

## **ANIMAL TRACKS APPLICATION (HORSE AND DOG TRACKS)**

### **Pages 1-3 must be completed for all submissions**

If you provide Security, please complete pages 4-5

For Liquor Liability coverage, please complete pages 6-7

For Pyrotechnics exposure, please complete pages 7-9

For Hired and Non-Owned Auto coverage, please complete page 10

### **Submission Requirements**

1. Complete ACORD Property, Auto, and Umbrella Liability if coverages are requested
2. Currently valued insurance company loss runs for the current policy period plus three prior years
3. Lease agreement between the Applicant and venue owner (if applicable)
4. Standard contract for the lease of the Applicant's facility to others
5. Contracts with and certificates of insurance from the sub-contractors listed in Question 2 of the General Liability section
6. Copies of stall agreements
7. Complete annual event schedule
8. Photos
9. Financials
10. Emergency evacuation plan

### **General Information**

1. Applicant Name:
2. Name of facility:
3. Mailing address:

Physical address:

4. Contact person: Telephone:  
Web site address: www. E-mail address:
5. Business type: Corporation Partnership Individual  
Non-Profit Governmental entity Other:
6. Year business was established? Number of years under present management:  
FEIN:
7. List all Named Insureds and their interests:  
Note: All First Named Insureds require common / majority ownership of the Named Insured.
  - a.
  - b.
  - c.
  - d.If not, provide explanation:
  - a.
  - b.
  - c.
  - d.

**General Liability**

1. Annual number of attendees:                      Live Racing:    Simulcast:
2. Racing dates:
 

|              |       |     |                  |
|--------------|-------|-----|------------------|
| Live racing: | From: | To: | Total race days: |
| Simulcast:   | From: | To: | Total race days: |
3. If there are casino operations, please describe:
 

|   |                      |     |    |
|---|----------------------|-----|----|
| Annual casino employee payroll: \$                          | Number of employees: |     |    |
| 4. Does the Applicant own any off-track betting facilities: |                      | Yes | No |
| Location(s):  |                      |     |    |
| Annual number of attendees:                                 |                      |     |    |
5. Sales / Receipts:
 

|                       |    |           |
|-----------------------|----|-----------|
| a. Food / Restaurant: | \$ |           |
| b. Liquor:            | \$ |           |
| c. Gift Shop:         | \$ |           |
| d. Parking:           | \$ |           |
| e. Other:             | \$ | Describe: |
6. Does the Applicant hold non-racing events (concerts, festivals, etc.)?                      Yes                      No  
If yes, please submit schedule of events.
7. Please specify who has responsibility for the following event day operations:
 

|                                       |              |                |                            |                         |
|---------------------------------------|--------------|----------------|----------------------------|-------------------------|
|                                       | <u>Owner</u> | <u>Insured</u> | <u>Sub-<br/>contractor</u> | <u>Other (describe)</u> |
| Facility maintenance                  |              |                |                            |                         |
| Food concessions                      |              |                |                            |                         |
| Liquor                                |              |                |                            |                         |
| Gift shop                             |              |                |                            |                         |
| Parking                               |              |                |                            |                         |
| Security (complete page 6 if insured) |              |                |                            |                         |
| First Aid                             |              |                |                            |                         |
| Fireworks / Pyrotechnics              |              |                |                            |                         |
| Inflatables / Amusement devices       |              |                |                            |                         |
| Off-premises catering/events          |              |                |                            |                         |
| Explain all "Other" answers below:    |              |                |                            |                         |
8. Regarding contracts and certificates of insurance with sub-contractors:
 

|  |                |                             |               |                |
|--|----------------|-----------------------------|---------------|----------------|
|  | <b>Insured</b> | <b>Sub-<br/>contractors</b> | <b>Mutual</b> | <b>Neither</b> |
| a. Who Is the Indemnification / Hold Harmless wording in favor of? |                |                             |               |                |
| b. Who Is the additional insured status in favor of?               |                |                             |               |                |
| c. Minimum insurance limits of \$1,000,000?                        |                |                             |               |                |
| d. Is a certificate of insurance required?                         |                |                             |               |                |

