



LODGE & RESORT APPLICATION

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/ hold harmless agreement the Applicant requires their guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

GENERAL INFORMATION

Named Insured:
Principal Contact:
Mailing Street Address:
Mailing City: State: Zip:
Location Street Address: County: State: Zip:
Phone Number: Fax Number:
Website: www.
Business Form: Corporation Partnership Individual LLC Other:
Effective Date:
Limit of Liability requested: \$300,000 Occurrence
\$500,000 Occurrence
\$1,000,000 Occurrence

Risk Management Contact: Risk Management's Phone:
Risk Management Email:
1. Does the Applicant operate any other businesses from this location? Yes No
(List information below for each business, use a separate sheet to list information if necessary)
If yes, type of entity:
Corporation Partnership Individual LLC Other:
Description of Other Business:

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

ADDITIONAL INSUREDS, if necessary use another sheet of paper

Name	Complete Address	Interest

PROPERTY SECTION	N/A
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Premises Information

- | | | |
|--|-----|-------|
| 1. Is the Applicant's location within 50 miles of the Gulf of Mexico or the Atlantic Ocean? | Yes | No |
| 2. What is the Fire Protection Class of the Applicant's location? | | |
| 3. Distance to fire station? | | Miles |
| 4. Is the responding fire department staffed or volunteer? | | |
| 5. Distant to fire hydrant? | | Feet |
| 6. Are there other fire control water sources available?
Pool Pond/ Lake Water Tank Other: | | |
| 7. Is the Applicant's location prone to grass fires and/ or forest fires? | Yes | No |
| 8. Are there buildings at the Applicant's facility with limited access due to forest, terrain or season? | Yes | No |
| 9. Are the Applicant's buildings located in heavily wooded areas? | Yes | No |
| 10. Is the clearing from forest/ wooded areas greater than 150 feet? | Yes | No |
| 11. Is the Applicant's business operational year round?
If no, provide the number of months the Applicant is operational? | Yes | No |
| 12. Are the Applicant's buildings occupied year round? | Yes | No |
| 13. If no, is there a caretaker on site Yes No or contracted? | Yes | No |
| 14. If no, are buildings winterized? | Yes | No |

Building Information

- | | | |
|---|-----|----|
| 1. Are there smoke alarms in all corridors and bedrooms? | Yes | No |
| 2. What types of smoke alarms are installed? Battery Hardwired | | |
| 3. Is there a CO alarm installed? | Yes | No |
| 4. Do any buildings have cooking facilities?
If yes, list building numbers: | Yes | No |
| 5. Do any buildings have wood burning fireplaces and/ or woodstoves?
If yes, list building numbers: | Yes | No |
| If yes, are the chimneys and flues cleaned annually? | Yes | No |
| 6. Do any buildings have any ACTIVE Knob and Tube and/ or Aluminum wiring?
If yes, list building numbers: | Yes | No |
| 7. Does the Applicant have power generating equipment?
If yes, is it 100% for emergency use only?
List the size of each unit(in HP and KW): | Yes | No |

DOCK INFORMATION

- | | | |
|---|-----|----|
| 1. Number of docks? | | |
| 2. Number of boat slips?
Complete the questions below only if property coverage is requested for docks. | | |
| 3. Construction: Frame Metal Floating Fixed Roofed Age: | | |
| If roofed, has proper engineering for wind/snow loads been assessed? | Yes | No |
| 4. Does the water around the Applicant's dock freeze?
If yes, what date on average? | Yes | No |
| 5. Are the docks removed? | Yes | No |

ACTIVITIES

Actual Total Receipts for Prior 12 Months:				\$
Estimated Total Receipts for Next 12 Months:				\$
Activities Conducted	# of Guides	# of Units	User Days	Revenues
Guided Fishing				\$
Hiking/ Backpacking				\$
Hunting				\$
Lodging/ Cabin Rentals				\$
Horseback Riding				\$
Hay, Sleigh, or Wagon Rides				\$

