



CAMP OPERATORS APPLICATION

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the current policy period plus four (4) prior years
- Website address or brochure
- Copy of employment application. The application must include a question asking if the Applicant has ever been convicted of a crime including sexual abuse
- Copy of consent form for pre-employment background check
- Copy of risk and consent form for campers
- Copy of camp registration form
- Copy of medical permission slip for campers
- Copy of any additional supplemental application required (i.e. Go-Karts, Liquor Liability, Fireworks, Water Trampoline, etc.)

GENERAL INFORMATION

Named Insured: _____

DBA (if applicable): _____

Principal Contact: _____

Mailing Street Address: _____

Mailing City: _____ State: _____ Zip: _____

Location Street Address: _____

Location City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Website: www. _____ E-Mail Address: _____

Camp Website: _____ Years in Business: _____

Business Form: Corporation Partnership For Profit Non-Profit
 Joint Venture LLC Individual Other: _____

FEIN: _____

Effective Date: _____

Limit of Liability Requested: \$300,000 Occurrence
 \$500,000 Occurrence
 \$1,000,000 Occurrence

Type of Camp: Day Resident Travel Sports Weight Loss
 (Indicate all that apply) Co-ed Boys Girls Adult Special Needs
 Other (describe): _____

Is the camp accredited by: ACA CCI Other:(specify) _____

Camp location: _____

1. Do you operate any other businesses from this location? Yes No
 (List information below for each business, use a separate sheet to list information if necessary)
 If yes, type of entity:
 Corporation Partnership Individual LLC Other: _____
 Description of business: _____

PRIOR CARRIER INFORMATION			
	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

ADDITIONAL INSURED, if necessary use another sheet of paper		
Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

AGENCY: Castle Rock Agency Inc
 CONTACT: _____
 ADDRESS: 853 Broadway 1602 New York, NY 10003
 TELEPHONE: 212-360-2334 FAX: 800-978-5182
 E-MAIL: info@castlerockagency.com

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

SECTION I – GENERAL INFORMATION

- Opening day of camp: _____ Last day of camp: _____ Number of sessions: _____
- More than one location? Yes No
 If yes, attach list of locations and camp function at each.
- Total number of camper days: _____
 Campers per Day: _____ X Days per Week : _____ X Weeks per Year: _____ = Total Camper Days: _____
- Age range of campers: _____
- If a resident camp, what is the average length of stay? _____
- Are the camp directors accredited? Yes No
 If yes, by whom? _____
- Does the camp use volunteers? Yes No
 If yes, at what capacity? _____
- Are there any certified medical personnel (Doctor, Nurse or Other) on the premises during camp? Yes No
 Number of nurses: _____ Number of doctors: _____
 If yes, do all certified medical personnel have their own professional liability insurance with a minimum limit of liability of \$500,000? Yes No
 If no, please explain medical procedures : _____

9. Does camp obtain medical permission slips? Yes No

10. Does camp get written details on all prescription medication being used by its campers? Yes No
11. Nearest medical facility: _____ Miles
12. Name of insurance carrier for the Camp's Accident Medical and / or Sickness policy:

Policy number: _____ Effective dates: _____ Limit per camper: \$ _____

13. Do you require a risk / consent form to be signed by each camper and their parent(s) and/or guardian(s)? If yes, please attach a copy. Yes No
14. Do you accept special needs campers? (If yes, please complete Section VII) Yes No
15. Do you require a Certificate of Insurance naming your organization as an Additional Insured from all sub-contractors? Yes No
16. When was the last date of inspection by the Board of Health? _____
17. Describe cooking facilities (what type of equipment is used to cook):

18. Is there an automatic fire protection system over all cooking surfaces? Yes No
If no, please explain: _____
19. Location of nearest fire department: _____ Miles
20. Are there fire hydrants located on the Camp's premises? Yes No
If no, location of the closest fire hydrant: _____ Miles
21. Do all sleeping quarters have smoke detectors? Yes No
If yes, are the smoke detectors: Battery Operated Hard Wired
22. Do any employees live on the camp premises year round? Yes No
If yes, describe who and why:

If no, describe security and upkeep measures:

23. How many buildings are occupied year round? _____
Who is using the buildings?
24. Does the Named Insured own all buildings associated with the camp and located on the premises? If no, please explain: Yes No
25. Is the Applicant compliant with the Zackery Lystedt Law? (Only applicable in Washington) Yes No

