
AMUSEMENT PARK APPLICATION

Pages 1-3 must be completed for all submissions

For Abuse and Molestation coverages, please complete page 3

If you provide Security, please complete pages 4

For Liquor Liability coverage, please complete page 5

For Pyrotechnics exposure, please complete pages 6 - 8

For Hired and Non-Owned Auto coverage, please complete page 8

SUBMISSION REQUIREMENTS

1. Complete ACORD Property, Auto and Umbrella Liability if coverages requested
2. Currently valued insurance company loss runs for the current policy period plus 4 prior years
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?
If yes, provide name and contact information: | Yes | No |
| 10. | Does the Applicant have a formal safety training program for employees? | Yes | No |

GENERAL LIABILITY

- | | | | | |
|--|---|--|----|--|
| 1. | Annual number of attendees: _____
Annual payroll: \$ _____
a.) Admissions _____
c.) Food and beverage \$ _____
d.) Beer and liquor sales \$ _____
e.) Souvenirs / Novelties \$ _____ | Operating season: _____ to _____
Number of employees: _____
b.) Parking \$ _____
Describe: _____
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?
Remarks: | Yes | No | |

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?
If yes, provide a list of all such attractions and the changes made. | Yes | No | |
| 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?
If yes, provide a list and operator training required. | Yes | No | |
| 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 | |

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?
 If yes, has each security person given management a written acknowledgment of the policies and contents?

	Yes	No
	Yes	No

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

- | | | | |
|-----|---|-------------------|----------------|
| 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?
If yes, what type? | Yes | No |
| 9. | Does the Applicant exercise the right to search and seizure contraband items?
If yes, how does the Applicant notify the public of this? | Yes | No |
| 10. | Does the Applicant maintain security personnel at entry check points?
If yes, what type? | Yes | No |
| 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?
If yes, describe: | Yes | No |
| 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?
If yes, how is underage consumption of alcohol prevented? | Yes | No |
| 16. | Explain how ID's are checked: | | |
| 17. | Are uniformed police officers present at the site of alcohol sales?
Are undercover police officers present?
Are private security officers present?
Average number of officers present at site: | Yes
Yes
Yes | No
No
No |
| 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)?
- | | | | |
|--------------------|--------------------|------------------------|-------------------|
| Aerial Shells | Airbursts | Black Powder | Comets |
| Concussion Effects | Concussion Mortars | Electric matches | Flares |
| Flash Pots | Flashpower | Gerbs | Integrals Mortars |
| Mines | Mortars | Rockets | Saxons |
| Wheels | Salutes | Waterfall, Falls, Park | Curtains |
- Other, please list:

OUTDOOR PYROTECHNICS

(only complete if outdoor pyrotechnic displays are staged)

- | | | | |
|----|--|-----|----|
| 1. | Are the events in compliance with NFPA 1123 or 1126? (Code for fireworks display) | Yes | No |
| 2. | Is there fencing to keep spectators away from restricted areas during the fireworks shooting?
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: | Yes | No |
| 3. | Will there be firefighting equipment on site during the event?
If no firefighting equipment on site, give distance to nearest fire station: | Yes | No |
| 4. | Will the Applicant have an ambulance on site?
If no, what is the estimated response time of an ambulance?
If no, what is the distance to nearest medical facility? | Yes | No |

INDOOR PYROTECHNICS

(Only complete if indoor pyrotechnic displays are staged)

- | | | | |
|----|---|-----|----|
| 1. | Are the events in compliance with NFPA 1126? (Standard code for the use of pyrotechnics before a proximate audience)? | Yes | No |
| 2. | Is the facility sprinklered? | Yes | No |
| 3. | What other form of fire fighting equipment is available at the facility? | | |
| 4. | Does the facility have an emergency evacuation plan?
If yes, how often is the staff drilled on emergency evacuation? | Yes | No |
| 5. | Number of accessible (not locked) emergency exits at the facility: | | |
| 6. | What steps are taken to inform patrons of the locations of all emergency exits? | | |
| 7. | Maximum capacity of the facility: | | |
| 8. | Has the fire marshal approved the use of pyrotechnics at the facility?
If yes, as of what date: | Yes | No |

HIRED & NON-OWNED AUTO

- | | | | |
|----|--|-----|----|
| 1. | 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

Agency Taxpayer ID or SS Number

Address