



9. Please describe typical performances:

**PROPERTY**

- |   |                          |  |  |       |    |
|---|--------------------------|--|--|-------|----|
| 1. Building construction:   | Frame<br>Masonry<br>feet | Non-Combustible<br>Masonry Non-Combustible<br>Fire Department: | Modified fire resistive<br>Fire resistive<br>miles | Yes   | No |
| 2. Fire Hydrant:<br>Volunteer Fire Department?  |                          |  |  |       |    |
| 3. Roof construction:<br>List all property on the roof (HVAC, etc.):  |                          |  |  |       |    |
| 4. Number of stories:   |                          |  |  |       |    |
| 5. Year built:<br>If built prior to 1971, has it been inspected for lead paint and abated if necessary?<br>If no, what is the plan for inspection and abatement (if necessary)? |                          |  |  | Yes   | No |
| 6. Year of building updates:  | Roofing:                 | Plumbing:  | Wiring:  | HVAC: |    |
| 7. Any renovations planned? (describe)  |                          |  |  |       |    |
| 8. Is the Applicant's facility a historical landmark?   |                          |  |  | Yes   | No |

**LIFE SAFETY**

- |   |                                    |     |    |
|---|------------------------------------|-----|----|
| 1. 100% sprinklered?  |                                    | Yes | No |
| Any Omega sprinkler heads?  |                                    | Yes | No |
| Date last serviced?   | Date of last sprinkler flow tests? |     |    |
| Number of currently tagged and operational fire extinguishers:  |                                    |     |    |
| 2. Central station fire alarm?  |                                    | Yes | No |
| Central station burglar alarm?  |                                    | Yes | No |
| Surveillance cameras?   |                                    | Yes | No |
| 3. Cooking facilities on premises?  |                                    | Yes | No |
| If yes, automatic extinguishing system over deep fat fryers, grills & stoves?   |                                    | Yes | No |
| How often are hood/ ducts cleaned?  |                                    |     |    |
| By whom? Insured Subcontractor  |                                    |     |    |
| If by subcontractor, how often are they serviced?   | Date last serviced?                |     |    |
| 4. Does the Applicant have Automated External Defibrillator(s) (AED)?   |                                    | Yes | No |
| If yes, are staff members trained to use it?  |                                    | Yes | No |
| 5. a. Does the Applicant's venue have opioid antagonists (ex. Naloxone) available during all events, to temporarily reverse the effects of an opioid overdose?                  |                                    | Yes | No |
| Explain:  |                                    |     |    |
| b. Does the Applicant have a staff member on premises, during all events, who has been sufficiently trained and certified on how to properly administer the opioid antagonists? |                                    | Yes | No |
| Explain:  |                                    |     |    |

6. How many means of egress?  
 Are doors locked during performances? Yes No  
 Are all exits clearly marked? Yes No  
 Are all doors equipped with panic hardware? Yes No
7. Does the Applicant have backup emergency lighting and/or emergency generators in the event of a power failure? Yes No
8. Does the Applicant have any emergency evacuation plan? (If yes, attach a copy) Yes No  
 Evacuation procedures and floor plans posted? Yes No
9. Are parking lots well lit? Yes No  
 Patrolled by security? Yes No

**GENERAL LIABILITY**

1. Annual number of attendees (all events): Total seating capacity:  
 Annual payroll: \$ Number of employees:

Sales/Receipts

- a. Food/Restaurant: \$ **Describe:**  
 b. Liquor: \$ **Describe:**  
 c. Gift Shop: \$ **Describe:**  
 d. Parking: \$ **Describe:**  
 e. Other: \$ **Describe:**

2. Please specify who has responsibility for the following event day operations:

	Owner	Insured	Sub	Other-N/A
Premises defects				
Facility maintenance				
Stage/lighting				
Food concessions				
Liquor				
Gift shop				
Parking				
Security				
First aid				
Fireworks/Pyrotechnics				
Inflatables/Amusement devices				

Explain all Other - N/A answers below:

3. Regarding contracts and Certificates of insurance with subcontractors and tenants.

	Insured	Sub/Tenant	Mutual	Neither
Is the Indemnification/Hold Harmless wording in favor of?				
Is the additional Insured status in favor of?				
Minimum insurance limits of \$1,000,000?				
Is a certificate of insurance required?				

