

AMUSEMENT PARK/FACILITIES APPLICATION



ALL SUBMISSIONS COMPLETE Pages 1-3

Page 3 for *Abuse and Molestation*

Page 4 if *Security* is provided

Page 5 for *Liquor Liability*

Pages 6-8 if *Pyrotechnics* exposure

Page 8 for *Hired and Non-Owned Auto* coverage

SUBMISSION REQUIREMENTS

1. Complete ACORD 125 and Property and Umbrella Liability if coverages requested
2. 4 Years currently valued loss runs
3. Web site information, brochures and photos
4. Facility diagram
5. Schedule of all rides and attractions
6. Ride Inspection forms
7. Copy of most current independent ride inspection report
8. Copy of employee training manual
9. Latest financial statement
10. Emergency evacuation plan
11. Certificates of Insurance from any sub-contractors / independent contractors, if any

GENERAL INFORMATION

1. Applicant name: _____
2. Name of park: _____
3. Mailing address: _____

Physical address: _____

4. Does the Applicant own or lease the park? Own Lease
If leased, provide a copy of the leasing agreement.
5. Contact person: _____ Telephone: _____
Contact e-mail address: _____ Web address: www. _____
6. Business type: Corporation Partnership Individual
 Non-Profit Governmental entity Other: _____
7. Year business was established? _____ Number of years under present management: _____
FEIN: _____
8. List all Named Insureds and their interests:
Note: All First Named Insureds require common / majority ownership of all Named Insureds – If not, please explain:
a.) _____
b.) _____
c.) _____
d.) _____
e.) _____
Explanation: _____

9. Does the Applicant have a safety manager on premises at all times the park is open? Yes No
 If yes, provide name and contact information: _____
10. Does the Applicant have a formal safety training program for employees? Yes No

GENERAL LIABILITY

1. Annual number of attendees: _____ Operating season: _____ to _____
 Annual payroll: \$ _____ Number of employees: _____
 a.) Admissions _____ b.) Parking \$ _____
 c.) Food and beverage \$ _____ Describe: _____
 d.) Beer and liquor sales \$ _____
 e.) Souvenirs / Novelties \$ _____ Describe: _____

General Information: (explain any yes answers in Remarks)

1. Any medical facilities provided or any employed physicians / nurses? Yes No
2. Any storage, treating, discharging, applying, disposing or transporting hazardous materials? Yes No
3. Any operations sold, acquired or discontinued in the last five (5) years? Yes No
4. Machinery, equipment or attractions rented to others? Yes No
5. Any watercraft docks (not bumper boats), floats on premises? Yes No
6. Is there a swimming pool on premises? Yes No
7. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide time table and action plan: Yes No

8. Any special events scheduled throughout the year? Yes No
9. Any structural alterations contemplated? Yes No
10. Any demolition contemplated? Yes No
- Remarks: _____

Rides / Attractions

1. Do all ride signs comply with manufacturer recommendations with regard to age, height and exit requirements? Yes No
2. Does the Applicant or has the Applicant ever manufactured or retro-fitted any amusements / attractions? Yes No
 If yes, provide a list of all such attractions and the changes made.

3. Are rides inspected daily? Yes No
4. Is an inspection log maintained? Yes No
5. Are there periodic inspections required by state inspectors? Yes No
6. Are maintenance manuals for all rides kept on premises? Yes No
7. Is there a qualified maintenance staff on site? Yes No
8. Is there an on-site maintenance shop? Yes No
9. Is there adequate maintenance equipment on-site? Yes No
10. Are there rides where the operator controls the speed? Yes No
 If yes, provide a list and operator training required.

