, what is the minimum limit the Applicant is requiring them to carry? \$ | | |
| 7. | Does the Applicant allow personal use of the Applicant's vehicles? | Yes | No |
| | If yes, by whom and for what reasons? | | |
| 8. | Does the Applicant have a full-time fleet manager? | Yes | No |
| | If yes, please advise: Number of years in current position: Total number of years' experience: | | |
| | If no, who is responsible for fleet safety and maintenance? | | |
| 9. | Does the school have a routine maintenance program for all vehicles? | Yes | No |
| 10. | Are maintenance records kept for each vehicle? | Yes | No |
| 11. | 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: | | |
| 12. | What percentage of the Applicant's fleet is provided with these fleet telematics devices? % | | |

13. Does the school obtain Motor Vehicle Reports on ALL employees? Yes No
 If yes, when? At time of hire Annually Randomly (based on accidents or suspicions)
14. Does the Applicant have a formal driving policy in place with MVR standards? Yes No
 a. Is driving policy communicated in writing to all employees? Yes No
 Does the policy prohibit the use of cellphones/electronic messaging while driving? Yes No
 b. Is a signed acknowledgement form kept on file? Yes No
If yes, please attach a copy of signed acknowledgement.
- c. Does the Applicant have written guidelines defining an acceptable Motor Vehicle Record? Yes No
 If yes, attach copy of guidelines.
15. What action is taken if an "unacceptable" driver is identifiable?
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 bu vehicle storage:
Locked Garage Fenced Lot Lighting Security Cameras
Security Personnel Vehicle Locked When Unattended Other:

SECTION VII – 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
 vii. 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 five (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?
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 |



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, MAY BE 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)