



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

**NEW CONDOMINIUM APPLICATION** Originally, built as condo in last 15 years, year round residential only occupancy, no owned auto and limited amenities (i.e. no lake)

Name Insured:  
C/O (if applicable):  
Effective Date: Website Address: www.

**SUBMISSION REQUIREMENTS**

- Color Photos (representative buildings and auxiliary buildings)
- 4 year currently-valued company loss runs (5 years of company loss runs for accounts over \$100,000)
- Plot Plan
- Statement of Values (including auxiliary buildings and specific street addresses)

**SECTION I – ACCOUNT INFORMATION**

Mailing Address:  
Physical Location Address:  
Contact Person: Position:  
Email Address: Phone Number: Fax Number:  
Billing Contact Person: Phone Number:  
FEIN Number:  
Effective Date: Is this account being quoted mid-term? Yes No  
# of Residential Buildings: Planned: # of stories:  
# of Residential Units: Planned:  
Year Built:  
Risk Management Contact: Cell Phone: Email:

**SECTION II – RATING INFORMATION**

**Property**

Building Limit (Attach SOV): \$  
Deductible: \$2,500 \$5,000 \$10,000 Other: \$  
Coinsurance/Coverage: 80% 90% 100% Blanket Agreed Amount  
Valuation Type: A/C/V Replacement Cost (RC) Extended RC Guaranteed RC  
Business Personal Property: \$  
Deductible: \$2,500 \$5,000 \$10,000 Other:  
Maintenance Fees: \$ Rents: \$ Other Business Income: \$  
Condo Insuring Agreement:  
Bare Walls Single Entity (Original Specs) All In (copy of insurance section of doc required)  
Building Ordinance – Increased Cost of Construction \$ (indicate if limit over \$300,000 is desired)  
Building Ordinance – Demolition Cost \$ (indicate if limit over \$300,000 is desired)  
Exclude Wind? Yes Where is wind being placed or quoted? Wind Deductible:\$  
Earthquake: Limit \$ \$ Deductible: \$ % Deductible: %  
Flood: Flood Zone: Limit \$ \$ Deductible: \$ % Deductible: %  
Boiler Coverage desired? Yes No Central Boiler? Yes No

**Crime**

Employee Dishonesty: \$ Include Board of Directors Include property Manger  
Depositors Forgery: \$  
Computer Fraud: \$  
Money and Securities: \$ In \$ Out

**General Liability**

Desired Limits:	\$1,000,000 / \$2,000,000	\$1,000,000 / \$3,000,000	\$2,000,000 / \$4,000,000
	<b><u>Classification</u></b>	<b><u>ISO Code</u></b>	<b><u>Premium Basis</u></b>
	Condominium – Residential	62003	# of units
	Swimming Pools	48925	# of pools
	Clubhouse	41668	Square Feet
	Parks or Playgrounds	46671	# of parks or playgrounds

**Auto Liability**

Indicate coverages desired:

Non-Owned & Hired Auto	
Garagekeepers Legal Liability	
Comprehensive \$	Collision \$

**Employee Benefits**

Employee Benefits coverage desired? Yes No  
 # of Employees:  
 Prior coverage in place? Yes No  
 If yes, number of years in place:  
 Retro date:  
 Type of plan(s):    Medical            Dental            401(k)            Other:

**Umbrella**

\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000	\$6,000,000
\$7,000,000	\$8,000,000	\$9,000,000	\$10,000,000	\$15,000,000	

**Underlying Insurance**

**Carrier**

**Policy Dates**

**Limits**

Employers Liability \$500,000/\$500,000/\$500,000  
\$100,000/\$500,000/\$100,000

D & O Liability

**Square Footage**

Total Building Area (not including area shown below):	Detached Garage Area:
Total Finished Basement Area:	Detached Carport Area:
Total Unfinished Basement Area:	Clubhouse Area:
Attached Garage Area:	Other:

**Residential Occupancy**

Current average sale or resale price of units: \$  
 # of owner occupied units:  
 # of rented units: # of units rented for period shorter than 1 year:  
 Any vacant units?                          #                          Details:  
 Any bank owned units?                    #                          Details:  
 Any developer owned units?             #                          Details:  
 Any student occupied units?             #                          Details:  
 Are tenants provided with written statement of community policies and rules? Yes No  
 Are tenants required to obtain insurance? Yes No  
 Are Unit Owners required to maintain individual liability Insurance (HO6)? Yes No  
 If yes, what is the minimum limit of liability required?  
 \$300,000                    \$500,000                    \$1,000,000                    Other:

**Management**

Self managed	On-site / property management firm	Off-site / property management firm
Developer	Other:	
If off-site management indicate frequency of site visits:		At least weekly                    Other:

**SECTION III – BUILDING INFORMATION**

**Construction Type**

Frame	Joisted Masonry	Non-combustible	Masonry Non-combustible	Fire Resistive
Other (describe construction of floors, walls and roof)				)
Is exterior covered with dryvit, EIFS or aluminum siding?				Yes No

