



## SCHOOLS RENEWAL APPLICATION

### SUBMISSION REQUIREMENTS:

- Signed Statement of Values for blanket limits and/or Agreed Value
- Signed Educational Business Income Worksheet for blanket limits and/or Agreed Value or limits greater than \$1M at any one location
- An ACORD application, if **adding** Property, General Liability, Inland Marine, Crime, Autos, or an Umbrella
- Terrorism Relection/Rejection Form
- Automobile Selection/Rejection forms, if applicable

### GENERAL APPLICANT INFORMATION

Date:

Named Insured:

Renewal Effective Date:

Renewal of Policy Number:

Current website address: www.

Risk Management Contact:

Phone:

Email:

**Please complete sections on GENERAL LIABILITY, SECURITY, ATHLETICS, AND SEXUAL MISCONDUCT Sign and Date at the bottom.**

### QUOTE RENEWAL WITH THE FOLLOWING CHANGES:

Mailing Address:

Deleting Location(s):

Is Student Accident insurance carried?

Yes

No

If yes, what is the limit carried? \$

### PROPERTY NO CHANGES

Does the Applicant own or occupy a building that is listed on a state or national historic registry?

Yes

No

If yes, please identify the address for this location.

Does the school own any buildings that are vacant or unoccupied?

Yes

No

If yes, please provide details for each building, including anticipated plans for the building.

Please note any changes to the following in regards to updates/ replacement, etc.:

Roof: Plumbing:

Wiring:

Heating:

Painting:

Delete/ Amend the following:

### CRIME NO CHANGES

Delete/Amend the following:

### INLAND MARINE NO CHANGES

Delete/Amend the following:

**GENERAL LIABILITY NO CHANGES**

Student Age Group	Number of Students	Number of Faculty
Infants and Toddlers Ages Infant to 3		
Pre-K, Ages 4 - 5		
K-5		
6 <sup>th</sup> - 8 <sup>th</sup> Grade		
9 <sup>th</sup> - 12 <sup>th</sup> Grade		
Total		

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:

**PANDEMIC AND COMMUNICABLE DISEASE**

1. Does the Applicant have formal procedures in place to handle pandemic or other communicable diseases? Yes No
  - a. Do these procedures address:
    - i. Staffing Yes No
    - ii. Training Yes No
    - iii. Personal protective equipment Yes No
    - iv. Client care Yes No
    - v. Vendors/ visitors Yes No
    - vi. Internal & external communication Yes No
    - vii. Maintenance of premises and vehicles Yes No
    - viii. CDC guidelines and recommendations Yes No
  - b. Please provide a copy of these written procedures.
2. Have there been any instances of communicable, contagious, or infectious disease at the Applicant's workplace in the past five (5) years? Yes No  
 If yes, for each incident advise the following:

Date	Name of Disease	Number of People Infected	Claim (Y/N)		Loss Amount Incurred
			Yes	No	
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$

**AUTO NO CHANGES**

Delete vehicles as follows:

1. Does the Applicant use an independent school bus contractor to transport students? Yes No
  - a. If yes, are Certificates of Insurance required from the contractor? Yes No  
**If yes, attach Certificate of Insurance.**
  - b. Is the school an additional insured on the contractor's policy? Yes No
2. Does the Applicant hire or borrow vehicles for non-busing purposes? Yes No  
 If yes, please describe purpose and length of time vehicles are hired or borrowed:
3. Approximately how many cars are hired or borrowed annually?  
 Total cost of hire, bus contractors: \$ Total cost of hire, other: \$

