



ZOOLOGICAL SUPPLEMENTAL APPLICATION

PIIC Producer:
Broker:

SUBMISSION REQUIREMENTS

- Currently valued, carrier-generated Loss Runs for the current year and the three prior years
- Financial Statement – Current and prior year

ACCOUNT INFORMATION

Applicant Name:
Address:
Web Site: www. E-Mail Address:

Effective Dates Requested:
Nature of Business / Description of Operations / Events:

Insured is: Corporation Partnership Joint Venture Other:
Estimated number of events:

1. Type of Institution: Zoological Park Wildlife Park
2. Institution is: For Profit Non Profit
3. Additional Insureds Requested (subject to underwriting approval)

Name:	Relationship to Insured:

4. Is your current program: First Dollar? Self Insured Retention?
If Self Insured what is your Retention Limit? \$
Insurance Limit: \$
Insurance Company:
Attach four years loss history (including current year).

5. Attendance:
Average Daily Attendance:
Maximum Daily Attendance:
Total Annual Attendance:

- | | | | |
|----|---|----------------|---------------|
| B. | Educational (check, if any): | On Premises | Off Premises* |
| | Lectures | Tours | |
| | School Presentations | Demonstrations | |
| | College Work / Class Research Program | Docent Program | |
| | * Describe any off-premises activities including live wildlife exhibitions: | | |

- | | | |
|----|---------------------------|----------------------------|
| C. | Research | |
| | Separate Research Library | Formal Research Project(s) |
| | Describe: | |

D. Special Events / Activities / Attractions

- | | | |
|--------------------|----------|--------------------|
| Fireworks Displays | Concerts | Other Performances |
| Describe: | | |

Parking Lot Events
Describe:

Special Functions (social, political events, etc. – Attach Schedule)
Describe:

Holiday or Other Seasonal Promotions
Describe:

Publications
Describe:

Fund Raisers
Describe:

Mechanical Rides (carnival / amusement)
Describe:

Animal Rides
Describe:

Water Rides:
Describe:

Habitat Rides
Describe:

Animal Mascot Loans
Describe:

Petting Zoo

Feeding Permitted?

Yes

No

Playground
Describe:

Other
Describe:

9. Hours of Operation:

In Season: to

Off Season: to

Describe off-season activities or promotions:

10. Institution Opening Date:

Closing Date:

11. Total Acres (off main zoo premises):

Parking Spaces:

12. Professional Affiliations

A. Is the institution a member of the American Zoo and Aquarium Association?

Yes

No

B. Is the institution accredited by the AZA?

Yes

No

13. Compliance

A. Does the institution comply with:

1. All local fire codes?

If "no", explain:

Yes

No

2. All local, state and federal regulations?

If "no", explain:

Yes

No

- B. Does the facility comply with the Animal Welfare Act, Part 3 – Standards Subparts D, E, and F as respects the following?
1. Facilities and Operation Standards
 - a. Facilities – General Yes No
 - b. Facilities – Indoor Yes No
 - c. Facilities – Outdoor Yes No
 - d. Primary Enclosures Yes No
 - e. Space Requirements Yes No

 2. Animal Health and Husbandry Standards
 - a. Feeding Yes No
 - b. Watering / Water Quality Yes No
 - c. Sanitation Yes No
 - d. Employees or Attendants Yes No
 - e. Classification and Separation Yes No
 - f. Veterinary Care Yes No
 - g. Handling Yes No

 3. Transportation Standards
 - a. Consignments to Carriers and Intermediate Handlers Yes No
 - b. Primary Enclosures used to Transport Live Non-Human Primates Yes No
 - c. Primary Conveyance (Motor Vehicle, Rail, Air, Marine) Yes No
 - d. Food and Water Requirements Yes No
 - e. Care in Transit Yes No
 - f. Terminal Facilities Yes No
 - g. Handling Yes No

A complete explanation must be given for any “NO” answer (attach sheet if necessary):

- C. Attach copies of:
1. All licenses, including:
 - USDA Registered Exhibition License License #:
 - USDA Licensed Exhibitor and any other required USDA Licenses

 2. Most current USDA Inspection Report
- D. Are any staff members under investigation for alleged violation of any wildlife regulations? Yes No
 If “yes”, explain:

14. Security

- A. Number and type of personnel:

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full – Time						
Part – Time						

B. Are all the applicant's security guard employees licensed by the State as a security guard? Yes No
If "no", explain:

C. Are background investigations and checks conducted on all employees who perform security duties? Yes No

If "yes", mark appropriate box:

Criminal Background Checks	Previous Employer	Motor Vehicle Report
Fingerprints	Drug Screening	Personal Reference
Background Cleared Prior to Hire	Other:	

What firearm training is required for armed security employees?

