



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

## RV PARK & CAMPGROUND APPLICATION

### SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- 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.).
- Pet Rules, Park Rules or Membership Agreements.
- Documentation that the Applicant's LP fill station meets code, if applicable
- Special Events application in fireworks, concerts, fairs or other similar activities take place

### GENERAL INFORMATION

Named Insured:

Mailing Street Address:

Mailing City:

State:

Zip:

Location Street Address:

Location City:

County:

State:

Zip:

Phone Number:

Fax Number:

Website: www.

Risk Management Contact:

Risk Management's Phone Number:

Risk Management's Email:

Business Form:

Corporation

Partnership

Individual

LLC

Other:

Effective Date:

1. Does the Applicant operate any other business 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:

### ADDITIONAL INSURED

(if necessary use another sheet of paper)

Name	Complete Address	Interest

### PROPERTY SECTION

N/A

#### Premises Information

- Distance to fire station? Miles
- Is the responding fire department:  staffed or  volunteer
- Distance to fire hydrant? Feet
- Are there other fire control water sources available?  
 Pool     Pond/ Lake     Water Tank     Other:
- Are there buildings at the Applicant's facility with limited access due to forest terrain or season? Yes      No
- Are the Applicant's buildings located in heavily wooded areas? Yes      No
- Is the clearing from forest/ wooded areas greater than 150 feet? Yes      No
- Is the Applicant's business operational year round? Yes      No
- If no, provide the number of months the Applicant is operational: Months

- |   |  |     |    |
|---|--|-----|----|
| 10. Are the Applicant's buildings occupied year round?                        |  | Yes | No |
| 11. If no, is there a caretaker on site?      Yes      No      or contracted? |  | Yes | No |
| 12. 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?<br>If yes, list building numbers:<br>What is the maintenance process for the cooking equipment? |  | Yes | No |

- |  |  |     |    |
|--|--|-----|----|
| 5. Do any buildings have wood burning fireplaces and/ or woodstoves?<br>If yes, list building numbers:<br>If yes, are the chimneys and flues cleaned annually? |  | Yes | No |
| 6. Does the Applicant have any fire pits?<br>If yes, how many?   |  | Yes | No |
| 7. Do any buildings have any ACTIVE Knob & Tube and/ or Aluminum wiring?<br>If yes, list building numbers:   |  | Yes | No |
| 8. Are showers and locker rooms disinfected and cleaned daily?<br>How often?   |  | Yes | No |
| 9. Are there non-slip surfaces in shower areas?  |  | Yes | No |

**ACCOUNT INFORMATION**

**Management Information**

- |  |  |     |       |
|--|--|-----|-------|
| 1. How long has the Applicant owned this park?   |  |     | Years |
| 2. Does the Applicant live on premises?<br>If no, is the park managed by an employee, or third party property manager?                           |  | Yes | No    |
| 3. Does the Applicant have a dog(s)?<br>If yes, what breed(s)?<br>If yes, is the Applicant's pet ever allowed into guest areas or around guests? |  | Yes | No    |
| 4. Does the Applicant have a guest dog breed restriction policy in place?  |  | Yes | No    |
| 5. Does the Applicant have a dog park or specific dog walking area?  |  | Yes | No    |
| 6. Does the park have a video monitoring system?<br>If yes, which areas of the park are monitored?   |  | Yes | No    |
| 7. Is there a formal maintenance program for the grounds and landscaping?<br>What type of maintenance is performed by the Applicant's staff?     |  | Yes | No    |

What type of maintenance is performed by a third party?

How often are trees and tree limbs reviewed by an arborist?

When were the trees most recently trimmed by a tree trimming professional?

