



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

FOOD BANK SUPPLEMENTAL APPLICATION

Applicant Name: _____ City: _____ State: _____ ZIP: _____
 Mailing Address: _____ Full Time: _____ Part Time: _____
 Total Staff (including office, janitorial, maintenance, etc.): _____ Website Address: _____
 SIC #: _____ FEIN #: _____
 Non-Profit For-Profit Annual Revenue: \$ _____
 Number of years this facility has been: In Operation: _____ Under current Executive Director: _____
 Risk Management Contact: _____ Number: _____ Email: _____

SUBMISSION REQUIREMENTS

- ACORD applications, including Crime & Umbrella
- Statement of Values
- Photographs of the Applicant's location(s)
- Loss runs for current year and three (3) prior years
- Brochure, newsletter and website information

SECTION I – GENERAL APPLICATION INFORMATION

1. Please provide a narrative of the Applicant's operations:

2. Any mergers or operations under another name within the past five (5) years? Yes No
 Are any mergers planned / anticipated for the coming year? Yes No
 If yes to either, explain:

3. Annual budget excluding food donations: \$ _____ Annual value of donated food: \$ _____
 Funding sources (check all that apply): Federal State County Other (please specify): _____
4. Does the Applicant operate any locations not included in this application? Yes No
 If yes, provide addresses separately and explain:

5. Does the applicant currently maintain state and or governmental licenses and certifications required to operate as food handler, food salvager, and, or food distributor? Yes No
 If no, explain:

6. Has the Applicant ever had any licenses or certifications required to operate as a food bank revoked or placed under suspension? Yes No
 If yes, explain:

7. Is the Applicant aware of any claims that have alleged negligence or failure to comply with any regulatory / licensing guidelines? Yes No
 If yes, explain:

8. Indicate whether the applicant's employees or independent contractors provide services other than food handling and food acquisition and distribution, and food rescue? Yes No
 If yes, explain:

- | | | | |
|-----|--|-----|----|
| 9. | Does the Applicant lease, sub-lease, or rent to others?
If yes, please provide a copy of such contract. | Yes | No |
| 10. | Has the Applicant discontinued any programs in the past five (5) years?
If yes, explain: | Yes | No |

SECTION II - PREMISES / LIFE SAFETY

- | | | | |
|-----|---|--------------------------|----------------------|
| 1. | If the building the Applicant occupies was built prior to 1971; has it been inspected for lead paint?
If no, what is the plan for abatement? | Yes | No |
| 2. | Does the Applicant have any plans for renovations or new construction?
If yes, explain: | Yes | No |
| 3. | Does the Applicant have the following in place: | | |
| | Fire alarms? Yes No Central Station? Yes No | | |
| | Security alarm? Yes No Central station? Yes No | | |
| | Smoke detectors? Yes No Are smoke detectors: Hard wired Battery operated | | |
| 4. | Are all fire extinguishers annually inspected? | Yes | No |
| 5. | How many means of egress are there? Are all exits clearly marked & illuminated? | Yes | No |
| 6. | Are all exit doors equipped with panic hardware? | Yes | No |
| 7. | Does the Applicant have a written emergency evacuation plan?
If yes, are the emergency evacuation procedures and floor plan posted?
Has the Applicant established a central meeting point outside the building?
Does the emergency plan include notification to the fire department?
How often are drills held? | Yes
Yes
Yes
Yes | No
No
No
No |
| 8. | Does the Applicant have emergency lighting or backup generators in the event of a power failure? | Yes | No |
| 9. | Does the Applicant have a formal maintenance housekeeping program in place? | Yes | No |
| 10. | Has the Applicant's facility been inspected by an insurance company or independent inspection firm such as AIB, Inc.?
If yes, provide a copy of such report. | Yes | No |
| 11. | Does the property have aluminum wiring?
If yes, has it been retrofitted with one of the PHL Y approved connectors by a licensed Electrician?
(indicate with one): COPALUM? Yes No AlumiConn?
Date updated:
Please supply retrofit documentation or statement from installing contractor. | Yes
Yes
Yes | No
No
No |

SECTION III - MANAGEMENT PRACTICES

- | | | | |
|----|---|-----|----|
| 1. | Does the Applicant have incident reporting procedures and / safety reviews? | Yes | No |
| 2. | Is the Applicant's staff made aware of reporting procedures? | Yes | No |
| 3. | Does the Applicant have a plan for medical emergencies? | Yes | No |
| 4. | Is there someone trained in CPR and first aid on the premises during usual operating hours? | Yes | No |
| 5. | Does the Applicant have Automatic External Defibrillator(s)? | Yes | No |
| 6. | Are there trained employees to use AED on premises? | Yes | No |
| 7. | Do monthly staff meetings include food safety, workplace safety topics, and Operational improvements?
If yes, explain: | Yes | No |
| 8. | Does the Applicant have a written and enforced no smoking policy? | Yes | No |
| 9. | Are "no smoking" signs posted in all areas not designated for smoking? | Yes | No |

