



BOWLING CENTER SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Complete signed / dated Supplemental Application(s)
- Completed ACORD Applications
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Color photographs (Interior and Exterior of EACH Center)
- Financials - current and prior year or current Income tax return

ACCOUNT INFORMATION

Applicant Name:

Physical address:

Risk Management Contact:

Email:

Cell Phone:

Annual Gross Revenues:			PAST 12 MONTHS		NEXT 12 MONTHS
Bowling (including shoe rental)		\$		\$	
Restaurants / Snack Bar	Food	\$		\$	
	Liquor	\$		\$	
Pro Shop		\$		\$	
Arcade		\$		\$	
Bar / Lounge	Food	\$		\$	
	Liquor	\$		\$	
Banquet Hall	Food	\$		\$	
	Liquor	\$		\$	
Off Site Catering*		\$		\$	
*No off site liquor service permitted					
Retail Sales		\$		\$	
Other – please describe:		\$		\$	
TOTAL GROSS REVENUES:		\$		\$	

UNDERWRITING INFORMATION

BOWLING ACTIVITIES:

- Total years in business: _____ At this location: _____
Hours of operation: _____ to _____
- Number of lanes: _____
Does Applicant contract lane refinishing? Yes No
- Lane construction: Wood Synthetic
- Lane Finish: (*Flammable means the flash point is less than 80 degrees*)
Lacquer – Not eligible for the program
Polyurethane – if flammable, need product code:
Urethane – if flammable, need product code:
Water Based
- Any pin refinishing done on premises? Yes No
If contracted, are certificates of insurance obtained? Yes No
What limit of insurance is carried by sub-contractor: \$
- Are ball racks secured / anchored to the floor? Yes No
- Does Applicant's bowling center have automatic scoring equipment? Yes No

- | | | | | |
|-----|--|--|-----|----|
| 8. | Are any flammable liquids stored on premises?
If yes, list products and quantities: | | Yes | No |
| 9. | Are all flammable liquids stored in UL approved containers?
Percentage of business from: League activity: % Open Play: | | Yes | No |
| 10. | Does Applicant sponsor any professional tournaments?
If yes, list events and sponsoring organization: | | Yes | No |
| 11. | If yes, are certificates of insurance obtained from sponsoring organization?
Does Applicant have a Pro shop on premises?
Is Applicant's Pro an: Employee Independent Contractor
If an Independent Contractor, is insurance placed elsewhere?
If leased to a third party, please provide the square footage:
(Certificate of Insurance is required.) | | Yes | No |
| 12. | How many Automatic External Defibrillators (AED) does the Applicant have at each location? | | | |
| 13. | How many employees at each location are trained to operate an AED? | | | |
| 14. | Was full CPR training included with the AED training? | | Yes | No |

BUILDING INFORMATION

- | | | | | |
|-----|---|--|-----|----|
| 1. | Year constructed: | | | |
| 2. | Year of updates: Electric: Heating: Plumbing: Roof: | | | |
| | *NOTE: If building is over 20 years, must have been completely gutted to be eligible. | | | |
| 3. | Roof type (flat, wood bowstring truss, etc.):
If bowstring truss is frame, building is not eligible. | | | |
| 4. | Building Construction: Block Metal Frame Other: | | | |
| 5. | Building Area: (square feet) | | | |
| 6. | 100% value of bowling lanes and bowling equipment: \$
Bowling lanes and equipment to be covered: Replacement Cost ACV
Bowling Lanes and Equipment Values are included in: Building Value Contents Value | | | |
| 7. | Is building 100% sprinklered including pin setting areas? (must be ISO rated) | | Yes | No |
| 8. | Are all areas of buildings with wet pipe sprinkler systems (hidden or unhidden) maintained at a minimum temperature of 40° F, and / or provided with proper insulation or heat tracing to prevent pipe freeze-ups? | | Yes | No |
| 9. | Central Station Alarms?
If yes, what type? Smoke/Heat Burglar Fire
Name of alarm monitoring service: | | Yes | No |
| 10. | Parking Lot: Paved Gravel Dirt Lighted Other:
Security cameras? | | Yes | No |
| 11. | If PC 7 and above, need responding fire department:
Miles to station: | | | |
| 12. | Which of the following does the center use to minimize damage from lightning:
Overload Circuit Breakers In-Line Lightning Resistors Ground Fault Circuit Interrupters
Surge Protectors Other: | | | |

OPERATIONS

- | | | | |
|----|--|-----|----|
| 1. | Does Applicant lease its facility for birthday parties or banquets?
Please describe the type of banquets: | Yes | No |
| 2. | Does Applicant provide child care services?
If yes, what is the maximum number of children at any one time:
If yes, what is the ratio of adults to children:
If yes, what is the minimum age of child care staff:
If yes, what is the minimum age of children: | Yes | No |

