



LAND CONSERVANCY APPLICATION

SUBMISSION REQUIREMENTS

- ACORD Applications
Schedule of vehicles
Currently valued company loss runs for the current policy period plus four (4) prior years
The liability waiver/ hold harmless agreement the Applicant requires guests to sign, if applicable
Drivers list with license numbers/ dates of birth
Conservation Application

SECTION I - GENERAL APPLICATION INFORMATION

Applicant Name:
Mailing Address:
Location Address:
Website Address:
FEIN:
Year business was established:
Number of Board Members:
1. Annual operating budget: \$
Primary Funding: Federal State
2. List all individual programs:
3. Description of Applicant's operations/ mission:
4. Have there been any claims that allege negligence or failure to comply with any regulatory/ licensing guidelines? Yes No
5. Indicate whether the Applicant's organization or programs provide the following services (check all that apply):
Academic or Vocational School Land Trust Alliance Residential/ Dormitory
Ameri-Corps Landscaping Youthworks Program
6. Has the Applicant discontinued any programs in the past 5 years? Yes No
If yes, explain:
7. Risk Management Contact: Risk Management's Phone:
Risk Management Email:

SECTION II - MANAGEMENT PRACTICES / HIRING / STAFFING/ OPERATIONS

1. Type of security provided for the protection of the Applicant's premises or property:
Guards Video Cameras Other:
Annual payroll/ cost for security patrol: \$
2. What precautions does the Applicant take to prevent non-staff members from accessing unauthorized areas of the property or project?
3. Does the Applicant have incident reporting procedures? Yes No
4. Is the Applicant's staff made aware of reporting procedures? Yes No
5. Does the Applicant have a plan for medical emergencies? Yes No
6. Is there always someone trained in CPR and first aid on the premises or projects? Yes No
7. Does the Applicant have first aid kits on field projects? Yes No

Staff:

Total number of: Full Time (FT) Employees: Part Time (PT) Employees: Volunteers (Vol):

	Number of Employees		Number of Contracted		Total Annual Payroll	Number of Volunteers	Annual Volunteer Hours Worked
	FT	PT	FT	PT			
Counselors – Youth Mentors					\$		
Ameri-Corps Members					\$		
Tour Guides					\$		
Field Survey Staff					\$		
Teachers – Academic					\$		
Teachers – Vocational					\$		
Conservation/ Landscapers work on trails or open space					\$		
Conservation/ Landscapers work on buildings or structures					\$		
*Other (describe):					\$		
*Other (describe):					\$		

*Please describe "other" professional staff not listed in the above chart in the provided area.

SECTION III – ABUSE AND MOLESTATION	N/A
--	------------

- | | | |
|--|-----|----|
| 1. Does the Applicant’s current insurance program include Abuse and Molestation coverage?
If yes, Occurrence or Claims Made – Retro Date: Limit of Liability: \$
Carrier: Effective Date: | Yes | No |
| 2. Does the Applicant’s 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 |
| 3. Does the Applicant have a written crisis plan in place for dealing with employees, victims, parents, authorities, and the media if the Applicant has incident of abuse? | Yes | No |
| 4. Does the Applicant have written procedures for dealing with sexual abuse? | Yes | No |
| 5. Is there a written supervision plan that monitors staff in day-to-day relationships with staff, both on and off premises? | Yes | No |
| 6. Are formal written procedures in place for hiring? | Yes | No |
| 7. Do volunteers work directly with staff? | Yes | No |
| 8. Is there formal staff training on child/ sexual abuse, including how to recognize the signs? | Yes | No |
| 9. What procedures are in place to make sure no relationship occurs between staff and members? | | |
| | | |
| 10. Are there procedures prohibiting closed door one-on-one meetings? | Yes | No |
| 11. Have any incidents resulted in an allegation of sexual abuse?
Was the case settled? Yes No Was the case taken to trial?
Amount paid for damages to the victim: \$ | Yes | No |
| 12. Does the Applicant run criminal background checks on volunteers BEFORE hiring?
If no, do volunteers work directly with any youth? | Yes | No |