SECTION II- CAMP PERSONNEL

1. What is the ratio of counselors to campers during all organized activities? _____ to _____
2. What is the ratio to counselors to campers during non-active times? _____ to _____
3. Are counselors always present with campers while on premises? Yes No
4. Regarding Counselors from the prior year: What percentage return as personnel for the next year? _____%
5. What is the minimum age of your counselors? _____
6. Do you offer a Counselor in Training (or other similar type) program? Yes No
If yes, what is the minimum age: _____
7. Do you mandate that counselors attend training classes? Yes No
8. What experience is required of your counselors for employment (i.e.: training, certification or previous experience)? **Please describe in detail:**

SECTION III - TRANSPORTATION

N/A

- 1. Does the camp provide transportation for the campers to and from camp? Yes No
- 2. At any point, do employees / volunteers transport campers in their personal vehicles? Yes No
- 3. Does the camp hire: Vans: Buses: Other: (describe) _____
What is the size of bus (number of passengers): _____
- 4. What is the minimum age of: Drivers who transport campers: _____
Drivers who do NOT transport campers: _____
- 5. Are the vehicles ever used by the employees for personal use? Yes No
- 6. Is there a driver safety program in place? Yes No
If yes, please describe: _____
- 7. Who is in charge of maintenance of the vehicles? _____

SECTION IV – RENTAL OF CAMP PREMISES

N/A

- 1. Is camp premises rented or leased to an outside entity? Yes No
If yes, do you require a certificate of insurance naming the camp as an Additional Insured? Yes No
- 2. Is a formal contract/agreement signed by applicable entities? Yes No
If yes, please attach a sample.
Annual gross receipts for the rental of premises to other entities: \$ _____
- 3. While other entities are on camp premises, is there a representative of the camp on premises at all times? **If yes, please explain:** Yes No
- 4. Are there any activities that take place during the rental period that do NOT take place during normal camp operations? **If yes, please describe:** Yes No
- 5. Is liquor sold or furnished during the rental period? Yes No
If yes, the Liquor Liability Supplemental Application must accompany this application.

SECTION V – CAMP ACTIVITIES

- 1. Please check all applicable activities associated with the camp:

<input type="checkbox"/> Rafting	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Rock Climbing / Repelling
<input type="checkbox"/> Water Skiing	<input type="checkbox"/> Alpine Skiing	<input type="checkbox"/> Cross Country Skiing
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Circus Activities	<input type="checkbox"/> Rope Courses / Climbing Towers
<input type="checkbox"/> Paintball	<input type="checkbox"/> Archery	<input type="checkbox"/> Off Road Bikes (Motorized)
<input type="checkbox"/> Flying	<input type="checkbox"/> Backpacking	<input type="checkbox"/> Whitewater Canoeing
<input type="checkbox"/> ATV's	<input type="checkbox"/> Adventure Program	<input type="checkbox"/> Skin or Scuba Diving
<input type="checkbox"/> Tubing	<input type="checkbox"/> Bicycling	<input type="checkbox"/> Skateboarding (ramps / jumps)
<input type="checkbox"/> Caving	<input type="checkbox"/> Trampolines**	<input type="checkbox"/> Waterslides over 15' high # _____
<input type="checkbox"/> Ice Skating*	<input type="checkbox"/> Horse Back Riding	<input type="checkbox"/> Rifle Ranges *** # _____

* Ice skating done on a Rink or Lake/Pond

**Land Trampolines excluded under policy

***Are NRA standards met with all rifle ranges? Yes No

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

Fireworks Go-Carts Water Trampolines # _____

- 2. Does the camp have a written safety plan for all applicable checked activities: Yes No
(If yes, please attach a copy for all applicable activities)

3. Does the camp broker have a contract with others for any of the applicable activities Yes No
If yes, please explain: _____

4. Do you require certificates of insurance from all brokered activity providers? Yes No

5. **Boating and Water Activities:**

Please indicate all that apply by listing the number of each unit:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tubes | <input type="checkbox"/> Rafts | <input type="checkbox"/> Canoes |
| <input type="checkbox"/> Kayaks | <input type="checkbox"/> Jet Skis | <input type="checkbox"/> Paddle Boats |
| <input type="checkbox"/> Rowboats | <input type="checkbox"/> Sailboats | <input type="checkbox"/> Windsurf Boards |
| <input type="checkbox"/> Motorboats less than 76hp | <input type="checkbox"/> Motorboats over 76hp | <input type="checkbox"/> Boats greater than 21' in length |

- A) Do you require all campers to wear life jackets during all applicable water activities? Yes No
 B) Is a lifeguard always on duty during water activities? Yes No
 C) Do you require qualified counselors to accompany campers at all times during water activities? Yes No
 D) Are campers permitted to operate motorized boats? Yes No
 E) Are water activities restricted to campers only during the specified activity time? Yes No
 F) Describe in detail the use of the powered boats: _____

