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PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

ADULT DAY CARE PROGRAM SUPPLEMENTAL

Named Insured: _____
Location Address: _____
E-mail: _____
Web Address: _____

REQUIREMENTS FOR SUBMISSION

- Completed and signed/dated PHLY Adult Day Care Supplemental Application
- Completed ACORD Application
- Copy of current Adult Day Care license(s)
- Brochures, pamphlets and/or other advertising materials
- Currently valued insurance company loss runs for the current policy period plus three prior years

This application consists of the following sections. Complete all sections that apply. Some questions may not apply to your operations. In that case, please put an N/A in the space for the answer.

Section I – General Application Information
Section II – Management Practices
Section III – Professional Liability
Section IV – Hiring / Screening
Section V – Sexual Abuse
Section VI – Swimming pools
Section VII – Premises / Life Safety
Section VIII – Kitchen
Section IX - Security
Section X – Automobile
Section XI – Drivers
Section XII – Hired and Non-Owned
Section XIII – Health
Section XIV - Field Trips / Off Premises Travel
Section XV – Special Events

SECTION I – GENERAL APPLICATION INFORMATION

1. This adult day care center is located in which type of building?
   ☐ Commercial ☐ Church ☐ School
   ☐ Other (describe): _____ ☐ Private Home (**NOT Eligible**)
2. The neighborhood is primarily:
   ☐ Commercial / Industry ☐ Residential ☐ Urban / City ☐ Country / Farming
3. Hours of operation: _____
4. Any overnight stays? ☐ Yes ☐ No
5. Number of successful years in business under the same management: _____

Licensing:

1. Is the adult day care center licensed? ☐ Yes ☐ No
2. If licensing is NOT state required, why is it exempt?

_____

3. Has a license to operate ever been denied, suspended or revoked? ☐ Yes ☐ No
   If yes, attach a separate full explanation.
4. Is the Applicant a member of a recognized professional or Trade Association? ☐ Yes ☐ No
   If yes, who? _____

9. What action does the Applicant take if any report is considered unfavorable?

10. Does the Applicant share written job descriptions with all staff members? Yes No
11. Name of executive director / manager:
12. Number of years experience in this field: Number of years at this facility:
13. Specialized training or education:
14. Are any staff members under eighteen (18) years of age? Yes No
    If yes, list their position(s) and how they are supervised:

15. What is the staff turnover rate for the last twelve (12) months?
16. Does the Applicant provide workers compensation for:
    All staff members Workshop Employees Contractors Consultants
17. Is the staff required to report to the administrator all incidences that may result in a claim? Yes No
    If yes, is a written report kept? Yes No
    Are they reviewed? Yes No
18. Are clients referred to specialists when appropriate? Yes No
19. Are files maintained to protect confidentiality of clients? Yes No
20. Does the Applicant do any consulting work? Yes No
    If yes, please explain:

21. Does the Applicant's current insurance program provide professional liability coverage? Yes No
    If yes: Occurrence Claims Made – Retroactive date:
    Limits: $ Effective dates:
    Carrier:

22. **Physicians and Psychiatrists**

Name:	**Dr.**	**Dr.**	**Dr.**
Specialty:			
Board certified or eligible:			
Years in practice:			
License Number:			
Hours per week for Applicant:			
Employed or Contracted?			
Does each individual carry his / her own malpractice insurance?	Yes No	Yes No	Yes No
If yes, does coverage include acts while working for center?	Yes No	Yes No	Yes No
If yes, does coverage include contingent coverage for center?	Yes No	Yes No	Yes No
Any claims past five (5) years?	Yes No	Yes No	Yes No

23. **Staff**

POSITION	Employees		Volunteers		Contractors		Interns	
	F / T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Administrator								
Adult Care Worker								
Clergy								
Clerical / Office Staff								
Community Support Specialist								
Counselor								
Dentist / Dental Hygienist								
Home Health Aide								
Nurse Assistant								
Nurse Practitioner								
Nurse – LPN								
Nurse – RN								
Nutritionist / Dietician								
Optometrist								
Paramedic / EMT								
Pharmacist								
Physician Assistant								
Physician								
Planned Events Worker								
Psychiatrist								
Psychologist								
Recreational Instructor								
Resident Home Care Provider								
Resident Manager								
Social Worker – Bachelors (BSW)								
Social Worker – Masters (MSW)								
Teacher / Tutor / Aide								
Technician – Medical Lab								
Therapist – Occupational								
Therapist – Physical								
Therapist – Speech / Hearing								
Therapist – Other:								
Other Positions (specify):								
Total:	0	0	0	0	0	0	0	0