- | | |
|---|-----------|
| 3. Does 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 offenses before an offer is made? | Yes
No |
| 4. Any other activities or business operations?
If yes, please describe: | Yes
No |

Coin Operated Amusements	Annual Receipts: \$
How many: _____ Number of attendants: _____	
Equipment is: Owned _____ Leased _____	
Are machines properly grounded?	Yes No
Is there an on-site maintenance shop?	Yes No
Is there adequate maintenance equipment on-site?	Yes No

Bumper Boats	Annual Receipts: \$
How many: _____ Manufacturer: _____	
Number of operators: _____ Height of observation fence: _____ ft.	
Age / Height limit – At least 10 years and 48”?	Yes No
Depth of water four (4) feet or less?	Yes No
Max. engine HP: _____	

Bumper Cars	Annual Receipts: \$
How many: _____ Manufacturer: _____	
Min. height requirement: _____ in. How many attendants: _____	
Type of seat belt: _____	
Cars equipped with dash and headrest pads?	Yes No
Wheel pads on steering wheels?	Yes No

Batting cages – <u>WAIVER AND RELEASE REQUIRED</u>	Annual Receipts: \$
How many: _____ Manufacturer: _____	
Min. age requirement: _____ Mfg. age / speed recs. Posted: _____	
Clearly marked for right or left handed hitters?	Yes No
Are home plates clearly marked?	Yes No
Machine velocity checked or calibrated?	Yes No
If yes, by whom: _____	
Are records kept: Yes No For how long: _____	
Are pitching machine settings able to be altered by hitters?	Yes No
Helmet or other safety equipment required to be used by participants in cages?	Yes No
Light or similar indicator when last ball has been pitched?	Yes No

Coin Operated rides	Annual Receipts: \$
How many: _____ Describe: _____	

Go-karts – <u>Waiver and Release Required if over 21 mph</u>	Annual Receipts: \$
How many: _____ Number of tracks: _____	
Maximum speed: _____ mph Indoor / outdoor: _____	
Max. number on track any one time: _____ Number of attendants: _____	
Gas or electric: _____	
Minimum Age: _____ Minimum Height: _____	
Seat belts required?	Yes No
Equipment with governors to control speed?	Yes No
Operator cut off system?	Yes No
Outdoor tracks fenced?	Yes No
Equipped with roll bars and bumper guards?	Yes No
Fences meet ASTM F-24 requirements?	Yes No
Track rules clearly and prominently posted?	Yes No

Inflatables / Bounce and Play	Annual Receipts: \$
Describe: _____	

Miniature Golf**Annual Receipts: \$**

Number of courses: _____ Number of holes: _____
 Waterfall or fountains – with ground fault interrupters? Yes No

Driving Ranges**Annual Receipts: \$**

Number of stalls: _____ Partitions between stalls? Yes No

Paintball – Laser Tag WAIVER AND RELEASE REQUIRED**Annual Receipts: \$**

Minimum age: _____ Minimum height: _____ Maximum participants per game: _____
 Ratio of judges to participants: _____
 Written instructions, procedures and training provided for participants? Yes No
 Does equipment meet ASTM standards? Yes No
 Specify types of air fills used: _____
 Are safety plugs mandatory? Yes No
 Does Applicant repair or modify equipment sold? Yes No
 Is there a scheduled maintenance plan for equipment? Yes No
 If yes, please provide details: _____

Do manufacturers provide certificates of insurance including you as Additional Insured? Yes No
 Are participants separated by level of experience? Yes No
 Are spectators properly protected from the paintball area / field? Yes No
 Are participants in violation of the safety rules ejected? Yes No
 List protective gear supplied to participants: _____
 Indicate feet per second used at your location: _____
 How often is equipment inspected: _____
 How often is equipment changed: _____
 Facility enclosed or fenced? Yes No
 Any barriers or obstacles? Yes No
 If yes, please describe or provide diagram: _____

Any hand to hand fighting allowed? Yes No
 Are customers allowed to bring their own equipment? Yes No
 If yes, is equipment and velocity checked? Yes No
 Is eye protection required? Yes No
 Are employees trained in first aid? Yes No

Rock Climbing Wall - Waiver and Release Required if over 5'**Annual Receipts: \$**

Does rock wall meet all CWIG (Climbing Wall Industry Group) standards and local codes? Yes No
 What is the height of the wall: _____
 Bouldering (traversing) wall only – 6' or less? Yes No
 Are participants allowed to climb on their own? Yes No
 What is the check in procedure: _____

