



## **FAMILY ENTERTAINMENT CENTER (FEC) APPLICATION**

### **SECTION I - III MUST BE COMPLETED FOR ALL SUBMISSIONS**

**For Abuse and Molestation coverages, complete section V**

**For Liquor Liability coverage, complete section VI**

**For Hired and Non-Owned Auto coverage, complete section VII**

### **SUBMISSION REQUIREMENTS**

- Complete ACORD Property, Auto and Umbrella Liability if coverages requested
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Web site information, brochures and photos
- Facility diagram
- Ride Inspection forms
- Employee training manual
- Latest financial statement
- Emergency evacuation plan
- Copy of waivers and releases where required
- Copy of safety rules
- Certificates of Insurance from any sub-contractors / independent contractors, if any

### **SECTION I - GENERAL INFORMATION**

1. Applicant name:
2. Name of facility:
3. Mailing address:  
City: County: State: Zip:  
Physical address:  
City: County: State: Zip:
4. Contact person: Telephone:  
Contact e-Mail address: Web address: www.
5. Risk Management Contact: Risk Management's Phone:  
Risk Management eMail:
6. Business type: Corporation Partnership Individual  
Non-Profit Governmental entity Other:
7. Year business was established? Number of years under present management:  
FEIN:
8. Is the Applicant's business part of a franchise? Yes No  
If yes, what is the name of the franchise?
9. Does the Applicant have a safety manager on premises at all times the facility is open? Yes No  
If yes, provide name and contact information:
10. Does the Applicant have a formal safety training program for employees? Yes No

**SECTION II - PREMISES INFORMATION**

1. Average annual attendance: \_\_\_\_\_ Operating season: \_\_\_\_\_ to \_\_\_\_\_  
 Annual payroll: \$ \_\_\_\_\_ Number of employees: \_\_\_\_\_

**SALES / RECEIPTS**

a.) Amusements	\$ _____	
b.) Food and beverage	\$ _____	Describe: _____
c.) Beer and liquor sales	\$ _____	
d.) Parking	\$ _____	
e.) Souvenirs / Novelties	\$ _____	Describe: _____

**GENERAL INFORMATION** (Explain any "yes" answers in **REMARKS** section below.)

2. Any medical facilities provided or any employed physicians / nurses? Yes No
3. Any storage, treating, discharging, applying, disposing or transporting hazardous materials? Yes No
4. Any operations sold, acquired or discontinued in the last five (5) years? Yes No
5. Machinery, equipment or attractions rented to others? Yes No
6. Any watercraft docks (not bumper boats), floats on premises? Yes No
7. Is there a swimming pool on premises? Yes No
8. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide time table and action plan: Yes No
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9. Any special events scheduled throughout the year? Yes No
10. Does the Applicant own or lease the facility: Own Lease Yes No
- If leased, provide a copy of leasing agreement.**
11. If leased, who is responsible for parking areas: Owner Insured
12. If leased, who is responsible for building maintenance: Owner Insured
13. Any structural alterations contemplated? Yes No
14. Any demolition contemplated? Yes No

**REMARKS:**

**SECTION III – LIFE SAFETY**

1. Does the Applicant have an automatic extinguishing system over deep fat fryers, grills & stoves? Yes No  
 How often are hood / ducts cleaned: \_\_\_\_\_  
 By whom: Insured Sub-contractor  
 If by sub-contractor, how often are they serviced: \_\_\_\_\_ Date last serviced: \_\_\_\_\_
2. Central station fire alarm? Yes No
3. Central station burglar alarm? Yes No
4. Surveillance cameras? Yes No
5. Does the Applicant have an Automated External Defibrillator(s)(AED)? Yes No  
 If yes, are staff members trained to use it? Yes No
6. Does the Applicant have backup emergency lighting and / or emergency generators in the event of a power failure? Yes No
7. Does the Applicant have an emergency evacuation plan? (If yes, attach a copy) Yes No
8. Are evacuation procedures and floor plans posted? Yes No
9. Are parking lots well lit? Yes No
10. Patrolled by security? Yes No
11. Does the Applicant provide live entertainment? If yes, describe type and how often: Yes No

**RIDES / ATTRACTIONS**

- |  |     |    |
|--|-----|----|
| 1. Do all ride signs comply with manufacturer recommendations with regard to age, height and exit requirements?  | Yes | No |
| 2. Does the Applicant or has the Applicant ever manufactured or retro-fitted any amusements / attractions?<br>If yes, provide a list of all such attractions and the changes made. | Yes | No |
| 3. <b>Are periodic inspections required by state inspectors?</b>   | Yes | No |
| 4. <b>Are all required state, county, and/or local licenses or permits current?</b><br><b>Date of latest inspection:</b> _____ <b>Permit expiration date:</b> _____                | Yes | No |
| 5. <b>Has insured ever received a citation for violation of licensing or permit requirements?</b>  | Yes | No |
| 6. Are rides inspected daily?  | Yes | No |
| 7. Is inspection log maintained?   | Yes | No |
| 8. Are maintenance manuals for all rides kept on premises?   | Yes | No |
| 9. Is there a qualified maintenance staff on site?   | Yes | No |
| 10. Is there an on-site maintenance shop?  | Yes | No |
| 11. Is there adequate maintenance equipment on site?   | Yes | No |
| 12. Are there rides where the operator controls the speed?<br>If yes, provide a list and operator training required.   | Yes | No |

