

ACADEMIC SCHOOLS SUPPLEMENT

Named Insured:
 Mailing Address:
 Website Address:
 Effective Date:

Please attach the following:

- ACORD Application (for lines of coverage to be written)
- Statement of Values (for blanket and/or agreed value)
- 4 years of currently valued company loss runs
- Drivers List with Licenses # and DOB
- Financial Statement
- Schedule of Vehicles

SECTION I – GENERAL INFORMATION
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1. Type of School:	Private School	Grades:	Through:
	Public School	Grades:	Through:
	Charter School	Grades:	Through:
	Residential / Boarding	Grades:	Through:
	College / University	Grades:	Through:
	Special Needs:	Grades:	Through:

The School is: For Profit Non Profit

2. Total number of students enrolled:

3. Date school founded: Date school chartered:

4. Is Applicant's school accredited? If yes, list accrediting organization.	Yes	No
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5. Does Applicant have Day Care on premises? If yes, please complete the Day Care Supplemental.	Yes	No
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6. Does Applicant want Corporal Punishment coverage?	Yes	No
Does your school's policy encourage or allow the use of corporal punishment?	Yes	No
Is there a formal, written policy prohibiting the use of corporal punishment?	Yes	No
Have there been any claims or incidents reported?	Yes	No
If yes, please explain the circumstances and details:		

7. Does Applicant have medical facility/infirmary?	Yes	No
Does the facility dispense medication?	Yes	No
Does the facility provide only immediate care/first aid?	Yes	No
Does the facility only serve students and employees?	Yes	No
Are there only over-the-counter drugs stored on premises?	Yes	No

Are written instructions from parents required prior to dispensing any medications to minors?	Yes	No
Is there any overnight care provided?	Yes	No
How many beds are in the infirmary?		
Are there written operational procedures in place?	Yes	No
Is there a medical professional on staff?	Yes	No
If yes, please indicate which of the following and how many are employed by the insured:		
Physical Therapist:	Psychologist:	Dentist:
Nurse Practitioner:	Physician:	Counselor:
		RN:
Does the professional carry their own malpractice insurance?	Yes	No
If, yes who is the carrier and what limit is carried?		
Are medical history and care records kept for each patient?	Yes	No
8. Are all visitors to the school required to sign in and out?	Yes	No
9. Are there security guards at the school daily?	Yes	No
If yes, are they armed or have arresting powers?	Yes	No
Are they: employed by the school or Subcontracted out?		
Does Applicant obtain certificates of insurance?	Yes	No
10. Do you have any saddle animals or equestrian teams?	Yes	No
11. Are there any fraternities or sororities on the premises?	Yes	No
12. Do you sponsor camps?	Yes	No
13. Do you have any swimming pools on the premises?	Yes	No
If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act?	Yes	No
If no, provide time table and action plan:		

SECTION II – ATHLETICS

1. Does the school obtain a signed release which includes a hold harmless agreement from the parents/guardians of all participants?	Yes	No
2. Are medical exams required for all participants in extra-curricular sports?	Yes	No
3. Is someone who is trained in first aid always present during practices or games?	Yes	No
4. Is Student Accident Insurance carried?	Yes	No
If yes, what limit is carried? \$		
If no, is evidence of personal medical insurance for each participant obtained?	Yes	No
5. Is the Applicant compliant with the Zackery Lystedt law? (only applicable in WA)	Yes	No
6. Are any of the following offered?		
Archery		Scuba Diving
Bungee Jumping		Snow Skiing
Climbing (Mountain, Rock or Wall)		Sky Diving
Equestrian		Trampoline
Polo		Water Skiing
Rugby		Other:

SECTION III – FIELD TRIPS

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|--|-----|----|--|
| 1. Approximately how many field trips are sponsored each year? | | | |
| 2. Are all trips within the United States?
If no, please list locations outside of the United States: | Yes | No | |
| 3. Describe the types of trips that are taken: | | | |
| 4. Is written permission/waiver obtained for each child's parent or guardian? | Yes | No | |
| 5. If parents/volunteers or staff vehicles are used, does Applicant obtain proof of Liability coverage? | Yes | No | |

SECTION IV – ABUSE & MOLESTATION

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|--|-----|----|--|
| 1. Does your employment process 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 | |
| 2. Does your state permit you to do criminal background investigations?
If yes, do you routinely request and receive such background investigations? | Yes | No | |
| Are Federal and State Criminal Background checks performed on: | | | |
| Staff | Yes | No | |
| Volunteers | Yes | No | |
| 3. Do you verify employment related references? | Yes | No | |
| 4. Do you conduct personal interviews? | Yes | No | |
| 5. Do you have written procedures dealing with sexual abuse?
If yes, please attach a copy. | Yes | No | |
| 6. Do you have a plan of supervision that monitors staff in day-to-day relationships with students, both on and off premises such as class trips? | Yes | No | |
| 7. Does the school have a Sexual Abuse Awareness Program for students? | Yes | No | |
| 8. Does the school have a specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? | Yes | No | |
| 9. Has your organization ever had an incident which resulted in an allegation of sexual abuse?
If yes, please describe the incident: | Yes | No | |
| 10. Was a claim made against the organization? | Yes | No | |
| 11. Was the case settled? | Yes | No | |
| 12. Was the case taken to trial? | Yes | No | |

13. How much money was paid in damages to the victim?
14. Does Applicant's current insurance program provide abuse and molestation coverage? Yes No
 If yes, Occurrence Claims made
 Limits: \$ Carrier: Retroactive Date:

SECTION V – PROFESSIONAL EDUCATIONAL LEGAL LIABILITY

(Complete this section **only** if Educators Liability is desired.)

