

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

VOCATIONAL SCHOOLS SUPPLEMENTAL

SUBMISSION REQUIREMENTS

- ACORD Application (for lines of coverage to be written)
- Statement of Values (for blanket and/ or agreed value)
- List of Faculty Members by Position
- Brochure, Handbook, Student Application

This application consists of the following sections:

Section I – General Information Section II – Security Section III – Cosmetology/ Beauty Schools Section IV – Culinary Schools

- Currently Valued, Hard Copy Loss Runs
- Audited Financial Statement
- Schedule of Vehicles
- Drivers List with License # and DOB

Section V – Driving Schools Section VI – Music, Dance & Art Schools Section VII – Dormitories Section VIII – Abuse or Molestation

GENERAL APPLICANT INFORMATION

Applicant: Mailing Address: City: Website: www. Risk Management Contact: Risk Management Email:

State: Zip: Effective Date: Risk Management's Phone:

SECTION I – GENERAL INFORMATION

Average daily attendance:

- Total Number of students enrolled:
 Date school founded or chartered: School is: For Profit Not For Profit
- Programs/ Classes/ Degrees offered (list or attached):

4. Is the Applicant's institution accredited? Yes No If yes, what is the name of the association(s) that provides the accreditation? Are all programs offered at the schools accredited by the above listed association(s)? Yes No 5. Is the Educational Institution accredited? Yes No If yes, list accrediting organization(s): (check all that apply) Middle States Commission on Higher Education New England Association of Schools and Colleges Commission on Institutions of Higher Education North Central Association of Colleges and Schools The Higher Learning Commission Northwest Commission on Colleges and Universities Southern Association of Colleges and Schools Commission on Colleges Western Association of Schools & Colleges Accrediting Commission for Community & Junior Colleges WASC Senior College and University Commission New York State Board of Regents Accrediting Council for Independent Colleges and Schools Distance Education and Training Council Accrediting Commission 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:

6.	Date of most recent review:				
	What was the outcome of the most recent	review?			
	Accreditation Continued De	nial of Accreditation	Warning		
	Accreditation Continued – Pro	bation	Withdrawal of Accreditation		
	follow-up report requested				
	Appeal Sh	ow Cause	Other:		
7.	Are all programs offered at the schools ac	credited by the above list	ed association(s)?	Yes	No
8.	Have any programs or degrees been acci			Yes	No
	If yes, please attach a listing of the pro				
9.	Does the Educational Institution offer job			Yes	No
	If yes, is there a disclaimer signed by stud				
	guarantee?			Yes	No
10.	What is the Educational Institution's course	e completion rate?	%	100	
11.	What is the Educational Institution's job p		%		
12.	What is the Educational Institution's loan		%		
13.	What is the percentage of online courses'		%		
14.	Has the Educational Institution or any of t				
17.	ever lost accreditation, been placed on pr			Yes	No
15.	In the last 12 months, has the Educationa			165	INU
15.	programs, including music, arts or athletic		closed any academic	Voo	No
10			limination or closing and	Yes	No
16.	In the next 12 months, does the Education	hai institution anticipate ei	liminating or closing any	Vee	NI-
4 -	academic programs?		., . ,	Yes	No
17.	Does the Applicant's students serve time	as interns/ externs at outs	side companies/		
	business?			Yes	No
	a. If yes are the students paid?			Yes	No
	b. If students are paid, does the Appli		yer carries workers'		
	compensation coverage to cover the			Yes	No
	 If students are not paid, does the ir 	itern/ extern company ask	k to be additional insured		
	on the Applicant's liability policy?			Yes	No
	Please attach any internship/ externship of	contracts the Applicant sig	Ins with outside		
	businesses.				
18.	Does the Applicant sign any hold-harmles	s agreements with anyon	e?	Yes	No
	If yes, please explain for whom and for wl	nat reason:			
19.	Does the Applicant provide services for or	utside customers?		Yes	No
	a. If yes, what services does the Appl				
		·			
	b. How are students supervised:				
	b. How are students supervised.				
	c. What quality controls measures are	in place:			
	c. What quality controls measures are				
	A requisitements required to sime an	aroomont ockrowiedaire	a thou inclusion at indept		
	e. Are customers required to sign an	agreement acknowledging	y mey re using student	Vaa	NI -
00	labor?			Yes	No
20.	Does the Applicant have dormitories?			Yes	No
~ 1	If yes, please complete section VII of th			V	
21.	Does the Applicant have a cafeteria or res			Yes	No
	a. Does the Applicant cook on premis		<u>_</u>	Yes	No
	b. Does cooking protection comply wi		S7	Yes	No
	c. Does the Applicant ever serve lique	or on premises?		Yes	No

