



STUDENT HOUSING SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Completed ACORD applications
- Color photos (representative building & auxiliary buildings)
- Plot plan with distance of building separation
- Copy of lease
- Financials
- Rent Roll if Commercial/ Office Occupancy
- SOV (include auxiliary buildings & specific street address)
- 4 year currently valued company loss runs (5 year currently valued company loss runs for accounts over \$100,000)
- Copy of parental guarantee
- Copy of rules and regulations
- Evacuation Plan
- BI worksheet if BI is requested

GENERAL APPLICANT INFORMATION

Applicant:

C/O (if applicable)

Effective date:

Website address:

Risk Management Contact:

Cell Phone:

Email:

Does the Applicant hire a third party property manager?

Yes No

a. If yes, who?

b. If yes, how long have they been managing this property?

Is the Applicant's organization more than 25% owned by a private equity fund structure?

Yes No

a. If yes, provide the name of the private equity firm:

SECTION I – GENERAL ACCOUNT INFORMATION

1. What is the percentage of student occupancy? %
2. What is the percentage of "other than student occupancy"? %
3. How many total units:
4. Are there any vacant units? Yes No
If yes, how many:
5. Are pets allowed? Yes No
If yes, is there a pet park with rules posted? Yes No
6. Are students provided with written statement of community policies and rules? Yes No
7. Are parental guarantees for both rents and damages required? **Provide a copy.** Yes No
8. Is a no smoking policy in existence? Yes No

Commercial or Office Occupancy

1. Office # of office units: Square footage of office units:
Commercial # of commercial units: Square footage of commercial units:

Management

1. Is there an onsite residential manager, owner, and/ or full time property manager? Yes No
2. Does onsite management specialize in student housing? Yes No
3. Is maintenance available 24/7? Yes No

SECTION II – BUILDING INFORMATION

Construction Type

1. Is the exterior covered with dryvit, EIFS or aluminum sliding? Yes No
2. If frame construction, is siding wood shake? Yes No
3. Year built / Age of building: Number of stories:
4. Have buildings undergone rehabilitation or renovation? Yes No
If yes, what year and extent of renovations:
5. Are buildings Cottage Style or Townhomes? Yes No
If yes, number of buildings:

Fire Protection and Alarms

- | | | | | | |
|--|-----------------|----------|-----------------------------|-----|-----|
| 1. Smoke detectors in common areas: | Hardwired | Battery | N/A (no common areas) | | |
| 2. Smoke detectors in units: | Hardwired | Battery | | | |
| 3. Carbon monoxide detectors? | | | | Yes | No |
| 4. Local fire alarm? | Yes | No | Central station fire alarm? | Yes | No |
| 5. Annunciator panel? | | | | Yes | No |
| 6. Are there firewalls? | Yes | No | If yes, how many: | | |
| 7. What is the rating in terms of hours: | | | Are they masonry firewalls? | Yes | No |
| 8. Do all firewalls extend to underside of roof? Please explain: | | | | Yes | No |
| | | | | | |
| 9. Is there a sprinkler system? | Yes | No | Type of sprinkler system: | Dry | Wet |
| 10. If applicable, are sprinkler pipes running through the attic area insulated? | | | N/A | Yes | No |
| 11. Classification: | NFPA 13 | NFPA 13R | Other: | | |
| 12. Areas of coverage: | Entire building | Units | Common Area | | |
| | Attic | Basement | Garage | | |
| 13. Distance to nearest responding fire department: | | | | | |

Roof

- | | | | | | |
|---|-----------------|-----------------|--------------------------------------|-----|----|
| 1. Roof Type: | | | | | |
| Asphalt / Composition Shingle | | | If so, are any T-Lock shingles used? | Yes | No |
| Tile (Clay) | Tile (concrete) | Metal | Wood Shake/ Shingle | | |
| Flat (tar and gravel) | | Flat (Membrane) | Other: | | |
| 2. Roof Warranty: | Years | | Year of last update: | | |
| 3. Are roofs inspected annually? | | | | Yes | No |
| If yes, by whom: | | | | | |
| 4. Are roof replacements scheduled? | | | | Yes | No |
| 5. Do the roofs have ice shields installed? | | | N/A | Yes | No |
| If yes, how many feet: | | | | | |
| 6. Any ice damming history? | | | N/A | Yes | No |
| If yes, corrective action taken: | | | | | |
| | | | | | |
| 7. Are there any attics? | | | | Yes | No |
| 8. Is there HVAC equipment in attic space? | | | N/A | Yes | No |
| 9. If HVAC equipment is on the roof, are there hail guards installed? | | | N/A | Yes | No |

Heating, Ventilation and Air Conditioning (HVAC)