4. If temporary seating, what is the type:  
 Inspected prior to each performance? Yes No
5. Any self-promoted or co-promoted events? (if yes, provide a schedule) Yes No
6. Any performing arts camps? (if yes, attach a brochure) Yes No  
 Number of days the camp is open: Number of camps:  
 Are waivers with parental guardian consent required? (If yes, attach a copy) Yes No  
 Day camp Overnight camp Age range:



**SECURITY**

**(Complete only if security is the responsibility of the insured)**

**PART 1**

1. Who is primarily responsible (via contract) for Liability Coverage for security personnel?  
Insured? Yes    No  
Municipality? Yes    No  
Subcontractor? Yes    No
2. Employed or subcontracted security personnel?      Employed      Subcontracted  
"Employed" is defined as individuals being paid and supervised directly by the insured. "Contract" is defined as the existence of a written contract with another entity for security services that has separate insurance coverage and provided a certificate naming the insured as Additional Insured with limits equal to or greater than the insured.
3. Number and payroll of employed security personnel:  
Unarmed: # Payroll: \$  
Armed (not including off duty police officers): # Payroll: \$  
Off duty police officers: # Payroll: \$
4. Subcontracted security - cost of subcontract: \$
5. Total maximum hours per day permitted at this and all other places of employment:  
Total maximum hours per week:
6. What are the staffing guidelines per number of patrons?  
Are the guidelines determined by:  
Ordinance? Yes    No  
Statute? Yes    No  
Industry standard? Yes    No  
Other (describe):
  
7. Is there a procedure to immediately report all incidents to facility manager? Yes    No  
If yes, describe:
  
8. Does the supervisor make personal contact with each security person at least once during each shift? If yes, describe: Yes    No
  
9. Please explain all no answers:
  
10. Does the procedure include contacting the previous employers over the previous five (5) years? Yes    No
11. Does the Applicant contact at least three (3) personal references? Yes    No
12. Is completion of a minimum twenty (20) hours initial training program required before deployment? Yes    No
13. Who conducts the training and what are the trainer's qualifications:
  
14. Is a minimum of ten (10) hours on-site training required? Yes    No
15. Is a minimum of four (4) hours of annual refresher or continuing education training planned and conducted for each security employee? Yes    No



- |     |   |     |    |
|-----|---|-----|----|
| 2.  | Is the liquor service subcontracted to a third party?<br>If yes, please provide limits of liability maintained by the subcontractor:          | Yes | No |
|     | Is Applicant listed as Additional Insured under subcontractors Liquor Liability Coverage?   | Yes | No |
|     | Is contingent Liquor Liability Coverage requested by Insured?   | Yes | No |
| 3.  | Has Applicant's liquor license ever been revoked or suspended?<br>If yes, explain:  | Yes | No |
| 4.  | Has Applicant incurred claims for Liquor Liability during the last three (3) years?<br>If yes, explain:                                       | Yes | No |
| 5.  | Has any insurer cancelled or non-renewed coverage during the last three (3) years?<br>If yes, explain:  | Yes | No |
| 6.  | Has Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator?<br>If yes, explain:                              | Yes | No |
| 7.  | Type of beverages sold<br>Annual gross sales:<br>Liquor sales: \$<br>Food sales: \$<br>Other: (specify) \$                                    |     |    |
| 8.  | Are patrons allowed to carry alcoholic beverages onto the premises?<br>If yes, what type?   | Yes | No |
| 9.  | Does the Applicant exercise the right to search and seizure of contraband items?<br>If yes, how does the Applicant notify the public of this? | Yes | No |
| 10. | Does the Applicant maintain security personnel at entry check points?<br>If yes, what type?   | Yes | No |
| 11. | Are the alcohol sales and consumption contained within one fixed site, or are booths/stands located throughout the event site?                |     |    |
| 12. | Number of servers used?<br>Are they professional servers?<br>Explain:   | Yes | No |
|     | Are they volunteer servers?<br>Explain:   | Yes | No |

- |     |   |                   |                |
|-----|---|-------------------|----------------|
| 13. | Do the servers receive any type of alcohol awareness training?<br>If yes, please explain:   | Yes               | No             |
| 14. | Median age of liquor customers:<br>21 - 25                      25 - 30                      30 - 40                      40 and over   |                   |                |
| 15. | Are minors allowed to enter the location where alcohol is being served?<br>If yes, how is underage consumption of alcohol prevented?  | Yes               | No             |
| 16. | Explain how ID's are checked:   |                   |                |
| 17. | Are uniformed police officers present at the site of alcohol sales?<br>Are undercover police officers present?<br>Are private security officers present?<br>Average number of officers present at site: | Yes<br>Yes<br>Yes | No<br>No<br>No |
| 18. | Are rules and regulations clearly displayed for patrons viewing?<br>Explain:  | Yes               | No             |
| 19. | Is there a limit placed on the quantity of alcoholic beverages purchased at one time?<br>Explain:   | Yes               | No             |
| 20. | Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?<br>Explain:   | Yes               | No             |
| 21. | Is there any type of designated driver program?<br>Explain:   | Yes               | No             |
| 22. | Limit of Liquor Liability Coverage requested: \$  |                   |                |

<b>PYROTECHNICS</b>
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(Complete if coverage is requested for Pyrotechnics Coverage (not including flashboxes))

- |    |                               |             |        |
|----|-------------------------------|-------------|--------|
| 1. | Limit of liability requested: | \$1,000,000 | Other: |
| 2. | Description of events:        |             |        |
| 3. | Location of Events:           |             |        |
| 4. | Dates of Events:              |             |        |



5. Who is the authority having jurisdiction over the use of pyrotechnics at the Applicant's facility?

Local fire department                      State fire marshal                      Other: (please list):

What permit process must be followed prior to use of pyrotechnics at the Applicant's facility?