Activities Conducted	# of Guides	# of Units	User Days	Revenues
Shooting Range – Rifle or Pistol				\$
Bike Rentals				\$
Mountain Bike Riding				\$
Boating				\$
Sea Kayak Tours/ Rentals				\$
Water Skiing				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Whitewater Rafting				\$
Cross Country Skiing				\$
Dog Sled Tours				\$
Downhill Skiing				\$
ATV's				\$
Snowmobiles				\$
Paintball				\$
Climbing Wall				\$
Rock Climbing				\$
Youth Camps or Programs				\$
Other describe:				\$

OPERATIONS INFORMATION

- | | | |
|--|-----|-------|
| 1. Does the Applicant require the Applicant's guests to sign a liability waiver? | Yes | No |
| 2. How many years has the Applicant been in business? | | Years |
| 3. If the Applicant is a new venture, how many years of prior experience? | | Years |
| 4. Does the Applicant conduct any controlled/ prescribed burn operations on premises (including burns done by subcontractors)? | Yes | No |
| 5. Are any operations conducted outside of the United States? | Yes | No |
| 6. Does the Applicant hire guides as subcontractors? If yes, for what activities? | Yes | No |
| If yes, does the Applicant obtain proof of insurance? | Yes | No |
| 7. List safety procedures and/ or attach safety guidelines: | | |

LODGING N/A

Guest Quarters

- Total number of units for guest rental:
- Number of RV spaces/ tent sites:
- Maximum guest capacity is:

KITCHEN OPERATIONS N/A

- | | | |
|--|-----|----|
| 1. Does the Applicant have an automatic extinguishing system over the cooking surface? | Yes | No |
| 2. Does the Applicant have automatic fuel shut-off to stove? | Yes | No |
| 3. Is there a maintenance contract to clean the Applicant's duct system? | Yes | No |
| 4. Does the Applicant have one or more fire extinguishers? | Yes | No |
| 5. Does the Applicant have any deep fat fryers? | Yes | No |
| 6. Is there a restaurant, bar or lounge on the premises? | Yes | No |
| If yes, is it open to the general public? | Yes | No |
| 7. What are the Applicant's liquor sales? | \$ | |
| 8. What are the Applicant's restaurant sales, not including liquor? | \$ | |
| 9. Of restaurant & liquor sales, what percentage is from people NOT lodging at the resort? | | % |
| 10. What is the restaurant seating capacity? | | |

SERVICE OPERATIONS	N/A
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1. Does the Applicant host any of the below events?

				Annual Revenues
		Yes	No	\$
Weddings				
Conferences				
Special Events, describe:				

2. Does the Applicant provide the catering at these functions? Yes No
3. Does the Applicant provide the liquor at these functions? Yes No
- If no, does the Applicant collect certificates from the caterers that work on the Applicant's premise? Yes No
- If the Applicant is requesting Liquor Liability the Applicant must complete the Liquor Liability Supplemental Application**

RETAIL OPERATIONS	N/A
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1. Does the Applicant have retail operations for any of the following?

General Store	Pro Shop	Restaurant
Liquor Store	Gift Shop	Fuel Sales

2. What are the Applicant's total gross sales from retail operations? \$

POOL AND SWIMMING AREAS	N/A
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1. How many of each: Pools Lakes Other:
- Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? **If no, provide time table and action plan:** Yes No
2. Are the Applicant's swimming facilities open to the general public? Yes No
3. Fenced? Yes No
4. Diving board? Yes No
5. Locking gate? Yes No
6. Is the depth of pool marked? Yes No
7. Are life rings or buoys provided? Yes No
8. Life guard on duty? Yes No
9. Pool rules posted? Yes No
10. Is there signage "No life guard, swim at your own risk, no diving"? Yes No
11. Does the Applicant have a water tramp? Yes No
12. Does the Applicant have a waterslide? Yes No
- If yes, what is the length & height of slide? Length: / Height:

WATERCRAFT LIABILITY SECTION	N/A
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Boat Schedule (if necessary use another sheet of paper)

Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided	
						Yes	No
						Yes	No
						Yes	No

WATERCRAFT GENERAL INFORMATION

1. What type of operation does the Applicant have?
- | | | | | |
|--------------|---------------|-----------------------|---------|--------|
| Boat Rentals | Fishing Trips | Tube or Canoe Rentals | Hunting | Other: |
|--------------|---------------|-----------------------|---------|--------|
2. On what bodies of water does use take place?
- | | | | |
|--------|-------|-------|--------------|
| Rivers | Lakes | Ocean | Bays/ Inlets |
|--------|-------|-------|--------------|
3. If Rivers, what classes are boated:
- | | | | | |
|---------|----------|-----------|----------|---------|
| Class I | Class II | Class III | Class IV | Class V |
|---------|----------|-----------|----------|---------|
4. Are life vests (PFD's) required? Yes No
5. Are life vests (PFD's) provided? Yes No