- |   |  |     |    |
|---|--|-----|----|
| 8. Is the electrical installation and maintenance done by a licensed electrician?   |  | Yes | No |
| 9. Does the park/ resort service or repair engines (RV, Marine, Auto)?<br>If yes, what are the revenues from the repair/ service?    \$ |  | Yes | No |
| 10. Does the Applicant sell beer/ wine/ liquor?   |  | Yes | No |
| 11. Is there a bar/ lounge on the premises?<br>If yes, is it open to the general/ non-camping public?                                   |  | Yes | No |
| 12. Is the Applicant's park a member of any state or regional association or franchise?<br>If yes, please list:                         |  | Yes | No |

**PARK INFORMATION**

# of Units	Type of Guest Unit	Type of Clientele, check and give revenue of each:
	RV Pads	Residential (annual) \$
	Tent Sites	Seasonal (monthly) \$
	Single Cabins	Vacation (weekly/ daily) \$
	Duplex Cabins	TOTAL REVENUE \$
	Park Model/ Modulars	
	Lodge Units	
	Other:	

- Opening day of camping for seasonal operations:  
Closing day of camping for seasonal operations:
- Does the Applicant require guests and/ or visitors to sign an acknowledgement of risk or liability waiver? Yes No  
Is the waiver included on the guest receipt or as a separate form? Yes No  
Is there a separate waiver for any recreational activities? Yes No  
If yes, which activities?

- Total number of visitor days. If the Applicant has booking software that tracks the specific number of visitors per year, please enter the number here:  
Otherwise please complete the below:

	Overnight Visitors	Day Use Visitors
Average number of visitors per day		
X		
Number of days per week campground is open		
X		
Number of weeks per year campground is open		
=		
<b>TOTAL VISITOR DAYS</b>		

**ACTIVITY SECTION**

<b>Actual Total Receipts for Prior 12 Months:</b>	\$
<b>Estimated Total Receipts for Next 12 Months:</b>	\$

Activities Conducted	Number of Units	Revenues
General Store		\$
Restaurant		\$
What % of sales from non-camping guests?		%
Snack Bar		\$
Liquor		\$
LP Gas		\$
Gasoline		\$
Laundry		\$
Gun/ Archery Range		\$
Horseback Riding		\$
Hay, Sleigh or Wagon Rides		\$
Bicycle Rentals		\$
Tennis/ Basketball Court		\$
Athletic Fields		\$
Playground		\$
Canoes		\$
Float Tubes		\$
Go-karts		\$
Golf Carts		\$
Miniature Golf		\$
RV or Travel Trailer Storage		\$

RV or Travel Trailer Sales & Service			\$
Petting Zoo			
Is petting zoo area fenced off from guests?	Yes	No	\$
Trails for guest owned ATV touring			
Are trails on the Applicant's premise?	Yes	No	\$
Trampolines or Jump Houses			\$
Jumping Pillow/ Pad			\$
Water Skiing			\$
Waverunners and Jet Skis			\$
Hobby Shops or Classes, explain:			\$

1. What recreational and sporting activities, other than those listed above, are conducted or take place at the Applicant's park/ resort?
  
2. Is the Applicant's premise open to the public for day use other than camping? Yes      No  
If yes, for what type of activities?
  
3. What are the revenues from these activities? \$
4. Does the Applicant's park have a jumping pillow or jumping pad (or Kangaroo Jumper or similar amusement device)? Yes      No  
If yes, please answer the below questions:
  - a. Are all participants required to sign a waiver? Please provide copy for review. Yes      No
  - b. Is there a roll off area of Pea Gravel or sand maintained around the entire periphery of the jumper at least 4" above the pillows edge? Yes      No
  - c. Are all participants' pockets empty and removal of all cell phones enforced before jumping? Yes      No
  - d. Does the jumping pillow/ pad have anti-slip surface? Yes      No
  - e. Is the jumping pillow/ pad monitored by a staff member (within 50 feet) at all times it is open? Yes      No
  - f. Is the jumping pillow/ pad fenced with a locked gate when it is not in use? Yes      No
  - g. Does the Applicant have a variable speed air pump for the jumping pillow/ pad? Yes      No  
If yes, does the Applicant utilize it to control the height at which guests can jump? Yes      No
  - h. Is the jumping pillow/ pad deflated when not in use? Yes      No
  - i. Does the Applicant have written procedures in place to advise the Applicant's staff on how to control the size and number of jumpers on the pillow/ pad? Yes      No  
If yes, please send those procedures with the submission.
  - j. Number of participants each day?
  - k. Number of participants annually:
  - l. Does the park have any water inflatables or water obstacles? Yes      No
  - m. Are the water inflatable/ obstacles monitored by a staff member (within 50 feet) at all times it is open? Yes      No
  - n. Is the staff lifeguard certified? Yes      No
  - o. Are life jackets required for participants? Yes      No

