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## **GYMNASTICS FACILITIES APPLICATION**

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**SECTIONS I AND II MUST BE COMPLETED FOR ALL SUBMISSIONS**

- For Abuse and Molestation coverages, complete Section III
- For Day Care Centers or Inflatables, complete Sections IV and/or V
- For Rock or Climbing Walls or Martial Arts, complete Section VI and/or VII
- For Birthday Parties, Camps or Cheerleading, complete Section VIII, IX or X
- For Swimming Pools, complete Section XI
- For Hired and Non-Owned Auto coverage, complete Section XII

**SUBMISSION REQUIREMENTS**

- Complete ACORD Property, Auto and Umbrella Liability if coverages requested
- Evidence of Participant Accident coverage
- Standard Accident Waiver for Participants
- Complete event schedule for special events or competitions sponsored by you.
- Latest Annual Financial
- Currently valued insurance company loss run for the current policy period plus three (3) prior years
- Emergency Evacuation Plan
- Copy of Safety Program including Rules and Procedures
- Sample Equipment Inspection Checklist

**SECTION I – GENERAL INFORMATION**

1. Applicant Name:

2. Mailing Address:

Physical Address:

3. Contact person:  
Website address: www.

Telephone:  
E-mail address:

4. Business type:	Corporation	Partnership	Individual
	Non-Profit	Governmental entity	Other:

5. Year business was established?                      Number of years under present management:

FEIN:

6. List all Named Insureds and their interests: **Note: The First Named Insureds require common / majority ownership of each Named Insured – if not, explain the relationship to insured.**

7. Are you compliant with the Zackery Lystedt Law? (Only applicable in Washington) Yes No
8. Are you a member of a sanctioning body?: (i.e. USA Gymnastics) Yes No  
If yes, which body:
9. Are you a franchisee? Yes No  
If yes, name of the franchise to which you belong:
10. Has coverage been declined, cancelled or non-renewed in the past three (3) yrs? Yes No  
If yes, provide details.

**SECTION II – GENERAL LIABILITY**

	Activities	Annual Number of Participants	Annual Receipts
a.	Gymnastics:		\$
	Ages 1-12		
	Ages 13-19		
b.	Aerobics		\$
c.	Cheerleading		\$
	Ages 1-12		
	Ages 13-19		
d.	Dance		\$
e.	Martial Arts		\$
f.	Swimming (monthly # of participants / # of months)		\$
g.	Open gym or parents night out		\$
h.	Birthday Parties (annual # of participants)		\$
i.	Day Care - Complete Section IV		\$
j.	Day Camps - Complete Section VI		\$
k.	Overnight Camps – Section VI		\$

1. Do you sponsor any non sanctioned gymnastics or cheerleading competitions? Yes No
2. Do you use a mat or springboard floor? Yes No
3. Do you provide classes, instruction or demonstration of Parkour or Freerunning? Yes No  
**Note these activities are excluded.**
4. Do you provide Cross Fit Training or Sports Enhancement Training (other than standard gymnastics training) for adults or children? If yes, provide detailed description. Yes No

5. Do you obtain waivers and releases for all participants including adults? Yes No  
*If yes, attach copy.*  
 Does the waiver include use of all equipment including inflatables and rock walls, if any? Yes No

6. Ratio of instructors to students: (*other than day care*)

- 7.. Ratio of instructors to students: (*day care*)  
**Ages 0 - 18 months**  
**Ages 18 months – 3 years**  
**Ages 3 – 4 years**  
**Over 4 years**

Male	Female

8. Trampolines or other rebounding/tumbling equipment with posted safety rules? Yes No

9. Do you have a foam pit? Yes No  
 If yes, describe padding: Yes No  
 Supervised at all times? Yes No  
 Depth of pit:

10. Sales of sports equipment or apparel? Yes No  
 If yes, type: Annual receipts: \$

11. Have you completed any National Certification program? Yes No  
 If yes, what certifications do you hold:

12. Do you own/maintain a swimming pool? Yes No  
 If yes, complete Swimming Pool Section XI below.

13. Do you own or lease the facility: Own Lease  
 If leased, who is responsible for:  
 Building maintenance Applicant Building Owner  
 Parking Lot Applicant Building Owner