<b>SECTION IV - OPERATIONS</b>			
<b>Bumper Boats</b>		<b>Annual Receipts: \$</b>	
How many:	Manufacturer:		
Number of operators:	Height of observation fence:	ft.	
Age / Height limit – At least ten (10) years and 48”?			Yes No
Depth of water four (4) feet or less?			Yes No
Maximum engine horse power:	hp		
<b>Bumper Cars</b>		<b>Annual Receipts: \$</b>	
How many:	Manufacturer:		
Minimum height requirement:	in.	How many attendants:	
Type of seat belt:			
Cars equipped with dash and headrest pads?			Yes No
Wheel pads on steering wheels?			Yes No
<b>Batting cages (WAIVER AND RELEASE REQUIRED)</b>		<b>Annual Receipts: \$</b>	
How many:	Manufacturer:		
Min. age requirement:	Mfg. age / speed recs. posted?		
Clearly marked for right or left handed hitters?			Yes No
Are home plates clearly marked?			Yes No
Machine velocity checked or calibrated?			Yes No
If yes, by whom?			
Are records kept?	For how long?		
Are pitching machine settings able to be altered by hitters?			Yes No
Helmet or other safety equipment required to be used by participants in cages?			Yes No
Light or similar indicator when last ball has been pitched?			Yes No
<b>Coin Operated Amusements</b>		<b>Annual Receipts: \$</b>	
How many:	Number of attendants:		
Equipment is: Owned Leased			
Are machines properly grounded?			Yes No
Is there an on-site maintenance shop?			Yes No
Is there adequate maintenance equipment on-site?			Yes No
<b>Coin Operated rides</b>		<b>Annual Receipts: \$</b>	
How many?	Describe:		

<b>Driving Ranges</b>	<b>Annual Receipts: \$</b>		
Number of stalls:	Partitions between stalls?	Yes	No
<b>Escape Rooms</b>	<b>Annual Receipts: \$</b>		
Are escape rooms locked?		Yes	No
Can employees view all participants in all game sections by surveillance cameras and / or by employees on the gaming floor?		Yes	No
Are all rules explained to participants prior to entering the escape room?		Yes	No
Does the Applicant provide actors?		Yes	No
If yes, please describe:			
Are any tasks physical by nature that could potentially cause injury?		Yes	No
If yes, please describe:			
Is there a participant panic button or way to stop the game in case of emergency?		Yes	No
If yes, please describe:			
<b>Go Karts (WAIVER AND RELEASE REQUIRED FOR KARTS WITH SPEEDS OVER 21 MPH)</b>			
	<b>Annual Receipts: \$</b>		
How many?	Number of tracks:		
Maximum speed:                      mph	Indoor / outdoor:		
Max. number on track any one time:	Number of attendants:		
Are all go karts assembled and maintained to meet the manufacturer's specifications / instructions?		Yes	No
In addition, is a maintenance program in place with logs of all maintenance done to each go kart?		Yes	No
Gas              Electric                      Minimum age:	Minimum height:		
Seat belts required?		Yes	No
Equipment with governors to control speed?		Yes	No
Equipped with roll bars and bumper guards?		Yes	No
Are all Go Karts equipped with the following:			
Padded steering wheel		Yes	No
Padded head rest		Yes	No
Safety/seat belts for each seat		Yes	No
Wheel enclosures		Yes	No
Maximum speed of 10 miles per hour		Yes	No
Operator cut off system?		Yes	No
Are participants at least 48" tall and at least eight years of age?		Yes	No
Are participants required to wear shoes, helmets, and seat belts?		Yes	No
Are safety and operation rules posted in plain sight?		Yes	No
Track rules clearly and prominently posted?		Yes	No
Are there signs posted stating that there is no racing, bumping or reckless driving permitted?		Yes	No
Outdoor tracks fenced?		Yes	No
Fences meet American Society for Testing and Materials (ASTM) F-24 requirements?		Yes	No
Are any obstacles within thirty (30) feet of track padded or removed for safety?		Yes	No
Is there a minimum of two (2) qualified staff members on the track during go kart activities?		Yes	No
<b>Inflatables / Bounce and Play</b>	<b>Annual Receipts: \$</b>		
Describe:			
Does the Applicant have any outdoor inflatables?		Yes	No
<b>Note – Off premises use or rental of inflatables is excluded.</b>			
<b>Miniature Golf</b>	<b>Annual Receipts: \$</b>		
Number of courses:	Number of holes:		
Waterfalls or fountains?		Yes	No
Do they have ground fault interrupters?		Yes	No