11. Are operators trained to run more than one ride? If yes, what is the maximum number? _____ Yes No
12. Does the Applicant's facility manufacture rides sold to the public? Yes No

Premises Exposure:

1. Does the Applicant have any of the following on premises:
- | | | | | | |
|------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| Ice skating | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Roller skating | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fireworks displays | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Buses or trams | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Movie theater | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Full service restaurant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Race tracks / Go-karts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Zoo (petting zoo) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Golf course | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Driving range | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Athletic fields | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Museum | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Day care facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hotel (complete hotel app.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Cooking Facilities: Own Lease

1. Square footage of area if leased: _____
2. Does the Applicant have an automatic extinguishing system over deep fat fryers, grills & stoves? Yes No
How often are hood / ducts cleaned? _____
By whom? Insured Sub-contractor
If by sub-contractor, how often are they serviced? _____ Date last serviced? _____
3. Premises sprinklered? Yes No
Percent sprinklered? _____ %
4. Central station fire alarm? Yes No
5. Central station burglar alarm? Yes No
6. Surveillance cameras? Yes No
7. Does the Applicant have Automated External Defibrillator(s) (AED)? Yes No
If yes, are staff members trained to use it? Yes No
8. Does the Applicant have backup emergency lighting and / or emergency generators in the event of a power failure? Yes No
9. Does the Applicant have an emergency evacuation plan? (If yes, attach a copy) Yes No
Evacuation procedures and floor plans posted? Yes No
10. Are parking lots well lit? Yes No
Patrolled by security? Yes No

ABUSE AND MOLESTATION

1. Does the Applicant's current insurance program include Abuse and Molestation coverage? Yes No
2. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? Yes No
3. Does the Applicant verify employment references for employees and volunteers? Yes No
4. Does the Applicant conduct personal interviews? Yes No
5. Are formal written procedures in place for hiring? (If yes, attach a copy) Yes No
6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy) Yes No
7. Does the Applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? (If yes, attach a copy) Yes No
8. Have any incidents resulted in an allegation of sexual abuse? Yes No
If yes, was the case settled? Yes No
Was the case taken to trial? Yes No
Amount paid for damages to the victim: \$ _____
Does the Applicant's state allow criminal background checks? Yes No
If yes, does the Applicant run criminal background checks prior to hire for:
Employees? Yes No
Volunteers? Yes No

SECURITY

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

1. Who is primarily responsible (via contract) for liability coverage for security personnel?
 Insured? Yes No
 Municipality? Yes No
 Sub-contractor? Yes No
2. Employed or sub-contracted security personnel? Employed Sub-contracted
"Employed" is defined as individuals being paid and supervised directly by the insured. "Contract" is defined as the existence of a written contract with another entity for security services that has separate insurance coverage and provided a certificate naming the Applicant as Additional Insured with limits equal to or greater than the Applicant.
3. Number and payroll of employed security personnel: _____
Unarmed: # _____ Payroll: \$ _____
Armed (not including off duty police officers): Number: _____ Payroll: \$ _____
Off duty police officers: # _____ Payroll: \$ _____
4. Sub-contracted security – annual cost of sub-contract: \$ _____
5. Total maximum hours per day permitted at this and all other places of employment: _____
Total maximum hours per week: _____
6. What are the staffing guidelines per number of patrons? _____
Are the guidelines determined by: _____
Ordinance? Yes No
Statute? Yes No
Industry standard? Yes No
Other: (describe) _____
7. Is there a procedure to immediately report all incidents to the facility manager? If yes, describe: _____ Yes No
8. Does the supervisor make personal contact with each security person at least once during each shift? If yes, describe: _____ Yes No
Please explain all no answers: _____
9. Is there a pre-employment screening procedure? If yes, describe. _____ Yes No
10. Does the procedure include contacting previous employers over the previous five (5) years? Yes No
11. Does the Applicant contact at least three (3) personal references? Yes No
12. Is completion of a minimum twenty (20) hours initial training program required before deployment? Yes No
13. Who conducts the training and what are the trainer's qualifications? _____
14. Is a minimum of ten (10) hours on-site training required? Yes No
15. Is a minimum of four (4) hours of annual refresher or continuing education training planned and conducted for each security employee? Yes No
16. Is each security person given a personal copy of the training / safety manual? Yes No
If yes, has each security person given management a written acknowledgment of the policies and contents? Yes No

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

ARMED SECURITY EMPLOYEES:

1. Are the security personnel in uniform? Yes No
If yes, describe the uniform: _____
2. Are the security personnel identified by anything other than a uniform? Yes No
If yes, describe the identification & include an example or photograph. _____
3. Are psychological screen profiles used? Yes No
If yes, specify type: _____
4. Are criminal background checks completed? Yes No
If yes, what agency is utilized? _____
5. Please indicate any equipment carried or routinely available to security personnel:
 Flashlight: Type: _____ Size: _____ Construction: _____
 Handcuffs First aid kit (including blood borne pathogen kit)
 Nightstick: Is night stick police regulation or other? _____
 Taser / Phaser Chemicals (Mace, pepper gas)
 Other: _____
 Firearm – Caliber: .357 .38 .9mm Other: _____
 Make: Colt S & W Ruger
 Cover Holster Type: _____
6. Is the ammunition: Standard Other: _____
7. Are firearm and ammunition approved and inspected by management or security company? Yes No
8. Describe capabilities of each guard for constant communications with each other, the supervisor, and management: _____
9. Are dogs used in your security operations? Yes No
If yes, provide the type of dog(s), number, and describe duties. Yes No

LIQUOR LIABILITY

1. Is liquor license in Applicant's name? Yes No
If no, what is the name on the license and their relationship to the insured: _____
Liquor license number: _____
Class of license: _____
2. Is the liquor service sub-contracted to a third party? Yes No
If yes, provide limits of liability maintained by the sub-contractor: \$ _____
Is the Applicant listed as Additional Insured under sub-contractors liquor liability coverage? Yes No
Is contingent liquor liability coverage requested by the Applicant? Yes No
3. Has the Applicant's liquor license ever been revoked or suspended? Yes No
If yes, explain: _____
4. Has the Applicant incurred claims for liquor liability during the last three (3) years? If yes, explain: Yes No

5. Has any insurer cancelled or non-renewed coverage during the last three (3) years? If yes, explain: Yes No
-
6. Has the Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator? If yes, explain: Yes No
-
7. Type of beverages sold: _____
-
8. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
If yes, what type? _____
-
9. Does the Applicant exercise the right to search and seizure contraband items? Yes No
If yes, how does the Applicant notify the public of this? _____
-
10. Does the Applicant maintain security personnel at entry check points? Yes No
If yes, what type? _____
-
11. Are the alcohol sales and consumption contained within one fixed site, or are booths / stands located throughout the event site?
-
12. Number of servers used? _____
Are they professional servers? Explain: Yes No
-
- Are they volunteer servers? Explain: Yes No
-
13. Do the servers receive any type of alcohol awareness training? Yes No
If yes, describe: _____
-
14. Median age of liquor customers:
 21-25 25-30 30-40 40 and over
-
15. Are minors allowed to enter the location where alcohol is being served? Yes No
If yes, how is underage consumption of alcohol prevented?
-
16. Explain how ID's are checked: _____
-
17. Are uniformed police officers present at the site of alcohol sales? Yes No
Are undercover police officers present? Yes No
Are private security officers present? Yes No
Average number of officers present at site: _____
-
18. Are rules and regulations clearly displayed for patrons viewing? Explain: Yes No
-
19. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Explain: Yes No
-
20. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Explain: Yes No
-
21. Is there any type of designated driver program? Explain: Yes No
-

PYROTECHNICS

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

- 1. Description of events: _____
- 2. Date(s) of event(s): _____
- 3. Who is the authority having jurisdiction over the use of pyrotechnics at your facility?
 Local Fire Department State Fire Marshal Other: (please list) _____
- 4. What permit process must be followed prior to use of pyrotechnics at your facility?

5. Have you staged pyrotechnic displays before? Yes No

If yes, list any claims / losses that have occurred and the amount of loss:

<u>Description</u>	<u>Date of Occurrence</u>	<u>Amount of Loss</u>
a) _____	_____	\$ _____
b) _____	_____	\$ _____
c) _____	_____	\$ _____

6. Who will be the pyrotechnics operator? Named Insured Contractor
Complete this section if the Pyrotechnics Operator is the Named Insured. Please note: This coverage will exclude bodily injury liability to the fireworks shooter.