SECTION IV - HIRING / SCREENING PRACTICES

- | | | | |
|----|--|-----|----|
| 1. | a. Does the Applicant require all staff to complete an employment application? | Yes | No |
| | b. Does the Applicant require all volunteers working 500 hours per year to complete an employment application? | Yes | No |
| 2. | Does the Applicant conduct a personal interview for each prospective staff member? | Yes | No |
| 3. | Does the Applicant verify educational degrees of job applicants? | Yes | No |
| 4. | Does the Applicant verify employment related references? | Yes | No |
| 5. | Does the Applicant verify licenses and other credentials pertinent for food bank operations? | Yes | No |
| 6. | Does the Applicant obtain criminal background checks on all staff members <u>before</u> hiring them, where allowable by law? | Yes | No |
| 7. | Does the Applicant require drug tests on all staff members, including drivers?
If yes: Before hiring After hiring Random | Yes | No |

8. What are the Applicant's procedures for evaluating all these reports?
9. Does the Applicant share written job descriptions with all staff members? Yes No
10. Are any staff members under 18 years of age? Yes No
 If yes, list their position(s) and how they are supervised:
11. What is the staff turnover rate for the last 12 months?
12. Does the Applicant provide workers compensation for :
 All staff members Workshop Employees Contractors Consultants

SECTION V - ABUSE AND MOLESTATION

1. Does the Applicant's current insurance program include Abuse and Molestation Coverage? Yes No
 If yes, Occurrence or Claims Made – Retro Date: Limits of Liability: \$
 Carrier: Effective Date:
2. Does the Applicant's employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made, subject to any applicable legal limitations in the jurisdiction of employment? Yes No
3. Does the Applicant have a written crisis plan in place for dealing with employees, victims, parents, authorities, and the media if the Applicant has incident of abuse? Yes No
4. Are there written complaint procedures and are they displayed prominently? Yes No
 If yes, explain:
5. Have any incidents resulted in an allegation of sexual abuse? Yes No
 Was the case settled? Yes No Was the case taken to trial? Yes No
 Amount paid for damages to the victim: \$
6. Does the Applicant run background checks on volunteers? Yes No
 If yes, explain:

SECTION VI - CLAIMS MADE

N/A

Notice: This section is being completed as an application for a Claims-Made policy. Only claims which are first made against the Applicant and reported to us during the policy period or Extended Reporting Period will be covered, subject to policy provisions. Various provisions in the policy restrict coverage. Read the entire policy carefully to determine the Applicant's rights, duties and what is and is not covered.

Policy Effective Date:

Line of Business:

1. Within the past 5 (five) years has the Applicant given written notice under the provisions of any current or prior policy providing similar insurance of any claim or of any specific facts or circumstances which might give rise to a claim being made against the Applicant? Yes No
 If yes, please provide details:
2. With respect to the coverages applied for, upon inquiry of any of person qualifying as a Named Insured under the proposed policy, are there any facts, circumstances, or situations which might give rise to a claim under the coverage(s) for which the Applicant is applying? Yes No
 If yes, please provide details:

SECTION VII - AUTOMOBILE

N/A

- 1. Are all vehicles listed on the ACORD application titled to the applicant? Yes No
If no, explain:
- 2. Where does the Applicant keep owned vehicles? Yes No
Garage Driveway Parking lot Other:
- 3. Are keys locked and secured away from non-drivers when not in use? Yes No
- 4. Are vehicles with eight or more seating capacity equipped with an audible backup warning device? Yes No
- 5. Does the Applicant provide pickup or delivery of donated merchandise? Yes No
- 6. Are all vehicles that transport food equipped with hot and cold holding equipment to maintain proper food temperatures of food? Yes No
- 7. Does the Applicant require seat belts to be worn by all occupants? Yes No
- 8. Does the Applicant have a vehicle maintenance program in place? Yes No
- 9. 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:
- 10. What percentage of the Applicant's fleet is provided with these fleet telematics devices? %

SECTION VIII – DRIVERS

N/A

- 1. Does the Applicant obtain a written authorization to release driver information from all of staff upon hiring? Yes No
Does the Applicant obtain MVRs on all CLD drivers? Yes No
If yes, how often?
- 2. What are the Applicant's procedures for dealing with driver accidents or violations?

- 3. Are all drivers at least 21 years of age? Yes No
- 4. How many drivers (employees and volunteers) aged 21 to 25 transport clients in agency vehicles?
- 5. Do any drivers have a Commercial Driver's License? Yes No
- 6. Explain the Applicant's driver safety program:

- 7. Does anyone besides employees or volunteers drive the Applicant's vehicles? Yes No
If yes, explain:

- 8. Does the Applicant allow personal use of the Applicant's vehicles? Yes No
If yes, by whom and for what reasons?

