

## Vocational Schools Supplemental

**Named Insured:**  
**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)
- List of Faculty Members by Position
- Brochure, Handbook, Student Application
- Loss Runs
- Financial Statement
- Schedule of Vehicles
- Drivers List with License # and DOB

**This application consists of the following sections:**

**Section I – General Information**  
**Section II – Medical Training Schools**  
**Section III – Cosmetology / Beauty Schools**  
**Section IV – Culinary Arts School**

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

### Section I – General Information

1. Total Number of students enrolled:  
Average daily attendance:
2. Date school founded or chartered:
3. Programs / Classes / Degrees offered (list or attached):
4. Is your institution accredited? Yes    No  
If “yes”, what is the name of the association(s) that provides the accreditation?  
  
Are all programs offered at the schools accredited by the above listed association(s)? Yes    No
5. Do your students serve time as interns / externs at outside companies / business? Yes    No  
If “yes”, are the students paid? Yes    No  
If students are paid, do you verify that the employer carries workers’ compensation coverage to cover your student? Yes    No  
If students are not paid, does the intern / extern company ask to be additional insured on your liability policy? Yes    No  
Please attach any internship / externship contracts you sign with outside businesses.
6. Do you sign any hold-harmless agreements with anyone? Yes    No  
If “yes”, please explain for whom and for what reason:

7.	Do you provide services for outside customers? If "yes", what services do you provide?  How are students supervised?  What quality controls measures are in place?	Yes	No
	Are customers required to sign an agreement acknowledging they're using student labor?	Yes	No
8.	Does the school offer job placement services for students? If "yes", is there a disclaimer signed by students acknowledging there are no job placement guarantees?	Yes	No
9.	Do you have dormitories? If "yes", please complete section VII of the application.	Yes	No
10.	Do you have a cafeteria or restaurant on premises? Do you cook on premises? Does cooking protection comply with NFPA 96 requirements? Do you ever serve liquor on premises Is the manual pull for extinguishing system readily accessible? Are there portable fire extinguishing in the kitchen area?	Yes Yes Yes Yes Yes	No No No No No
11.	Are there Laboratories present in the school? Is the laboratory sprinklered? Are fire extinguishers present? Are chemicals stored in a locked area? Is proper safety apparel worn by students (goggles, masks, gloves)?	Yes Yes Yes Yes Yes	No No No No No
12.	Is the public ever invited on premise? If "yes", explain how often and for what purposes:	Yes	No
13.	Do you use volunteers? If "yes", explain how often and for what purposes:	Yes	No
14.	Do you have a medical facility/infirmary and/or dispense medication? Does the facility provide only immediate care/first aid? Does the facility only serve students and employees? Are there only over the counter drugs stored on premises? Are written instructions from parents required prior to dispensing any medications to minors? Is there any overnight care provided?	Yes Yes Yes Yes Yes Yes	No No No No No 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:		
RN	Psychologist	
Physician	Nurse Practitioner	
Dentist	Physical Therapist	
Counselor		
Does the professional carry their own malpractice insurance?	Yes	No
If "yes", who is the carrier and what limits are carried?		
Is medical history and care records kept for each patient?	Yes	No
15. Are there security guards at the school daily?	Yes	No
If "yes", are they armed or have arresting powers?		
Are they employed by the school or are they subcontracted out?	Subcontracted Out	Employed

### Section II – Medical Training Schools

1. Is Medical Malpractice Insurance in place?	Yes	No
If "yes", who is the carrier and what limits are carried?		
2. Is instruction given in blood taking?	Yes	No
3. Do students practice taking blood on other fellow students?	Yes	No
4. Is instruction given on the use of needles, or intravenous application?	Yes	No
5. What is the length of the program?		
6. Is there any type of internship program?	Yes	No
If "yes", please explain:		
7. Does the school offer job placement?	Yes	No
8. Does the school offer job referrals?	Yes	No

### Section III – Cosmetology / Beauty Schools

1. Are all flammable hair solutions and cleaning supplies stored away from heat sources?	Yes	No
2. Are combs and brushes sterilized in between uses?	Yes	No
3. Do students and instructors wear protective gloves or use barrier creams when handling permanent wave preparations to prevent skin irritation and skin disease?	Yes	No

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|----|---|-----|----|
| 4. | Is there adequate ventilation?  | Yes | No |
| 5. | What is the length of the program?  | Yes | No |
| 6. | Is the public ever invited onto the premises?<br>If "yes", please explain:                    | Yes | No |
| 7. | Does the school offer free or discounted services to the public?<br>If "yes", please explain: | Yes | No |
| 8. | Are total receipts from public beauty services 10% or less of the total receipts?             | Yes | No |
| 9. | Are there any operations conducted off premises?<br>If "yes", please explain:                 | Yes | No |