- a) List names of people shooting and describe their experience.
Name: _____ Experience: _____

b) Where are the pyrotechnics stored when not in use? _____

7. Does it meet federal / state storage regulation? Yes No

8. What quantity of pyrotechnic material is stored on site? (Number of shows, number of pounds, etc.)

9. Describe the type of show and amount of pyrotechnics used in recurring events:

10. Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

11. Does the Applicant secure proper pyrotechnic permits for each event? Yes No

12. Are the shooters listed above licensed for pyrotechnics? Yes No

Complete this section if the Pyrotechnics Operator is a Contractor.

a) Contractor Name: _____

b) Is there an agreement with the contractor? If yes, provide a copy of the agreement. Yes No

c) Please provide limits of liability provided by the Contractor. **Note:** Limits must be at least \$1,000,000 or greater. \$ _____

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

d) Does the Applicant confirm that the contractor has secured the proper pyrotechnic permits for each event? Yes No

e) Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

f) Does the Applicant allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? Yes No

If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists you as an additional insured?

If no, does the tenant lease / use agreement indicate that pyrotechnic displays are not permitted? Yes No

g) Are events with pyrotechnics held: Indoor Outdoor

h) What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Aerial Shells | <input type="checkbox"/> Airbursts | <input type="checkbox"/> Black Powder | <input type="checkbox"/> Comets |
| <input type="checkbox"/> Concussion Effects | <input type="checkbox"/> Concussion Mortars | <input type="checkbox"/> Electric matches | <input type="checkbox"/> Flares |
| <input type="checkbox"/> Flash Pots | <input type="checkbox"/> Flashpower | <input type="checkbox"/> Gerbs | <input type="checkbox"/> Integrals Mortars |
| <input type="checkbox"/> Mines | <input type="checkbox"/> Mortars | <input type="checkbox"/> Rockets | <input type="checkbox"/> Saxons |
| <input type="checkbox"/> Wheels | <input type="checkbox"/> Salutes | <input type="checkbox"/> Waterfall, Falls, Park Curtains | |
| <input type="checkbox"/> Other, please list: _____ | | | |

OUTDOOR PYROTECHNICS

(only complete if outdoor pyrotechnic displays are staged)

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

INDOOR PYROTECHNICS

(Only complete if indoor pyrotechnic displays are staged)

- Are the events in compliance with NFPA 1126? (Standard code for the use of pyrotechnics before a proximate audience)? Yes No
- Is the facility sprinklered? Yes No
- What other form of fire fighting equipment is available at the facility?

- Does the facility have an emergency evacuation plan? Yes No
If yes, how often is the staff drilled on emergency evacuation?

- Number of accessible (not locked) emergency exits at the facility: _____
- What steps are taken to inform patrons of the locations of all emergency exits?

- Maximum capacity of the facility: _____
- Has the fire marshal approved the use of pyrotechnics at the facility? Yes No
If yes, as of what date: _____

HIRED & NON-OWNED AUTO

- Does the Applicant have any owned automobiles? Yes No

NOTE: If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is required:

2. Does the Applicant allow employees to use their own personal vehicles for business purposes? Yes No
If yes, how many employees use their own personal vehicles? _____
If yes, how often? Daily Weekly Monthly Other: _____
3. Does the Applicant obtain Motor Vehicle Reports? Yes No
If yes, how often? Annually Every other year Other: _____
4. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No
If yes, what minimum limits are required? _____
5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: _____
6. Is hired auto physical damage required? Yes No
If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$ _____

NOTE: Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided.

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "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 FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "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."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "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."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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."

RESIDENTS OF LOUISIANA APPLICANTS: "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 FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE APPLICANTS: "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."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

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

RESIDENTS OF NEW MEXICO APPLICANTS: "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."

RESIDENTS OF NEW YORK APPLICANTS: "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."

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

RESIDENTS OF OKLAHOMA APPLICANTS: "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."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "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."

RESIDENTS OF TENNESSEE APPLICANTS: "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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "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."

RESIDENTS OF VIRGINIA APPLICANTS: "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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "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 FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title
**(MUST BE SIGNED BY THE PRESIDENT
EXECUTIVE DIRECTOR OR CHAIRMAN)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Date

Address