

## BED & BREAKFAST APPLICATION

**SUBMISSION REQUIREMENTS**

- All brochures describing any and all services; or website address
- The liability waiver / hold harmless agreement Applicant requires their guests to sign, if applicable
- Currently valued insurance company loss runs for the current policy period plus three prior years. If unavailable, provide a no loss letter signed by the Applicant.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

**GENERAL INFORMATION**

Named Insured:  
 Principal Contact:  
 Mailing Street Address:  
 Mailing City: State: Zip:  
 Location Street Address:  
 Location City: County: State: Zip:  
 Phone Number: Fax Number:  
 Website: www.  
 Risk Management Contact: Risk Management's Phone:  
 Risk Management Email:  
 Business Form:    Corporation    Partnership    Individual    LLC    Other:  
 Effective Date:  
 Limit of Liability requested: \$ 300,000 Occurrence  
 \$ 500,000 Occurrence  
 \$ 1,000,000 Occurrence

1. Does the Applicant operate any other business from this location? Yes    No  
 2. What is the legal name of this business?  
 If yes, type of entity:  
     Corporation    Partnership    Individual    LLC    Other:  
 Description of other 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



**PROPERTY SECTION** **N/A**

**Premises Information**

- 1. Distance to fire station? Miles
- 2. Is the responding fire department  staffed or  volunteer
- 3. Distance to fire hydrant? Feet
- 4. Are there other fire control water sources available?  
     Pool    Pond / Lake    Water Tank    Other:
- 5. Are there buildings at the Applicant's facility with limited access due to forest, terrain or season? Yes    No
- 6. Are the Applicant's buildings located in heavily wooded areas? Yes    No
- 7. Is the clearing from forest / wooded areas greater than 150 feet? Yes    No
- 8. Is the Applicant's business operational year round? Yes    No  
    If no, provide the number of months the Applicant is operational? Months
- 9. Does owner / employee live on the premises? Yes    No  
     Owner    Employee Yes    No
- 10. Does owner / employee have any pet(s) on the premises? Yes    No  
    If yes, list type / breed of pet(s):
  
- 11. Are the Applicant's buildings occupied year round? Yes    No  
    If no, is there a caretaker on site  Yes  No  or contracted? Yes    No  
    If no, are buildings winterized? Yes    No

**Building Information**

- 1. Is the Applicant's building sprinklered? Yes    No
- 2. Are there smoke alarms in all corridors and bedrooms? Yes    No  
     Battery    Hardwired
- 3. Is there a CO alarm installed? Yes    No
- 4. How many floors does the Applicant's main building have? Floor(s)
- 5. Does the Applicant have emergency lighting in all corridors and bedrooms? Yes    No
- 6. Does the Applicant have two means of egress from all floors? Yes    No
- 7. Building updates:  
    Electrical wiring    Yes, year    No, year built  
    Plumbing            Yes, year    No  
    Heating system    Yes, year    No
- 8. Do any buildings have any ACTIVE Knob & Tube and / or Aluminum wiring? Yes    No  
    If yes, list building numbers:
  
- 9. Do any buildings have cooking facilities? Yes    No  
    If yes, list building numbers:
- 10. Does the Applicant have wood burning stoves or fireplaces? Yes    No  
    If yes, are the chimneys and flues cleaned annually? Yes    No
- 11. Does the Applicant allow smoking inside any buildings? Yes    No

**GUEST QUARTERS**

- 1. Total number of units for guest rentals?
- 2. Maximum guest capacity is:
- 3. Does the Applicant allow pets? Yes    No
- 4. Does the Applicant have "Do Not Disturb" signs adequately supplied in each room? Yes    No
- 5. Is the Applicant or Applicant's employee present overnight when guests are registered? Yes    No

**ACTIVITIES INFORMATION**

**Actual Total Receipts for Prior 12 Months:** \$  
**Estimated Total Receipts for Next 12 Months:** \$

Activities Conducted	# of Guides	# of Units	User Days	Revenues
Hiking / Nature Tours				\$
Horseback Riding				\$
Hay, Sleigh or Wagon Rides				\$
Bike Rentals				\$
Boating				\$
Sea Kayak Tours / Rentals				\$
Water skiing				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Cross Country Skiing				\$
Historic Tours				\$
Day Care / Baby Sitting				\$
Other, describe:				\$

- Does the Applicant require their guests to sign a liability waiver for recreational activities? Yes No
- How many years has the Applicant been in business under current name and location? Years
- Does the Applicant hire subcontractors? Yes No  
**If yes, for what activities:**
- If yes, does the Applicant obtain proof of insurance? **Please attach certificates.** Yes No
- List safety procedures and / or attach safety guidelines:

**RETAIL OPERATIONS**

**N/A**

- Does the Applicant have retail operations for any of the following?  
     General Store                      Gift Shop                      Liquor Store
- What are the Applicant's total gross sales from retail operations? \$
- Does the Applicant sell any products under their own name (food, snacks, shirts, souvenirs, etc.) Yes No

**POOL AND SWIMMING OPERATIONS**

**N/A**

- How many of each: Pools Lakes Other:
- Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? **If no, provide a timetable and action plan:** Yes No
- Are the Applicant's swimming facilities open to the general public? Yes No
- Fenced? Yes No
- Diving Board? Yes No
- Locking Gate? Yes No
- Is the depth of pool marked? Yes No
- Are life rings or buoys provided? Yes No
- Pool rules posted? Yes No
- Is there signage "No life guard, swim at your own risk, no diving"? Yes No
- Does the Applicant have a waterslide? Yes No  
 If yes, what is the length & height of slide? Length / Height