1. Does Applicant's current insurance program provide Professional coverage? Yes No
 If yes, Occurrence Claims made
 Limits: \$ Carrier: Retroactive Date:

2. **UNDERWRITING INFORMATION:**

- a. Number of board members:
 b. Student enrollment: (include the full-time equivalent of part-time students)

	Current Year	Last Year	Next Year Estimate
Number of Students			
Average Class Size			

3. Is Applicant's attorney an employee of the educational entity on retainer
 Does Applicant's attorney regularly participate in all grievances or administrative hearings? Yes No

- Did the following take place in the past three (3) years? Yes No
 a. Disputes involving integration, segregation, discrimination or violations of civil rights? Yes No

If yes, please explain:

4. **POLICIES AND PROCEDURES:**

- a. Do guidelines provide for administrative hearings and appeals? Yes No
- b. How many hearings/appeals have taken place in the last twelve (12) months? In what areas?
- c. How many hearings appeals from **4.b.** above are in the area of special education?
- d. Have Applicant's policies and procedures been reviewed by counsel? Yes No
- e. Has entity/board established policies/procedures governing all students in the area of:

	Yes	No	In Writing		Yes	No	In Writing
Suspension				Harassment			
Dismissal				Corporal Punishment			
Promotion				Acceptance			
Transfer							

- f. Are all teachers required to be certified? Yes No

5. **COVERAGE A: PROFESSIONAL EDUCATIONAL LEGAL LIABILITY**

Limits of Insurance:

\$250,000 \$500,000 \$1,000,000

Deductible Requested:

\$1,000 \$2,500 \$5,000 \$7,500 \$10,000
 \$15,000 \$20,000 25,000 Other:

COVERAGE B: DEFENSE REIMBURSEMENT FOR ANY "SUIT" SEEKING NON-MONETARY OR INJUNCTIVE RELIEF

Limit of Insurance: (Each Suit/Policy Year Aggregate)

\$10,000 /\$30,000 \$25,000/\$75,000 \$50,000/\$150,000 \$100,000/\$300,000

Deductible Requested:

\$1,000 \$2,500 \$5,000 \$10,000 \$25,000

6. Employment Specifics / Number of Employees: Complete the table below:

ACTIVITY OR ASSIGNMENT	FULL-TIME *	PART-TIME **
Officials, Administrators, Managers, Principals, Assistant Principals		
Teaching Faculty (All Levels)		
Guidance, Psychologist, Librarians, Audiologists, Nurses or Other Professional Staff		
All other Employees		

* Full-time employees are employees hired to work at least 35 hours, 5 days per week, 7 hours per day on a regular basis

** Part-time employees are employees hired to work less than 35 hours per week on a regular basis. Part-time employees may be eligible for certain benefits as required by law. Part-time includes any seasonal, temporary, contracted or leased employees

7. FINANCIAL INFORMATION

a. If surplus/deficit exists indicate use of surplus or cause of deficit and how it will be eliminated?

b. Do you expect a budget reduction in the next year? Yes No

8. PAST CLAIMS ACTIVITIES

Claims History, Incidents, Insured/Uninsured Losses – Current and Prior Two Years:

a. Has any claim been made/presented to applicant's current or prior professional liability carrier with respect to the coverages listed above? Yes No

b. Has any claim been made against the entity that was not covered by insurance? Yes No

c. Is the entity operating under a court's supervision?
 If yes, provide details. Yes No

d. Has any claim been made or is now pending against any person in his/her official capacity as an official, employee or volunteer of any entity? Yes No

- e. Are you aware of any facts or circumstances which you have reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which you have applied for? Yes No

SIGNATURE

The undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued.

Name: _____ Title: _____
 (please print) (President, Chairman or Executive Director)

SECTION VI - DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY **N/A**
 (Complete this section only if D & O, EPLI, coverage is desired.)

THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
 If "no", provide an explanation:

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? Yes No
If yes, please attach details.
 Any disciplinary action by any regulatory agency or association? Yes No
 Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
 Any other criminal actions? Yes No

EMPLOYMENT PRACTICE LIABILITY INFORMATION:

1. Please provide the following employee count information:
 U.S. based employees:
 Total Full-Time: _____ Total Part-Time: _____
 Volunteers: _____ Temporary: _____
 Leased: _____ Total Non U.S. based employees: _____
TOTAL SUM OF ABOVE: _____

2. How many employees have been terminated or demoted in the past 12 months:
 a. Voluntary: _____ Involuntary: _____
 b. Laid Off: _____ Demoted: _____

3. Is any reduction of employees or change of status anticipated in the next year?
 Voluntary: _____ Involuntary: _____ Layoffs: _____

4. Does the Applicant have an employment handbook? Yes No

5. Does the Applicant use an employment application for every potential employee? Yes No

6. Does the Applicant use outside employment counsel for employment advice? Yes No

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION:

1. With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage? **(Not Applicable in Missouri)** Yes No
 If yes, please provide details: _____

2. As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None _____ or as noted below: _____

3. Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None _____ or as noted below: _____

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein

are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued.

Name (Please Print)

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

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.

The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

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 CHAIRMAN OR EXECUTIVE DIRECTOR)

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 (Street, City, State, Zip)