- |   |     |    |
|---|-----|----|
| 4. Are any buses leased or loaned to others or used by outside organizations?<br>If yes, please explain:  | Yes | No |
|   |     |    |
| 5. Number of employees using their own vehicles for school business (occasional or full-time use):  |     |    |
| 6. For those employees who use their own vehicles for school business, either full-time or occasionally, does the school require the employee to carry primary insurance?<br>If yes, what is the maximum limit the Applicant is requiring them to carry? \$ | Yes | No |
| 7. Does the Applicant have a full-time fleet manager?<br>If yes, please advise:<br>Number of years in current position: _____ Total numbers of years' experience: _____<br>If no, who is responsible for fleet safety and maintenance?                      | Yes | No |
| 8. Does the school have a routine maintenance program for all vehicles?   | Yes | No |
| 9. Are maintenance records kept for each vehicle?   | Yes | No |
| 10. Does the Applicant's organization utilize GPS fleet telematics devices?<br>If yes, please check off the fleet telematics being utilized:<br>Plug in            Hard wired            Mobile Phone            Other:                                     | Yes | No |
| 11. What percentage of the Applicant's fleet is provided with these fleet telematics devices?            %  |     |    |
| 12. Does the school obtain Motor Vehicle Reports (MVR) on ALL employees?<br>If yes, when?            At Time of Hire            Annually            Randomly (based on accidents or suspicions)   | Yes | No |
| 13. Does the Applicant have a formal driving policy in place with MVR standards?  | Yes | No |
| a. Is driving communicated in writing to all employees?   | Yes | No |
| Does the policy prohibit the use of cellphones/electronic messaging while driving?  | Yes | No |
| b. Is a signed acknowledgement form kept on file?   | Yes | No |
| <b>If yes, please attach a copy of signed acknowledgement.</b>  |     |    |
| c. Does the Applicant have written guidelines defining an acceptable Motor Vehicle Record?<br>If yes, attach copy of guidelines.  | Yes | No |
| 14. What action is taken if an "unacceptable" driver is identifiable?   |     |    |
| 15. Does the Applicant perform accident investigations for each automobile accident?  | Yes | No |
| 16. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training?   | Yes | No |
| 17. Describe any ongoing training provided to drivers:  |     |    |
|   |     |    |
| 18. Describe security regarding bus/vehicle storage:<br>Locked Garage            Fenced Lot            Lighting            Security Cameras<br>Security Personnel            Vehicle Locked When Unattended            Other:                               |     |    |

<b>UMBRELLA    Limit change: \$</b>
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If Umbrella covers Employer's Liability please provide the underlying carrier information:

Carrier:	Policy Term:	Policy Number:
Limit Each Accident: \$	Policy Limit: \$	Each Employee: \$

<b>ACCREDITATION INFORMATION</b>
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- |   |     |    |
|---|-----|----|
| 1. Is the Educational Institution accredited?<br>If yes, list accrediting organization(s): (check all that apply)<br>Middle States Commission on Higher Education<br>New England Association of Schools and Colleges Commission on Institutions of Higher Education<br>North Central Association of Colleges and Schools The Higher Learning Commission<br>Northwest Commission on Colleges and Universities<br>Southern Association of Colleges and Schools Commission on Colleges<br>Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges<br>WASC Senior College and University Commission<br>New York State Board of Regents<br>Accrediting Council for Independent Colleges and Schools<br>Distance Education and Training Council Accrediting Commission | Yes | No |
|---|-----|----|

Association for Biblical Higher Education Commission on Accreditation  
 Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission  
 The Association of Theological Schools in the United States and Canada Commission on Accrediting  
 Transnational Association of Christian Colleges and Schools Accreditation Commission  
 Other:

2. Date of most recent review:  
 What was the outcome of the most recent review?  
 Accreditation Continued      Denial of Accreditation      Warning  
 Accreditation Continued –      Probation      Withdrawal of Accreditation  
 follow-up report requested  
 Appeal      Show Cause      Other:
3. Are all programs offered at the schools accredited by the above listed association(s)?      Yes      No
4. Have any programs or degrees been accredited by additional specialist agencies?      Yes      No  
**If yes, please attach a listing of the program or degrees and the specialist agency.**
5. Does the Educational Institution offer job placement services for students?      Yes      No  
 If yes, is there a disclaimer signed by students acknowledging that there is no job placement guarantee?      Yes      No
6. What is the Educational Institution's course completion rate?      %
7. What is the Educational Institution's job placement rate?      %
8. What is the Educational Institution's loan default rate?      %
9. What is the percentage of online courses?      %
10. Has the Educational Institution or any of the Educational Institution's academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation?      Yes      No
11. In the last 12 months, has the Educational Institution eliminated or closed any academic programs, including music, arts or athletic programs?      Yes      No
12. In the next 12 months, does the Educational Institution anticipate eliminating or closing any academic programs?      Yes      No