24. **Consultant / Independent Contractors**

Are there written agreements with independent contractors? ☐ Yes ☐ No

Are certificates of malpractice / professional liability insurance obtained and maintained for all contracted service providers (independent contractors)? ☐ Yes ☐ No

Please indicate the limits of liability: $_____

25. Based on the **maximum number** of clients enrolled on your **busiest** day, enter the numbers of staff and clients in each of the following categories:

TYPE OF ADULT DAY CARE	# OF CARE PROVIDERS		# OF CLIENTS
	MALE	FEMALE	
TYPE I			
TYPE II			
TYPE III			

(The ratios of staff-to-client must be at least the state required ratio)

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26. Are any **staff** less than 18 years old? ☐Yes ☐No
(Indicate specific duties for each on a separate document.)
27. Does the Applicant use any volunteers? ☐Yes ☐No
(Indicate specific duties for each on a separate document.)
28. Is a minimum of one staff member certified in First Aid present at all times? ☐Yes ☐No
29. Is a minimum of one staff member certified in CPR present at all times? ☐Yes ☐No

SECTION IV – HIRING / SCREENING

1. Are employees screened to rule out drug, alcohol and sexual abuse? ☐Yes ☐No
2. Check all methods used in hiring all employees or independent contractors:
   - Drug Testing? ☐Yes ☐No
   - Criminal Background Checks – Federal ☐Yes ☐No
   - Criminal Background Checks – State ☐Yes ☐No
   - Reference Checks ☐Yes ☐No
   - Personal Interview ☐Yes ☐No
   - Sexual Abuse Registry ☐Yes ☐No
   - Validate Work History ☐Yes ☐No
   - Validate Education ☐Yes ☐No
   - Verify Current Certification / Professional License ☐Yes ☐No
   - Validate Driver's License ☐Yes ☐No
   - Validate Personal Auto Insurance and Limits (if operating owned vehicle during company hours) ☐Yes ☐No
3. How are references checked: ☐Written ☐Verbal ☐Both
If verbal only, please explain:

_____

4. Are all of the above methods done prior to hiring? ☐Yes ☐No
If no, please explain:

_____

SECTION V – SEXUAL ABUSE

1. 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
2. During new staff orientation, does the Applicant discuss sexual abuse, how to recognize the signs, and what to do if a client reports that someone molested him or her? ☐Yes ☐No
3. Does your state permit you to do criminal background investigations? ☐Yes ☐No
4. Does the Applicant perform criminal background investigations on all current employees and volunteers? ☐Yes ☐No
How long has Applicant been performing these checks? _____ Years
For how many years does the Applicant keep these records on file after employees leaves? _____ Years
5. Does the Applicant verify employment-related references? ☐Yes ☐No
6. Does the Applicant conduct a personal interview? ☐Yes ☐No
7. Does the Applicant's supervision plan monitor staff in day-to-day relationships with Clients? ☐Yes ☐No
8. Does the Applicant have written procedures for dealing with sexual abuse? ☐Yes ☐No
MANDATORY: Provide a copy

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9. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? ☐ Yes ☐ No
   If yes, please complete:
   a. Was a claim made against the organization? ☐ Yes ☐ No
   b. Is that individual still employed with your organization? ☐ Yes ☐ No
   c. What changes were made to prevent recurrence?

   _____

   d. Was the case settled? ☐ Yes ☐ No
   e. What were the monetary damages awarded to the victim? $_____
   Provide complete details on a separate document.
10. Regarding coverage for abuse & molestation; does your current insurance program:
   ☐ Exclude coverage
   ☐ Limit coverage (please indicate limit of liability) $_____
   ☐ Neither exclude or limit coverage
11. Please indicate age range of clients: _____
   Remarks:

_____

SECTION VI – SWIMMING POOLS ☐ N/A

1. Is there a training lifeguard on duty? ☐ Yes ☐ No
   If yes, how many? _____ During what hours? _____
2. The pool area includes:
   ☐ Jacuzzi ☐ Whirlpool ☐ Hot Tub ☐ Spa ☐ Kiddie Pool ☐ Water Slide ☐ Trampoline
3. Is the pool completely fences with a self-locking gate? ☐ Yes ☐ No
   If yes, what is the height? _____
4. Pool location: ☐ Indoor ☐ Outdoor
5. Is there a diving board? ☐ Yes ☐ No
   If yes, what is the height? _____
6. Are depths clearly marked? ☐ Yes ☐ No
7. Is life saving equipment readily accessible? ☐ Yes ☐ No
8. Is walking surface around the pool non-skid and in good condition? ☐ Yes ☐ No
9. Is the staff trained in water safety? ☐ Yes ☐ No
10. Are all areas of the pool, including the bottom, visible at all times? ☐ Yes ☐ No
11. Are “swim at your own risk” signs posted with pool rules? ☐ Yes ☐ No
    Do the posted rules meet state and local regulations? ☐ Yes ☐ No
12. Is the storage of pool chemicals secured? ☐ Yes ☐ No
13. How often is the pool cleaned? _____
14. Do you have specific guidelines regarding closing the pool due to water contamination? ☐ Yes ☐ No
15. Are all swimming pools and spas complaint with the Virginia Graeme Baker Pool and Spa safety act? ☐ Yes ☐ No
    If no, provide time table and action plan:

_____

SECTION VII – PREMISES / LIFE SAFETY

1. If the building you occupy was built prior to 1971; has it been inspected for lead paint? ☐ Yes ☐ No
   If no, what is the plan for abatement?

_____

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2. Does the property have aluminum wiring? ☐ Yes ☐ No
   If yes, has it been retrofitted with one of the PIC approved connectors by a licensed Electrician? (indicate which one): COPALUM? ☐ Yes ☐ No AlumiConn? ☐ Yes ☐ No
   Date updated: _____
   Please supply retrofit documentation or statement from installing contractor.
3. Have asbestos material been:
   ☐ determined **not** to be present ☐ removed or ☐ protected to prevent flaking?
4. Do you have any plans for renovations or new construction? ☐ Yes ☐ No
5. Does the Applicant's center exit directly to the outside? ☐ Yes ☐ No
   To ground level? ☐ Yes ☐ No
6. Are there any non-ambulatory clients? ☐ Yes ☐ No
   If yes, how many? _____ Any located above the first floor? ☐ Yes ☐ No
7. Please indicate which of the following fire suppression devised are currently in use and in effect:
   ☐ Automatic Sprinkler System ☐ Central Station Fire Alarm System ☐ Smoke Detectors
   ☐ Manual Pull Fire Alarms ☐ Fire Extinguishers ☐ Other: _____
8. How many means of egress are there? _____
   Are all exits clearly marked & illuminated? ☐ Yes ☐ No
9. Are all exit doors equipped with panic hardware? ☐ Yes ☐ No
10. Is there a fire escape? ☐ Yes ☐ No
    If yes, please describe: _____
11. Do you have a written emergency evacuation plan? ☐ Yes ☐ No
    If yes, are the emergency evacuations procedures and floor plan posted? ☐ Yes ☐ No
    Have you established a central meeting point outside the building? ☐ Yes ☐ No
    Does the emergency plan include notification to the fire department? ☐ Yes ☐ No
    How often are drills held? _____
12. Do you have emergency lighting or backup generators in the event of a power failure? ☐ Yes ☐ No
13. Do you have a formal maintenance housekeeping program in place? ☐ Yes ☐ No
14. Do you own or rent a parking facility? ☐ Yes ☐ No
    If yes, are they well lit? ☐ Yes ☐ No
15. Is the hot water heater set to a temperature of 120 degrees? ☐ Yes ☐ No
    Do you have an equipment maintenance program in place? ☐ Yes ☐ No
16. Has your facility been inspected by an insurance company or independent inspection firm? ☐ Yes ☐ No
    If yes, by whom? _____
    List any deficiencies and corrective actions in the past three (3) years:
    _____
17. Does the Applicant comply with board of health regulations and with building codes? ☐ Yes ☐ No
18. Are medical facilities, such as a first aid or nurse's station located on the premise? ☐ Yes ☐ No
19. Please indicate the dates of the latest updates regarding the following common hazards:
    Electrical/Wiring: _____ Plumbing: _____ Heating: _____
    Type of Heating: _____
    Type of Roof: _____ Age of Roof: _____