G) Are there any whitewater exposures? Yes No
 Describe exposure: _____
 Counselors affiliated with the whitewater exposure: Please describe their experience and/or certification: _____

6. **Swimming Pools:**

A) Total number of pools: _____
 B) 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

C) Maximum depth of each pool: _____
 Are the depth markings clearly visible in and around the pool? Yes No

D) Is each pool fenced in? Yes No
 Height of fencing around each pool: _____

E) Are lifeguards present at all swimming times? Yes No
 If yes, what is the ratio of swimmers to lifeguards: _____ to _____
 Are all lifeguards certified? Yes No
 If yes, how are they certified and by whom? _____

F) Are the pool rules posted at each pool area? Yes No

G) Is swimming allowed at night? Yes No
 If yes, is the pool lighted? Yes No

H) Are any of the pools open to the public? Yes No
 I) Is there a diving board? Yes No

If yes, what is the height (in feet)? _____
 What is the depth of the water in the diving area? _____
 Is the diving area clearly marked? Yes No

Does the diving area extend out at least 16 feet from the end of the diving board? Yes No
 J) Is there a water slide? Yes No

If yes, please list in feet: Height: _____ Length: _____
 Depth of water where slide enters: _____

If used in a pool, are the slides approved by the manufacturer for pool use? Yes No
 How do swimmers enter the water when launching off the slide?

at an angle OR horizontally

Are there spotters at the bottom of each slide? _____

Who is responsible for the maintenance of the slides? _____
 Are there signs posted regarding proper sliding techniques? _____
 Is head-first sliding allowed? _____

Please attach rules for use of the water slide.

7. Lakes, Ponds or Rivers:

- A) Total number of Lakes: _____ Ponds: _____ Rivers: _____
 B) Maximum depth of each Lake: _____ Pond: _____ River: _____
 Are the depth markings clearly visible in and around each body of water? Yes No
 C) Is each body of water roped off? Yes No
 D) Do any of the bodies of water have diving boards? Yes No
 If yes, height of each diving board: _____
 Depth of water at each diving board entry: _____
 E) Are lifeguards present at all swimming times? Yes No
 If yes, what is the ratio of swimmers to lifeguards? _____ to _____
 Are all lifeguards certified? Yes No
 If yes, how are they certified and by whom? _____
 F) Are water safety rules posted at each body of water? Yes No
 G) Do you have water structures like water trampolines, blobs, inflatable platforms, etc. Yes No
 If yes, list the type(s) of structure(s): _____
 1) Is there a minimum of 2 lifeguards assigned to each structure at all times? Yes No
 2) Do the lifeguards have 360 degree visibility around the structures? Yes No
 3) Is a maximum 25 pound weight difference between participants on a blob enforced? Yes No
 4) Is only one person at a time allowed to be bounced off the blob? Yes No
 5) Are personal floatation devices worn at all times? Yes No
 6) Is there a barrier in place to prevent access to unsupervised structures? Yes No
 7) Is a "no swimming" radius of at least 20 feet around trampolines and blobs enforced at all times? Yes No
 8) Are all rules posted in a prominent place? Yes No
Please attach rules for use of the structures.
 H) Are any of the bodies of water open to the public? Yes No
 I) Is a rescue vehicle available? Yes No

8. Gymnastics:

- A) Does the camp instruct on floor exercises only? Yes No
 If no, list all apparatus used: _____
 B) Are all instructors certified USGA gymnastics instructors? Yes No
 If yes, do you require a copy of their certificate? Yes No
 If no, explain in detail the instructors qualifications: _____
 C) What is the ratio of campers to counselors? _____ to _____
 D) List gymnastics offered: _____

9. Saddle Animals:

- A) Number owned: _____ Number leased: _____
 1) Is an outside stable used? Yes No
 2) Whom are the horses leased from and what type of contractual agreements are in place with the owners? _____
 3) What capacity are the horses used in the off season? _____
 4) Where do they stay, how are they cared for, and who handles the activities? _____
 B) Does the camp offer (**check all that apply**):
 Jumping Vaulting Polo Rodeo Activities Other, (specify) _____
 C) Are all riders required to wear ASTM approved safety helmets? Yes No
 D) Do you provide riding instructions for the mentally or physically handicapped? Yes No

- If yes, are the counselors NAHRA certified? Yes No
- E) Does the camp conduct hayrides? Yes No
 If yes, does the wagon have sides or is it open? Sides Open
 Is a counselor in the wagon during rides? Yes No
- F) Are the campers taken on trail rides? Yes No
- G) What is the ratio of instructor to campers during trail rides? _____ to _____
- H) Are the animals used during the camp rental periods? Yes No
- I) How are the riders matched with horses? _____
- J) Describe the type of experience is required of the instructors? _____
- K) Do you have any animals at the camp other than saddle animals? Yes No
 If yes, describe number and types of each: _____
 Are all animals' inoculations up to date? Yes No
- L) Does the camp teach:
 Vaulting Jumping Polo Rodeo Activities Other: (specify) _____
 Are your instructors certified? Yes No
 If yes, by whom? _____

High Risk (The following are high risk exposures.)