- | | | | | | |
|---|-----|----|--|-----|----|
| 1. Are there any boilers? | Yes | No | If yes, date of last inspection (MM/YY): | | |
| 2. Are there any fire places? | Yes | No | If yes, regular cleaning required? | Yes | No |
| 3. Are there any wood stoves? | | | | Yes | No |
| 4. Is there a central HVAC? | | | | Yes | No |
| If yes, provide details on any updating of HVAC services: | | | | | |

Means of Egress

- | | | | | | |
|--|-----|----|-------------------------|---------------|----|
| 1. Are there illuminated exit signs? | | | | Yes | No |
| 2. Number of exits per building: | | | | | |
| 3. Are all interior stairwells masonry enclosed? | | | | Yes | No |
| 4. Do all interior stairwells have fire doors? | | | | Yes | No |
| 5. Are fire doors equipped with panic hardware? | | | | Yes | No |
| 6. Are there exterior fire escapes? | | | | Yes | No |
| 7. Is there emergency lighting in hallways and stairwells? | | | | Yes | No |
| 8. Are there any elevators? | Yes | No | If yes, # of passenger: | # of freight: | |

Miscellaneous Building Issues

- | | | |
|---|------------|----------|
| 1. Is grilling permitted on the premises?
If yes, are residents allowed to bring grills on the premises? | Yes
Yes | No
No |
| 2. Are grills provided in a centralized location and at least 15 feet from any structure? | Yes | No |
| 3. Are there any known or suspected construction defects?
If yes, describe defect and remediation work: | Yes | No |
| 4. Are there any outstanding insurance company risk management recommendations?
If yes, provide details on recommendations and work planned: | Yes | No |
| 5. Are there any buildings built on pilings? | Yes | No |
| 6. Are there rooftop pools/ spas/ hot tubs/ fire pits or barbeque grills?
If yes, please describe: | Yes | No |
| 7. Are there social gathering areas above ground level (balcony) or rooftop?
If yes, please describe: | Yes | No |
| 8. Does the Applicant allow fraternities/ sororities on the property? | Yes | No |

SECTION III – LIABILITY INFORMATION

Security

N/A

- | | | |
|--|-----|----|
| 1. Is this a gated community?
Please describe access: | Yes | No |
| 2. Are there security guards at the premises daily?
If yes, is it: 24 hour Evenings Other: | Yes | No |
| If no, skip to question 8. | | |
| 3. Indicate the number of personnel providing security services:
Employed: Unarmed Security: Armed Security:
Contracted: Unarmed Security: Armed Security: | | |
| 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 Applicant? | 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?
If yes, please describe: | Yes | No |
| 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: | | |

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|-----|---|-----|----|
| 8. | Does the Applicant permit staff, volunteers, or visitors to carry open or concealed firearms on the Applicant's premises? | Yes | No |
| 9. | If the Applicant does not permit open and/ or concealed carry of firearms on any premises for which the Applicant is requesting insurance coverage, do all locations have signage which conspicuously identifies the building as a Gun Free Zone? | Yes | No |
| 10. | Do security personnel store weapons on premises?
If yes, please provide details on storage: | Yes | No |
| 11. | Do staff or employees store weapons on premises?
If yes, please provide details on storage: | Yes | No |
| 12. | Is the premise equipped with Closed Circuit TV?
If yes, is it monitored 24/ 7? | Yes | No |
| 13. | Is a security camera system installed at points of entry and exit?
If yes, is footage recorded, maintained and retrievable for at least 30 days? | Yes | No |
| 14. | Does the parking lot lighting provide the following: | | |
| | a. An intensity of at least an average of 1.8 foot-candles per square foot | Yes | No |
| | b. Installed at least 18 inches above the surface | Yes | No |
| | c. Provides light from dusk to dawn | Yes | No |
| 15. | Lighting is installed in the following areas: (check all that apply) | | |
| | Walkways Illuminated from dusk to dawn? | Yes | No |
| | Laundry rooms Illuminated from dusk to dawn? | Yes | No |
| | Common areas Illuminated from dusk to dawn? | Yes | No |
| | Porches Illuminated from dusk to dawn? | Yes | No |
| 16. | Is there a 1-inch deadbolt on each dwelling unit door? | Yes | No |
| 17. | Is there a locking device on each window, exterior sliding door and any other doors not used for community purposes? | Yes | No |
| 18. | Does each dwelling unit door have a peephole? | Yes | No |

Clubhouse	N/A
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- | | | | | | | | |
|----|------------------------------------|--------------|----------------|------------------|-----------|--------|----|
| 1. | Indicate clubhouse exposures: | | | | | | |
| | Cooking Facilities | Food Service | Liquor Service | Indoor Pool | Pro Shop | | |
| | Convenience Store | Retail Store | Spa | Other: | | | |
| 2. | Is the clubhouse rented out? | Yes | No | If yes, to whom: | Residents | Public | |
| 3. | Is a formal rental agreement used? | | | | | Yes | No |