SECTION VIII – KITCHEN EXPOSURE ☐ N/A

1. Is cooking permitted on the premises? ☐ Yes ☐ No
2. Is the actual cooking of food prepared and cooked by the staff? ☐ Yes ☐ No
3. Are there fire extinguishers in the cooking area available? ☐ Yes ☐ No
4. The cooking equipment is: ☐ Residential ☐ Commercial
5. Cooking equipment is equipped with:
   ☐ Nothing ☐ Hoods ☐ Ducts ☐ Exhaust Fans ☐ Automatic Fire Suppression System ☐ Automatic Fuel shut off control
6. How often is the cooking equipment cleaned? _____
   Is the cleaning equipment: ☐ Cleaned by you ☐ Cleaning Contractor

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SECTION IX - SECURITY

1. Does the Applicant have a written emergency evacuation plan in effect? ☐Yes ☐No
2. How often are evacuation drills performed? _____
3. Describe the procedures and controls currently in place which prevents the clients from wondering off or outside of the adult day care premises.

_____

4. Describe the type of security measures currently in place to prevent the general public from gaining access to the building and the clients.

_____

5. Has the Applicant ever received any citations or warning issued by any state or governmental entity? ☐Yes ☐No
   Please explain:

_____

SECTION X - AUTOMOBILE ☐N/A

1. Are all vehicles listed on the ACORD application titled to the Applicant? ☐Yes ☐No
   If no, please explain:

_____

2. Where does the Applicant keep there own vehicles?
   ☐Garage ☐Driveway ☐Parking Lot ☐Other: _____
3. Are keys locked and secured away from non-drivers when not in use? ☐Yes ☐No
4. Are vehicles with eight (8) or more seating capacity equipped with an audile backup warning device? ☐Yes ☐No
5. Does the Applicant provide transportation for:
   ☐Staff ☐Clients / Residents ☐Visitors / Public ☐Meals
   If yes for clients / residents, is more than one staff member required in the vehicle? ☐Yes ☐No
   If yes for meals, what precautions do you take to prevent food spoilage?

_____

6. Does the Applicant transport clients / residents for other human services agencies? ☐Yes ☐No
   If yes, please explain:

_____

7. Does the Applicant provide transportation for field trips? ☐Yes ☐No
   If the Applicant does not provide transportation, how is it provided?

_____

   If vehicles are hired for field trips, are they hired with a driver? ☐Yes ☐No
8. Do employees / volunteers transport clients in their own vehicles? ☐Yes ☐No
   If yes, how often? _____
9. Are vehicles checked after passengers disembark to make sure no one is left behind? ☐Yes ☐No
10. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair and passenger? ☐Yes ☐No
11. Does the Applicant require seat belts to be worn by all occupants? ☐Yes ☐No
12. Does the Applicant have a vehicle maintenance program in place? ☐Yes ☐No

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SECTION XI - DRIVERS ☐N/A

1. Does the Applicant obtain a written authorization to release driver information from all of the Applicants staff upon hiring? ☐Yes ☐No
   Does the Applicant obtain MVRs on all drivers? ☐Yes ☐No
   If yes, how often? _____
2. What are the Applicant's procedures for dealing with driver accidents or violations?

   _____
3. Are all drivers at least twenty-one (21) years of age? ☐Yes ☐No
   How many drivers are over age sixty-five (65)? _____
4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? _____
5. Do any drivers have a Commercial Driver's License (CDL)? ☐Yes ☐No
6. Explain the Applicant's driver safety program:

   _____
7. Is training provided for new employees / volunteers prior to their transporting clients? ☐Yes ☐No
   If yes, please explain:

   _____
8. Does anyone besides employees or volunteers drive Applicant's vehicles? ☐Yes ☐No
   If yes, please explain:

   _____
9. Does the Applicant allow personal use of the Applicant's agency vehicles? ☐Yes ☐No
   If yes, by whom and for what reasons?