**PLANNED EVENTS / FUND RAISERS \*\***

**\*\* IF INSURED HAS MORE THAN FOUR (4) EVENTS PLANNED FOR UPCOMING POLICY PERIOD, COPY THIS PAGE AND ADD ADDITIONAL EVENTS.**

QUESTIONS	EVENT #1	EVENT #2	EVENT #3	EVENT #4
DESCRIBE THE TYPE OF EVENT:				
* INSERT LETTER FOR TYPE OF EVENT: A = FIREWORKS B = FAIRS C = FLEA MARKETS D = AUTO SHOWS E = CONCERTS F = FESTIVALS G = WEDDINGS H = FARMERS MARKETS I = OTHER (SPECIFY)				
Date(s) the event is held.				
Daily hours of operation.				
Total anticipated revenue	\$	\$	\$	\$
Number of participants				
Number of Staff members.				
Are certificates of insurance obtained from everyone providing products/ services?				
If there will be drinking at the event, how does the Applicant control the amount allowed?				
Who provides/ serves the alcohol?				
Liquor License required?				
Are the bartenders hired by the Applicant or by a third party?				
Are the bartenders TIPS trained?				
What safeguards are in place to prevent spectator injury?				
Do participants sign a waiver?				

**POOL AND SWIMMING AREAS**

**N/A**

- |  |     |    |
|--|-----|----|
| 1. How many of each: Pools: _____ Lakes: _____ Other: _____<br>Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? <b>If no, provide time table and action plan:</b> | Yes | No |
| 2. Does the pool have an ADA compliant lift?   | Yes | No |
| 3. Are the Applicant's swimming facilities open to the general public?   | Yes | No |
| 4. Fenced?   | Yes | No |
| 5. Diving Board?   | Yes | No |
| 6. Locking Gate?   | Yes | No |
| 7. Is the depth of pool marked?  | Yes | No |
| 8. Are life rings or buoys provided?   | Yes | No |
| 9. Life Guard on Duty?   | Yes | No |
| 10. Pool Rules posted?   | Yes | No |
| 11. Is there signage "No life guard, swim at your own risk, no diving"?  | Yes | No |
| 12. Is a trained employee available for emergencies?   | Yes | No |
| 13. Does the Applicant have a waterslide?<br>If yes, what is the length & height of slide? Length _____ /Height _____  | Yes | No |

**WATERCRAFT GENERAL INFORMATION**

- |   |     |    |
|---|-----|----|
| 1. What type of operation does the Applicant have?<br>Boat Rentals    Fishing Trips    Tube or Canoe Rentals    Hunting    Other: |     |    |
| 2. On what bodies of water does use take place?<br>Rivers    Lakes    Ocean    Bays/ Inlet  |     |    |
| 3. If Rivers, what classes are boated:<br>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 |

**DOCK INFORMATION**

1. Number of docks:
2. Number of boat slips:
3. Construction:      Frame      Metal      Floating      Fixed      Roofed      Age:
 

If roofed, has proper engineering for wind/ snow loads been assessed?	Yes	No
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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

**CANOE, KAYAK, AND/ OR RIVER TUBING INFORMATION**

N/A

Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		
Paddle Boards		
Paddle Boats		

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

**WATERCRAFT LIABILITY SECTION**

N/A

*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
						Yes	No

**LP GAS DISTRIBUTION – FILL STATION**

N/A

1. Does the Applicant have documentation that LP Fill Station meets all state and Local LP codes for training, equipment etc.?  
Yes      No
2. Are employees certified and trained to fill LP gas tanks?  
Yes      No
3. Is fill station fenced or secured?  
Yes      No
4. How many fixed LP gas tanks does the Applicant have on premise?

**AUTOMOBILE**

1. Does the Applicant have a formal driving policy in place with MVR standards?      Yes      No  
If yes:
  - 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:
  - 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?<br>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:<br>Temperature monitoring and remote heating control system (Wi-Fi temperature controls)<br>PHLYSense<br>Other water detection/ notification/ alarm system<br>Backup electrical generator, ensuring building heat at all times<br>Insulation around water pipes in cold areas*<br>Heat tracing for water pipes in cold areas*<br>Antifreeze fire sprinkler system in cold areas*<br>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers<br>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?<br>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)