<b>FOOD SERVICE OPERATIONS</b>	<b>N/A</b>
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- |  |     |    |
|--|-----|----|
| 1. Does the Applicant have an automatic extinguishing system over the cooking surface? | Yes | No |
| 2. Does the Applicant have automatic fuel shut-off to stove?                           | Yes | No |
| 3. Is there a maintenance contract to clean the Applicant's duct system?               | Yes | No |
| 4. Does the Applicant have one or more fire extinguishers?                             | Yes | No |
| 5. Does the Applicant have a service agreement for their extinguishers?                | Yes | No |
| 6. Does the Applicant have any deep fat fryers?  | Yes | No |
| 7. Is the deep fat fryer covered by an automatic extinguishing system?                 | Yes | No |

<b>SERVICE OPERATIONS</b>	<b>N/A</b>
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- |   |           |                 |
|---|-----------|-----------------|
| 1. Does the Applicant host any of these events?   |           | Annual Revenues |
| Weddings  | Yes    No | \$              |
| Conferences   | Yes    No | \$              |
| Special events, describe:   | Yes    No | \$              |
| 2. Does the Applicant provide the catering at these functions?                                      | Yes       | No              |
| 3. Does the Applicant provide the liquor at these functions?  | Yes       | No              |
| If no, does the Applicant collect certificates from the caterers that work on Applicant's premises? | Yes       | No              |
| 4. Is there a restaurant, bar or lounge on the premises?  | Yes       | No              |
| If yes, is it open to the general public?   | Yes       | No              |
| 5. What are the Applicant's liquor sales?   |           | \$              |
| 6. What are the Applicant's restaurant sales, not including liquor?                                 |           | \$              |
| 7. What percentage of restaurant and liquor sales is from patrons <b>NOT</b> lodging at the resort? |           | %               |
| 8. What is the restaurant seating capacity?   |           |                 |
| 9. Does the Applicant offer offsite catering?   | Yes       | No              |

*If requesting Liquor Liability, Applicant must complete the Liquor Liability Supplemental Application.*

<b>PERSONAL LIABILITY</b>	<b>N/A</b>
<i>If requesting Personal Liability Applicant must complete this section.</i>	

- |   |     |     |
|---|-----|-----|
| 1. Does the Applicant own any other residences or vacation properties?                                    | Yes | No  |
| 2. Does the Applicant have any Personal Liability coverage with the insurance for these properties?       | Yes | No  |
| 3. Are there any dogs on this premise?  | Yes | No  |
| If yes, list breed(s):  |     |     |
| 4. Is the bed & breakfast on this application Applicant's primary residence?                              | Yes | No  |
| 5. Does the Applicant have firearms kept on the premises?   | Yes | No  |
| If yes, describe how / where they are stored:   |     |     |
| 6. <b>List all family members / dependents living with the Applicant at this location and their ages.</b> |     |     |
| Name  |     | Age |

LOSS HISTORY		
Date	Description of Incident	Amount Paid / Reserved
		\$
		\$
		\$

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant have knowledge of any incident which may lead to a claim?<br>If yes, please describe: | Yes | No |
|---|-----|----|

**WINTER WEATHER FREEZE PROTECTION**

**The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.**

**These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY**

- |    |  |     |    |     |
|----|--|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?<br>This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them.  | Yes | No | N/A |
|    | a. If not, select all freeze protection measures currently in place:<br>Temperature monitoring and remote heating control system (Wi-Fi temperature controls)<br>PHLYSense<br>Other water detection/ notification/ alarm system<br>Backup electrical generator, ensuring building heat at all times<br>Insulation around water pipes in cold areas*<br>Heat tracing for water pipes in cold areas*<br>Antifreeze fire sprinkler system in cold areas*<br>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers<br>Other: |     |    |     |
|    | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.  |     |    |     |
| 2. | Fire Protection and Testing  |     |    |     |
|    | a. Is the building provided with an Automatic Fire Sprinkler System (AS)?  | Yes | No | N/A |
|    | i. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe      Both   |     |    |     |
|    | ii. If yes, approximately what percentage (%) of the building is sprinklered?      %   |     |    |     |
|    | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review?   | Yes | No | N/A |
|    | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes | No | N/A |
| 3. | 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 |
| 4. | Automatic Water Shutoff Devices  |     |    |     |
|    | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?  | Yes | No | N/A |
| 5. | 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 |
| 6. | Seasonal Occupancies ONLY:   |     |    |     |
|    | a. Is there a full-time caretaker/ maintenance personnel on the premise?<br>If yes, select required duties of the caretaker:<br>Regular walkthroughs of the building<br>i. How often each day?<br>Trained in the location(s) of water shut off valve(s)<br>Inspects taps and leaves them dripping in freeze weather events<br>Shuts off or drains pipes during freezing temperatures<br>Monitors building temperatures ensuring heat is maintained at required levels<br>Responds to power outages<br>i. List of required procedures                           | Yes | No | N/A |
|    | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?   | Yes | No | N/A |

## 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 they/ them are an authorized representative of the Applicant and declares to the best of their 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 (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 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). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, 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 AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 DISTRICT OF COLUMBIA:** 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.

**APPLICABLE IN FLORIDA** 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.

**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 FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE:** 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 JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** 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.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

**APPLICABLE IN OKLAHOMA:** WARNING: 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.

**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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN VERMONT:** 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.

**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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, 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)