



PERFORMING ARTS FACILITIES AND VENUES SUPPLEMENTAL APPLICATION

Pages 1-4 must be completed for all submissions

For Abuse or Molestation coverages, please complete pages 4 - 5

If you provide Security, please complete pages 5 - 7

For Liquor liability coverage, please complete pages 7 - 9

For Pyrotechnics exposure, please complete pages 9 - 11

For Automobile coverage, please complete page 12

SUBMISSION REQUIREMENTS

1. Lease agreement between the insured and venue owner (if applicable)
2. Standard contract for the lease of the insured's facilities to others
3. Contracts with and certificates of insurance from the subcontractors listed in Question #2 of the General Liability Section
4. Event schedule for the coming year
5. Inflatables/Amusement Devices Application if applicable.
6. Latest annual financial statement
7. Emergency Evacuation Plan
8. Brochure, advertising materials, and website information
9. Currently valued insurance company loss runs for the current policy period plus three (3) prior years

GENERAL INFORMATION

1. Applicant Name:

2. Mailing address:
Physical address:

3. Website: www.

4. Contact person:
Email:

Phone:

Risk Management Contact:
Email:

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. Does the insured own or lease the facility? | Own | Lease |
|--|-----|-------|

8. List all Named Insureds and their interests: Note: The First Named Insured requires common/majority ownership of each Named Insured. If no, please explain.
- a.
 - b.
 - c.
 - d.
 - e.
- Explanation:

9. Please describe typical performances:

PROPERTY

- | | | | | | |
|--|------------------|--|---|----------------------------|--------|
| 1. Building construction: | Frame Masonry | Non-Combustible Masonry Non-Combustible | Modified fire resistive Fire resistive | | |
| 2. Fire hydrant: | feet | Fire department: | miles | Volunteer Fire Department: | Yes No |
| 3. Roof construction: List all property on the roof (HVAC, etc.): | | | | | |
| 4. Number of stories: | | | | | |
| 5. Year built: | | | | | |
| a. If built prior to 1971, has it been inspected for lead paint and abated if necessary? | | | | Yes | No |
| b. If no, what is the plan for inspection and abatement (if necessary)? | | | | | |
| 6. Year of building updates: Roofing: Plumbing: Wiring: HVAC: | | | | | |
| 7. Any renovations planned? (describe) | | | | Yes | No |
| 8. Is the Applicant's facility a historical landmark? | | | | Yes | No |

LIFE SAFETY

- | | | |
|--|-----|----|
| 1. 100% sprinklered? | Yes | No |
| Any Omega sprinkler heads? | Yes | No |
| Date last serviced? | | |
| Date of last sprinkler flow tests? | | |
| Number of currently tagged and operational fire extinguishers: | | |
| 2. Central station fire alarm? | | |
| Central station burglar alarm? | Yes | No |
| Surveillance cameras? | Yes | No |

- | | | |
|--|-----|----|
| 3. Cooking facilities on premises? | Yes | No |
| a. If yes, automatic extinguishing system over deep fat fryers, grills & stoves? | Yes | No |
| b. How often are hood/ducts cleaned? | | |
| c. By whom? Insured Subcontractor | | |
| d. If by subcontractor, how often are they serviced? | | |
| e. Date last serviced? | | |
| | | |
| 4. Does the Applicant have Automated External Defibrillator(s) (AED)? If yes, are staff members trained to use it? | Yes | No |
| Yes | Yes | No |
| | | |
| 5. How many means of egress? | | |
| a. Are doors locked during performances? | Yes | No |
| b. Are all exits clearly marked? | Yes | No |
| c. Are all doors equipped with panic hardware? | Yes | No |
| | | |
| 6. Does the Applicant have backup emergency lighting and/or emergency generators in the event of a power failure? | Yes | No |
| | | |
| 7. Does the Applicant have any emergency evacuation plan? (If yes, attach a copy) Evacuation procedures and floor plans posted? | Yes | No |
| Yes | Yes | No |
| | | |
| 8. Are parking lots well lit? Patrolled by security? | Yes | No |
| Yes | Yes | No |

| |
|--------------------------|
| GENERAL LIABILITY |
|--------------------------|

- | | |
|---|-------------------------|
| 1. Annual number of attendees (all events): | Total seating capacity: |
| Annual payroll: \$ | Number of employees: |
| Sales/Receipts: | |

| | | | |
|----|------------------|----|-----------|
| a. | Food/Restaurant: | \$ | |
| b. | Liquor: | \$ | |
| c. | Gift Shop: | \$ | Describe: |
| d. | Parking: | \$ | |
| e. | Other: | \$ | Describe: |