14. Do you lease the facility or equipment to others? Yes No  
 If yes, do you obtain certificates of insurance ? Yes No

15. Is there a minimum of one staff member certified in first aid present at all times? Yes No

16. Is there a minimum of one staff member certified in CPR present at all times? Yes No

17. Limit of Participant Accident coverage:  
 Per person: \$ Catastrophic: \$

18. Additional Insured (s) required? Please provide list and advise relationship to insured:

**SECTION III – ABUSE AND MOLESTATION**

- |   |     |    |
|---|-----|----|
| 1. Does your current insurance program include Abuse and Molestation coverage?  | Yes | No |
| 2. Does your 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. Do you verify employment references for employees and volunteers?  | Yes | No |
| 4. Do you conduct personal interviews?  | Yes | No |
| 5. Are formal written procedures in place for hiring? <i>(If yes, attach a copy)</i>  | Yes | No |
| 6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? <i>(If yes, attach a copy)</i>   | Yes | No |
| 7. Do you have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities, and the media if you have an incident of abuse? <i>(If yes, attach a copy)</i>  | 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: \$   |     |    |
| Does your 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 IV – DAY CARE CENTERS**

- |   |            |          |
|---|------------|----------|
| 1. Is the day care licensed?<br>NOTE: Unlicensed day care centers are not eligible under this program.          | Yes        | No       |
| 2. Has your license ever been denied, suspended or revoked? If yes, provide details:                            | Yes        | No       |
| 3. Is the day care separated from the gymnastics facility?<br>If no, how are children kept away from equipment: | Yes        | No       |
| 4. Exits directly to the outside on the ground floor?   | Yes        | No       |
| 5. Are bathroom doors locked?<br>Can they be unlocked from the outside?   | Yes<br>Yes | No<br>No |
| 6. Are premises child proofed to eliminate potential hazards?   | Yes        | No       |
| 7. Has lead abatement been performed since 1971?  | Yes        | No       |
| 8. Any exposure to asbestos materials?  | Yes        | No       |
| 9. Any staff under the age of 18 years old?   | Yes        | No       |

- |  |     |    |
|--|-----|----|
| 10. Do you have volunteers? If yes, indicate duties:   | Yes | No |
| 11. Do you provide sick child, drop in, latch-key, boarding or camp services?<br>If yes, describe: | Yes | No |
| 12. Do you care for special needs children? If yes, describe.                                      | Yes | No |
| 13. Do you maintain the following:   |     |    |
| Immunization records – updated annually?   | Yes | No |
| Records for each child indicating unusual conditions the child has?                                | Yes | No |
| Signed releases for emergency medical treatment obtained from parents?                             | Yes | No |
| Written instructions from child’s physician for dispensing medication?                             | Yes | No |
| 14. Is there an outside play area?<br>If yes, describe security, i.e. fencing, gates, locks, etc.  | Yes | No |

**SECTION V - INFLATABLES**

**NOTE: Off-premises use or rental of inflatables is excluded.**

- |   |     |    |
|---|-----|----|
| 1. Please provide a list of inflatables commonly owned/used.      |     |    |
| 2. Do you use any inflatables outside of your building?           | Yes | No |
| 3. Are inflatables checked daily and maintenance logs maintained? | Yes | No |

**SECTION VI – ROCK CLIMBING AND BOULDERING WALLS**

**NOTE: Off-premises use or rental of rock walls is excluded.**

- |   |     |    |
|---|-----|----|
| 1. Does rock wall meet all CWIG (Climbing Wall Industry Group) standards and local codes? | Yes | No |
| 2. What is the height of the wall:<br>Bouldering (traversing) wall only – 6’ or less?     | Yes | No |
| 3. Are participants allowed to climb on their own?  | Yes | No |
| 4. What is the check-in procedure:  |     |    |
| 5. What kinds of verbal contacts or warnings given:                                       |     |    |
| 6. When is safety testing done:   |     |    |
| 7. What type certification system is used:  |     |    |



