

9. List all **Named** Insureds and their interests:
Note: The First Named Insured requires common / majority ownership of each Named Insured. If not, please explain.

Explanation:

SECTION II - GENERAL LIABILITY

1. Annual number of attendees (all events): Total seating capacity:
 Annual payroll: \$ Number of employees:

Sales / Receipts:

- | | | | |
|----|---------------------------|----|-----------|
| a. | Food / Restaurant: | \$ | |
| b. | Liquor: | \$ | |
| c. | Gift shop: | \$ | Describe: |
| d. | Parking: | \$ | |
| e. | Other: | \$ | Describe: |

2. Please specify who has responsibility for the following game day operations:
- | | Owner | Insured | Sub-Cont. | Other (describe) |
|--|-------|---------|-----------|------------------|
|--|-------|---------|-----------|------------------|

- | | | | | |
|---|--|--|--|--|
| a. Facility maintenance | | | | |
| b. Food concessions | | | | |
| c. Liquor | | | | |
| d. Gift shop | | | | |
| e. Parking | | | | |
| f. Security (complete Section V if Applicant) | | | | |
| g. First aid | | | | |
| h. Fireworks / Pyrotechnics | | | | |
| i. Inflatables / Amusement devices | | | | |
| j. Off premises catering / events | | | | |

Explain all other answers below:

3. Player Status: Are players:
- | | Employed
By Team | Independent Contractors
By League | | |
|---|---------------------|--------------------------------------|-----|----|
| If employed: | | | | |
| Are all players covered by Workers Compensation? | | | Yes | No |
| If not covered by Workers Compensation, are players covered by separate accident medical? | | | Yes | No |
| If yes, what is accident/medical limit carried? | | | | |

4. Regarding contracts and certificates of insurance with sub-contractors.

- a. Is the Indemnification / Hold harmless wording in favor of:
- b. Is the additional insured status in favor of:
- c. Minimum insurance limits of \$1,000,000:
- d. Is a certificate of insurance required:

Insured	Sub-cont.	Mutual	Neither

5. Any self-promoted or co-promoted events? Yes No
(If yes, provide a schedule)

6. Are any other child care services provided? Yes No
 If yes, provide details:

7. Does the Applicant conduct camps / clinics: Yes No
 If so, limit of Participant Accident coverage in place: \$

8. Additional Insureds: Please list including their relationship to the Named Insured:

Name	Address	Relationship

9. **Coverage limits requested:**

- Each Occurrence / Each Claim Limit: \$
- General Aggregate \$
- Products / Completed Operations Aggregate \$
- Personal / Advertising Injury \$
- Damage to Premises Rented to You \$
- Liquor liability \$

- Stop Gap \$
- States: Payroll by State:
- Employee Benefits Liability \$
- Number of employees
- Employed benefits administrator? Yes No
- Current carrier: Limit: \$
- Retroactive date:
- Other: (specify) \$
- Other: (specify) \$

- Deductible: \$
- Self-Insured Retention: \$ Self-Funded Retention: \$
- Current Third Party Administrator (if applicable):

SECTION III - LIFE SAFETY

1. Is facility sprinklered? Yes No Percent sprinklered: %

- | | | | |
|-----|---|-----|---------------------|
| 2. | Central station fire alarm? | Yes | No |
| | Central station burglar alarm? | Yes | No |
| | Surveillance cameras? | Yes | No |
| 3. | Cooking facilities on premises? | Yes | No |
| | If yes, 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: |
| 4. | Are there Automated External Defibrillators (AEDs)? | Yes | No |
| | If yes, are staff members trained to use them? | Yes | No |
| 5. | How many means of egress: | | |
| | Are all exits clearly marked? | Yes | No |
| | Are all doors equipped with panic hardware? | Yes | No |
| 6. | Is there backup emergency lighting and / or emergency generators in the event of a power failure? | Yes | No |
| 7. | Does the Applicant have an emergency evacuation plan? (If yes, attach a copy) | Yes | No |
| | Evacuation procedures and floor plans posted? | Yes | No |
| 8. | Are parking lots well lit? | Yes | No |
| | Patrolled by security? | Yes | No |
| 9. | Date of last major construction on facility (structural): | | |
| 10. | Any structural or major maintenance projects planned during policy term for which the insured is responsible? | Yes | No |
| | If yes, please describe and provide cost of renovations: | | |

