



Outdoor Insurance Services, INC  
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## GYMNASTICS FACILITIES APPLICATION

### 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. Risk Management Contact:  
Risk Management's Email:

Risk Management's Phone:

5. Business type: Corporation  
Non-Profit

Partnership  
Governmental entity

Individual  
Other:

6. Year business was established?  
FEIN:

Number of years under present management:

7. 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.**

8. Is the Applicant compliant with the Zackery Lystedt Law? (Only applicable in Washington) Yes No
9. Is the Applicant a member of a sanctioning body?: (i.e. USA Gymnastics) Yes No  
If yes, which body:
10. Is the Applicant a franchisee? Yes No  
If yes, name of the franchise to which you belong:
11. 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. Does the Applicant sponsor any non-sanctioned gymnastics or cheerleading competitions? Yes No
2. Does the Applicant use a mat or springboard floor? Yes No
3. Does the Applicant provide classes, instruction or demonstration of Parkour or Freerunning? Yes No  
**Note these activities are excluded.**
4. Does the Applicant 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. Does the Applicant 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)*
- | Ratio of Instructors to students |    |
|----------------------------------|----|
| <b>Ages 0 - 18 months</b>        | to |
| <b>Ages 18 months – 3 years</b>  | to |
| <b>Ages 3 – 4 years</b>          | to |
| <b>Over 4 years</b>              | to |
8. Trampolines or other rebounding/tumbling equipment with posted safety rules? Yes    No
9. Does the Applicant 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. Has the Applicant completed any National Certification program? Yes    No  
 If yes, what certifications do you hold:
12. Does the Applicant own/maintain a swimming pool? Yes    No  
 If yes, complete Swimming Pool Section XI below.
13. Does the Applicant own or lease the facility:      Own      Lease Yes    No  
 If leased, who is responsible for: Yes    No  
     Building maintenance                      Applicant      Building Owner  
     Parking lot                                      Applicant      Building Owner
14. Does the Applicant lease the facility or equipment to others? Yes    No  
 If yes, does the Applicant 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: Yes    No  
     Per person: \$                                      Catastrophic: \$
18. Additional Insured(s) required? Please provide list and advise relationship to insured:
19. Does the Applicant have a concussion awareness and management program in place? Yes    No
20. If a concussion is suspected, does the Applicant comply with state requirements to leave a game or practice immediately and return only after at least 24 hours and with permission of a healthcare professional? Yes    No
21. Does the Applicant currently utilize any concussion impact monitoring technology? Yes    No  
 a. If yes, name of manufacturer:  
 b. If yes, who monitors the data:  
     Coaches                      Employees                      Volunteers                      3<sup>rd</sup> Party

**SECTION III – ABUSE AND MOLESTATION**

- |  |     |    |
|--|-----|----|
| 1. Does the Applicant's current insurance program include Abuse and Molestation coverage?  | Yes | No |
| 2. Does the Applicant's 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>
-------------------------------------

- |  |               |                   |     |    |
|--|---------------|-------------------|-----|----|
| 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:  |     |    | Feet       |     |    |     |    |
| Distance between depth markers:  |     |    | Feet       |     |    |     |    |
| 6. Do you have any of the following features:  |     |    |            |     |    | Yes | No |
| Diving Board? If yes, height of board:   |     |    |            |     |    | Yes | No |
| Water Slide? If yes, height of slide:  |     |    |            |     |    | Yes | 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?  |          |                  |         |        |  | Yes | No |
| If yes, how many employees use their own personal vehicles:   |          |                  |         |        |  |     |    |
| If yes, how often?  | Daily    | Weekly           | Monthly | Other: |  |     |    |
| 3. Do you obtain Motor Vehicle Reports?   |          |                  |         |        |  | Yes | No |
| If yes, how often:  | Annually | Every other year | Other:  |        |  |     |    |
| 4. Do you confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?                                     |          |                  |         |        |  | Yes | No |
| If yes, what minimum limits are required: \$  |          |                  |         |        |  |     |    |
| 5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period:  |          |                  |         |        |  |     |    |
| \$  |          |                  |         |        |  |     |    |
| 6. Is hired auto physical damage required?  |          |                  |         |        |  | Yes | No |
| If yes, what is the maximum value of hired vehicle you would like insured? \$   |          |                  |         |        |  |     |    |
| NOTE: Hired Car Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided.  |          |                  |         |        |  |     |    |



**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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

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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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

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**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 FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, 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)

## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE (FOR LIMITS \$250,000 OR LESS)

Applicant Name:

Mailing Address:

City:

State:

Zip:

Website: www:

1. Nature of Operations:

2. Annual sales or revenue: \$

3. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes      No  
If yes, please indicate the types of Personally Identifiable Information held. (check all that apply):

Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers

Non-Public Medical or Healthcare Data, including Protected Health Information (PHI)

Credit or Debit Card Information

4. a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes      No
- b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes      No
- c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes      No
- d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes      No

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NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, 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)