2. Please specify who has responsibility for the following event day operations.

| | Owner | Insured | Sub | Other - N/A |
|-------------------------------|-------|---------|-----|-------------|
| Premises defects | | | | |
| Facility maintenance | | | | |
| Stage/lighting | | | | |
| Food concessions | | | | |
| Liquor | | | | |
| Gift shop | | | | |
| Parking | | | | |
| Security | | | | |
| First aid | | | | |
| Fireworks/Pyrotechnics | | | | |
| Inflatables/Amusement devices | | | | |

Explain all Other - N/A answers below:

3. Regarding contracts and Certificates of insurance with subcontractors and tenants.

| | Insured | Sub/Tenant | Mutual | Neither |
|---|---------|------------|--------|---------|
| Is the Indemnification/Hold Harmless wording in favor of: | | | | |
| Is the additional Insured status in favor of: | | | | |
| Minimum insurance limits of \$1,000,000? | | | | |
| Is a certificate of insurance required? | | | | |

4. If temporary seating, what is the type:
Inspected prior to each performance? Yes No
5. Any self-promoted or co-promoted events? (if yes, provide a schedule) Yes No
6. Any performing arts camps? (if yes, attach a brochure) Yes No
 Number of days the camp is open: Number of campers:
 Are waivers with parental/guardian consent required? (If yes, attach a copy) Yes No
 Day camp Overnight camp Age range:
 Does the Applicant have any field trips? (If yes, attach a schedule) Yes No
7. Are any other child care services provided? Yes No
 If yes, provide details:

8. Coverage Limits Requested

| | Limit |
|--|-------|
| Each occurrence/Each claim | \$ |
| General aggregate | \$ |
| Products/Completed Operations aggregate | \$ |
| Personal/Advertising Injury | \$ |
| Damage to Premises Rented to the Applicant | \$ |
| Liquor liability | \$ |
| Stop Gap | \$ |

States:

Employee Benefits Liability \$

 Number of Employees

 Employed benefits administrator Yes No

 Current carrier: Limit: \$

 Retroactive date:

Other: (Specify) Limit: \$

Other: (Specify) Limit: \$

Deductible: \$

Self-Insured Retention: \$ Self Funded Retention: \$

| | |
|-----------------------------|------------|
| ABUSE OR MOLESTATION | N/A |
|-----------------------------|------------|

1. Does the Applicant's current insurance program include Abuse or Molestation Coverage? Yes No
2. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses, before an offer of employment is made? Yes No
3. Does the Applicant verify employment references for employees and volunteers? Yes No

- | | | |
|---|-----|----|
| 4. Does the Applicant conduct personal interviews? | Yes | No |
| 5. Are formal written procedures in place for hiring? (If yes, attach a copy) | Yes | No |
| 6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy) | Yes | No |
| 7. Does the Applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if the Applicant has an incident of abuse? (If yes, attach a copy) | Yes | No |
| 8. Have any incidents resulted in an allegation of sexual abuse? | Yes | No |
| a. If so, was the case settled? | Yes | No |
| b. Was the case taken to trial? | Yes | No |
| c. Amount paid for damages to the victim: \$ | | |
| d. Does the Applicant's state allow criminal background checks? | Yes | No |
| e. If yes, does the Applicant run criminal background checks prior to hire for: | | |
| Employees? | Yes | No |
| Volunteers? | Yes | No |

SECURITY

N/A

(Complete only if security is the responsibility of the insured)