SECTION IV – PROPERTY/ PREMISES/ LIFE SAFETY/ EXTERNAL EXPOSURES	N/A
---	------------

- | | | |
|---|-----|----|
| 1. Number of buildings: | | |
| 2. Type of construction: | | |
| 3. Number of stories: | | |
| 4. Are there sprinklers? | Yes | No |
| 5. Smoke detectors: Battery Hardwired
If battery, is there a regular inspection and replacement procedure? | Yes | No |
| 6. Are carbon monoxide detectors provided (where warranted)? | Yes | No |
| 7. Are extinguishers provided?
Is there a regular inspection and replacement procedure? | Yes | No |
| 8. Is the fire alarm: Local Central Station Manual Automatic | | |

- | | | |
|---|-----|----|
| 9. Does the Applicant have emergency lighting or backup generators in the event of a power failure? | Yes | No |
| 10. Are all exits clearly marked and illuminated? | Yes | No |
| 11. Does the Applicant have a written emergency evacuation plan? | Yes | No |
| If yes, are there emergency evacuation procedures and floor plan posted? | Yes | No |
| How often are drills held? | | |
| 12. Does the Applicant have a disaster recovery plan in place? | Yes | No |
| 13. Is there adequate lighting in the parking area? | Yes | No |
| 14. Does the Applicant have any plans for renovations or new construction? | Yes | No |
| If yes, explain: | | |
| 15. Does the Applicant have a formal maintenance housekeeping program in place? | Yes | No |
| 16. Does the property have aluminum wiring? | Yes | No |

SECTION V – FACILITIES AND ACTIVITIES	N/A
--	------------

Please check all applicable facilities and activities associated with the Applicant:

Aircraft (Flying)	Circus Activities	Off Road Bikes (Motorized)	Skateboarding (ramps / jumps)
Adventure Program	Cross Country Skiing		Skin or Scuba Diving
Alpine Skiing	Dams	Paintball	Trails
Archery	Gymnastics	Picnic Grounds	Trampolines
ATV's	Horse Back Riding	Play Facilities	Tubing
Backpacking	Ice Skating	Rafting	Water Skiing
Bicycling	Kayaking	Rifle Ranges	Waterslides over 15' high
Bridges	Lake or Ponds	Rock Climbing/ Rappelling	Whitewater Canoeing
Caving	Lodging Facilities	Zip Line	
Other:			

- | | | |
|--|-----|----|
| 1. Is ice skating done on a rink and/ or lake/ pond? | Yes | No |
| Are warning signs posted? | Yes | No |
| 2. Are NRA standards met with all rifle ranges? | Yes | No |

3. Total number of Dams:
- List dams on owned or managed lands:
- | | | | |
|------------|------|---------------|-----------|
| a. Height: | Age: | Construction: | Spillway: |
| b. Height: | Age: | Construction: | Spillway: |

Note: Downstream exposure is excluded

4. Total number of Bridges: #
- List bridges (including footbridges) on the Applicant's land:
- | | | | | |
|------------|--------|---------|------|---------------|
| a. Length: | Width: | Height: | Age: | Construction: |
| b. Length: | Width: | Height: | Age: | Construction: |

5. If any of the following activities apply, a supplemental application/ questionnaire is required with this submission:

Fireworks	Go-carts	Paintball	Rock Climbing	Water Trampolines #
-----------	----------	-----------	---------------	---------------------

SECTION VI – LAKES/ PONDS/ LAND/ TRAILS	N/A
--	------------

- | | | |
|--|-----|----|
| 1. Does the public have access to the lake area? | Yes | No |
| 2. Are there boat docks? | Yes | No |
| If yes, where? | | |
| 3. If swimming is allowed, is there a lifeguard on duty? | Yes | No |
| If yes, during what hours? | | |

4. Lake use (check all that apply):
- | | | | |
|-------------|--------------|--------------|--------------|
| Canoes | Ice Skating | Power Boats* | Swimming |
| Fishing | Jet Skis | Row Boats | Water Skiing |
| Ice Fishing | Paddle Boats | Sail Boats | |