   _____

SECTION XII – HIRED AND NON-OWNED VEHICLES ☐ N/A

1. Does the Applicant hire vehicles? ☐Yes ☐No
   If yes, what type of vehicles does the Applicant hire?

   _____
   Does the Applicant obtain Certificates of Insurance? ☐Yes ☐No
   What minimum limits does the Applicant require? $_____
2. Does the Applicant hire from a transportation company? ☐Yes ☐No
   If yes, with drivers? ☐Yes ☐No
3. Total number of hired vehicles: _____ Annual cost of hire: $_____
4. How many drive personal vehicles for business use regularly? F/T: _____ P/T: _____ Vol: _____
   How many drive personal vehicles for business use occasionally? F/T: _____ P/T: _____ Vol: _____
   Does the Applicant obtain proof of insurance for employees / volunteers who use their own autos? ☐Yes ☐No
   Does the Applicant update these records at least yearly? ☐Yes ☐No
   What minimum limits does Applicant require? $_____

SECTION XIII - HEALTH

1. Does the Applicant provide **sick client or drop in** services? ☐Yes ☐No
   If yes, please explain:

2. How many clients require special care and treatment?
   Please explain the special care or treatment:

3. Indicate if a file containing the following information is maintained on each client:
   Are there records for each client indicating unusual conditions the client has? ☐Yes ☐No
   Are signed releases for emergency medical treatment / dispensing of medication obtained from guardians? ☐Yes ☐No
   Are Written instructions from clients physician for dispensing of client's medication? ☐Yes ☐No
4. Is food properly covered, stored and served in accordance with applicable government requirements? ☐Yes ☐No

SECTION XIV – FIELDTRIPS / OFF PREMISES TRAVEL ☐N/A

1. Are field trips taken (or do you anticipate field trips during the next 12 months)? ☐Yes ☐No
   If yes, answer the following:
2. Describe the field trips:

3. Does the Applicant travel off premises for other events such as fundraising events? ☐Yes ☐No
4. Describe those trips:

SECTION XV – SPECIAL EVENTS ☐N/A

1. Are any pets or animals kept on premises? ☐Yes ☐No
   Describe animals, caging, and type of interaction:

2. Are special classes provided? (Exercise, Dance, etc.) ☐Yes ☐No
   If yes, please explain:

3. Are special classes taught by an independent contractor on your premises? ☐Yes ☐No
4. Does Applicant request / maintain Certificates of Insurance from all sub-contractors? ☐Yes ☐No
5. Does the Applicant have any operations other than Adult Day Care? ☐Yes ☐No
   If yes, please explain:

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SECTION XVI - DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY ☐ N/A

THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? ☐Yes ☐No
   If "no", provide an explanation:

   _____

2.

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	$	$
Net Assets / Fund Balance:	$	$
Annual Revenue:	$	$
Net Revenue:	$	$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit

☐ Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. ☐Yes ☐No

   Any disciplinary action by any regulatory agency or association? ☐Yes ☐No
   Any administrative proceeding charging violation of a federal or state law or regulation? ☐Yes ☐No
   Any other criminal actions? ☐Yes ☐No

EMPLOYMENT PRACTICE LIABILITY INFORMATION:

1. Please provide the following employee count information:
   U.S. based employees: _____
   Total Full-Time: _____ Total Part-Time: _____
   Volunteers: _____ Temporary: _____
   Leased: _____ Total Non U.S. based employees: _____
   TOTAL SUM OF ABOVE: _____

2. Is any reduction of employees or change of status anticipated in the next year?
   Voluntary: _____ Involuntary: _____ Layoffs: _____

3. Does the Applicant have an employment handbook? ☐Yes ☐No

4. Does the Applicant use an employment application for every potential employee? ☐Yes ☐No

5. Does the Applicant use outside employment counsel for employment advise? ☐Yes ☐No

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CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		$	$		$
EPLI		$	$		$
Fiduciary		$	$		$
Workplace Violence		$	$		$
Internet Liability		$	$		$

WARRANTY INFORMATION:

1. With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage? **(Not Applicable in Missouri)** ☐ Yes ☐ No
   If yes, please provide details:

   _____

2. As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None ☐ or as noted below:

   _____

3. Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None ☐ or as noted below:

   _____

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued.

_____ _____

Name (Please Print) Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)**

_____ _____

Signature Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY "MATERIALLY" FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME."

RESIDENTS OF LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

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

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

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

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICTION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)	Title **(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN OR EXECUTIVE DIRECTOR)**
Signature	Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer	Agency
Producer License Number	Agency Taxpayer ID or SS Number
Address (Street, City, State, Zip)	