- | | | |
|---|---------------|----------------|
| 1. Who is primarily responsible (via contract) for liability coverage for security personnel? | | |
| Insured? | Yes | No |
| Municipality? | Yes | No |
| Subcontractor? | Yes | No |
| 2. Employed or subcontracted security personnel? | Employed | Subcontracted |
| "Employed" is defined as individuals being paid and supervised directly by the insured. "Contract" is defined as the existence of a written contract with another entity for security services that has separate insurance coverage and provided a certificate naming the insured as Additional Insured with limits equal to or greater than the insured. | | |
| 3. Number and payroll of employed security personnel | | |
| | Number | Payroll |
| Unarmed: | | \$ |
| Armed (not including off duty police officers): | | \$ |
| Off duty police officers: | | \$ |
| 4. Subcontracted security – cost of subcontract: \$ | | |
| 5. Total maximum hours per day permitted at this and all other places of employment: Total maximum hours per week: | | |
| 6. What are the staffing guidelines per number of patrons? Are the guidelines determined by: | | |
| a. Ordinance? | Yes | No |
| b. Statute? | Yes | No |
| c. Industry standard? | Yes | No |
| d. Other: (describe) | Yes | No |

- | | | |
|--|-----|----|
| 7. Is there a procedure to immediately report all incidents to facility manager? If yes, describe: | Yes | No |
| 8. Does the supervisor make personal contact with each security person at least once during each shift? If yes, describe: | Yes | No |
| 9. Please explain all no answers: | | |
| 10. Does the procedure include contacting the previous employers over the previous five (5) years? | Yes | No |
| 11. Does the Applicant contact at least three (3) personal references? | Yes | No |
| 12. Is completion of a minimum twenty (20) hours initial training program required before deployment | Yes | No |
| 13. Who conducts the training and what are the trainer's qualifications: | | |
| 14. Is a minimum of ten (10) hours on-site training required? | Yes | No |
| 15. Is a minimum of four (4) hours of annual refresher or continuing education training planned and conducted for each security employee? | Yes | No |
| 16. Is each security person given a personal copy of the training/safety manual? If yes, has each security person given the park written acknowledgment of the old policies and contents? | Yes | No |

NOTE: PLEASE INCLUDE A COPY OF THE MANUAL & A SAMPLE OF THE WRITTEN ACKNOWLEDGEMENT.

ARMED SECURITY EMPLOYEES

- | | | |
|--|-----|----|
| 1. Are the security personnel in uniform? If yes, describe the uniform: | Yes | No |
| 2. Are the security personnel identified by anything other than a uniform? If yes, please describe the identification & include an example of photograph. | Yes | No |
| 3. Are psychological screen profiles used? If yes, specify type: | Yes | No |
| 4. Are criminal background checks completed? If yes, what agency is utilized? | Yes | No |

5. Please indicate any equipment carried or routinely available to security personnel:
- | | | | | |
|--------------------|--|-------|--|--------|
| Flashlight | Type: | Size: | Construction: | |
| Handcuffs | | | First Aid Kit (including blood borne pathogen kit) | |
| Nightstick | Is night stick police regulation or other? | | | |
| Taser/Phaser | | | Chemicals (Mace, pepper gas) | |
| Other: | | | | |
| Firearm – Caliber: | .357 | .38 | .9mm | Other: |
| Make: | Colt | S&W | Ruger | |
| Cover Holster | Type: | | | |
6. Is the ammunition: Standard Other:
7. Are firearm and ammunition approved and inspected by management or security company? Yes No
8. Describe capabilities of each guard for constant communications with each other, the supervisor, and management.
9. Are dogs used in the Applicant’s security operations? Yes No
If yes, please provide the type of dog(s), number, and describe duties.

LIQUOR LIABILITY

1. Is Liquor license in Applicant’s name? Yes No
a. If no, what is the name on the license and their relationship to the insured:
b. Liquor license number:
c. Class of license:
2. Is the liquor service subcontracted to a third party? Yes No
a. If yes, please provide limits of liability maintained by the subcontractor:
b. Is insured listed as Additional Insured under subcontractors Liquor Liability Coverage? Yes No
c. Is Contingent Liquor Liability Coverage requested by Insured? Yes No
3. Has Applicant’s liquor license ever been revoked or suspended? Yes No
If yes, explain:
4. Has Applicant incurred claims for liquor liability during the last three (3) years? Yes No
If yes, explain:
5. Has any insurer cancelled or non-renewed coverage during the last three (3) years? Yes No
If yes, explain:

6. Has Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator? Yes No
 If yes, explain:

7. Type of beverages sold:
 Annual gross sales

| | |
|------------------|----|
| Liquor sales: | \$ |
| Food sales: | \$ |
| Other: (specify) | \$ |

8. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
 If yes, what type?