Does applicant have a formal training program for security employees? Yes No
If "yes", explain or attach a copy of training manual.

D. Describe after-hours and off-season security plans:

E. Are tranquilizer guns or dart guns loaned or taken off premises at any time? Yes No
If "yes", describe:

F. Describe any alarm system present, including burglary or theft prevention measures:

G. Are guard dogs used? Yes No
If "yes", explain procedure:

Provide the number of dogs to be used in your security operations:

15. Enclosure System

A. Describe the primary enclosure systems for all habitats including patron separation distance / height (attach sheet if necessary):

B. Describe the general minimum specifications for all other primary enclosures:

C. Describe the secondary enclosure system (premises perimeter fencing, etc.)

D. Is there a separate performance area for animal acts? Yes No
If "yes", describe the type of animals involved and how they are transferred to and from performance areas:

E. Detail any breaches of any enclosure systems within the past five years:

16. Employees

A. Number of employees: Full – Time Part - Time
If volunteers are used, explain their responsibilities:

B. Explain Employee Training Methods:

17. Loaned Animals:

A. Describe the written policy regarding loans to others (attach copy).

B. Describe the written policy regarding loans to the institution (attach copy).

C. Describe non-owned animals exhibited at the institution:

18. Animal Waste Treatment / Disposal

A. Explain the procedures for waste removal, treatment and / or disposal:

B. Are all waste treatment / disposal permits obtained and ordinances complied with? Yes No
If "no", explain in detail:

19. Is "Hands On" activity for any of the following permitted:
- | | | |
|---|-----|----|
| A. Poisonous snakes (except employee handlers)? | Yes | No |
| B. Adult male elephants (over the age of 10)? | Yes | No |
| C. Horned Animals? | Yes | No |
| D. Primates? | Yes | No |
| E. Off-premises exhibitions? | Yes | No |
- Explain all "Yes" answers in detail, including safety measures used:

ADDITIONAL INFORMATION – Please include copies of:

- | | |
|--|---|
| • Institution Map / Diagram | • All Licenses Permits |
| • Animal Loan Agreement | • Venomous Animal Injury Plan |
| • Sample copies of all contracts, including those described in the application | • Detailed 4-Year Loss Summary (including current year) |
| • Animal Acquisition / Disposal Plan | • Employee Training Manual |
| • Amusement / Carnival Ride Description | • Patron / Employee Emergency Evacuation Plan |
| • Institution Schedule, including Special Events, Promotions, Exhibitions | • Animal Recapture Plan |
| | • Liquor License (if alcoholic beverages are sold) |

ABUSE AND MOLESTATION	N/A
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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. A. Does your state permit you to do criminal background investigations? | Yes | No |
| B. 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? 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. A. Has your organization ever had an incident which resulted in an allegation of sexual abuse? If "yes", please describe below. | Yes | No |
| B. Was a claim made against the organization? | Yes | No |
| C. Was the case settled? | Yes | No |
| D. Was the case taken to trial? | Yes | No |
| E. How much money was paid as damages to the victim? \$ | | |
| 8. Regarding coverage for abuse & molestation, does your current insurance program: | | |
| A. Exclude coverage | | |
| B. Limit coverage (please indicate limit of liability.) \$ | | |
| C. Neither exclude nor limit coverage. | | |
| 9. Please indicate age range of clients:
Remarks: | | |

LIQUOR LIABILITY

N/A

1. Liquor License Name:
2. Liquor License Number:
3. Class of License:
4. Is coverage for a specific event? Yes No
5. Opening and Closing Hours of event(s) (for each event):
6. Opening and Closing Hours of alcoholic beverage sales for each event:
(Must cease a minimum of ½ hour before event closing):
7. Has your alcoholic beverage license ever been revoked or suspended?
If "yes", explain: Yes No
8. Have you had any occurrences that have arisen out of the sale of any alcoholic beverage?
If "yes", explain: Yes No
9. Has your liquor liability insurance been canceled or non-renewed in the last 3 years?
If "yes", explain: Yes No
10. Have you ever been fined by alcoholic beverage control or other governmental regulator?
If "yes", explain: Yes No
11. Type of alcoholic beverages sold: What proof? %
12. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