22. 23.	 d. Is the manual pull for extinguishing system readily accessible? e. Are there portable fire extinguishers in the kitchen area? Are there laboratories present in the school? Is the laboratory sprinklered? Are fire extinguishers present? Are chemicals stored in a locked area? Is proper safety apparel worn by students (goggles, masks, gloves)? Is the public ever invited on premise? If yes, explain how often and for what purposes: 	Yes Yes Yes Yes Yes Yes Yes	No No No No No No
24.	Does the Applicant use volunteers? If yes, explain how often and for what purposes:	Yes	No
25. 26. 27. 28.	 Does the Applicant have a medical facility/ infirmary and/ or dispense medication? a. Does the facility provide only immediate care/ first aid? b. Does the facility only serve students and employees? c. Are there only over the counter drugs stored on premises? d. Are written instructions from parents required prior to dispensing any medications to minors? e. Is there any overnight care provided? f. How many beds are in the infirmary: g. Are there written operational procedures in place? h. Is there a medical professional on staff? If yes, indicate which of the following and how many are employed by the insured. (Check all that apply) RN: Psychologist: Physician: Nurse Practitioner: Dentist: Physician: Nurse Practitioner: Dentist: Counselor: i. Does the professional carry their own malpractice insurance? If yes, who is the carrier and what limits are carried: j. Is medical history and care records kept for each patient? Does the Applicant's organization utilize GPS fleet telematics devices? If yes, please check off the fleet telematics being utilized: Plug in Hard wired Mobile Phone Other: What percentage of the Applicant's fleet is provided with these fleet telematics devices? Does the Applicant own or occupy a building that is listed on a state or national historic registry? a. If yes, please identify the address for this location. 	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No
	SECTION II – SECURITY		
1. 2.	Are all visitors to the school required to sign in and out and wear a visitor identification badge? Are there security guards at the school daily?	Yes Yes	No No
3. 4.	Indicate the number of personnel providing security services:School Resource Officer or equivalentArmed:Unarmed:Employed SecurityArmed:Unarmed:Contracted SecurityArmed:Unarmed:When security is contracted to a third party, is the Contractor's General Liability Policy andLaw Enforcement Professional Liability policy required to name the educational institution as		
	an additional insured?a. If yes, does the third party maintain a minimum limit of Liability Coverage and indemnify the educational institution?b. Please indicate the minimum limit of liability the Applicant requires for these coverages:	Yes Yes \$	No No
	c. Name of Security Firm:		

5. 6.	5			
7.	Are criminal background checks and psychological reviews provided for all employed security? a. If yes, how often are these checks and reviews conducted: Every Mont b. If no, please explain:	Yes hs	No	
8.	Does the Applicant conduct drug testing on security personnel? If yes, please describe the method and frequency of such testing:	Yes	No	
9. 10.	Law Enforcement Administration (IACLEA)? Does a mutual aid agreement (MAA) or Memorandum of Understanding (MOU) exist with	Yes	No	
11.	local city or county police? Has the Applicant established policies/ procedures for security employees in the areas of:	Yes	No	
	Yes No In Writing			
	Use of Force			
	Use of Deadly Force			
	Crowd Control			
	Passive Restraint			
	Use of Force Continuum			
	Crisis Management Response			
12.				
12.	a. CPR/ First Aid?	Yes	No	
	b. All established policies/ procedures in question 11?	Yes	No	
13.		Yes	No	
	a. Describe the training and frequency of Taser training:			
	b. Are there written policies for use of tasers?	Yes	No	
14.			No	
15	its premises? Does the Applicant currently have or plan on implementing within the next 12 months a	Yes	No	
15.	policy allowing (outside of security personnel) or others to carry concealed weapons on			
	schools premises?	Yes	No	
16.			110	
	which they are requesting insurance coverage do all locations have signage which			
	conspicuously identifies the building as a Gun Free Zone?	Yes	No	
17.		Yes	No	
	If yes, please provide details on storage:		-	
18.	Do faculty, staff, or employees store weapons on premises?	Yes	No	
10.	If yes, please provide details on storage:	100	INU	

19. Does the Applicant's Weapons Ban Policy have any exceptions? If yes, please provide details:

Yes No

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
	SECTION III – COSMETOLOGY/ BEAUTY SCHOOLS		N/A
1.	Are all flammable hair solutions and cleaning supplies stored away from heat sources?	Yes	No
2.	Are combs and brushes sterilized in between uses?	Yes	No
3.	Do students and instructors wear protective gloves or use barrier creams when handling		
	permanent wave preparations to prevent skin irritation and skin disease?	Yes	No
4.	Is there adequate ventilation?	Yes	No
5.	What is the length of the program:		
6.	Is the public ever invited onto the premises?	Yes	No
	If yes, please explain:		
7.	Does the school offer free or discounted services to the public? If yes, please explain:	Yes	No
8. 9.	Are total receipts from public beauty services 10% or less of the total receipts? Are there any operations conducted off premises? If yes, please explain:	Yes Yes	No No