**Fire Protection and Alarms**

Smoke detectors in common areas:	Hardwired	Battery	N/A (no common area)	
Smoke detectors in units:	Hardwired	Battery		
CO Detectors?			Yes	No
Local fire alarm?			Yes	No
Central station fire alarm?			Yes	No
Annunciator panel?			Yes	No
Are there masonry firewalls?			Yes	No
If yes, number of units per firewall?				
Are there two (2) hour firewalls?			Yes	No
Do all firewalls extend to underside of roof?			Yes	No
Please describe:				

Name of responding fire department:  
 Distance to nearest responding fire department: Public Protection Class:  
 For protection class 8 and 9, describe or attach fire suppression plan:

**Sprinkler System**

Does Applicant have a sprinkler system?			Yes	No
Type of sprinkler system?			Wet	Dry Both
Classification:	NFPA 13	NFPA 13R		
Areas of coverage:	Entire Building	Units	Common Areas	
	Attic	Basement	Garage	
If applicable, are sprinkler pipes running through attic area insulated?			N/A	Yes No
Percentage of building(s) sprinklered?				
Is sprinkler piping fully insulated in exterior walls and attic areas to prevent freezing?			Yes	No
Any other freeze prevention measures?			Yes	No
If yes, please describe:				

Are sprinkler shutoff valves marked and readily accessible?	Yes	No
If no, please explain:		

Is the sprinkler system tested and inspected by a sprinkler contractor annually?	Yes	No
Was a formal winterization review done?	Yes	No
Are sprinkler alarms tied to a 24 hour monitoring service?	Yes	No

**Roof Type**

Asphalt / Composition Shingle	If so, are any T-Lock shingles used?	Yes	No
Tile (clay)	Tile (concrete)	Metal	Wood Shake / Shingle
Flat (tar and gravel)	Flat (membrane)	Other:	
Roof Manufacturer:	Roof Product:		
Roof Warranty:        years			
Do the roofs have ice shields installed?	N/A	Yes	No
How many feet?			

Any ice damming history?	N/A	Yes	No
Corrective Actions taken:			
HVAC equipment in attic space?	N/A	Yes	No
Clothes dryer vented into attic space?	N/A	Yes	No
Does attic area have adequate insulation and ventilation?	N/A	Yes	No
Energy Star minimum requirements:			
<a href="http://www.energystar.gov/?c=home_sealing.hm_improvement_insulation_table">http://www.energystar.gov/?c=home_sealing.hm_improvement_insulation_table</a>			

**PLUMBING**

Is there Polybutylene piping?		Yes	No
Please provide details on replacement program:			

Is domestic water piping fully insulated in exterior walls and attic areas to prevent freezing?	Yes	No
Any other freeze prevention measures?	Yes	No
If yes, please explain:		

Are main water shutoff valves marked and readily accessible?	Yes	No
Are individual building / unit water shutoff valves marked and readily accessible?	Yes	No
If no, please explain:		

Any water flow detection, notification or automatic shut off devices?	Yes	No
Any maintenance staff or individuals on 24-hour call to shut off water main in event of emergency?	Yes	No
Any formal procedures to require domestic water lines to be drained or turned off for any vacant or unoccupied units?	Yes	No

**Heating, Ventilation and Air Conditioning (HVAC)**

Any Boilers?	Yes	No
Any fire places?	Yes	No
Regular cleaning required?	Yes	No
Central HVAC?	Yes	No
Provide details on any updating of HVAC services:		

What minimum temperatures are unit owners / tenants advised to maintain when unit is unoccupied?

**Means of Egress (buildings over 3 stories)**

All interior stairwells masonry enclosed?	Yes	No
All interior stairwells have fire doors?	Yes	No
Are fire doors equipped with panic hardware?	Yes	No
Emergency lighting in hallways and stairwells?	Yes	No
Elevators?	Yes	No
# of passengers:	# of freight:	
Are there illuminated exit signs?	Yes	No
#of exits per building:		

**Miscellaneous Building Issues**

Is grilling on balconies permitted?	Yes	No
Charcoal                  Propane                  Other:		
Any known or suspected construction defects?	Yes	No
Describe defects and remediation work:		
Any outstanding insurance company risk management recommendations?	Yes	No
Please provide details on recommendations and work planned:		

**SECTION IV – LIABILITY INFORMATION**

**Age Restricted Communities**

Any medical services provided or assisted living facilities? Yes No N/A  
 Please describe:

**Security**

Is there a guard service provided? Yes No  
 If yes, please answer the below:

- a. Type of guard service provided:    24 hour                  Evenings                  Other:  
 b. Are the guards:                                  Armed                          Unarmed  
 c. Are the guards:                  Employees                  Off Duty Police                  Independent Contractors \*                  Non-cash compensated security

\*If security service is an independent contractor, please provide a Certificate of Insurance and a fully executed copy of the contract.

Are the premises monitored by a closed circuit TV? Yes No  
 Is this a gated community or gated property? Yes No  
 If yes, please describe access:

Describe any fixed security measures in place. (i.e. window security in place, cards, locks, sliding glass doors, etc.).