SECTION IX - HIRED AND NON-OWNED VEHICLES

N/A

- 1. Does the Applicant contract any delivery services with vendors? Yes No
If yes, explain:

- If yes, what types of vehicles does the Applicant hire?

- Does the Applicant obtain certificates of insurance? Yes No
What minimum limits does the Applicant require? \$
- 2. Does the Applicant hire from a transportation company? Yes No
If yes, with drivers? Yes No
- 3. Total number of hired vehicles: Annual cost of hire: \$
- 4. How many drive personal vehicles for business use regularly? F/T: P/T: Vol:
How many drive personal vehicles for business use occasionally? F/T: P/T: Vol:
Does the Applicant obtain proof of insurance for employees/volunteers who use their own autos? Yes No
Does the Applicant update these records at least yearly? Yes No
What minimum limits does the Applicant require? \$

SECTION X - FOOD BANK

N/A

- | | | |
|--|-----|----|
| 1. Are proper personal hygiene practices in place such as proper hand washing? | Yes | No |
| 2. Are potentially hazardous foods properly stored in a temperature controlled environment? | Yes | No |
| 3. Does any food come from approved food sources, i.e., licensed restaurants, food processors, etc.? | Yes | No |
| 4. Are powered material handling equipment operators properly trained and supervised? | Yes | No |
| 5. Are there food cross contamination procedures in place? | Yes | No |
| 6. Does the Applicant pick up from homes or businesses? | Yes | No |
| 7. What radius does the Applicant drive? | | |
| 8. Does the Applicant have a loading dock or appropriate place to unload goods? | Yes | No |
| 9. Are product expiration dates monitored? | Yes | No |

SECTION XI – FOOD PREPARATION FACILITIES

N/A

- | | | |
|--|-----|----|
| 1. Does the Applicant repackage food?
If yes, do all refrigerators, freezers, cooking and hot holding equipment meet NSF International Standards and have NSF marking?
As all other food and beverage equipment is replaced, are they required to meet NSF standards and have NSF marking? | Yes | No |
| 2. The food preparation equipment is in:
One common area Each floor Individual rooms Other:
Total number of cooking areas: | | |
| 3. Who has access to the cooking area: Staff Clients/Residents Visitors/Public | | |
| 4. For who is the food prepared? Staff Clients/Residents Visitors/Public
If for the public, explain: | | |
| 5. Is the food properly covered, stored and served? | Yes | No |
| 6. Do the Applicant's staff members supervise the cooking area? | Yes | No |
| 7. Are there fire extinguishers in the cooking area? | Yes | No |
| 8. The cooking equipment is: Residential Commercial | | |
| 9. Cooking equipment is equipped with: Nothing Hoods Ducts Exhaust Fans
Automatic fuel shut off controls Automatic fire suppression system Other: | | |
| 10. How often is the cooking equipment cleaned:
Cleaned by: Applicant Cleaning contractor | | |
| 11. Do the hoods have removable filters? | Yes | No |

SECTION XXII - PLANNED EVENTS / FUND RAISERS**

N/A

*** If Insured has more than five (5) events planned for the upcoming policy period, photocopy this page and add additional events.*

QUESTIONS	EVENT #1	EVENT #2	EVENT #3	EVENT #4	EVENT #5
Describe the type of event*					
* Insert letter for type of event: A = Wine tasting B = Golf outing C = Other sporting event (specify) D = Picnic E = Banquet F = House tour G = Bingo H = Walkathon I = Fashion show J = Concert (specify) K = Other (specify)					
Date(s) the event is held.					
Daily hours of operation.					
Total anticipated revenue.	\$	\$	\$	\$	\$
Held at Applicant's premises? If not, specify where it is held.					
Number of participants.					
Number of staff members.					
Are certificates of insurance obtained from everyone providing products / services?					
If there will be drinking at the event, how does the Applicant control the amount allowed?					
Who provides / serves the alcohol? Liquor license required?					
Are the bartenders hired by the Applicant or by the place where the event is held?					
Are bartenders TIPS certified?					
If applicable, list all sporting activities to be a part of this event.					
What safeguards are in place to prevent spectator injury?					
Do participants sign a waiver?					
If sporting activity, do participants show proof of personal health insurance?					

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?
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:
Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
PHLYSense
Other water detection/ notification/ alarm system
Backup electrical generator, ensuring building heat at all times
Insulation around water pipes in cold areas*
Heat tracing for water pipes in cold areas*
Antifreeze fire sprinkler system in cold areas*
Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
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?
If yes, select required duties of the caretaker: | Yes | No | N/A |
| | Regular walkthroughs of the building | | | |
| | i. How often each day? | | | |
| | Trained in the location(s) of water shut off valve(s) | | | |
| | Inspects taps and leaves them dripping in freeze weather events | | | |
| | Shuts off or drains pipes during freezing temperatures | | | |
| | Monitors building temperatures ensuring heat is maintained at required levels | | | |
| | Responds to power outages | | | |
| | i. List of required procedures | | | |
| | 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 |

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)