*Maximum horse power and length allowed:

5. Owned Watercraft (List all owned watercraft) Total number of watercraft:

BOAT SCHEDULE (if necessary use another sheet of paper)							
Year	Make & Model	Length	HP	OB / IB / IO	# Pass	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No

6. Non-Owned Watercraft – Describe usage of any non-owned watercraft greater than 55 feet long:

7. Is there watercraft rental? Yes No
 If yes, what types? Annual receipts: \$
8. Are there separate and designated usage areas? Yes No
9. Is the lake/ pond susceptible to freezing? Yes No

Land/ Trails

10. How many acres of land is the property on?
11. How many trails does the Applicant:
 Own: Approximate no. of miles: Average width:
 Hold easements on: Approximate no. of miles: Average width:
 Manage under contract: Approximate no. of miles: Average width:
12. Are trails (if listed above) included in the number of acres listed above? Yes No
13. How is land (or trails) used?

14. How is access to the Applicant's land (or trails) controlled?

15. Hours of operation:
16. Estimated annual receipts:\$ Number of visitors per year:

SECTION VII - CAMPS	N/A
----------------------------	------------

1. Is written permission/ waiver of liability obtained from every participant under age 18? Yes No
2. What is the average length of stay or project? Yes No
 Average number of days per project: Number of staff at each project:
 Average number of participants per day:
3. Number of staff members at each camp:
4. Are sleeping quarters co-ed? Yes No
5. Are restrooms/ showers co-ed? Yes No
6. Indicate and describe if any of the following exposures exists in the camp projects:
Invasive species removal Landscaping Survey Trail maintenance
7. Does the Applicant host field trips? Yes No
 If yes, please explain:
8. What dormitory or residential provisions are provided to the staff/ members:

SECTION VIII – SPECIAL EVENTS

N/A

1. List all special events conducted by the Applicant’s organization:

a. Event name:	Date(s):	Time:	Attendance:
Description:			
b. Event name:	Date(s):	Time:	Attendance:
Description:			
c. Event name:	Date(s):	Time:	Attendance:
Description:			
2. Will liquor be served? Yes No
 If yes, who will serve it:

Applicant’s employees/ volunteers	Company hired for event	Individual hired for the event	Provided without separate charge
--------------------------------------	----------------------------	-----------------------------------	-------------------------------------
3. Will the Applicant charge admission to the event? Yes No
4. Is a permit required for this event? Yes No
 If yes, what kind:
5. Will entry forms or waivers be signed? Yes No
 If yes, attach a copy.
6. Will volunteers be used? Yes No
 If yes, in what capacity?
7. Will the Applicant require an additional insured be added for coverage? Yes No
 If yes, attach a copy of Applicant’s contract.
8. List Educational programs conducted by the Applicant’s organization:

a. Program name:	Date(s):	# of hours:	Attendance:
Description:			
b. Program name:	Date(s):	# of hours:	Attendance:
Description:			
c. Program name:	Date(s):	# of hours:	Attendance:
Description:			

SECTION IX – AUTOMOBILE AND DRIVERS

N/A

1. Where does the Applicant keep owned vehicles?

Garage	Driveway	Parking Lot	Other:
--------	----------	-------------	--------
2. Are keys locked and secured away from non-drivers when not in use? Yes No
3. Are vehicles with eight or more seating capacity equipped with an audible backup warning device? Yes No
4. Does the Applicant provide transportation for volunteers or participants? Yes No
 If yes, is more than one staff member required in the vehicles? Yes No
5. Does the Applicant transport staff to projects? Yes No
 If yes, how many employees per vehicle:
6. Does the Applicant obtain a written authorization from new hire (driver) to release their driver information PRIOR to hiring? Yes No
7. Does the Applicant have a formal Accident Review Committee that reviews each driver’s accidents or violations? Yes No
8. Do any employee drivers transport customers that are not employees? Yes No
 If yes, how often does this take place?
9. Does the Applicant contract out any driving services to third-parties? Yes No
10. Does anyone besides employees drive the Applicant’s vehicles? Yes No
 If yes, explain;

11. Does the Applicant have a formal driving policy in place with MVR standards? Yes No
 If yes:

a. Is driving policy communicated in writing to all employees?			Yes No
b. Is a signed acknowledgement form kept on file?			Yes No

 If yes, please provide a copy of signed acknowledgement.