10. Rope Courses / Climbing Towers

A) Rope Courses

1) Describe area and high and low elements (**enclose diagram**):

2) Has the course been inspected by a certified independent consultant? Yes No

3) What are the counselor's qualifications for this course?

4) How are they kept restricted when not in use? _____

5) What is the ratio of campers to counselors? _____ to _____

6) What is the height of both high and low ropes courses?

B) Climbing Towers

1) Number of climbing towers: Affixed _____ Movable _____

If you have movable, explain: _____

2) Describe activities performed on climbing towers and include a diagram showing heights, location, settings and equipment used:

3) What are the counselor's qualifications for this course?

4) What is the ratio for campers to counselors? _____ to _____

5) What is the height of each tower/wall?

6) Where are the towers? Inside OR Outside

7) How are they kept restricted when not in use? _____

SECTION VI – SEXUAL ABUSE / MOLESTATION

N/A

1. If your camp is eligible, do you want a quote including coverage for Sexual Abuse and Molestation? Yes No
2. During staff orientation, do you discuss sexual abuse/molestation; how to recognize the signs, and what to do if someone reports it to them? Yes No
3. How is the staff monitored on a daily basis in regard to living relationships with campers?

4. Does your employment application include a question asking the applicant if he / she has ever been convicted of any crime including sex related or child abuse offenses? Yes No

- Are applicants refused employment if they answer yes to this question? Yes No
5. Does your state allow you to do criminal background checks on applicants? Yes No
If yes, do you do criminal background checks on all employees and volunteers? Yes No
6. Do you verify employment-related references? Yes No
7. Do you conduct a personal interview? Yes No
8. Do you have written procedures for dealing with sexual abuse? Yes No
-
9. Have there been any allegations or claims made against your camp regarding sexual abuse / molestation? Yes No
If yes, were damages ever paid to the victim? Yes No
What loss control measures have you taken to prevent this from happening again?

SECTION VII – SPECIAL NEEDS CAMPERS

N/A

1. What percent of campers have special needs? _____ %
2. What percent of your supervisory personnel have a degree in, or at least 24 weeks experience in, an area relevant to the special needs being served? _____ %
3. Are staff / camper ratios adjusted for special needs campers? Yes No
If yes, what is the ratio? _____ Staff to _____ Special Needs Campers
4. Is the entire staff informed about the limitations / abilities of the special needs campers regarding activities, sleeping arrangements, diet, medical, requirements, etc.? Yes No
5. Are independent contractors you use specially trained to supervise / instruct special needs campers? Yes No
6. Does your crisis management plan include contingency plans for these campers? Yes No
7. List the specific medical procedures you provide:
-
8. Do the professionals carry their own malpractice insurance? Yes No
If yes, do you request a certificate of insurance as proof? Yes No
9. Do you have a maintenance program for medical apparatus or equipment you provide to campers? Yes No
10. Do you provide outside services, such as counseling hotlines, seminars or other activities specific to special needs campers or their families? If yes, describe: Yes No

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.
 Any disciplinary action by any regulatory agency or association?
 Any administrative proceeding charging violation of a federal or state law or regulation?
 Any other criminal actions?

Yes No
 Yes No
 Yes No
 Yes No

EMPLOYMENT PRACTICE LIABILITY INFORMATION:

1. Please provide the following employee count information:

U.S. based employees: _____ Total Non U.S. based employees: _____
 Total Full-Time: _____ Temporary: _____
 Total Part-Time: _____ Volunteers: _____
 Leased: _____
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

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)**
 If yes, please provide details:

Yes No

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. This Application will be attached and become a part of the policy.

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

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.

NOTICE TO 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.

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

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND 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.

NOTICE TO 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.

NOTICE TO FLORIDA 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.

NOTICE TO 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.

NOTICE TO MAINE AND 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO 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.

NOTICE TO 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."

NOTICE TO 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."

NOTICE TO 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."

Insured Signature: _____ Date: _____

Producer Signature: _____ Date: _____