



STUDENT HOUSING SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Completed ACORD applications
- Color photos (representative building & auxiliary buildings)
- Plot plan with distance of building separation
- Copy of lease
- Financials
- Rent Roll if Commercial / Office Occupancy
- SOV (include auxiliary buildings & specific street address)
- 4 year currently valued company loss runs (5 year currently valued company loss runs for accounts over \$100,000)
- Copy of parental guarantee
- Copy of rules and regulations
- Evacuation Plan
- BI worksheet if BI is requested

GENERAL APPLICANT INFORMATION

Applicant Name:

C/O (if applicable)

Effective date:

Website address:

Risk Management Contact:

Cell Phone:

Email:

SECTION I – GENERAL ACCOUNT INFORMATION

1. What is the percentage of student occupancy? %
2. What is the percentage of "other than student occupancy"? %
3. How many total units:
4. Are there any vacant units? Yes No
If yes, how many:
5. Are pets allowed? Yes No
If yes, is there a pet park with rules posted? Yes No
6. Are students provided with written statement of community policies and rules? Yes No
7. Are parental guarantees for both rents and damages required? **Provide a copy.** Yes No
8. Is a no smoking policy in existence? Yes No

Commercial or Office Occupancy

1. Office # of office units: Square footage of office units:
Commercial # of commercial units: Square footage of commercial units:

Management

1. Is there an onsite residential manager, owner, and/or full time property manager? Yes No
2. Does onsite management specialize in student housing? Yes No
3. Is maintenance available 24/7? Yes No

SECTION II – BUILDING INFORMATION

Construction Type

1. Is the exterior covered with dryvit, EIFS or aluminum siding? Yes No
2. If frame construction, is siding wood shake? Yes No
3. Year built / Age of building: Number of stories:

Fire Protection and Alarms

1. Smoke detectors in common areas: Hardwired Battery N/A (no common areas)
2. Smoke detectors in units: Hardwired Battery
3. Carbon monoxide detectors? Yes No
4. Local fire alarm? Yes No Central station fire alarm? Yes No
5. Annunciator panel? Yes No
6. Are there firewalls? Yes No If yes, how many: Yes No
7. What is the rating in terms of hours: Are they masonry firewalls? Yes No
8. Do all firewalls extend to underside of roof? **Please explain:** Yes No

- | | | | | | | |
|-----|--|-----------------|----------|---------------------------|-----|-----|
| 9. | Is there a sprinkler system? | Yes | No | Type of sprinkler system: | Dry | Wet |
| 10. | If applicable, are sprinkler pipes running through the attic area insulated? | | | N/A | Yes | No |
| 11. | Classification: | NFPA 13 | NFPA 13R | Other: | | |
| 12. | Areas of coverage: | Entire building | Units | Common Area | | |
| | | Attic | Basement | Garage | | |
| 13. | Distance to nearest responding fire department: | | | | | |

Roof

- | | | | | | | |
|----|--|-----------------|--------------------------------------|----------------------|-----|-----|
| 1. | Roof Type: | | | | | |
| | Asphalt / Composition Shingle | | If so, are any T-Lock shingles used? | | Yes | No |
| | Tile (Clay) | Tile (concrete) | Metal | Wood Shake / Shingle | | |
| | Flat (tar and gravel) | | Flat (Membrane) | Other: | | |
| 2. | Roof Warranty: | Years | | Year of last update: | | |
| 3. | Are roofs inspected annually? | | | | Yes | No |
| | If yes, by whom: | | | | | |
| 4. | Are roof replacements scheduled? | | | | Yes | No |
| 5. | Do the roofs have ice shields installed? | | | | N/A | Yes |
| | If yes, how many feet: | | | | | No |
| 6. | Any ice damming history? | | | | N/A | Yes |
| | If yes, corrective action taken: | | | | | No |
| 7. | Are there any attics? | | | | Yes | No |
| 8. | Is there HVAC equipment in attic space? | | | | N/A | Yes |
| 9. | If HVAC equipment is on the roof, are there hail guards installed? | | | | N/A | Yes |