CANOE, KAYAK AND/ OR RIVER TUBING INFORMATION			N/A
Boat Type	Maximum Number Used	Average Number Used	
Canoes			
Kayaks			
Tubes			

1. What percent of the Applicant's operations are unguided? %
2. Number of guides:

EQUINE SECTION			N/A
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Ride Information

1. Total number of horses available for guest riding:
2. Maximum number of horses in use for guest riding at any one time:
3. Average number of horses in use for guest riding at any one time:
4. What is the youngest rider the Applicant will allow on a horse: Years Old
5. Does the Applicant offer the use of helmets? Yes No
6. Does the Applicant ever allow double riding? Yes No
7. What percentage of the Applicant's guest ride: Western Saddle? % vs. English Saddle? %
8. What percentage of the Applicant's horse operations are: Unguided? % vs. Guided? %
9. What is the maximum guide to guest ratio? Guides to Guests
10. Does the Applicant operate pony rides? Yes No
If yes: Trail Ride Riding Ring Hand Led
11. What is the youngest rider the Applicant will allow on a pony? Years Old
12. Does the Applicant require guest to complete a physical fitness information form prior to riding? Yes No
13. Does the Applicant pre-screen guest riders and determine ability prior to riding? Yes No
14. Do guides carry with them any communication device (2-way radio, cell phone, etc.?) Yes No
15. Does the Applicant conduct a pre-ride safety briefing with guests? Yes No
16. Does the Applicant provide a written safety manual of procedures to all staff members? Yes No
17. Does the Applicant ever participate in parades or community celebrations with the Applicant's horses? Yes No
18. Lists reasons why the Applicant would decline a person from riding (health, age, weight, alcohol, general, pregnancy):

ACCOUNT INFORMATION		
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1. Does the Applicant board horses for a fee? Yes No
If yes, how many?
2. Does the Applicant teach or allow the Applicant's guests to participate in:

Dressage	Inoculations	Barrel Racing	Horse Jumping
Horse Racing	Team Penning	Hay Rides	Roping Cattle
Cattle Drives	Sleigh Rides	Branding Cattle	Handling Livestock
Buckboard/ Buggy Rides			
3. Are guests allowed to handle rope or brand livestock? Yes No
4. If the Applicant conducts Cattle Drives, what is the number of:

Wranglers to	Riders	Maximum Duration:	Maximum Distance:
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5. If the Applicant's ranch conducts a Rodeo/ Gymkana, describe what activities the Applicant's guests can participate in:

GUIDE INFORMATION			
Name	Age	Years Experience	First Aid Qualifications

LOSS HISTORY		
Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

1. Does the Applicant have knowledge of any incident which may lead to a claim? Yes No
 If yes, please describe:

AUTOMOBILE		
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- | | | |
|--|-----|----|
| 1. Does the Applicant have a formal driving policy in place with MVR standards?
If yes: | Yes | No |
| a. Is driving policy communicated in writing to all employees? | Yes | No |
| b. Is a signed acknowledgement form kept on file?
If yes, please provide a copy of signed acknowledgement. | Yes | No |
| c. Do driving standards include the following: | | |
| i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? | Yes | No |
| ii. No more than 2 moving violations within past 3 years? | Yes | No |
| iii. No more than 1 at fault accident within past 3 years? | Yes | No |
| 2. How often does the Applicant check MVR reports? | | |
| 3. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? | Yes | No |
| 4. Describe any ongoing training provided to drivers: | | |
| 5. Does the Applicant have GPS tracking capability? | Yes | No |
| 6. Does the Applicant allow employees to drive personal vehicles for company purposes?
If yes: | Yes | No |
| a. Are the driving policy and standards for these drivers the same as in questions 1 - 3? | Yes | No |
| b. Does the Applicant require these employees to have adequate personal insurance limits? | 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?
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)