



HOTEL APPLICATION

(One Application Must Be Completed for Each Location)

(Please complete only those sections which apply to your business)

In order to obtain a quote, it is mandatory that all questions which pertain to the insured's business be answered and that loss runs be included with your application. Submissions without this completed form and other necessary applications will not be quoted or reserved.

Applicant:

Effective Date:

Address:

Expiration Date:

SECTION I - GENERAL INFORMATION

- | | | |
|---|-----|--------------------------|
| 1. Is any building under renovation?
If yes, please explain the type of renovations being done, the value of the renovations and when the renovations will be completed. | Yes | No |
| 2. Is hotel part of a franchise operation? | Yes | No |
| 3. How many guest rooms are in the hotel? | | |
| 4. Average room rate: \$ | | |
| 5. Average occupancy: % | | |
| 6. Room receipts only: \$ | | Liquor receipts only: \$ |
| 7. All other receipts excluding Room and Liquor: \$
Please explain nature of all other receipts? | | |
| 8. Is there a manager on premises / duty 24 hours daily? | Yes | No |
| 9. Is property owner-operated?
If no, explain: | Yes | No |
| 10. Please describe all amenities provided by the hotel: | | |
| 11. Does Applicant sublease any space to others?
If yes, please explain the nature of the operations of the parties to whom space is leased: | Yes | No |
| 12. If the applicant has a restaurant, is the restaurant operated by the applicant?
If "No", does the sub-contractor provide certificates of insurance with at least \$1,000,000 liability limits and does the sub-contractor name the hotel as an additional insured on their policy? | Yes | No |
| | Yes | No |

SECTION IV - GENERAL LIABILITY

- | | | |
|--|-----|----|
| 1. Does Applicant have a minimum of 3 years hotel management experience? | Yes | No |
| 2. Does the Applicant use card keys in lieu of metal keys? | Yes | No |
| 3. Are shower/tub surfaces protected by non-skid surfaces? | Yes | No |
| 4. Does Applicant provide health club facilities? | Yes | No |
| 5. Does Applicant have a pool? | Yes | No |
| If "Yes", how many? | | |
| Is the pool(s) fenced and secured by a self-locking gate? | Yes | No |
| Does the pool(s) have diving boards or slides? | Yes | No |
| If "Yes", how high are the diving boards? | | |
| Is there a lifeguard present? | Yes | No |
| If "Yes", is lifeguard employed or contracted? | | |
| If "No", are "Swim at Your Own Risk" signs posted? | Yes | No |
| What are pool(s) hours of operation? | | |
| 6. Are all swimming pool(s) and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| If "No", provide time table and action plan: | | |
| 7. Does Applicant employ/contract for security personnel? | Yes | No |
| If contracted, is Applicant named as an Additional Insured on policy? | Yes | No |
| Are security guards armed? | Yes | No |
| 8. Are any rooms rented for 30 consecutive days? | Yes | No |
| If "Yes", explain: | | |
| 9. How many Automatic External Defibrillators (AED's) does applicant have at each location? | | |
| 10. How many employees at each location are trained to correctly operate the AED machines? | | |
| 11. Was full CPR training a part of the AED training? | Yes | No |
| 12. Number of marina slips / boat docks? | | |
| 13. Are all employees trained in CPR, Heimlich and/or First Aid? | Yes | No |

SECTION V – WATER SLIDES

- | | | |
|---|-----|----|
| 1. Describe the water slide and any additional features: | | |
| a. The height of the water slide: | | |
| b. The slope of the water slide: | | |
| c. The length of the water slide: | | |
| d. Is the step tower area enclosed? | Yes | No |
| e. The depth of the water where the slide rider drops into the water: | | |
| f. Provide a picture of the slide. | | |
| 2. The name of the Company that constructed the slide: | | |
| 3. Is the maintenance conducted by an outside professional with proof of liability insurance? | Yes | No |
| 4. What is the inspection schedule? | | |
| 5. a. Maximum number of persons allowed on the water slide at one time? | | |
| b. The ratio of swimmers to lifeguards: | | |
| c. Are lifeguards trained in the operations and rules of the water slide usage? | Yes | No |
| 6. Are swimmers required to sign a water slide waiver form? | Yes | No |

7. How is the water slide secured so that no unauthorized use occurs?
8. Does Applicant post rules on use of the water slide for all swimmers to review? Yes No
9. Does Applicant keep a log of daily inspection of the water slide? Yes No
10. How is the water slide kept restricted when not in use?