9. Coverage limits requested:
- |   |    |  |  |
|---|----|--|--|
| Each Occurrence / Each Claim              | \$ |  |  |
| General Aggregate                         | \$ |  |  |
| Products / Completed Operations Aggregate | \$ |  |  |
| Personal / Advertising Injury             | \$ |  |  |
| Property Damage to Animals                | \$ |  |  |
| Liquor Liability                          | \$ |  |  |
| Stop Gap                                  | \$ |  |  |
- States: Payroll by State: \_\_\_\_\_  
 Employee Benefits Liability: \$ No. of Employees: \_\_\_\_\_  
 Employee benefits administrator? Yes No  
 Current carrier: Limit: \$ \_\_\_\_\_  
 Retroactive date: \_\_\_\_\_
10. Does current coverage contain a Self-Insured, Self-Funded Retention or deductible? Yes No  
 Self-Insured Retention: \$ \_\_\_\_\_  
 Self-Funded Retention: \$ \_\_\_\_\_  
 Deductible: \$ \_\_\_\_\_
11. Does the Applicant provide dormitory or other accommodations to track employees? Yes No  
 If yes, please provide copy of dorm agreement.  
 a. No. of dorms: \_\_\_\_\_ Construction: \_\_\_\_\_ Year Built: \_\_\_\_\_  
 b. Does the Applicant allow hotplates or cooking in dorms? Yes No
12. Animal Legal Liability:
- a. Dog Tracks  
 No. of kennels: \_\_\_\_\_ No. of dogs kenneled: \_\_\_\_\_  
 Construction of kennels: \_\_\_\_\_
- b. Horse Tracks  
 No. of stall buildings: \_\_\_\_\_ Total No. of stalls: \_\_\_\_\_ Year built: \_\_\_\_\_  
 Construction of stall buildings: \_\_\_\_\_
13. Participant Accident coverage:
- a. Are jockeys covered by Workers Compensation? Yes No  
 b. Is Accident Medical coverage provided for jockeys? Yes No  
 If yes, please provide the following:  
 Carrier: \_\_\_\_\_ Limit provided: \$ \_\_\_\_\_
- c. Is Workers Compensation or Accident Medical coverage provided for other individuals working with horses (harness drivers, hotwalkers, groomsmen, etc.)? Yes No  
 If yes, provide the following:  
 Carrier: \_\_\_\_\_ Limit provided: \$ \_\_\_\_\_

**Life Safety**

- |   |     |    |                     |    |
|---|-----|----|---------------------|----|
| 1. Is there a risk manager on premises?   |     |    | Yes                 | No |
| 2. Are grandstands/clubhouse sprinklered?   | Yes | No | % sprinklered       |    |
| Are stalls sprinklered?   |     |    | Yes                 | No |
| 3. Central station fire alarm?  |     |    | Yes                 | No |
| Central station burglar alarm?  |     |    | Yes                 | No |
| Surveillance cameras?   |     |    | Yes                 | No |
| 4. Cooking facilities on premises?  |     |    | Yes                 | No |
| If yes, is there an automatic extinguishing system over deep fat fryers, grills and 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? |    |
| 5. Does the Applicant have Automated External Defibrillator(s)(AED)?                        |     |    | Yes                 | No |
| If yes, are staff members trained to use AED(s)?  |     |    | Yes                 | No |

- |     |   |     |    |
|-----|---|-----|----|
| 6.  | How many means of egress?<br>Are all exits clearly marked?  | Yes | No |
|     | Are all doors equipped with panic hardware?   | Yes | No |
| 7.  | Does the Applicant have backup emergency lighting and / or emergency generators in the event of a power failure?                | Yes | No |
| 8.  | Does the Applicant have an emergency evacuation plan? (If yes, attach a copy.)<br>Evacuation procedures and floor plans posted? | Yes | No |
| 9.  | Are parking lots well lit?<br>Are parking lots patrolled by security?   | Yes | No |
| 10. | Date of last major construction on facility (structural):   |     |    |
| 11. | Any structural or major maintenance projects planned during policy term?<br>If yes, describe and provide cost of renovations:   | Yes | No |

### Security

#### Part I:

- |     |   |          |                |
|-----|---|----------|----------------|
| 1.  | Employed or sub-contracted security personnel?<br>“ <b>Employed</b> ” is defined as individuals being paid and supervised directly by the Insured. “ <b>Contract</b> ” 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 Insured as Additional Insured with limits equal to or greater than the Insured. | Employed | Sub-contracted |
| 2.  | Number and payroll of employed security personnel:<br>Unarmed: Payroll: \$<br>Armed (not including off duty police officers): Payroll: \$<br>Off duty police officers: Payroll: \$  |          |                |
| 3.  | Sub-contracted security – cost of sub-contract: \$  |          |                |
| 4.  | Does the procedure include contacting previous employers over the previous five (5) years?  | Yes      | No             |
| 5.  | Does the Applicant contact at least three (3) personal references?  | Yes      | No             |
| 6.  | Is completion of a minimum twenty (20) hours initial training program required before deployment?   | Yes      | No             |
| 7.  | Who conducts the training and what are the trainer’s qualifications:  |          |                |
| 8.  | Is a minimum of ten (10) hours on-site training required?   | Yes      | No             |
| 9.  | Is a minimum of four (4) hours of annual refresher or continuing education training planned and conducted for each security employee?   | Yes      | No             |
| 10. | Total maximum hours per day permitted at this and all other places of employment:<br>Total maximum hours per week:  |          |                |
| 11. | What are the staffing guidelines per number of patrons?<br>Are the guidelines determined by:<br>ordinance?<br>statute?<br>industry standard?<br>Other (describe):   | Yes      | No             |
| 12. | Is there a procedure to immediately report all incidents to the facility manager?<br>If yes, describe:  | Yes      | No             |

13. Does the supervisor make personal contact with each security person at least once during each shift? Yes No  
 If yes, describe:
14. Is each security person given a personal copy of the training / safety manual? Yes No  
 o
- a. 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.**

Please explain all no answers:

**Part 2. 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 and 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 nightstick 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(specify):
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 dogs(s), number of dogs, and describe duties.