Heating, Ventilation and Air Conditioning (HVAC)

- | | | | | | | |
|----|---|-----|----|--|-----|----|
| 1. | Are there any boilers? | Yes | No | If yes, date of last inspection (MM/YY): | | |
| 2. | Are there any fire places? | Yes | No | If yes, regular cleaning required? | Yes | No |
| 3. | Are there any wood stoves? | | | | Yes | No |
| 4. | Is there a central HVAC? | | | | Yes | No |
| | If yes, provide details on any updating of HVAC services: | | | | | |

Means of Egress

- | | | | | | | |
|----|---|-----|----|-------------------------|---------------|----|
| 1. | Are there illuminated exit signs? | | | | Yes | No |
| 2. | Number of exits per building: | | | | | |
| 3. | Are all interior stairwells masonry enclosed? | | | | Yes | No |
| 4. | Do all interior stairwells have fire doors? | | | | Yes | No |
| 5. | Are fire doors equipped with panic hardware? | | | | Yes | No |
| 6. | Are there exterior fire escapes? | | | | Yes | No |
| 7. | Is there emergency lighting in hallways and stairwells? | | | | Yes | No |
| 8. | Are there any elevators? | Yes | No | If yes, # of passenger: | # of freight: | |

Miscellaneous Building Issues

- | | | | | | | |
|----|--|--|--|--|-----|----|
| 1. | Is grilling permitted on the premises? | | | | Yes | No |
| | If yes, are residents allowed to bring grills on the premises? | | | | Yes | No |
| 2. | Are grills provided in a centralized location and at least 15 feet from any structure? | | | | Yes | No |
| 3. | Are there any known or suspected construction defects? | | | | Yes | No |
| | If yes, describe defect and remediation work: | | | | | |
| 4. | Are there any outstanding insurance company risk management recommendations? | | | | Yes | No |
| | If yes, provide details on recommendations and work planned: | | | | | |
| 5. | Are there any buildings built on pilings? | | | | Yes | No |

SECTION III – LIABILITY INFORMATION

Security

N/A

- | | | | |
|-----------------------------------|---|-----|----|
| 1. | Is this a gated community?
Please describe access: | Yes | No |
| 2. | Are there security guards at the premises daily?
If yes, is it: 24 hour Evenings Other: | Yes | No |
| If no, skip to question 8. | | | |
| 3. | Indicate the number of personnel providing security services:
Employed: Unarmed Security: Armed Security:
Contracted: Unarmed Security: Armed Security: | | |
| 4. | When security is contracted to a third party, is the contractor's general liability/law enforcement professional liability policy required to name the Applicant as Additional Insured?
If yes, does the third party maintain a minimum limit of liability coverage and indemnify the Applicant?
If yes, indicate the minimum limit of liability of general / policy professional liability coverage the Applicant requires: \$ | Yes | No |
| 5. | Do security personnel have arresting authority? | Yes | No |
| 6. | If there is employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons? | Yes | No |
| 7. | Are criminal background checks and psychological reviews provided for all employed security?
If yes, how often are these checks and reviews conducted? Every months. | Yes | No |
| If no, explain: | | | |
| 8. | Does the Applicant permit staff, volunteers, or visitors to carry open or concealed firearms on the Applicant's premises? | Yes | No |
| 9. | If the Applicant does not permit open and/or concealed carry of firearms on any premises for which the Applicant is requesting insurance coverage, do all locations have signage which conspicuously identifies the building as a Gun Free Zone? | Yes | No |
| 10. | Do security personnel store weapons on premises?
Do staff or employees store weapons on premises? | Yes | No |
| 11. | Is the premises equipped with Closed Circuit TV? | Yes | No |