SECTION VI – BANQUET FACILITIES/CATERING

1. Does the Applicant provide catering services on premises? Yes No
2. Does the Applicant cater liquor? Yes No
3. Annual number of banquets held at applicant's premises?

SECTION VII – CONVENTION/TRADE SHOW

1. Does Applicant provide convention/trade shows? Yes No
2. Does Applicant serve liquor at these events? Yes No
3. Annual number of conventions and trade shows held at applicant's premises?

SECTION VIII– LIQUOR LIABILITY

Limits Desired: \$500,000 Aggregate \$500,000 Each Common Cause
 \$1,000,000 Aggregate \$1,000,000 Each Common Cause

1. Description of Operations:
2. Name on Liquor License: License Number:
3. List full name of individuals or partners and their interests:

4. Within the past 5 years, has the insured reported any liquor Liability claims? Yes No
 If "Yes", please explain:

5. Within the past 5 years, has the insured been cited by the Liquor Control Commission or for violation of beverage laws? Yes No
 If "Yes", please explain:

6. Within the past 5 years, has the Applicant had any insurance carrier cancel, non-renew or refuse coverage? Yes No
 If "Yes", please explain:

7. Please include currently-valued, company-produced loss runs for current year and 3 prior years:

Carrier	Policy Term	Annual Premium
	Current Policy:	\$
	First Prior Year:	\$
	Second Prior Year:	\$
	Third Prior Year:	\$

8. Does Applicant engage in any off-premises operations? Yes No
 If "Yes", please explain:

9. Are there any liquor sales for off-premises consumption? Yes No
 If "Yes", please explain:

10. Is there a cover charge? Yes No
 If "Yes", please explain:

11. Are bouncers or security personnel employed? Yes No
If "Yes", please explain:
12. Describe any formal alcoholic training programs in use, including the name of the program (i.e. TIPS, TAM):
13. Are beer / liquor distributors allowed to sponsor events on site? Yes No
If "Yes", please explain:
14. Are there written procedures for handling intoxicated patrons? Yes No
15. Any live or recorded entertainment? Yes No
16. Are there any Happy Hours, Ladies Nights etc held at the insured's premises? Yes No
If "Yes", please explain.

SECTION IX - SPA PROFESSIONAL LIABILITY

1. Please check the professional services that Applicant performs and for which Applicant desires coverage under the policy.

NOTE: Any professional service for which Applicant do not provide such information will not be covered under the policy.

NOTE: Checking any professional service does not obligate us to insure it.

Services	Revenue
Massage	\$
Facials	\$
Microdermabrasion	\$
Body Wraps	\$
Hydrotherapy	\$
Aromatherapy	\$
Waxing	\$
Exercise/Workout	\$
Manicure/Pedicure	\$
Beautician Service/Hair	\$
Sale of Products	\$
Tanning	\$
Other:	\$
TOTAL:	\$

If you provide any of the following services, you are not eligible for this program:

- Acupuncture
- Tattooing
- Permanent Make-up
- Laser Hair Removal
- Chiropractic
- Bo-Tox or injections of any kind

2. Does the Applicant own or manage the spa? Own Manage
3. If the spa is run by a sub-contractor, is Applicant named as additional insured on policy? N/A Yes No

4. Provide the number for each: Employees: (part-time is less than 10 hrs/week) and Independent Contractors. Do not include the owner.

	Employees		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Barbers				
Beauticians				
Body Piercing				
Body Wrap Technicians				
Electrologist				
Estheticians				
Fitness Instructor				
Hairdresser				
Massage Therapists				
Micropigmentation				
Nail Technicians				
Nutritionist				
Personal Trainers				
Pilates Instructor				
Student (Esthetician or Electrologist)				
Tattoo				
Yoga Instructors				
All Other Technicians				
TOTAL PROVIDING SERVICE:				

