



GYMNASTICS FACILITIES APPLICATION

SUBMISSION REQUIREMENTS

- Complete ACORD applications for Property, Auto and Umbrella Liability, if coverage is requested
- Evidence of Participant Accident coverage
- Standard Accident Waiver for Participants
- Complete event schedule for special events or competitions sponsored by the Applicant
- Latest annual financial
- Currently valued insurance company loss run for the current policy period plus three (3) prior years
- Emergency evacuation plan
- Copy of safety program including rules and procedures
- Sample equipment inspection checklist
- **Note that Abuse or Molestation Coverage is not available for this Product**

SECTION I – GENERAL INFORMATION

1. Applicant Name:

2. Mailing Address:

Physical Address:

3. Contact Person:
Website Address: www.

Telephone:
E-mail Address:

4. Risk Management Contact:
Risk Management's Email:

Risk Management's Phone:

5. Business type: Corporation Partnership Individual
 Non-Profit Governmental entity Other:

6. Year business was established? Number of years under present management:
FEIN:

7. List all Named Insureds and their interests: **Note: The First Named Insureds require common / majority ownership of each Named Insured – if not, explain the relationship to insured.**

8. Is the Applicant compliant with the Zackery Lystedt Law? **(Only applicable in Washington)** Yes No
9. Is the Applicant a member of a sanctioning body?: (i.e. USA Gymnastics) Yes No
If yes, which body:
10. Is the Applicant a franchisee? Yes No
If yes, name of the franchise to which the Applicant belongs:
11. Has coverage been declined, cancelled or non-renewed in the past three (3) yrs? Yes No
If yes, provide details.
12. Does the Applicant have any inflatable, fabric or air supported structures such as, but not limited to, bubbles or domes? Yes No

SECTION II – GENERAL LIABILITY

	Activities	Annual Number of Participants	Annual Receipts
a.	Gymnastics:		\$
	Ages 1-12		
	Ages 13-19		
b.	Aerobics		\$
c.	Cheerleading		\$
	Ages 1-12		
	Ages 13-19		
d.	Dance		\$
e.	Martial Arts		\$
f.	Swimming (monthly # of participants / # of months)		\$
g.	Open gym or parents night out		\$
h.	Birthday Parties (annual # of participants)		\$
i.	Day Care - Complete Section IV		\$
j.	Day Camps - Complete Section VI		\$
k.	Overnight Camps – Section VI		\$

1. Does the Applicant sponsor any non-sanctioned gymnastics or cheerleading competitions? Yes No
2. Does the Applicant use a mat or springboard floor? Yes No
3. Does the Applicant provide classes, instruction or demonstration of Parkour or Freerunning? Yes No
Note these activities are excluded.
4. Does the Applicant provide obstacle course classes, including but not limited to Ninja Warrior type instruction or demonstration? Yes No
a. Name of the program and description:
- b. Age range:
- c. Spotters at each obstacle? Yes No
- d. Who maintains the obstacles?
If a 3rd party, does the Applicant obtain a Certificate of Insurance naming the Applicant as an Additional Insured? Yes No

e. List / Describe all obstacles:

Obstacle	Manufacturer	Age

5. Does the Applicant provide Cross Fit Training or Sports Enhancement Training (other than standard gymnastics training) for adults or children? If yes, provide detailed description. Yes No
6. Does the Applicant obtain waivers and releases for all participants including adults? Yes No
If yes, attach copy.
 Does the waiver include use of all equipment including inflatables and rock walls, if any? Yes No
7. Ratio of instructors to students: *(other than day care)*
8. Ratio of instructors to students: *(day care)*
- | Ratio of Instructors to students |
|----------------------------------|
| Ages 0 - 18 months
to |
| Ages 18 months – 3 years
to |
| Ages 3 – 4 years
to |
| Over 4 years
to |
9. Trampolines or other rebounding/tumbling equipment with posted safety rules? Yes No
10. Does the Applicant have a foam pit? Yes No
 If yes, describe padding: Yes No
 Supervised at all times?
 Depth of pit:
11. Sales of sports equipment or apparel? Yes No
 If yes, type: Annual receipts: \$
12. Has the Applicant completed any National Certification program? Yes No
 If yes, what certifications does the Applicant hold:
13. Does the Applicant own/maintain a swimming pool? Yes No
 If yes, complete Swimming Pool Section XI below.
14. Does the Applicant own or lease the facility: Own Lease
 If leased, who is responsible for:
 Building maintenance Applicant Building Owner
 Parking lot Applicant Building Owner
15. Does the Applicant lease the facility or equipment to others? Yes No
 If yes, does the Applicant obtain certificates of insurance? Yes No
16. Is there a minimum of one staff member certified in first aid present at all times? Yes No
17. Is there a minimum of one staff member certified in CPR present at all times? Yes No
18. Limit of Participant Accident coverage:
 Per person: \$ Catastrophic: \$

- | | | |
|--|-----|----|
| 6. Are premises child proofed to eliminate potential hazards? | Yes | No |
| 7. Has lead abatement been performed since 1971? | Yes | No |
| 8. Any exposure to asbestos materials? | Yes | No |
| 9. Any staff under the age of 18 years old? | Yes | No |
| 10. Does the Applicant have volunteers? If yes, indicate duties: | Yes | No |
| 11. Does the Applicant provide sick child, drop in, latch-key, boarding or camp services?
If yes, describe: | Yes | No |
| 12. Does the Applicant care for special needs children? If yes, describe. | Yes | No |
| 13. Does the Applicant maintain the following: | | |
| Immunization records – updated annually? | Yes | No |
| Records for each child indicating unusual conditions the child has? | Yes | No |
| Signed releases for emergency medical treatment obtained from parents? | Yes | No |
| Written instructions from child’s physician for dispensing medication? | Yes | No |
| 14. Is there an outside play area? If yes, describe security, i.e. fencing, gates, locks, etc. | Yes | No |

SECTION V - INFLATABLES

NOTE: Off-premises use or rental of inflatables is excluded.