SECTION IV - ABUSE AND MOLESTATION

- | | | | |
|----|---|-----|----|
| 1. | Does the Applicant's current insurance program include Abuse and Molestation coverage? | Yes | No |
| 2. | Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? | Yes | No |
| 3. | Does the Applicant verify employment references for employees and volunteers? | Yes | No |
| 4. | Does the Applicant conduct personal interviews? | Yes | No |
| 5. | Are formal written procedures in place for hiring? (If yes, attach a copy) | Yes | No |

- | | | |
|---|-----|----|
| 6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy) | Yes | No |
| 7. Does the Applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? (If yes, attach a copy) | Yes | No |
| 8. Have any incidents resulted in an allegation of sexual abuse? | Yes | No |
| If yes, was the case settled? | Yes | No |
| Was the case taken to trial? | Yes | No |
| Amount paid for damages to the victim: \$ | | |
| 9. Does the Applicant's state allow criminal background checks? | Yes | No |
| If yes, do you run criminal background checks prior to hire for: | | |
| Employees? | Yes | No |
| Volunteers? | Yes | No |

SECTION V - 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 have separate insurance coverage and provide a certificate naming the Insured as Additional Insured with limits equal to or greater than the Insured. | | |
| 3. Number and payroll of employed security personnel | | |
| Unarmed: # | Payroll: \$ | |
| Armed (not including off duty police officers): # | Payroll: \$ | |
| Off duty police officers: # | Payroll: \$ | |
| 4. Sub-contracted security – 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 |

- | | | |
|---|-----|----|
| 7. Are firearm and ammunition approved and inspected by management or the 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?
If yes, provide the type of dogs, number, and describe duties. | Yes | No |

SECTION VI – LIQUOR LIABILITY

- | | | |
|--|-----|----|
| 1. Is liquor license in the Applicant's name?
If no, what is the name on the license and their relationship to the Applicant: | Yes | No |
| Liquor license number:
Class of license: | | |
| 2. Is the liquor service sub-contracted to a Third Party?
If yes, provide limits of liability maintained by the sub-contractor: \$
Is the Applicant listed as Additional Insured under sub-contractors Liquor Liability coverage?
Is contingent Liquor Liability coverage requested by Applicant? | Yes | No |
| 3. Has the Applicant's liquor license ever been revoked or suspended?
If yes, explain: | Yes | No |
| 4. Has the Applicant incurred claims for liquor liability during the last three (3) years? If yes, explain: | Yes | No |
| 5. Has any insurer cancelled or non-renewed coverage during the last three (3) years? If yes, explain: | Yes | No |
| 6. Has the Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator? If yes, explain: | Yes | No |
| 7. Type of beverages sold:
Annual gross sales:
Liquor Sales: \$
Food Sales: \$
Other: \$ | | |

- | | | | |
|-----|---|-------------------|----------------|
| 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 do you 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, explain: | 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
22. Limit of Liquor liability coverage requested: \$

SECTION VII - PYROTECHNICS

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

1. Limit of liability requested: \$1,000,000 Other:
2. Description of events:
3. Location of events:
4. Dates of events:
5. Who is the authority having jurisdiction over the use of pyrotechnics at your facility:
 Local Fire Department State Fire Marshal
 Other: (please list)
6. What permit process must be followed prior to use of pyrotechnics at your facility:
7. Has the Applicant staged pyrotechnic displays before? Yes No
 If yes, list any claims / losses that have occurred and the amount of loss:

Description	Date of Occurrence	Amount of Loss
a)		\$
b)		\$
c)		\$

8. Who will be the pyrotechnics operator: Named Insured Contractor

If operated by Named Insured – please submit to underwriting before completing this submission.

a) Name of Pyrotechnician Contractor:

b) Is there a written 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 | Flashpower | Gerbs | Integrals Mortars |
| Mines | Mortars | Rockets | Saxons |
| Wheels | Salutes | Waterfall, Falls, Park Curtains | |
| Other, please list: | | | |

SECTION VIII - 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 spectator 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 you 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 |

SECTION IX - 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 |

SECTION X - 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 own personal vehicle:
 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."

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,

COMMITTS 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 COMMITTS 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 APPLICION 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 CEO**)

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)