9. Does the Applicant exercise the right to search and seizure of contraband items? Yes No
 If yes, how does the Applicant notify the public of this?

10. Does the Applicant maintain security personnel at entry check points? Yes No
 If yes, what type?

11. Are the alcohol sales and consumption contained within one fixed site, or are booths/stands located throughout the event site?

12. Number of servers used? Yes No
 Are they professional servers?
 If yes, please explain:

Are they volunteer servers? Yes No
 If yes, please explain:

13. Do the servers receive any type of alcohol awareness training? Yes No
 If yes, please explain:

14. Median age of liquor customers:
 21 - 25 25 - 30 30 - 40 40 and over

15. Are minors allowed to enter the location where alcohol is being served? Yes No
 If yes, how is underage consumption of alcohol prevented?

16. Explain how ID's are checked:

| | | |
|---|-----|----|
| 17. Are uniformed police officers present at the site of alcohol sales? | Yes | No |
| Are undercover police officers present? | Yes | No |
| Are private security officers present? | Yes | No |
| Average number of officers present at site: | | |

| | | |
|---|-----|----|
| 18. Are rules and regulations clearly displayed for patrons viewing? If yes, please explain: | Yes | No |
|---|-----|----|

| | | |
|--|-----|----|
| 19. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? If yes, please explain: | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| 20. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? If yes, please explain: | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| 21. Is there any type of designated driver program? If yes, please explain: | Yes | No |
|--|-----|----|

22. Limit of Liquor Liability Coverage requested: \$

| | |
|---------------------|------------|
| PYROTECHNICS | N/A |
|---------------------|------------|

(Complete if coverage is requested for Pyrotechnics Coverage (not including flashboxes))

1. Limit of liability requested: \$1,000,000 Other:

2. Description of events:

3. Location of Events:

4. Dates of Events:

5. Who is the authority having Jurisdiction over the use of pyrotechnics at the Applicant's facility?
Local fire department State fire marshal Other: (please list):

What permit process must be followed prior to use of pyrotechnics at the Applicant's facility?

6. Has the Applicant staged pyrotechnic displays before? Yes No
 If yes, please list any claims/losses that have occurred and the amount of loss:

| Description | Date of Occurrence | Amount of Loss |
|-------------|--------------------|----------------|
| | | \$ |
| | | \$ |
| | | \$ |

7. Who will be the pyrotechnics operator? Named Insured Contractor

Complete this section if the Pyrotechnics Operator is the Named Insured.

- a. List names of people shooting fireworks and describe their experience.
Please note: This coverage will exclude bodily injury liability to the fireworks shooter.

| Name | Experience |
|------|------------|
| | |
| | |
| | |
| | |

- b. Where are the pyrotechnics stored when not in use?
- c. Does it meet federal/state storage regulation? Yes No
- d. What quantity of pyrotechnic material is stored on site? (number of shows, pounds, etc.)
- e. Describe the type of show and amount of pyrotechnics used in recurring events:
- f. Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:
- g. Does the Applicant secure proper pyrotechnic permits for each event? Yes No
- h. Are the shooters listed above licensed for pyrotechnics? Yes No

Complete this section if the Pyrotechnics Operator is a Contractor.

- a. Name:
- b. Is there an agreement with the contractor? Yes No
 If yes, provide a copy of the agreement.
- c. Will liability coverage be provided by the pyrotechnics contractor? Yes No
 If yes, indicate limits of coverage provided:
 \$1,000,000 Greater than \$1,000,000 Other:

Please attach a copy of certificate of insurance including any additional insured listing.

- d. Does the Applicant confirm that the contractor has secured the proper pyrotechnic permits for each event? Yes No
- e. Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:
- f. Does the Applicant allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? Yes No
 If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists the Applicant as an additional insured?