- | | | |
|--|-----|----|
| 1. Please provide a list of inflatables commonly owned/used. | | |
| 2. Does the Applicant use any inflatables outside of its building? | Yes | No |
| 3. Are inflatables checked daily and maintenance logs maintained? | Yes | No |

SECTION VI – ROCK CLIMBING AND BOULDERING WALLS

NOTE: Off-premises use or rental of rock walls is excluded.

- | | | |
|---|-----|----|
| 1. Does rock wall meet all CWIG (Climbing Wall Industry Group) standards and local codes? | Yes | No |
| 2. What is the height of the wall:
Bouldering (traversing) wall only – 6’ or less? | Yes | No |
| 3. Are participants allowed to climb on their own? | Yes | No |
| 4. What is the check-in procedure: | | |
| 5. What kinds of verbal contacts or warnings given: | | |
| 6. When is safety testing done: | | |

7. What type certification system is used:

8. What type of equipment is used:

Describe the belay system:

9. What type of landing surface is used: (Describe makeup, thickness and extent of fall protection)

10. Who is responsible for daily maintenance and checks:

11. Are spotters required? Yes No At what height:

12. Does the Applicant have a portable wall? Yes No
If yes, what is frequency of use off premises:

13. Is there a separate charge for use of the wall? Yes No
If yes, please provide annual receipts. \$

SECTION VII – MARTIAL ARTS

1. Are instructors certified in Martial Arts? Yes No
If yes, list qualifications, including belt rank:

2. List styles taught and age groups:

3. Does the Applicant sponsor on site tournaments with other schools? Yes No

4. Are kicking motions to the head permitted during sparring? Yes No

5. Does the Applicant offer self-defense programs? Yes No

6. Does the Applicant offer weight/strength training? Yes No

7. Is free sparring permitted? Yes No

If yes, light contact or full contact:

If yes, are rules posted and signed by owner? Yes No

Are kicking motions to the head permitted in sparring? Yes No

8. Describe protective gear required:

SECTION VIII – BIRTHDAY PARTIES

1. Are birthday party attendees allowed on gymnastics equipment, trampolines or rock walls? Yes No
If yes, please describe protection and supervision:

2. What is the average number of attendees per party: Age group:

3. What is the ratio of staff to attendee:
4. Does the Applicant serve food? Yes No
If yes, what type:
5. Are parents permitted to bring food on premises for parties? Yes No
6. Briefly describe activities and equipment attendees are permitted to use for parties:

SECTION IX – CAMPS / CLINICS

- | | | | |
|----------------|---------------|-------------------|--|
| 1. Day Camp | # of Campers: | # of Camper Days: | |
| Overnight Camp | # of Campers: | # of Camper Days: | |
2. All counselors / leaders 18 years or older? Yes No
 3. Supervisor on duty at least 25 years or older at all times? Yes No
 4. Overnight camps? Yes No
Describe sleeping arrangements:
 - Any water hazard exposure? Yes No
Describe:
 - Are camps co-ed? Yes No

SECTION X - CHEERLEADING

1. Does the Applicant participate in competitive cheerleading? Yes No
If yes, what levels (i.e. junior high, senior high?):
Are individual cheerleader abilities and skill levels assessed on an annual basis for team placement? Yes No
2. Does the Applicant follow NACCC or USASF recommended guidelines for spotters? Yes No
3. Does the Applicant train students on proper spotting techniques? Yes No
4. Are teams / individuals supervised at all times by qualified coaches? Yes No
5. Type of floor protection: Mats Springboard
6. Are pyramids permitted higher than 2 ½ people? Yes No
Are only advanced students allowed to perform pyramids higher than 2 people? Yes No
Does the Applicant allow tossing from one base to another base? Yes No
7. Does the Applicant participate in competitions governed by NACCC/USASF rules? Yes No
If no, provide rules that are followed.

SECTION XI – SWIMMING POOLS

1. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide timetable and action plan: Yes No

2. Is use of the pool limited to registered students only? If no, describe: Yes No

3. Are birthday party attendees (if any) permitted to use the pool? Yes No

4. Is a lifeguard on duty at all times pool is in use? Yes No

5. What is the depth of the pool: Feet | Distance between depth markers: Feet

6. Does the Applicant have any of the following features: Yes No
 Diving Board? If yes, height of board: Yes No
 Water Slide? If yes, height of slide: Yes No

7. Above Ground? Yes No In Ground? Yes No

8. Indoor? Yes No Outdoor? Yes No

9. Is there a slip-proof surface surrounding pool area? Yes No

SECTION XII - HIRED AND NON-OWNED AUTO

1. Does the Applicant have any owned automobiles? Yes No

 NOTE: If insured has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested.

2. Does the Applicant allow employees to use their own personal vehicles for its business purpose? Yes No
 If yes, how many employees use their own personal vehicles:
 If yes, how often? Daily Weekly Monthly Other:

3. Does the Applicant obtain Motor Vehicle Reports? Yes No
 If yes, how often: Annually Every other year Other:

4. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No
 If yes, what minimum limits are required: \$

5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$

6. Is hired auto physical damage required? Yes No
 If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$
 NOTE: Hired Car Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided.

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)