5. Are all Technicians licensed if required by law? Yes No
6. Please provide the number of the following:
 Tanning Beds/Booths: Hydrotherapy Tables/Tubs: Exercise Equipment:
7. Does Applicant's equipment comply with and is Applicant aware of all requirements of Federal and State regulatory agencies? Yes No
8. Do independent contractors or booth renters conduct operations on your premises? Yes No
9. Are the work areas where acrylics are used well ventilated? Yes No
10. Are all employees instructed in first aid to potential eye contamination by chemicals? Yes No
11. Are all body contact supplies sanitized after each use? Yes No
12. Are toxic chemicals stored away from the access of customers? Yes No
13. Does Applicant's client operate any exercise equipment?
 If yes, are they instructed and monitored? Yes No
14. Does Applicant manufacture or repackage any product? Yes No
15. Is any product manufactured and distributed under Applicant's private label?
 If "Yes", please describe the product and attach proof of manufacturer coverage: Yes No
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16. Does Applicant use and save as a permanent record, a hazard disclosure and personal injury disclaimer or waiver for each customer for all services performed? Yes No
17. Does Applicant have a medical crisis plan? Yes No
18. Does Applicant require health histories, intake questionnaires?
 If "Yes", how long are they kept? Yes No
19. Does Applicant require signed waivers from all clients? Yes No
20. Is signage used throughout facility to prevent injury? Yes No
21. Does Applicant have non-slip surfaces in all wet areas? Yes No

SECTION X - AUTOMOBILE

- | | | | | |
|---|-------|------------|-----|----|
| 1. Transportation of passengers: Are drivers over 25 years old? | | | Yes | No |
| 2. Service vehicles: Are drivers over 21 years old? | | | Yes | No |
| 3. Does Applicant have an airport shuttle service? | | | Yes | No |
| If "Yes", is the shuttle service owned or contracted? | Owned | Contracted | | |
| 4. Does insured provide Valet Parking? | | | Yes | No |
| If "Yes", is valet service owned or contracted? | Owned | Contracted | | |
| 5. Do Applicants employees use their own vehicles for company purposes? | | | Yes | No |
| If "Yes", are they insured? | | | Yes | No |
| How many employees drive their own vehicles? | | | | |
| Do Applicants employees provide Certificates of Insurance? | | | Yes | No |
| Are any drivers under 21 years of age? | | | Yes | No |
| 6. Has the Applicant leased or rented a vehicle in the last year? | | | Yes | No |
| If "Yes", provide use and cost of hire: | | | | |
| Does applicant run MVRs on all drivers? | | | Yes | No |

SECTION XI – BABYSITTING SERVICES

- | | | | | |
|--|--|--|-----|----|
| 1. Does Applicant provide onsite child care for customers or employees? | | | Yes | No |
| 2. Where in the hotel is the babysitting service provided? | | | | |
| 3. Does the babysitting service ever take place in the guest's room? | | | Yes | No |
| 4. Is the babysitting service licensed by the state? | | | Yes | No |
| 5. Is a minimum of one staff member certified in first aid present at all times? | | | Yes | No |
| 6. Are signed releases for emergency medical treatment/dispensing of medication obtained from parents? | | | Yes | No |
| 7. While providing babysitting services, does the insured allow the children use of their pool? | | | Yes | No |

SECTION XII – PLAY AREAS

If you own or have access to another's playground area, complete the following questions:

- | | | | | |
|-------------------------------------|--|--|-----|----|
| 1. Is the area fenced? | | | Yes | No |
| 2. Are any trampolines present? | | | Yes | No |
| 3. Describe the playground surface: | | | | |

SECTION XIII – 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. Does the Applicant perform criminal background investigations on all current employees? | | | Yes | No |
| 3. Does Applicant verify employment-related references? | | | Yes | No |
| 4. Does Applicant conduct a personal interview? | | | Yes | No |
| 5. Has Applicant ever had an incident, which resulted in an allegation of sexual abuse?
If yes, please explain: | | | Yes | No |
| a. Was a claim made against the Applicant's organization? | | | Yes | No |
| b. Is that individual still employed with the Applicant's Organization? | | | Yes | No |
| c. What changes were made to prevent recurrence? | | | | |
| d. Was the case settled?
Provide complete details on a separate document. | | | Yes | No |
| 6. What were the monetary damages awarded to the victim? \$ | | | | |
| 7. Does the Applicant's current insurance program include abuse and molestation coverage?
If so, what limits? | | | Yes | No |

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld. The insurer is authorized (but not obligated) to make any inquiry in connection with this application. Accepting this application does not bind the insurer to complete the insurance.

FRAUD NOTICE STATEMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name (Please Print/Type)

Title
(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN 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)