	SECTION IV – CULINARY SCHOOLS		N/A
1.	Type of facility: School with liquor School without liquor		
2.	Is the school part of a chain or franchise?	Yes	No
3.	Has the school ever been charged with a violation of any board of health regulations? If yes, please explain:	Yes	No
4.	Does cooking protection comply with NFPA 96 requirements?	Yes	No
5.	Is there an Automatic fire extinguishing system providing surface protection from all cooking surfaces (griddles, ranges, deep fry and boilers)?	Yes	No
6.	Are there metal hoods and ducts covering all cooking surfaces?	Yes	No
7.	Are hoods equipped with removable filters or grease extractors vented to the outside of the	100	110
	building?	Yes	No
8.	Are cooking or heating devices installed with a minimum of 18 inches of safe clearance to		
0.	combustible walls, ceilings, etc.?	Yes	No
9.	Is the manual pull for the extinguishing system readily accessible and clearly identified?	Yes	No
10.	Are all gas fired cooking equipment and appliances equipped with automatic fuel shut off?	Yes	No
11.	Are all deep fat fryers equipped with thermostats that automatically shut fuel off, set to do so		
	at 475°F?	Yes	No
12.	Are there portable fire extinguishers in the kitchen area?	Yes	No
13.	Is the public ever invited onto the premises?	Yes	No
	If yes, please explain:		

- 14. Does the school offer free or discounted meals to the public? **If yes, please explain:**
- 15. Is there an eating facility on the premises? If yes, what type:

 Does the Applicant use an independent school bus contractor to transport students? If yes, artach Certificates of Insurance required from the contractor? If yes, attach Certificate of Insurance. Is the school an additional insured on the contractor's policy? Does the Applicant hire or borrow vehicles for non-busing purposes? If yes, attach Certificate of Insurance. Does the Applicant hire or borrow vehicles for non-busing purposes? If yes, please describe purpose and length of time vehicles are hired or borrowed: Approximately how many cars are hired or borrowed annually? Total cost of hire, bus contractors: \$ Total cost of hire, other: \$ Are any buses leased or loaned to others or used by outside organizations? If yes, please explain: Number of employees using their own vehicles for school business (occasional or full-time or occasionally, does the school require the employee to carry primary insurance? If yes, what is the maximum limit the Applicant is requiring them to carry? \$ Does the Applicant allow personal use of the Applicant's vehicles? If yes, please advise: Number of years in current position: Total number of years in cu		N/A
 If yes, attach Certificate of Insurance. b. Is the school an additional insured on the contractor's policy? 2. Does the Applicant hire or borrow vehicles for non-busing purposes? 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? If yes, please explain: 5. Number of employees using their own vehicles for school business (occasional or full-tine or occasionally, does the school require the employee to carry primary insurance? If yes, what is the maximum limit the Applicant is requiring them to carry? \$ 7. Does the Applicant allow personal use of the Applicant's vehicles? If yes, by whom and for what reasons? 8. Does the Applicant have a full-time fleet manager? If yes, please advise: Number of years in current position: Total number of years in generating them to carry? 8. Does the Applicant have a full-time fleet manager? If yes, please check off the fleet telematics being utilized: Plug in Hard Wired Mobile Phone Other: 9. Does the Applicant's organization utilize GPS fleet telematics devices? If yes, please check off the fleet telematics being utilized: Plug in Hard Wired Mobile Phone Other: 12. What percentage of the Applicant's fleet is provided with these fleet telematics devices? 13. Does the school obtain Motor Vehicle Reports on ALL employees? 14. Does the Applicant have a formal driving policy in place with MVR standards? a. Is driving policy communicated in writing to all employees? 	Yes	No
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 Does the Applicant have a formal driving policy in place with MVR standards? a. Is driving policy communicated in writing to all employees? 	Yes	No sions)
a. Is driving policy communicated in writing to all employees?	Yes	No
	Yes	No
		No
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.		
15. What action is taken if an "unacceptable" driver is identifiable?		