- | | | | | |
|-----|----|--|-----|----|
| 13. | A. | Are patrons allowed to carry alcoholic beverages onto the premises?
If "yes", what type? | Yes | No |
| | B. | Number of servers used: | | |
| | C. | Professional? (2 years bartender experience or more?)
Explain: | Yes | No |
| | D. | Non-professional? (No bartender experience)? | Yes | No |
| | E. | Do all servers receive any type of formalized alcohol awareness training?
If "yes", explain who provides and are copies of certificates available? | Yes | No |
| | F. | Does your training include the following: | | |
| | | 1. Identify underage drinkers and false ID's? | Yes | No |
| | | 2. Recognize intoxicated customers? | Yes | No |
| | | 3. How to handle intoxicated persons and recording of incidents? | Yes | No |
| | | 4. Understand liability associated with Liquor claims? | Yes | No |
| 14. | | Are the alcohol sales and consumption contained by fencing within one fixed site or are booths / stands located throughout the event site (at each event)? | Yes | No |
| 15. | | If site is completely enclosed, are minors allowed to enter? | Yes | No |
| 16. | | At what location are ID's checked and how often? | | |
| 17. | | In what size container are alcoholic beverages served?
Glass / Cup oz. Pitcher oz. Other: | | |
| 18. | | Is there a limit placed on the quantity of alcoholic beverages purchased at one time?
Explain: | Yes | No |
| 19. | | Is there any type of designated driver program in effect? | Yes | No |
| 20. | | Are rules and regulations clearly displayed for patrons' viewing?
Explain: | Yes | No |
| 21. | | Is there any other liquor Liability coverage being provided? | Yes | No |
| 22. | | Liability Limits Requested: \$ Per occurrence \$ Aggregate | | |

NON-OWNED / HIRED AUTOMOBILE	N/A
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- | | | | |
|----|--|-----|----|
| 1. | Do you have a Business Auto policy for owned autos?
If "yes", can coverage be obtained under your Business Auto Policy?
If "no", please explain: | Yes | No |
| | | Yes | No |

NON-OWNED LIABILITY

- | | | | |
|----|---|-----|----|
| 1. | Do employees or volunteers routinely use their autos for company business?
If "yes", please provide details regarding duties involved: | Yes | No |
| 2. | Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their auto? | Yes | No |
| 3. | Do you run motor vehicle reports on each employee? | Yes | No |
| 4. | Please explain what other controls you have in place to protect your company's liability. | | |
| 5. | Number of Employees: _____ Volunteers: _____ | | |

HIRED AUTO LIABILITY

- | | | | |
|----|--|------|------|
| 1. | During the last three years, have you leased, borrowed or hired any vehicles for your business? | Yes | No |
| 2. | If you anticipate some usage this year:
A. What type of vehicles (trucks, cars, buses)?
B. What is the estimated cost to lease or hire the vehicles? | | |
| 3. | When leasing, hiring or borrowing, are the vehicles used to:
A. Transport participants, volunteers or staff only?
If "yes", how many?
For how long?
B. Haul Equipment
If "yes", please explain and identify frequency and distance traveled per trip: | Yes | No |
| 4. | If using buses or vans, please answer each of the following:
A. Maximum number of passengers each vehicle carries:
B. Distance traveled per trip:
C. How long the vehicles will be used:
D. Year Built:
E. Cost New: \$ | | |
| 5. | Does the leasing company provide drivers or do you use your own? | | |
| 6. | Do you purchase liability insurance from the leasing company? | Yes | No |
| 7. | Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds?
If "yes", please explain: | Yes | No |
| 8. | What is the estimated annual cost to hire / lease all vehicles? \$ | | |
| 9. | Do you hire vehicles for more than or less than 30 days for any one time?
If more than 30 days, vehicles should be scheduled. | More | Less |

HIRED AUTO PHYSICAL DAMAGE

1. What types of vehicles have you leased or do you intend to lease (Make / Model / Size)?

2. What is the highest value vehicle you have leased or intend to lease? \$
3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? Yes No
4. What is the maximum number of vehicles leased at one time?
5. Please provide the garage location of the vehicles (city and state):

6. Requested Comprehensive Deductible: \$ Collision Deductible: \$

LIST OF DRIVERS – Please provide the following information for each driver:

Name	Birth Date	Driver's License No.	State Licensed

LEASED VEHICLES

If leased, what is the term of the lease?

Vin #	Year	Make	Model	New Cost	Garage Location (City and State)

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

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 and for the purposes of the Directors & Officers Liability and Employment Practice Liability coverage.

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)