



MUSEUMS & CULTURAL INSTITUTIONS SUPPLEMENT

Named Insured:

Effective Date:

Web site Address:

Billing Contact Information:

Inspection Contact Information:

Please attach the following:

- ACORD Application (for all lines of coverage to be written)
- Statement of Values (for blanket and/or agreed value)
- Recent Appraisal for historic buildings and/or collections
- Loss Runs (current year plus 3 years)
- Financial Statement
- Schedule of collections

SECTION I – GENERAL INFORMATION

1. Type of museum:
2. Full description of operations:

3. Average number of visitors annually:
4. Professional organization memberships:
5. Are you accredited? Yes No
If yes, by whom?
6. Please list hours of operations:
7. Do you have a formal safety program in place? Yes No
8. Do you have a written emergency evacuation plan in place? Yes No

SECTION II - PROPERTY

In addition to completing the ACORD application, please answer the below questions regarding specific exposures.

1. Are there any buildings that are over 20 years old? Yes No
If yes, please complete the below.
2. Construction type:

Frame	Masonry Non-Combustible	Non-combustible
Joisted Masonry	Modified Fire Resistive	Fire Resistive
3. Date of purchase: Age of Structure:
4. Is this a historic landmark building? Yes No
If yes, please complete the Historic Building section below.
5. Please describe any current renovations:

6. Date of renovation: Cost of renovation: \$
7. Was the work performed by a General Contractor? Yes No
8. What was the length of the renovation? Start: Complete:

9. If built prior to 1980, has an asbestos survey been conducted? Yes No
10. Electrical Updates:
- a) Type of Wiring: BX Cable Romex Aluminum Conduit
Circuit Breakers Fuses Both
- b) Amperage Rating: 100 150 200
- c) Has any re-wiring been done since the original construction? Yes No
- d) Date completed:
11. If the property has Aluminum wiring, has it been retrofitted with one of the PIC approved connectors by a licensed electrician (indicate which one)?
COPALUM? Yes No AlumiConn? Yes No
Date updated:
Please supply retrofit documentation or statement from installing contractor.
12. Heating & Cooling:
- a) What type of heating/cooling system is used in the building?
- b) Primary: Wall Furnace Electric Gas Heater
Floor Furnace Forced Air Wood Stove
- c) What type of fuel is used?
- d) Secondary: Wood Stove Gas Heater Electric Space Heater
Other:
- e) Has the entire original heating/cooling system or furnace been replaced? Yes No
- f) Date completed:
13. Do you have exhibits or displays requiring specialized equipment to regulate relative humidity, temperature or lighting? Yes No
If yes, please explain.
14. Plumbing:
- a) Pipes are: Copper Galvanized Plastic Other:
- b) Age of hot water system:
- c) Has any re-plumbing been done since the original construction? Yes No
If yes, to what extent?
- d) Date completed:
15. Type of Roof: Title Composition Wood/Shake Comp Shingle
Other:
- a) Age of roof:
- b) Has the roof been entirely replaced? Yes No
Date completed:

Historic Buildings:

	Loc & Bldg	Loc & Bldg	Loc & Bldg
Is this building listed on the National Historic Register?			
Are replacement building materials available locally?			
Will local ordinances allow the building to be rebuilt at the same location?			
Has the building been completely restored?			
If not, what percentage of the building has been restored?			
What is the anticipated completion date for the restoration?			
Is the building currently under construction?			
If yes, what percentage of the building is under construction?			
Is the building ADA compliant?			
Is the building also a private home, hotel or inn?			
If someone lives on the premises full time, do they have a separate homeowner's insurance policy?			

SECTION III - COLLECTIONS

	Loc #1	Loc #2	Loc #3
Premises type			
PERMANENT COLLECTIONS:			
Limit of Insurance			
Deductible			
Total Values			
Average Value Per Item			
Maximum Value Per Item			
TEMPORARY COLLECTIONS:			
Limit of Insurance			
Deductible			
Total Values			
Average Value Per Item			
Maximum Value Per Item			

1. Collections on loan from others:
 - a) Who is responsible for the insurance while property is in transit?
 - b) Who is responsible for the insured while at the insured's premises?
 - c) Are the packers trained in property packing methods for valuable items? Yes No
2. Collections loaned to others:
 - a) Who is responsible for the insurance while property is in transit?
 - b) Who is responsible for the insured while at the insured's premises?
 - c) Are the packers trained in property packing methods for valuable items? Yes No
3. Are there temperature and humidity controls in the exhibition galleries and storage areas? Yes No
4. Are all collectibles, fine arts, rare books, manuscripts, etc. catalogued, photographed or video taped? Yes No
5. Are all important records & documents kept in fire-resistant safes with duplicates kept off-premises? Yes No
6. Are all film collections on cellulose nitrate film stored in fire resistive vaults? Yes No
7. Temporary Collections:
 - a) Are written agreements obtained for all collections loaned to you? Yes No
 - b) Do the agreements specify who is responsible for damage and insurance? Yes No
 - c) Is valuation agreed upon for a total loss? Yes No Partial Loss? Yes No
 - d) Is the condition of each collection documented upon receipt? Yes No
 - e) Do you make a photographic record of objects within all temporary collection? Yes No
8. Permanent Collection:
 - a) Are your permanent collections fully inventoried? Yes No
 - b) Date values were last updated:

SECTION IV – TRANSIT EXPOSURE

1. Limit of Insurance: \$ Deductible: \$
2. Type of shipping? Owned vehicles % Air %
Carriers % Registered Mail %
3. Name of carriers:
4. What percentage of the value of the items is declared to carriers for hire? %
5. Who is responsible for packing and unpacking?
6. Are collections shipped outside the U.S. Yes No

SECTION V – GENERAL LIABILITY

- | | | | |
|-----|--|--|----|
| 1. | Is the staff required to report all incidences to management that may result in a claim? | Yes | No |
| 2. | Are written records of all incidences kept by management? | Yes | No |
| 3. | Are all incidences reviewed? | Yes | No |
| 4. | Do you have volunteer workers? | Yes | No |
| | a) What is the average number of volunteers daily? | | |
| | b) Describe their duties: | | |
| 5. | Does the insured have security guards? | Yes | No |
| | a) Are they armed? | Yes | No |
| | b) Are they provided by an independent contractor? | Yes | No |
| 6. | If contracted professionals are used, does the insured require them to sign a hold harmless or indemnification agreement? | Yes | No |
| | If yes, please attach a copy of standard agreement. | | |
| | a) Are certificates of insurance required and kept on file for those contracted professionals? | Yes | No |
| | If yes, what are the minimum limits of liability required? | | |
| 7. | Do you perform any conservation or restoration work for others? | Yes | No |
| | If yes, please describe: | | |
| 8. | Please indicate if you have any of the following exposures: | | |
| | Theater: Type: | Number of annual admissions: | |
| | Aquarium: Dimensions: | Types of fish: | |
| | Children's camp: Dates of Operations: | Number of children attending annually: | |
| | Concerts: Type: | Number & Frequency: | |
| | Lectures: Type: | Number & Frequency: | |
| | Reflecting pool, wishing wells, lakes, fountains, ponds: | Type: | |
| | Are signs posted warning visitors not to enter or touch the water? | Yes | No |
| | Animals: Type: | | |
| | Can the animals be handled by visitors? | Yes | No |
| 9. | Are all hands-on exhibits inspected daily to check for broken pieces or malfunctions? | Yes | No |
| 10. | Are there guided tours of the museum? Always Special Groups only | | |
| 11. | Do school groups require chaperones to stay with the children at all times? | Yes | No |
| | If no, please describe supervision: | | |
| 12. | Do you have a gift shop? | Yes | No |
| | a) Annual gross receipts: \$ | | |
| | b) Describe the items that are sold: | | |
| | c) Is the shop operated by an independent contractor? | Yes | No |
| | d) Are hold harmless agreements and certificates of insurance obtained from the contractor and all suppliers or licensees? | Yes | No |
| 13. | Do you have a restaurant or cafeteria? | Yes | No |
| | a) Annual Gross Receipts: \$ | | |

SECTION VI – SPECIAL EVENTS

- | | | |
|--|-----|----|
| 1. Do you rent the premises to others for events such as wedding and parties? | Yes | No |
| a) Type and number of events annually: | | |
| b) Is a member of the museum's staff present at all times? | Yes | No |
| 2. Is liquor served? | Yes | No |
| a) Is catering by an outside company provided to serve the liquor? | Yes | No |
| b) Are they trained in TIPS? | Yes | No |
| c) Are hold harmless agreements and certificates of insurance obtained from all lessees and suppliers? | Yes | No |
| 3. Are any special events for fundraising or education purposes organized, promoted or sponsored by you? | Yes | No |
| a) Please list the dates and types of events held: | | |
| b) Are they on your premises? | Yes | No |
| c) Are hold harmless agreements and certificates of insurance obtained from other sponsors, promoters or organizers? | Yes | No |
| 4. Do you plan any special exhibitions or events that would generate an unusually large number of visitors? | Yes | No |
| If yes, please describe: | | |

SECTION VII – ABUSE AND MOLESTATION

- | | | |
|--|-----|----|
| 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 |
| 3. Do you verify employment related references? | Yes | No |
| 4. Do you conduct a personal interview? | Yes | No |
| 5. Do you have written procedures for dealing with sexual abuse? | Yes | No |
| If yes, please attach a copy. | | |
| 6. Has your organization ever had an incident which resulted in an allegation of sexual abuse? If yes, please explain below. | Yes | No |
| a) Was a claim made against the organization? | Yes | No |
| b) Was the case settled? | Yes | No |
| c) Was the case taken to trial? | Yes | No |
| d) How much money was paid as damages to the victim? | | |
| 7. Regarding coverage for abuse & molestation, does your current insurance program: | | |
| Exclude Coverage | | |
| Limit Coverage (please indicate limit of liability) \$ | | |

Please write all comments regarding above answers below:

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? If yes, please attach details. Yes No
- 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. Is any reduction of employees or change of status anticipated in the next year?
Voluntary: Involuntary: Layoffs:
3. Does the Applicant have an employment handbook? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advise? 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:

- 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:

- 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:

- 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.

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)