**Liquor**

- |   |     |    |
|---|-----|----|
| <p>1. Is liquor license in Applicant's name?<br/>If no, what is the name on the license and their relationship to the Applicant:</p> <p style="margin-left: 40px;">Liquor license number:<br/>Class of license:</p>   | Yes | No |
| <p>2. Is the liquor service sub-contracted to a third party?<br/>If yes, provide limits of liability maintained by the sub-contractor: \$<br/>Is the Applicant listed as Additional Insured under sub-contractor's liquor liability coverage?<br/>Is contingent liquor liability coverage requested by the Applicant?</p> | Yes | No |
| <p>3. Has applicant's liquor license ever been revoked or suspended?<br/>If yes, explain:</p>   | Yes | No |
| <p>4. Has Applicant incurred claims for liquor liability during the last three (3) years?<br/>(Detailed loss runs required.)</p>  | Yes | No |
| <p>5. Has any insurer cancelled or non-renewed coverage during the last three (3) years?<br/>If yes, explain:</p>   | Yes | No |
| <p>6. Has the Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator?<br/>If yes, explain:</p>   | Yes | No |
| <p>7. Type of beverages sold:<br/>Annual gross sales:<br/>    Liquor Sales:         \$<br/>    Food Sales:            \$<br/>    Other:                 \$</p>  |     |    |
| <p>8. Are patrons allowed to carry alcoholic beverages onto the premises?<br/>If yes, what type?</p>  | Yes | No |
| <p>9. Does the Applicant exercise the right to search and seizure contraband items?<br/>If yes, how do you notify the public of this?</p>   | Yes | No |
| <p>10. Does the Applicant maintain security personnel at entry check points?<br/>If yes, what type?</p>   | Yes | No |
| <p>11. Are the alcohol sales and consumption contained within one fixed site, or are booths / stands located throughout the insured site?</p>   | Yes | No |
| <p>12. Number or servers used?                   Are they professional servers?</p>   | Yes | No |
| <p>13. Do the servers receive any type of alcohol awareness training?<br/>If yes, describe:</p>   | Yes | No |
| <p>14. Explain how ID's are checked:</p>  |     |    |



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

Does it meet federal / state storage regulation? Yes No  
What quantity of pyrotechnic material is stored on site? (pounds, number of shows, etc.)

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

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

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

**Complete this section if the Pyrotechnics Operator is a Contractor.**

a) Name:

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

c) Will liability coverage be provided by the pyrotechnics contractor? Yes No  
If yes, please indicate limits of coverage provided:  
\$1,000,000 Greater than \$1,000,000 Other:

***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          | Flashpowder        | 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? | Yes | No |
| If yes, distance of spectator fencing from launch site:  |     |    |
| distance of spectator parking area from launch site:   |     |    |
| distance of closest building or structure from launch site:                                      |     |    |
| 3. Will there be firefighting equipment on site during the event?                                | Yes | No |
| If no firefighting equipment on site, give distance to nearest fire station:                     |     |    |
| 4. Will the Applicant have an ambulance on site?   | Yes | No |
| If no, what is the estimated response time of an ambulance?                                      |     |    |
| what is the distance to nearest medical facility?  |     |    |

**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 firefighting equipment is available at the facility?  |     |    |
| 4. Does the facility have an emergency evacuation plan?   | Yes | No |
| If yes, how often is the staff drilled on emergency evacuation?   |     |    |
| 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?   | Yes | No |
| If yes, as of what date:  |     |    |

### 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 requested.**

2. Does the Applicant allow employees to use their own personal vehicles for your business purposes? Yes No

If yes, how many employees use their 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 you 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."

**NOTICE TO ALASKA RESIDENTS 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."

**NOTICE TO ARKANSAS RESIDENT 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."

**NOTICE TO ARIZONA RESIDENTS 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."

**NOTICE TO COLORADO RESIDENTS 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."

**NOTICE TO 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."

**NOTICE TO 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."

**NOTICE TO 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."

**NOTICE TO LOUISIANA RESIDENTS 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."

**NOTICE TO MAINE RESIDENTS 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 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."

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Insured Signature Date

Title

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Producer Signature Date