Clubhouse

N/A

- | | | | |
|----|--|-----|----|
| 1. | Indicate clubhouse exposures:
Cooking Facilities Food Service Liquor Service Indoor Pool Pro Shop
Convenience Store Retail Store Spa Other: | | |
| 2. | Is the clubhouse rented out? Yes No If yes, to whom: Residents Public | | |
| 3. | Is a formal rental agreement used? | Yes | No |

Fitness Centers

N/A

- | | | | |
|----|---|-----|----|
| 1. | Is there an exercise/ weight room? | Yes | No |
| 2. | Is the fitness facility open 24 hours? | Yes | No |
| 3. | Is the fitness facility adequately supervised or monitored? | Yes | No |
| 4. | Do the fitness rooms have posted "exercise at your own risk" and proper use of equipment signs? | Yes | No |
| 5. | Are the facilities used by students only? | Yes | No |
| 6. | Does the fitness center have tanning beds?
If yes, are the tanning beds using UVB bulbs? | Yes | No |

Swimming Pools

N/A

- | | | | |
|-----|--|-----|----|
| 1. | Are there any pools? | Yes | No |
| 2. | Are there any diving boards?
If yes, number of diving boards: Highest diving board: | Yes | No |
| 3. | Are there any slides? | Yes | No |
| 4. | Number of slides (attach photo): Tube ½ tube Other: | | |
| 5. | Are there any whirlpools? | Yes | No |
| 6. | Can the pool be rented out for private functions? | Yes | No |
| 7. | Are pools completely fenced? | Yes | No |
| 8. | Does the pool have a self-locking / latching gate that is in proper working condition? | Yes | No |
| 9. | Are all doors / gates leading to the pool area locked after hours? | Yes | No |
| 10. | Is public access to the pool area controlled by a secure door or gate? | Yes | No |
| 11. | What are the hours of operations: | | |

12.	Are lifeguards on duty during posted hours?	Yes	No
13.	Are the hours posted?	Yes	No
14.	Are lifeguards: Employees Sub-contracted		
	If sub-contracted, is a current certificate of insurance obtained?	Yes	No
15.	Is a written maintenance schedule check done on all life safety features daily?	Yes	No
16.	Who is responsible for daily maintenance?		
17.	Are "SWIM AT YOUR OWN RISK" signs posted?	Yes	No
18.	Are pool depths marked in and around the pool area?	Yes	No
19.	Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act?	Yes	No
	If no, provide time table and action plan:		

Lakes or Ponds		N/A	
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1.	Are there any ponds/lakes?	Yes	No
	If yes, is swimming permitted?	Yes	No
	If yes, is swimming restricted to designated area?	Yes	No
	If yes, is the area roped off?	Yes	No
2.	Are lifeguards on duty during posted hours?	Yes	No
3.	Are lifeguards: Employees Sub-contracted		
	If sub-contracted, is a current certificate of insurance obtained?	Yes	No
4.	Is ice skating allowed? Yes No	Yes	No
5.	Is non-motorized boating allowed? Yes No	Yes	No
6.	Are signs posted indicating prohibited activities?	Yes	No

Maintenance and Independent Contractors	
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1.	Is there any hired maintenance work done?	Yes	No
	If yes, does Applicant get certificates?	Yes	No
	If yes, does the independent contractor have at least \$1,000,000 in liability limits?	Yes	No
2.	Are they supervised while working?	Yes	No
3.	If maintenance is provided, please describe below what services are provided.		