#### Section IV – Culinary Schools

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|-----|--|-----------------|---------------------|--|--|
| 1.  | Type of facility:  | School w/liquor | School w/out liquor |  |  |
| 2.  | Is the school part of a chain or franchise?  | Yes             | No                  |  |  |
| 3.  | Has the school ever been charged with a violation of any board of health regulations?<br>If "yes", please explain:                               | Yes             | No                  |  |  |
| 4.  | Does cooking protection comply with NFPA 96 requirements?  | Yes             | No                  |  |  |
| 5.  | Is there an Automatic fire extinguishing system providing surface protection from all cooking surfaces (griddles, ranges, deep fry and boilers)? | Yes             | No                  |  |  |
| 6.  | Are there metal hoods and ducts covering all cooking surfaces?   | Yes             | No                  |  |  |
| 7.  | Are hoods equipped with removable filters or grease extractors vented to the outside of the building?  | Yes             | No                  |  |  |
| 8.  | Are cooking or heating devices installed with a minimum of 18 inches of safe clearance to combustible walls, ceilings, etc.?                     | Yes             | No                  |  |  |
| 9.  | Is the manual pull for the extinguishing system readily accessible and clearly identified?   | Yes             | No                  |  |  |
| 10. | Are all gas fired cooking equipment and appliances equipped with automatic fuel shut off?  | Yes             | No                  |  |  |
| 11. | Are all deep fat fryers equipped with thermostats that automatically shut fuel off, set to do so at 475 degrees?                                 | Yes             | No                  |  |  |
| 12. | Are there portable fire extinguishers in the kitchen area?   | Yes             | No                  |  |  |
| 13. | Is the public ever invited onto the premises?<br>If "yes", please explain:   | Yes             | No                  |  |  |
| 14. | Does the school offer free or discounted meals to the public?<br>If "yes", please explain:   | Yes             | No                  |  |  |

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| 15. Is there an eating facility on the premises? | Yes | No |
| If "yes", what type:                             |     |    |

**Section V – Driving Schools**

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|---|--|----|
| 1. Is there a maintenance program for all vehicles?   | Yes  | No |
| 2. Are MVRs ordered prior to hiring instructors?  | Yes  | No |
| 3. Are pre-employment drug tests given?   | Yes  | No |
| 4. Describe the garaging facilities:  |  |    |
| 5. Is personal use of covered vehicles strictly prohibited?                                 | Yes  | No |
| 6. Is the owner permitted to take a vehicle home?   | Yes  | No |
| 7. Are any of the driver's personal vehicles used as driver training vehicles?              | Yes  | No |
| 8. Are records kept on all drivers with accidents or violations?                            | Yes  | No |
| 9. Is follow-up action taken as needed?   | Yes  | No |
| 10. Are formal written procedures in place for dealing with driver accidents or violations? | Yes  | No |
| 11. Do all vehicles have dual controls?   | Yes  | No |
| 12. Are all vehicles clearly marked as driver training vehicles?                            | Yes  | No |
| 13. Please provide driver experience as follows:  |  |    |
| Name:   | Years Experienced as a Driving Instructor: |    |
| Name:   | Years Experienced as a Driving Instructor: |    |
| Name:   | Years Experienced as a Driving Instructor: |    |
| Name:   | Years Experienced as a Driving Instructor: |    |
| Name:   | Years Experienced as a Driving Instructor: |    |

**Section VI – Music, Dance & Art Schools**

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|--|-----|----|
| 1. Do the students / school do any traveling?                | Yes | No |
| Are there any overnight trips?                               | Yes | No |
| If "yes", please explain:                                    |     |    |
| 2. Does the school do any performances off site?             | Yes | No |
| If "yes", how often?   |     |    |
| 3. Does the school ever invite the public onto the premises? | Yes | No |
| If "yes", how often?   |     |    |
| Please provide details of the events:                        |     |    |

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|----|---|-----|----|
| 4. | Does the school hold any events that charge a fee?<br>If "yes", please explain:       | Yes | No |
| 5. | Does the school ever contract out their services?<br>If "yes", please explain:        | Yes | No |
| 6. | Is there a theater, auditorium, or stadium on premises?<br>If "yes", please describe: | Yes | No |

**Section VII - Dormitories**

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|-----|--|-----|----|
| 1.  | How many dormitory buildings are owned by your institution?  |     |    |
| 2.  | What is the maximum number of stories?   |     |    |
| 3.  | Are the dormitories sprinklered in all areas?  | Yes | No |
| 4.  | Is each room equipped with hard-wired smoke detectors?   | Yes | No |
| 5.  | Are any of the following allowed in dorm rooms:  |     |    |
|     | Incense burners                      Space Heaters                      Microwaves                             |     |    |
|     | Hot Plates                                  Candles                                  Toasters or toaster ovens |     |    |
| 6.  | Does the dorm have a no smoking policy?  | Yes | No |
| 7.  | How many means of egress does each building have?  |     |    |
| 8.  | Are there emergency procedures in place including evacuation?  | Yes | No |
| 9.  | Is emergency lighting provided in the stairwells and hallways?   | Yes | No |
| 10. | If dorms are coed, are boys and girls housed on the same floor?  | Yes | No |
| 11. | Are staff members present in the dorms on all nights when students are?  | Yes | No |
| 12. | Is there a scheduled security patrol for each building?  | Yes | No |

**Section VIII – 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?  | Yes | No |
|    | If Yes, do you routinely request and receive such background investigations?  | Yes | No |
|    | Are Federal <u>and</u> 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 |

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|-----|---|-----|----|
| 5.  | Do you have written procedures dealing with sexual abuse?<br>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 clients, both on and off premises?   | Yes | No |
| 7.  | Does the school have a Sexual Awareness Program for students?   | Yes | No |
| 8.  | Does the school have 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?<br>If "yes", please describe the incident:<br>Was a claim made against the organization?<br>Was the case settled?<br>Was the case taken to trial?<br>How much money was paid in damages to the victim? \$ | Yes | No |
| 10. | Regarding coverage for Abuse & Molestation, does your current insurance program:<br>Exclude coverage?<br>Limit Coverage?<br>If "yes", please indicate limit of liability: \$<br>Neither excludes nor limits coverage?   | Yes | No |

## 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)