- c. Do driving standards include the following:
 - i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? Yes No
 - ii. No more than 2 moving violations within past 3 years? Yes No
 - iii. No more than 1 at fault accident within past 3 years? Yes No
- 12. How often does the Applicant check MVR reports? Yes No
- 13. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes No
- 14. Describe any ongoing training provided to drivers: Yes No
- 15. Does the Applicant have GPS tracking capability? Yes No
- 16. Does the Applicant allow employees to drive personal vehicles for company purposes? Yes No
- If yes:
 - a. Are the driving policy and standards for these drivers the same as in questions 1-3? Yes No
 - b. Does the Applicant require these employees to have adequate personal insurance limits? Yes No

SECTION X- HIRED AND NON-OWNED VEHICLES **N/A**

- 1. Does the Applicant use BLM or NFS vehicles? Yes No
If yes, how many BLM? If yes, how many NFS?
- 2. Does the Applicant hire vehicles? Yes No
If yes, what types of vehicles does the Applicant hire?
Does the Applicant rent or lease vehicles from Enterprise rental program? Yes No
- 3. Total number of Enterprise vehicles: Yes No
Annual cost of hire other than Enterprise: \$

SECTION XI – ADDITIONAL INSUREDS AND SUB-CONTRACTOR INFORMATION

ADDITIONAL INSUREDS (if necessary use another sheet of paper)		
Name	Complete Address	Interest

- 1. Does the Applicant carry workers compensation insurance on its employees and volunteers? Yes No
- 2. Does the Applicant use sub-contractors in its business? Yes No
- 3. Does the Applicant always obtain certificates of insurance from sub-contractors? Yes No
If yes, what are the minimum General Liability Limits the Applicant requires?
Per occurrence: \$ Products and completed operations aggregate: \$
General aggregate: \$
- 4. Does the Applicant require all sub-contractors to name them as additional insured? Yes No
- 5. Does the Applicant have a standard formal written contract in place with its contractors? Yes No
If yes, does the agreement contain an indemnification / hold harmless clause in the Applicant's favor? Yes No
- 6. How long does the Applicant maintain records of subcontractor documents noted above? Yes No

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | | | | |
|----|--|-----|----|------|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them. | Yes | No | N/A |
| | a. If not, select all freeze protection measures currently in place:
Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
PHLYSense
Other water detection/ notification/ alarm system
Backup electrical generator, ensuring building heat at all times
Insulation around water pipes in cold areas*
Heat tracing for water pipes in cold areas*
Antifreeze fire sprinkler system in cold areas*
Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
Other: | | | |
| | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F. | | | |
| 2. | Fire Protection and Testing | | | |
| | a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| | i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | | | Both |
| | ii. If yes, approximately what percentage (%) of the building is sprinklered? | | | % |
| | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines) | | | |
| | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| | b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 4. | Automatic Water Shutoff Devices | | | |
| | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 5. | Unused/ Vacant Spaces | | | |
| | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 6. | Seasonal Occupancies ONLY: | | | |
| | a. Is there a full-time caretaker/ maintenance personnel on the premise? | Yes | No | N/A |
| | If yes, select required duties of the caretaker:
Regular walkthroughs of the building
i. How often each day?
Trained in the location(s) of water shut off valve(s)
Inspects taps and leaves them dripping in freeze weather events
Shuts off or drains pipes during freezing temperatures
Monitors building temperatures ensuring heat is maintained at required levels
Responds to power outages
i. List of required procedures | | | |
| | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.? | Yes | No | N/A |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: 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.

APPLICABLE IN DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORIDA 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.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

APPLICABLE IN MAINE: 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.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: 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.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: 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.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE IN VERMONT: 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.

APPLICABLE IN NEW YORK: 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)