Vocational Schools Supplemental

Yes No

Yes No

16. 17. 18.			Yes Yes	No No
19. 20.	Describe security regarding bus/ vehicle storage: Locked Garage Fenced Lot Lighting Security Personnel Vehicle Locked When Unattended If the Applicant operates a Driving School: a. a. Do all vehicles have dual controls? b. Are all vehicles clearly marked as driver training vehicles? c. Does the Applicant offer an Adaptive Driving Program? If yes, please indicate the Percent of revenue derived from this d. Please provide driver experience as follows:		Yes Yes Yes	No No No
	Name: Name: Name: Name: Name:	Years Experience: Years Experience: Years Experience: Years Experience: Years Experience:		
				NI/A
1.	SECTION VI – MUSIC, DANCE & ART SCH Do students/ school do any traveling?	0013	Yes	N/A No
			165	
	Are there any overnight trips? If yes, please explain:		Yes	No
2. 3.				
2.	Are there any overnight trips? If yes, please explain: Does the school do any performances off site? If yes, how often: Does the school ever invite the public onto the premises? If yes, how often:		Yes Yes	No No
2. 3.	Are there any overnight trips? If yes, please explain: Does the school do any performances off site? If yes, how often: Does the school ever invite the public onto the premises? If yes, how often: Please provide details of the events: Does the school hold any events that charge a fee?		Yes Yes Yes	No No

	SECTION VII – DORMITORIES		N/A
1.	How many dormitory buildings are owned by the Applicant's institution:		
2.	Any of the dormitory buildings listed on the national historic registry? a. If yes, please identify the building.	Yes	No
3.	What is the maximum number of stories:		
4.	Are the dormitories sprinklered in all areas?	Yes	No
5.	Is each room equipped with hard-wired smoke detectors?	Yes	No

6. 7. 8. 9. 10. 11. 12. 13.	Are any of the following allowed in dorm rooms Incense burners Space heaters Microwaves Hot plates Candles Toasters or Toaster ovens Does the dorm have a no smoking policy? How many means of egress does each building have: Are there emergency procedures in place including evacuation? Is emergency lighting provided in the stairwells and hallways? If dorms are coed, are boys and girls housed on the same floor? Are staff members present in the dorms on all nights when students are? Is there a scheduled security patrol for each building?	Yes Yes Yes Yes Yes Yes	No No No No No
4	SECTION VIII – ABUSE OR MOLESTATION		
1. 2. 3.	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? Does the Applicant's state permit them to do criminal background investigations? If yes, does the Applicant routinely request and receive such background investigations? Are federal <u>and</u> state criminal background checks performed on Staff? Yes No Volunteers? Do any independent contractors have access to students or perform operations where they will be physically touching another person? If yes, please explain:	Yes Yes Yes Yes Yes	No No No No
4. 5.	Does the Applicant perform background checks on hired independent contractors? Is there a new employee and volunteer orientation that includes training in abuse	Yes	No
0.	awareness?	Yes	No
6.	Does the Applicant verify employment related references?	Yes	No
7.	Does the Applicant conduct personal interviews?	Yes	No
8.	Does the Applicant have written procedures dealing with sexual abuse?	Yes	No
0	If yes, please attach a copy.		
9.	Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises?	Yes	No
10.	Does the school have a Sexual Awareness Program for students?	Yes	No
11.	Does the school have a Secular Awareness in ogram for students? Does the school have specific training for the faculty on identifying and reporting incidents of	163	NO
	sexual abuse or molestation?	Yes	No
12.	Has the Applicant's organization ever had an incident which resulted in an allegation of		
	sexual abuse? a. If yes, please describe the incident:	Yes	No
13.	 b. Was a claim made against the organization? c. Was the case settled? d. Was the case taken to trial? e. How much money was paid in damages to the victim: \$ Regarding coverage for Abuse or Molestation, does the Applicant's current insurance program: a. exclude coverage? b. limit coverage? c. If yes, please indicate limit of liability: \$ 	Yes Yes Yes Yes Yes	No No No No
	d. Neither excludes nor limits coverage?	Yes	No

		SECTION IX – PANDEMIC AND COM		LE DISEASE		
		licant have formal procedures in place to hand	dle pandem	ic or other		
C	communicabl	e diseases?			Yes	No
	a. Do thes	e 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
		CDC guidelines and recommendations			Yes	No
		provide a copy of these written procedures.				
2. H		een any instances of communicable, contagiou	us. or infecti	ous disease at the		
		orkplace in the past 5 years?			Yes	No
		h incident advise the following:				
	<u></u>		# of			
			People	Claim	Loss Amour	nt
	Date	Name of Disease	Infected	(Y/N)	Incurred	

Date	Name of Disease	Infected	(Y/N)		Incurred
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$
			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 Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler 1. piping and/ or domestic water lines can be maintained at 45° F or higher? N/A Yes No This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them. 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.
 Fire Protection and Testing

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)	100		
•.	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	100	110	1.07.1
	hours and off hours?	Yes	No	N/A
4.	Automatic Water Shutoff Devices	100		
	a. For domestic water lines, is there a water flow detection, notification and automatic			
	shutoff?	Yes	No	N/A
5.	Unused/ Vacant Spaces	100		
•.	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 SUJECT 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 FRAUDLENT 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 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

AGENCY

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

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

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

ADDRESS (STREET, CITY, STATE, ZIP)