

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 event day operations:

- | | <u>Owner</u> | <u>Insured</u> | <u>Sub-Contract</u> | <u>Other (describe)</u> |
|---|--------------|----------------|---------------------|-------------------------|
| a. Facility maintenance | | | | |
| b. Food concessions | | | | |
| c. Liquor | | | | |
| d. Gift shop | | | | |
| e. Parking | | | | |
| f. Security (complete page 5- 6 if Applicant) | | | | |
| g. First Aid | | | | |
| h. Fireworks / Pyrotechnics | | | | |
| i. Inflatables / Amusement devices | | | | |
| j. Off premises catering / events | | | | |
- Explain all "Other" answers below:

3. Regarding contracts and certificates of insurance with sub-contractors and tenants.

- | | Insured | Sub/Tenant | Mutual | Neither |
|--|----------------|-------------------|---------------|----------------|
| 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? | | | | |

- | | | |
|--|-----|----|
| 4. If temporary seating, type:
Inspected prior to each event? | Yes | No |
| 5. Any self-promoted or co-promoted events? (if yes, provide a schedule) | Yes | No |
| 6. Are any other child care services provided?
If yes, provide details: | Yes | No |

7. **Coverage limits requested:**

- | | |
|---|----------------------|
| | Limit: |
| Each Occurrence / Each Claim | \$ |
| 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:\$

LIFE SAFETY

- | | | | |
|-----|--|-------------------|----------------|
| 1. | Is there a risk manager on premises? | Yes | No |
| 2. | Sprinklered?
Percent sprinklered: % | Yes | No |
| 3. | Central station fire alarm?
Central station burglar alarm?
Surveillance cameras? | Yes
Yes
Yes | No
No
No |
| 4. | Cooking facilities on premises?
If yes, automatic extinguishing system over deep fat fryers, grills and stoves?
How often are hood / ducts cleaned?
By whom? Insured Sub-contractor
If by sub-contractor, how often are they serviced? Date last serviced? | Yes
Yes | No
No |
| 5. | Do you have Automated External Defibrillators (AEDs)?
If yes, are staff members trained to use it? | Yes
Yes | No
No |
| 6. | How many means of egress?
Are all exits clearly marked?
Are all doors equipped with panic hardware? | Yes
Yes | No
No |
| 7. | Do you have backup emergency lighting and / or emergency generators in the event of a power failure? | Yes | No |
| 8. | Do you have an emergency evacuation plan? (If yes, attach a copy)
Evacuation procedures and floor plans posted? | Yes
Yes | No
No |
| 9. | Are parking lots well lit?
Patrolled by security? | Yes
Yes | No
No |
| 10. | Date of last major construction on facility (structural): | | |
| 11. | Any structural or major maintenance projects planned during policy term?
If yes, please describe and provide cost of renovations: | Yes | No |

5. Total maximum hours per day permitted at this and all other places of employment:
Total maximum hours per week:
6. What are the staffing guidelines per number of patrons?
Are the guidelines determined by:
- | | | |
|--------------------|-----|----|
| Ordinance? | Yes | No |
| Statute? | Yes | No |
| Industry standard? | Yes | No |
| Other: (describe) | | |
7. Is there a procedure to immediately report all incidents to the facility manager?
If yes, describe:
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
8. Does the supervisor make personal contact with each security person at least once during each shift?
If yes, describe:
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
9. Does the procedure include contacting previous employers over the previous five (5) years?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
10. Does the Applicant contact at least three (3) personal references?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
11. Is completion of a minimum twenty (20) hours initial training program required before deployment?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
12. Who conducts the training and what are the trainer's qualifications:
13. Is a minimum of ten (10) hours on-site training required?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
14. Is a minimum of four (4) hours of annual refresher or continuing education training planned and conducted for each security employee?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
15. Is each security person given a personal copy of the training / safety manual?
If yes, has each security person given management a written acknowledgment of the policies and contents?
- | | | |
|--|-----|----|
| | Yes | No |
| | Yes | No |
- NOTE: PLEASE INCLUDE A COPY OF THE MANUAL AND A SAMPLE OF THE WRITTEN ACKNOWLEDGEMENT.**

ARMED SECURITY EMPLOYEES:

1. Are the security personnel in uniform?
 If yes, describe the uniform:
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
2. Are the security personnel identified by anything other than a uniform?
If yes, describe the identification and include an example or photograph.
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

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 night stick 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:
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? Yes No
If yes, provide the type of dogs(s), number, and describe duties.