Are incident reports provided to senior management of the property management company for security improvement action plans to be implemented? Yes No  
 What process is followed after a violent incident takes place?

Are criminal background checks conducted on all tenants and employees? Yes No

**Clubhouse**

Indicate Clubhouse Exposures:  
 Cooking Facilities                  Food Service                  Liquor Service                  Pro Shop                  Indoor Pool                  Spa  
 Convenience Store                  Retail Store                  Other:  
 Is the clubhouse rented out? Yes No  
 If yes, to whom?                  Residents                  Public  
 Formal rental agreement used? Yes No

**Swimming Pool**

Are there any swimming pools? Yes No N/A  
 Number of adult pools: #                                  Number of wading pools: #  
 Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No  
 If no, provide time table and action plan:

Are there any indoor pools? Yes No  
 Are there any pools on an upper floor or rooftop? Yes No  
 Are there any diving boards? Yes No  
 Number of diving boards: #                                  Highest diving board:  
 Are there any slides? Yes No  
 Number of slides (attach photo):                  Tube:                          ½ tube:                          Other:  
 Are there any Spas or Whirlpools? Yes No  
 If yes, is the spa/whirlpool located in the pool area? Yes No

Are spa/whirlpool health risk signs posted?	N/A	Yes	No
Can the pool be rented out for private functions?		Yes	No
Are pools completely fenced?		Yes	No
Do you have a self locking / latching gate that is in proper working condition?		Yes	No
Are all doors / gates leading to the pool area locked after hours?		Yes	No
Is public access to the pool area controlled by a secure door or gate?		Yes	No
What are the hours of operations?			
Are lifeguards on duty during posted hours?		Yes	No
Are the hours posted?		Yes	No
Are lifeguards: Employees Subcontractors			
If subcontracted, is a current certificate of insurance obtained?		Yes	No
Is a written maintenance schedule check done on all life safety features daily?		Yes	No
Who is responsible for daily maintenance?			
Are SWIM AT YOUR RISK signs posted?		Yes	No
Are pool depths marked in and around the pool area?		Yes	No

**Playground**

What is the surface under the playground equipment?			N/A
---	--	--	-----

**Amenities and Recreational Activities**

Any basketball court, tennis court, bike trail, walking trail, skateboard park, etc?		Yes	No	N/A
Describe:				
Is there an exercise / weight room?		Yes	No	
If yes, is it supervised? Yes No		Yes	No	
Type of equipment: Free Weights Circuit equipment Step Machine Lifecycle				
Treadmills Rowing Machine Other:				
Dog park with rules posted?		Yes	No	

**Maintenance and Independent Contractors**

Are the association streets: Private Public				
If private street, who maintains? Association Independent Contractor				
Indicate existing maintenance contracts: Grounds Maintenance Snow Removal				
Indicate if contractor provides: Written contract Certificate of Insurance Hold Harmless				
If there is a Snow Removal contract, does it include a hold harmless / indemnification clause protecting the Association?		Yes	No	

**SECTION V – CRIME INFORMATION**

What is the current operating budget? \$				
Who handles association funds? Board of Directors Property Manger Accounting Firm				
Does property manager commingle association funds with other associations?		N/A	Yes	No
Does property manager carry fidelity coverage?		N/A	Yes	No
Does property manager check signing limit without countersignatures?		N/A	Yes	No
Association fees and assessments are sent to: Association Property Manger Lock Box				
Are there separate operating and reserve accounts?		Yes	No	
Is prior board approval required for all expenditures?		Yes	No	
If no, over what amount? \$				
Is prior board approval needed to access reserve account?		Yes	No	
Are countersignatures required on all checks?		Yes	No	
If no, indicate \$ threshold: \$				
Is a board member signature required for countersignature?		Yes	No	
If no, explain procedure:				
Is there an annual audit?		Yes	No	
What type (i.e. certified, compilation)?				
Are bank statements reconciled monthly?		Yes	No	
If no, indicate frequency:				
Does the person who reconciles have the ability to withdraw funds?		Yes	No	
Does the association have debit or credit card accounts?		Yes	No	
Who has cards?				

**SECTION VI – PRIOR CARRIER INFORMATION**

**General Liability**

Carrier:									
Policy Number:									
Policy Type:		Claims Made	Occ.	Claims Made	Occ.	Claims Made	Occ.	Claims Made	Occ.
Effective/Exp Date									
L I M I T S	General Aggregate								
	Products Comp Op Aggregate								
	Personal Adv Injury								
	Bodily Injury	Occ.							
		Agg.							
	Property Injury	Occ.							
		Agg.							
CSL									
Premium:		\$		\$		\$		\$	

**Property**

Carrier:				
Policy Number:				
Policy Type:				
Effective / Exp Date:				
Premium:	\$	\$	\$	\$

**Coverage:**

Carrier:				
Policy Number:				
Policy Type:				
Effective / Exp Date:				
Limit:				
Premium:	\$	\$	\$	\$

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**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 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, 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)



## 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 he/she is an authorized representative of the Applicant and declares to the best of his/her 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

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, 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 is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)