6. Has the Applicant staged pyrotechnic displays before? Yes      No  
 If yes, please list any claims/losses that have occurred and the amount of loss:

Description	Date of Occurrence	Amount of Loss
		\$
		\$
		\$

7. Who will be the pyrotechnics operator?                      Named Insured                      Contractor

**Complete this section if the Pyrotechnics Operator is the Named Insured.**

- a. List names of people shooting fireworks and describe their experience.  
**Please note: This coverage will exclude bodily injury liability to the fireworks shooter.**

Name	Experience

- b. Where are the pyrotechnics stored when not in use?
- c. Does it meet federal/state storage regulation? Yes      No
- d. What quantity of pyrotechnic material is stored on site? (number of shows, pounds, etc.)
- e. Describe the type of show and amount of pyrotechnics used in recurring events:
- f. Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:
- g. Does the Applicant secure proper pyrotechnic permits for each event? Yes      No
- h. Are the shooters listed above licensed for pyrotechnics? Yes      No

**Complete this section if the Pyrotechnics Operator is a Contractor.**

- a. Name:
- b. Is there an agreement with the contractor? Yes      No  
 If yes, provide a copy of the agreement.
- c. Will Liability Coverage be provided by the pyrotechnics contractor? Yes      No  
 If yes, indicate limits of coverage provided:  
                   \$1,000,000                      Greater than \$1,000,000                      Other:

**Please attach a copy of certificate of insurance including any additional insured listing.**

- d. Does the Applicant confirm that the contractor has secured the proper pyrotechnic permits for each event? Yes      No
- e. Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:
- f. Does the Applicant allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? Yes      No  
 If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists the Applicant as an additional insured?
- If no, does the tenant lease/ use agreement indicate that pyrotechnic displays are not permitted? Yes      No
- g. Are events with pyrotechnics held:              Indoor              Outdoor
- h. What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?
- |                     |                    |                                 |                   |
|---------------------|--------------------|---------------------------------|-------------------|
| Aerial Shells       | Airbursts          | Black Powder                    | Comets            |
| Concussion effects  | Concussion mortars | Saxon                           | Flares            |
| Flash Pots          | Flashpower         | Gerbs                           | Integrals Mortars |
| Mines               | Mortars            | Rockets                         | Electric matches  |
| Wheels              | Salutes            | Waterfall, Falls, Park Curtains |                   |
| Other, please list: |                    |                                 |                   |

**OUTDOOR PYROTECHNICS**

**(only complete if outdoor pyrotechnic displays are staged)**

1. Are the events in compliance with NFPA 1123 or 1126? (Code for Fireworks display) Yes      No
2. Is there fencing to keep spectators away from restricted areas during the fireworks shooting? Yes      No  
 If yes, distance of spectator fencing from launch site:  
 Distance of spectator parking area from launch site:  
 Distance of closest building or structure from launch site:
3. Will there be firefighting equipment on site during the event? Yes      No  
 If no firefighting equipment on site, give distance to nearest fire station:
4. Will the Applicant have an ambulance on site? Yes      No  
 If no, what is the estimated response time of an ambulance?  
 If no, what is the distance to nearest medical facility?

**INDOOR PYROTECHNICS**

**(Only complete if indoor pyrotechnic displays are staged)**

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

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

<b>HIRED &amp; NON-OWNED AUTO</b>
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- |    |   |     |    |
|----|---|-----|----|
| 1. | Does the insured have any owned automobiles?<br>NOTE: If insured has owned autos, the Hired Auto & Non Owned Auto Coverage should be placed with the automobiles carrier. Explain if an exception is requested.                                   | Yes | No |
| 2. | Does the Applicant allow employees to use their own personal vehicles for the Applicant's 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. | Does the Applicant obtain Motor Vehicle Reports?<br>If yes, how often?      Annually      Every other year      Other:  | Yes | No |
| 4. | Does the Applicant confirm that all employees who regularly use their cars for business purposes carry a 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: \$  |     |    |
| 6. | Limits of coverage required:<br>\$100,000      \$300,000      \$500,000      \$1,000,000      Other: \$   |     |    |
| 7. | Is hired auto physical damage required?<br>If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$<br>NOTE: Physical Damage deductibles provided \$100 comprehensive/\$1,000 collision.                           | 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?<br>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:<br>Temperature monitoring and remote heating control system (Wi-Fi temperature controls)<br>PHLYSense<br>Other water detection/ notification/ alarm system<br>Backup electrical generator, ensuring building heat at all times<br>Insulation around water pipes in cold areas*<br>Heat tracing for water pipes in cold areas*<br>Antifreeze fire sprinkler system in cold areas*<br>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers<br>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?<br>If yes, select required duties of the caretaker:   | Yes | No | N/A |
|    | 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)