LIQUOR LIABILITY

1. Is the liquor license in the Applicant's name? Yes No
If no, what is the name on the license and their relationship to the insured:

Liquor license number:
Class of license:
2. Is the liquor service sub-contracted to a third party? Yes No
If yes, provide limits of liability maintained by the sub-contractor:
Is the Applicant listed as additional insured under sub-contractors Liquor liability coverage? Yes No
Is contingent Liquor liability coverage requested by Insured? Yes No
3. Has the Applicant's liquor license ever been revoked or suspended? Yes No
If yes, explain:
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(specify): \$
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 or servers used?
 Are they professional servers? Yes No
 Explain:
 Are they volunteer servers? Yes No
 Explain:
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?	Yes	No
Are undercover police officers present?	Yes	No
Are private security officers present?	Yes	No
Average number of officers present at site:		

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: \$

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)

What permit process must be followed prior to use of pyrotechnics at your facility?

6. Have you staged pyrotechnic displays before? Yes No

f) Do you allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? Yes No

If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists you as an additional insured?

If no, does the tenant lease / use agreement indicate that pyrotechnic displays are not permitted? Yes No

g) Are events with pyrotechnics held: Indoor Outdoor

h) What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?

Aerial Shells	Airbursts	Black Powder	Comets
Concussion Effects	Concussion Mortars	Electric Matches	Flares
Flash Pots	Flashpower	Gerbs	Integrals Mortars
Mines	Mortars	Rockets	Saxons
Wheels	Salutes	Waterfall, Falls, Park Curtains	
Other, please list:			

OUTDOOR PYROTECHNICS

(only complete if outdoor pyrotechnic displays are staged)

- | | | |
|--|-----|----|
| 1. Are the events in compliance with NFPA 1123 or 1126? (Code for fireworks display) | Yes | No |
| 2. Is there fencing to keep spectators away from restricted areas during the fireworks shooting?
If yes, distance of 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 |

INDOOR PYROTECHNICS

(Only complete if indoor pyrotechnic displays are staged)

- | | | |
|--|-----|----|
| 1. Are the events in compliance with NFPA 1126? (Standard code for the use of pyrotechnics before a proximate audience)? | Yes | No |
| 2. Is the facility sprinklered? | Yes | No |
| 3. What other form of fire fighting equipment is available at the facility? | | |

- | | | | |
|----|---|-----|----|
| 4. | Does the facility have an emergency evacuation plan?
If yes, how often is the staff drilled on emergency evacuation? | Yes | No |
| 5. | Number of accessible (not locked) emergency exits at the facility: | | |
| 6. | What steps are taken to inform patrons of the locations of all emergency exits? | | |
| 7. | Maximum capacity of the facility: | | |
| 8. | Has the fire marshal approved the use of pyrotechnics at the facility?
If yes, as of what date: | Yes | No |

HIRED & NON-OWNED AUTO

- | | | | |
|----|--|-----|----|
| 1. | Does the Applicant have any owned automobiles?
NOTE: If insured has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested. | Yes | No |
| 2. | Does the Applicant allow employees to use their own personal vehicles for your business purposes?
If yes, how many employees use their own personal vehicles?
If yes, how often? Daily Weekly Monthly Other: | Yes | No |
| 3. | Does the Applicant obtain Motor Vehicle Reports?
If yes, how often? Annually Every other year Other: | Yes | No |
| 4. | Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?
If yes, what minimum limits are required? | Yes | No |
| 5. | Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$ | | |
| 7. | Is hired auto physical damage required?
If yes, what is the maximum value of hired vehicle you would like insured? \$
NOTE: Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided. | 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 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.

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)