- If no, does the tenant lease/use agreement indicate that pyrotechnic displays are not permitted? Yes No
- g. Are events with pyrotechnics held: Indoor Outdoor
- h. What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?
- | | | | |
|--------------------|--------------------|---------------------------------|-------------------|
| Aerial Shells | Airbursts | Black Powder | Comets |
| Concussion effects | Concussion mortars | Saxon | Flares |
| Flash Pots | Flashpower | Gerbs | Integrals Mortars |
| Mines | Mortars | Rockets | Electric matches |
| Wheels | Salutes | Waterfall, Falls, Park Curtains | |
- Other, please list:

OUTDOOR PYROTECHNICS

(only complete if outdoor pyrotechnic displays are staged)

- | | | |
|--|-----|----|
| 1. Are the events in compliance with NFPA 1123 or 1126? (Code for Fireworks display) | Yes | No |
| 2. Is there fencing to keep spectators away from restricted areas during the fireworks shooting? If yes, distance of spectator fencing from launch site: Distance of spectator parking area from launch site: Distance of closest building or structure from launch site: | Yes | No |
| 3. Will there be firefighting equipment on site during the event? If no firefighting equipment on site, give distance to nearest fire station: | Yes | No |
| 4. Will the Applicant have an ambulance on site? If no, what is the estimated response time of an ambulance? If no, what is the distance to nearest medical facility? | Yes | No |

INDOOR PYROTECHNICS

N/A

(Only complete if indoor pyrotechnic displays are staged)

- | | | |
|--|-----|----|
| 1. Are the events in compliance with NFPA 1126? (Standard code for the use of pyrotechnics before a proximate audience)? | Yes | No |
| 2. Is the facility sprinklered? | Yes | No |
| 3. What other form of fire fighting equipment is available at the facility? | | |
| 4. Does the facility have an emergency evacuation plan? If yes, how often is the staff drilled on emergency evacuation? | Yes | No |
| 5. Number of accessible (not locked) emergency exits at the facility: | | |
| 6. What steps are taken to inform patrons of the locations of all emergency exits? | | |
| 7. Maximum capacity of the facility: | | |
| 8. Has the fire marshal approved the use of pyrotechnics at the facility? If yes, as of what date: | Yes | No |

AUTOMOBILE

- | | | |
|---|-----|----|
| <p>1. Does the insured have any owned automobiles? NOTE: If insured has owned autos, the hired car and Non Owned Auto Coverage should be placed with the automobiles carrier. Explain if an exception is requested.</p> | Yes | No |
| <p>2. Does the Applicant transport people? If yes, please explain:</p> | Yes | No |
| <p>3. When transporting people does the Applicant require two (2) or more employees/volunteers present?</p> | Yes | No |
| <p>4. Does the Applicant allow employees to use their own personal vehicles for the Applicant's business purposes? a. If yes, how many employees use their own personal vehicles? b. If yes, how often? Daily Weekly Monthly Other:</p> | Yes | No |
| <p>5. Does the Applicant obtain Motor Vehicle Reports? If yes, how often? Annually Every other year Other:</p> | Yes | No |
| <p>6. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry a minimum personal auto limits? If yes, what minimum limits are required?</p> | Yes | No |
| <p>7. Approximately how many cars are hired or borrowed annually?</p> | | |
| <p>8. Please provide the approximate annual cost of hire for all hired or leased autos: \$</p> | | |
| <p>9. Limits of coverage required: \$100,000 \$300,000 \$500,000 \$1,000,000 Other: \$</p> | | |
| <p>10. Is hired auto physical damage required? If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$ NOTE: Physical Damage deductibles provided \$100 comprehensive/\$1,000 collision.</p> | Yes | No |
| <p>11. Does the Applicant have a routine maintenance program in place for all vehicles?</p> | Yes | No |
| <p>12. Are maintenance records kept for each vehicle?</p> | Yes | No |
| <p>13. Does the Applicant have a formal driving safety program in place?</p> | Yes | No |
| <p>14. Does the Applicant allow any newly hired drivers to operate vehicles without ground through a company specific documented driver training?</p> | Yes | No |
| <p>15. Does the Applicant perform accident investigations for each automobile accident?</p> | Yes | No |
| <p>16. Are accidents reviewed with employees?</p> | Yes | No |
| <p>17. Are seatbelts available for all passengers?</p> | Yes | No |
| <p>18. Describe security regarding vehicle storage: (check all that apply) Locked Garage Fenced Lot Lighting Security Cameras Security Personnel Vehicle Locked When Unattended Other:</p> | | |

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 |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE (OR STATEMENT OF CLAIM) CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)