<b>Paintball / Laser Tag (WAIVER AND RELEASE REQUIRED)</b>	<b>Annual Receipts: \$</b>		
Minimum age:	Minimum height:	Maximum participants per game:	
Ratio of judges to participants:			
Can employees view all participants in all game sections by surveillance cameras and / or by employees on the gaming floor?		Yes	No
Is there written instructions, procedures and training provided for participants?		Yes	No
Does equipment meet American Society for Testing and Materials (ASTM) standards?		Yes	No
Specify types of air fills used:			
Are safety plugs mandatory?		Yes	No
Does the Applicant repair or modify equipment sold?		Yes	No
Is there a scheduled maintenance plan for equipment? If yes, provide details		Yes	No
Do manufacturers provide certificates of insurance including you as additional insured?		Yes	No
Are participants separated by level of experience?		Yes	No
Are spectators properly protected from the paintball area / field?		Yes	No
Are participants in violation of the safety rules ejected?		Yes	No
List protective gear supplied to participants:			
Indicate feet per second used at your location:			
How often is equipment inspected:			
How often is equipment changed:			
Facility endorsed or fenced?		Yes	No
Any barriers or obstacles? If yes, please describe or provide diagram:		Yes	No
Any hand to hand fighting allowed?		Yes	No
Are customers allowed to bring their own equipment? If yes, is equipment and velocity checked?		Yes	No
Is eye protection required?		Yes	No
Are employees trained in first aid?		Yes	No
<b>Rock Climbing Wall (WAIVER AND RELEASE REQUIRED)</b>	<b>Annual Receipts \$</b>		
Does rock wall meet all Climbing Wall Industry Group (CWIG) standards and local codes?		Yes	No
What is the height of the wall:			
Bouldering (traversing) wall only – 6’ or less?		Yes	No
Are participants allowed to climb on their own?		Yes	No
What is the check in procedure:			
What kinds of verbal contacts or warnings given:			
When is safety testing done:			
What type certification system is used:			
What type of equipment is used? Describe the belay system.			
What type of landing surface is used – describe makeup, thickness and extent of fall protection:			
Who is responsible for daily maintenance and checks:			
Are spotters required?            Yes            No            At what height:			
If yes, what is frequency of use off premises:			

Miscellaneous Activities	Number of Participants	Annual Receipts
Euro bungee		\$
Trampolines		\$
Rope ladders		\$
Mechanical bull		\$
Shuffleboard		\$
Volleyball / Basketball		\$
Tennis courts		\$
Billiard / Pool table		\$
Simulators		\$

<b>SECTION V - ABUSE AND MOLESTATION</b>	<b>N/A</b>
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|--|-----|----|
| 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. Does the Applicant verify employment references for employees and volunteers?   | Yes | No |
| 4. Does the Applicant conduct personal interviews?   | Yes | No |
| 5. Are formal written procedures in place for hiring? (If yes, attach a copy)  | Yes | No |
| 6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy)   | Yes | No |
| 7. Does the Applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? (If yes, attach a copy)   | 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 the Applicant's state allow criminal background checks?   | Yes | No |
| If yes, does the Applicant run criminal background checks prior to hire for:   |     |    |
| Employees?   | Yes | No |
| Volunteers?  | Yes | No |

<b>SECTION VI - LIQUOR</b>	<b>N/A</b>
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|--|-----|----|
| 1. Is liquor license in the Applicant's name?  | Yes | No |
| If no, what is the name on the license and their relationship to the Applicant:                |     |    |
| Liquor license number:   |     |    |
| Class of license:  |     |    |
| 2. Is the liquor service sub-contracted to a third party?                                      | Yes | No |
| If yes, provide limits of liability maintained by the sub-contractor: \$                       |     |    |
| Is the Applicant listed as Additional Insured under sub-contractors liquor liability coverage? | Yes | No |
| Is contingent liquor liability coverage requested by Insured?                                  | Yes | No |
| 3. Has the Applicant's liquor license ever been revoked or suspended?                          | Yes | No |
| If yes, explain:   |     |    |
|  |     |    |
| 4. Has the Applicant incurred claims for liquor liability during the last three (3) years?     | Yes | No |
| If yes, explain:   |     |    |