SECTION IV – ABUSE AND MOLESTATION	
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1.	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
2.	Does the Applicant's state permit Applicant to do criminal background investigations?	Yes	No
	If yes, does the Applicant routinely request and receive such background investigations?	Yes	No
	Are Federal and State Criminal Background checks performed on:		
	Staff? Yes No		
	Volunteers?	Yes	No
3.	Do any independent contractors have access to students or perform operations where they will be physically touching another person?	Yes	No
	If yes, please explain:		
4.	Does the Applicant perform background checks on hired independent contractors?	Yes	No
5.	Is there a new employee and volunteer orientation that includes training in abuse awareness?	Yes	No
6.	Does the Applicant verify employment related references?	Yes	No
7.	Does the Applicant conduct personal interviews?	Yes	No
8.	Does the Applicant have written procedures dealing with sexual abuse?	Yes	No
	If yes, please attach a copy.		
9.	Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with students, both on and off premises such as class trips?	Yes	No
10.	Does the Applicant have a Sexual Abuse Awareness Program for students?	Yes	No
11.	Does the Applicant have a specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation?	Yes	No
12.	Has the Applicant's organization ever had an incident which resulted in an allegation of sexual abuse? If yes, please describe the incident:	Yes	No
13.	Was a claim made against the organization?	Yes	No
	If yes, was the case settled?	Yes	No
	If yes, was the case taken to trial?	Yes	No
	How much money was paid in damages to the victim: \$		
14.	Does the Applicant's current insurance program provide abuse and molestation coverage?	Yes	No
	If yes: Occurrence Claims Made		
	Limit: \$		
	Carrier: If Claims Made – Retroactive Date:		

SECTION V - AUTOMOBILE

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|---|--------------------------------|------------------|
| 1. Does the Applicant provide shuttle service for students? | Yes | No |
| If yes: | | |
| a. Does the Applicant use an independent contractor to provide the shuttle service? | Yes | No |
| b. Are Certificates of Insurance required from the contractor? | Yes | No |
| If yes, attach Certificate of Insurance. | | |
| c. Is the Applicant an additional insured on the contractor's policy? | Yes | No |
| 2. Approximately how many vehicles are hired or borrowed annually? | | |
| Total cost of hire: \$ | | |
| 3. For those employees who use their own vehicles for business, either full-time or occasionally, does the Applicant require the employee to carry primary insurance? | Yes | No |
| If yes, what is the maximum limit the Applicant is requiring them to carry? \$ | | |
| 4. Does the Applicant have a full-time fleet manager? | Yes | No |
| If yes, please advise: Number of years in current position: Total number of years' experience: | | |
| If no, who is responsible for fleet safety and maintenance? | | |
| 5. Does the Applicant have a routine maintenance program for all vehicles? | Yes | No |
| 6. Are maintenance records kept for each vehicle? | Yes | No |
| 7. Does the Applicant's organization utilize GPS fleet telematics devices? | Yes | No |
| If yes, please check off the fleet telematics being utilized: | | |
| Plug In | Hard Wired | Mobile Phone |
| Other: | | |
| 8. What percentage of the Applicant's fleet is provided with these fleet telematics devices? | % | |
| 9. Does the Applicant obtain Motor Vehicle Reports on ALL employees? | Yes | No |
| If yes, when? At time of hire Annually Randomly (based on accidents or suspicions) | | |
| 10. Does the Applicant have a formal driving policy in place with MVR standards? | Yes | No |
| a. Is driving policy communicated in writing to all employees? | Yes | No |
| Does the policy prohibit the use of cellphones/electronic messaging while driving? | Yes | No |
| b. Is a signed acknowledgement form kept on file? | Yes | No |
| If yes, please attach a copy of signed acknowledgement. | | |
| c. Does the Applicant have written guidelines defining an acceptable Motor Vehicle Record? | Yes | No |
| If yes, attach copy of guidelines. | | |
| 11. What action is taken if an "unacceptable" driver is identifiable? | | |
| 12. Does the Applicant perform accident investigations for each automobile accident? | Yes | No |
| 13. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driving training? | Yes | No |
| 14. Describe any ongoing training provided to drivers: | | |
| 15. Describe security regarding vehicle storage: | | |
| Locked Garage | Fenced Lot | Lighting |
| Security Personnel | Vehicle Locked When Unattended | Security Cameras |
| Other: | | |

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

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|----|---|------|----|-----|
| 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)