- |  |     |    |
|--|-----|----|
| 3. What is the ratio of staff to attendee:   |     |    |
| 4. Do you serve food?<br>If yes, what type:  | Yes | No |
| 5. Are parents permitted to bring food on premises for parties?                          | Yes | No |
| 6. Briefly describe activities and equipment attendees are permitted to use for parties: |     |    |

<b>SECTION IX – CAMPS / CLINICS</b>
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- |  |               |                   |     |    |
|--|---------------|-------------------|-----|----|
| 1. Day Camp  | # of Campers: | # of Camper Days: |     |    |
| Overnight Camp   | # of Campers: | # of Camper Days: |     |    |
| 2. All counselors / leaders 18 years or older?                 |               |                   | Yes | No |
| 3. Supervisor on duty at least 25 years or older at all times? |               |                   | Yes | No |
| 4. Overnight camps?<br>Describe sleeping arrangements:         |               |                   | Yes | No |
| Any water hazard exposure?<br>Describe:                        |               |                   | Yes | No |
| Are camps co-ed?   |               |                   | Yes | No |

<b>SECTION X - CHEERLEADING</b>
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- |  |      |             |     |    |
|--|------|-------------|-----|----|
| 1. Do you participate in competitive cheerleading?<br>If yes, what levels (i.e. junior high, senior high?):<br>Are individual cheerleader abilities and skill levels assessed on an annual basis for team placement? |      |             | Yes | No |
| 2. Do you follow NACCC or USASF recommended guidelines for spotters?   |      |             | Yes | No |
| 3. Do you train students on proper spotting techniques?  |      |             | Yes | No |
| 4. Are teams / individuals supervised at all times by qualified coaches?   |      |             | Yes | No |
| 5. Type of floor protection:   | Mats | Springboard |     |    |
| 6. Are pyramids permitted higher than 2 ½ people?<br>Are only advanced students allowed to perform pyramids higher than 2 people?<br>Do you allow tossing from one base to another base?                             |      |             | Yes | No |
| 7. Do you participate in competitions governed by NACCC/USASF rules?<br>If no, provide rules that are followed.  |      |             | Yes | No |

**SECTION XI – SWIMMING POOLS**

- |  |            |          |
|--|------------|----------|
| 1. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide timetable and action plan:           | Yes        | No       |
| 2. Is use of the pool limited to registered students only? If no, describe:  | Yes        | No       |
| 3. Are birthday party attendees (if any) permitted to use the pool?  | Yes        | No       |
| 4. Is a lifeguard on duty at all times pool is in use?   | Yes        | No       |
| 5. What is the depth of the pool: <span style="float: right;">Feet</span><br>Distance between depth markers: <span style="float: right;">Feet</span> |            |          |
| 6. Do you have any of the following features:<br>Diving Board? If yes, height of board:<br>Water Slide? If yes, height of slide:                     | Yes<br>Yes | No<br>No |
| 7. Above Ground?      Yes      No      In Ground?      Yes      No   |            |          |
| 8. Indoor?              Yes      No      Outdoor?              Yes      No   |            |          |
| 9. Is there a slip-proof surface surrounding pool area?  | Yes        | No       |

**SECTION XII - HIRED AND NON-OWNED AUTO**

- |   |     |    |
|---|-----|----|
| 1. Does the insured have any owned automobiles?   | Yes | No |
| 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.   |     |    |
| 2. Do you allow employees to use their own personal vehicles for your business purposes?<br>If yes, how many employees use their own personal vehicles:<br>If yes, how often?      Daily      Weekly      Monthly      Other: | Yes | No |
| 3. Do you obtain Motor Vehicle Reports?<br>If yes, how often:      Annually      Every other year      Other:   | Yes | No |
| 4. Do you confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?<br>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:<br>\$  |     |    |
| 6. Is hired auto physical damage required?<br>If yes, what is the maximum value of hired vehicle you would like insured? \$<br>NOTE: Hired Car 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,  
EXECUTIVE DIRECTOR, 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)