**SECURITY**

1. Are all visitors to the school required to sign in and out and wear a visitor identification badge?      Yes      No
2. Are there security guards at the school daily?      Yes      No
3. Indicate the number of personnel providing security services:  
 School Resource Officer or equivalent      Armed:      Unarmed:  
 Employed Security      Armed:      Unarmed:  
 Contracted Security      Armed:      Unarmed:
4. When security is contracted to a third party, is the Contractor's General Liability Policy and Law Enforcement Professional Liability policy required to name the educational institution as an additional insured?      Yes      No  
 a. If yes, does the third party maintain a minimum limit of Liability Coverage and indemnify the educational institution?      Yes      No  
 b. Please indicate the minimum limit of Liability the Applicant requires for these coverages: \$  
 c. Name of Security Firm:
5. Do security personnel have arresting authority?      Yes      No
6. If there is employed armed security, are they trained and/ or re-certified annually?      Yes      No  
 If yes, please describe:
7. Are criminal background checks and psychological reviews provided for all employed security?      Yes      No  
 a. If yes, how often are these checks and reviews conducted:      Every      Months  
 b. If no, please explain:
8. Does the Applicant conduct drug testing on security personnel?      Yes      No  
 If yes, please describe the method and frequency of such testing:

9. Is the Applicant's security department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)? Yes No
10. Does a mutual aid agreement (MAA) or Memorandum of Understanding (MOU) exist with local city or county police? Yes No
11. Has the Applicant established policies/ procedures for security employees in the areas of:
- |                            | Yes | No | In Writing |
|----------------------------|-----|----|------------|
| Use of Force               |     |    |            |
| Use of Deadly Force        |     |    |            |
| Crowd Control              |     |    |            |
| Passive Restraint          |     |    |            |
| Use of Force Continuum     |     |    |            |
| Crisis Management Response |     |    |            |
12. Do security personnel receive training in the administration of:
- a. CPR First Aid? Yes No
- b. All established policies/procedures in question 11? Yes No
13. Do security personnel use tasers? Yes No
- a. Describe the training and frequency of Taser training:
- b. Are there written policies for use of tasers? Yes No
14. Does the Applicant permit staff, volunteers, or visitors to carry open or concealed firearms on its premises? Yes No
15. Does the Applicant currently have or plan on implementing within the next 12 months a policy allowing (outside of security personnel) or others to carry concealed weapons on schools premises? Yes No
16. If the Applicant does not permit open and/ or concealed carry of firearms on any premises for which you are requesting insurance coverage do all locations have signage which conspicuously identifies the building as a Gun Free Zone? Yes No
17. Do security personnel store weapons on premises? Yes No  
If yes, please provide details on storage:
18. Do faculty, staff, or employees store weapons on premises? Yes No  
If yes, please provide details on storage:
19. Does the Applicant's Weapons Ban Policy have any exceptions? Yes No  
If yes, please provide details:
20. Does the educational institution have emergency call boxes located throughout the campus that are connected directly to campus security or policy? Yes No
21. Does the educational institution provide after-hours security escort service for students? Yes No

**SEXUAL MISCONDUCT**

1. 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
2. Does the school's state permit the Applicant to do criminal background investigations? Yes No  
If yes, does the school routinely request and receive such background investigations? Yes No
3. Do any independent contractors have access to students or perform operations where they will be physically touching another person? Yes No  
If yes, please explain:

- |  |     |    |
|--|-----|----|
| 4. Does the Applicant perform background checks on hired independent contractors?  | Yes | No |
| 5. Is there a new employee and volunteer orientation that includes training in abuse awareness?  | Yes | No |
| 6. Does the Applicant verify employment-related references?  | Yes | No |
| 7. Does the Applicant conduct a personal interview?  | Yes | No |
| 8. Does the Applicant have a written policy addressing sexual abuse, molestation, and harassment?  | Yes | No |
| If yes, are the policies communicated annually to:      Staff      Students      Volunteers  |     |    |
| 9. Does the Applicant maintain documentation of the communication of the policies prohibiting sexual abuse, molestation, and harassment?                 | Yes | No |
| 10. Does the Applicant have written procedures for dealing with and reporting sexual abuse, molestation, and harassment?                                 | Yes | No |
| 11. Are the Applicant's policies and procedures regarding sexual abuse, molestation, and harassment reviewed by counsel and updated on a periodic basis? | 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?   | Yes | No | N/A |
|    | If yes, select required duties of the caretaker:<br>Regular walkthroughs of the building<br>i. How often each day?<br>Trained in the location(s) of water shut off valve(s)<br>Inspects taps and leaves them dripping in freeze weather events<br>Shuts off or drains pipes during freezing temperatures<br>Monitors building temperatures ensuring heat is maintained at required levels<br>Responds to power outages<br>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:  
Website: www:  
Nature of Operations:

State

Zip:

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, 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)