- |   |                            |                         |
|---|----------------------------|-------------------------|
| <p>5. Has any insurer cancelled or non-renewed coverage during the last three (3) years? <b>Do not answer if located in Missouri.</b><br/>If yes, explain:</p>  | <p>Yes</p>                 | <p>No</p>               |
| <p>6. Has the Applicant ever been fined by Alcoholic Beverage Control or other Governmental regulator?<br/>If yes, explain:</p>   | <p>Yes</p>                 | <p>No</p>               |
| <p>7. Type of beverages sold:</p>   |                            |                         |
| <p>8. Are patrons allowed to carry alcoholic beverages onto the premises?<br/>If yes, what type:</p>  | <p>Yes</p>                 | <p>No</p>               |
| <p>9. Does the Applicant exercise the right to search and seizure contraband items?<br/>If yes, how does the Applicant notify the public of this:</p>   | <p>Yes</p>                 | <p>No</p>               |
| <p>10. Does the Applicant maintain security personnel at entry check points?<br/>If yes, what type:</p>   | <p>Yes</p>                 | <p>No</p>               |
| <p>11. Are the alcohol sales and consumption contained within one fixed site, or are booths / stands located throughout the event site:</p>   |                            |                         |
| <p>12. Number of servers used:<br/>Are they professional servers?<br/>Explain:</p>  | <p>Yes</p>                 | <p>No</p>               |
| <p>Are they volunteer servers?<br/>Explain:</p>   | <p>Yes</p>                 | <p>No</p>               |
| <p>13. Do the servers receive any type of alcohol awareness training?<br/>If yes, describe:</p>   | <p>Yes</p>                 | <p>No</p>               |
| <p>14. Median age of liquor customers:<br/>21-25                      25-30                      30-40                      40 and over</p>   |                            |                         |
| <p>15. Are minors allowed to enter the location where alcohol is being served?<br/>If yes, how is underage consumption of alcohol prevented:</p>  | <p>Yes</p>                 | <p>No</p>               |
| <p>16. Explain how ID's are checked:</p>  |                            |                         |
| <p>17. Are uniformed police officers present at the site of alcohol sales?<br/>Are undercover police officers present?<br/>Are private security officers present?<br/>Average number of officers present at site:</p> | <p>Yes<br/>Yes<br/>Yes</p> | <p>No<br/>No<br/>No</p> |
| <p>18. Are rules and regulations clearly displayed for patrons viewing?<br/>Explain:</p>  | <p>Yes</p>                 | <p>No</p>               |

- |     |   |     |    |
|-----|---|-----|----|
| 19. | Is there a limit placed on the quantity of alcoholic beverages purchased at one time?<br>Explain:   | Yes | No |
| 20. | Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?<br>Explain: | Yes | No |
| 21. | Is there any type of designated driver program?<br>Explain:   | Yes | No |

<b>SECTION VII - HIRED &amp; NON-OWNED AUTO</b>	<b>N/A</b>
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|----|---|-----|----|
| 1. | Does the Applicant have any owned automobiles?<br><b>NOTE:</b> If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is required:     | Yes | No |
| 2. | Does the Applicant allow employees to use their own personal vehicles for business purposes?<br>If yes, how many employees use their own personal vehicles?<br>If yes, how often?      Daily      Weekly      Monthly      Other: | Yes | No |
| 3. | Does the Applicant obtain Motor Vehicle Reports?<br>If yes, how often?      Annually      Every other year      Other:  | Yes | No |
| 4. | Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?<br>If yes, what minimum limits are required?   | Yes | No |
| 5. | Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period:   |     |    |
| 6. | Is hired auto physical damage required?<br>If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$<br><b>NOTE:</b> Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided. | Yes | No |



**SECTION VIII - WINTER WEATHER FREEZE-UP PROTECTION**

**This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI**

- |   |      |    |     |
|---|------|----|-----|
| 1. Fire Protection and Testing  |      |    |     |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)?   | Yes  | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered?  | %    |    |     |
| ii. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe   | Both |    |     |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes  | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):  |      |    |     |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review?                       | Yes  | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes  | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines)   |      |    |     |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?  | Yes  | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually?  | Yes  | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?  | Yes  | No | N/A |
| 3. Automatic Water Shutoff Devices  |      |    |     |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?   | Yes  | No | N/A |
| 4. Unused/Vacant Spaces   |      |    |     |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?  | Yes  | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists)  |      |    |     |
| a. Are all domestic water lines located in areas heated to at least 45°F?   | Yes  | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):  |      |    |     |
| 6. General Comments:  |      |    |     |

**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

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

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

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

**APPLICABLE IN 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

Name of Applicant:

Address of Applicant:

City:

State:

Zip:

Website: www:

Nature of Operations:

1. Annual sales or revenue: \$
  
2. 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):
  - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - c. Credit or Debit Card Information
  
3.
  - 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

**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

**FRAUD NOTICE STATEMENTS**

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).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

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

**APPLICABLE IN 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.

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