What kinds of verbal contacts or warnings given: _____
 When is safety testing done: _____
 What type certification system is used: _____
 What type of equipment is used: _____
 Describe the belay system: _____

What type of landing surface is used – describe makeup, thickness and extent of fall protection: _____

Who is responsible for daily maintenance and checks: _____

Are spotters required? Yes No At what height: _____
 Does Applicant have a portable wall? Yes No
 If yes, what is frequency of use off premises: _____

Miscellaneous Activities:	Number of Participants	Annual Receipts
Euro bungee		\$
Trampolines		\$
Rope ladders		\$
Mechanical bull		\$
Shuffleboard		\$
Volleyball / Basketball		\$
Tennis courts		\$
Billiard / Pool table		\$
Simulators		\$

RESTAURANT / SNACK BAR EXPOSURE

1. Please check all that apply:
 Snack Bar Restaurant Bar Banquet Hall
- Is the restaurant leased to a third party? Yes No
 If yes, provide the square footage of the restaurant/snack bar:
 (certificate of insurance is required)
2. Are all cooking surfaces protected by a hood and duct system? Yes No
 Does Applicant have a service contract with a contractor to clean the hood and duct system? Yes No
3. Is there an automatic extinguishing system? Yes No
 What type of automatic extinguishing system is in place:
 How often is the system serviced and maintained:
 Monthly Quarterly Semi-Annual Annual
4. Does Applicant have a deep fat fryer on premises? Yes No
5. Are portable fire extinguishers provided in the kitchen? Yes No
 Last service date:
6. Are food and beverages permitted in the bowling area? Yes No

LIQUOR LIABILITY

1. Liquor license name:
2. Liquor license number: Class of license:
3. Has Applicant's alcoholic beverage license ever been revoked or suspended? Yes No
 If yes, explain:
4. Has Applicant had any occurrences that have arisen out of the sale of any alcoholic beverages? Yes No
5. Current Liquor Liability insurance carrier:
 Limits: \$ Premium: \$
6. Has Applicant's liquor liability insurance been canceled or non-renewed in the last three (3) years? If yes, explain: Yes No
7. Has Applicant ever been fined by alcoholic beverage control or other governmental regulator? Yes No
 If yes, explain:
8. Has Applicant ever filed for bankruptcy? Yes No
 If yes, explain:
9. Type of beverages sold: % Beer % Wine % Other:

10. Are patrons allowed to carry alcoholic beverages onto the premises?
If yes, what type: Yes No
11. Number of servers used:
Professional? (2 years or more bartender experience) Yes No
Non-Professional? (no bartender experience) Yes No
If yes, please explain:
12. Are all employees and/or volunteers that serve alcohol certified in a formal alcohol training course?
If yes, provide name of course: Yes No
TIPS TAM RAMP BEST Other:
13. At what location are IDs checked and how often:
14. In what size container are alcoholic beverages served:
Glass/Cup oz. Pitcher oz. Other:
15. Is there a limit placed on the quantity of alcoholic beverages purchased at one time?
If yes, please explain: Yes No
16. Does Applicant serve beer or alcohol from "bar carts"? Yes No
17. Is Bar/Restaurant open when bowling lanes are closed? Yes No
18. Does bowling center feature any entertainment? Yes No
How often:
Type of entertainment featured: DJ Jukebox Karaoke Solo Vocalist
Band (1-3 members) Band (4+members) Other:
If musical entertainment, what type:
Top 40's / Pop Alternative Classic Rock Country Jazz
Rap Soft Rock R&B Other:
- Is dancing permitted? Yes No
Is there a dance floor? Yes No
Is there a minimum or cover charge? Yes No
19. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No
20. Is there any type of designated driver program in effect? Yes No
21. Describe security measures in place:
Number of uniformed police officers present at the site of alcohol sales:
Number of undercover police officers present:
Number of private security present:
Other:
22. Are rules and regulations clearly displayed for patrons viewing?
Explain: Yes No
23. Other promotional activities or events:
24. Type of clientele:
Area Residents Area Workers Tourists College Other:
25. Average age of patrons:
Percentage of clientele: Under 25: % 25-30: % Over 30: %
26. Is an Additional Insured needed? Yes No
Name:
Address:
Describe Interest:

NON-OWNED / HIRED AUTOMOBILE COVERAGE

- | | | |
|---|-----|----|
| 1. Does Applicant have a business auto policy for owned autos? | Yes | No |
| 2. Do employees or volunteers routinely use their autos for company business?
If yes, explain: | Yes | No |

3. Total number of employees: _____ Volunteers: _____

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, 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)