Fitness Centers	N/A
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|----|---|-----|----|
| 1. | Is there an exercise/ weight room? | Yes | No |
| 2. | Is the fitness facility open 24 hours? | Yes | No |
| 3. | Is the fitness facility adequately supervised or monitored? | Yes | No |
| 4. | Do the fitness rooms have posted "exercise at your own risk" and proper use of equipment signs? | | |
| | | Yes | No |
| 5. | Are the facilities used by students only? | Yes | No |
| 6. | Does the fitness center have tanning beds? | Yes | No |
| | If yes, are the tanning beds using UVB bulbs? | Yes | No |

Swimming Pools	N/A
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|-----|--|-----------------------|--------|
| 1. | Are there any pools? | Yes | No |
| 2. | Are there any diving boards? | Yes | No |
| | If yes, number of diving boards: | Highest diving board: | |
| 3. | Are there any slides? | Yes | No |
| 4. | Number of slides (attach photo): | Tube | ½ tube |
| | | Other: | |
| 5. | Are there any whirlpools? | Yes | No |
| 6. | Can the pool be rented out for private functions? | Yes | No |
| 7. | Are pools completely fenced? | Yes | No |
| 8. | Does the pool have a self-locking / latching gate that is in proper working condition? | Yes | No |
| 9. | Are all doors / gates leading to the pool area locked after hours? | Yes | No |
| 10. | Is public access to the pool area controlled by a secure door or gate? | Yes | No |

11. What are the hours of operations:
12. Are lifeguards on duty during posted hours? Yes No
13. Are the hours posted? Yes No
14. Are lifeguards: Employees Subcontracted
If subcontracted, is a current certificate of insurance obtained? Yes No
15. Is a written maintenance schedule check done on all life safety features daily? Yes No
16. Who is responsible for daily maintenance?
17. Are "SWIM AT YOUR OWN RISK" signs posted? Yes No
18. Are pool depths marked in and around the pool area? Yes No
19. 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:

Lakes or Ponds	N/A
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1. Are there any ponds/ lakes? Yes No
 - a. If yes, is swimming permitted? Yes No
 - b. If yes, is swimming restricted to designated area? Yes No
 - c. If yes, is the area roped off? Yes No
2. Are lifeguards on duty during posted hours? Yes No
3. Are lifeguards: Employees Subcontracted
If subcontracted, is a current certificate of insurance obtained? Yes No
4. Is ice skating allowed? Yes No Is fishing allowed? Yes No
5. Is non-motorized boating allowed? Yes No Is motorized boating allowed? Yes No
6. Are signs posted indicating prohibited activities? Yes No

Maintenance and Independent Contractors
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1. Is there any hired maintenance work done? Yes No
 - a. If yes, does Applicant get certificates? Yes No
 - b. If yes, does the independent contractor have at least \$1,000,000 in liability limits? Yes No
2. Are they supervised while working? Yes No
3. If maintenance is provided, please describe below what services are provided.

Pandemic and Communicable Disease
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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 5 years? Yes No
If yes, for each incident advise the following:

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

- | | | | |
|-----|--|--------------------------------|------------------|
| 7. | Are maintenance records kept for each vehicle? | Yes | No |
| 8. | Does the Applicant's organization utilize GPS fleet telematics devices? | Yes | No |
| | If yes, please check off the fleet telematics being utilized: | | |
| | Plug In | Hard Wired | Mobile Phone |
| | | | Other: |
| 9. | What percentage of the Applicant's fleet is provided with these fleet telematics devices? | % | |
| 10. | Does the Applicant obtain Motor Vehicle Reports on ALL employees? | Yes | No |
| | If yes, when? At time of hire Annually Randomly (based on accidents or suspicions) | | |
| 11. | Does the Applicant have a formal driving policy in place with MVR standards? | Yes | No |
| a. | Is driving policy communicated in writing to all employees? | Yes | No |
| | Does the policy prohibit the use of cellphones/ electronic messaging while driving? | | |
| b. | Is a signed acknowledgement form kept on file? | Yes | No |
| | If yes, please attach a copy of signed acknowledgement. | | |
| c. | Does the Applicant have written guidelines defining an acceptable Motor Vehicle Record? | Yes | No |
| | If yes, attach copy of guidelines. | | |
| 12. | What action is taken if an "unacceptable" driver is identifiable? | | |
| 13. | Does the Applicant perform accident investigations for each automobile accident? | Yes | No |
| 14. | Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driving training? | Yes | No |
| 15. | Describe any ongoing training provided to drivers: | | |
| 16. | Describe security regarding vehicle storage: | | |
| | Locked Garage | Fenced Lot | Lighting |
| | Security Personnel | Vehicle Locked When Unattended | Security Cameras |
| | Other: | | |

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? | Yes | No | N/A |
| | If yes, select required duties of the caretaker:
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, 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)