

GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



CAMP OPERATORS APPLICATION

SUBMISSION REQUIREMENTS

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

GENERAL INFORMATION

Named Insured:

DBA (if applicable):

Principal Contact:

Mailing Street Address:

Mailing City:

State: Zip:

Location Street Address:

Location City:

County:

State: Zip:

Phone Number:

Fax Number:

Website: www.

E-Mail Address:

Camp Website:

Years in Business:

Business Form:

Corporation
Joint Venture

Partnership
LLC

For Profit
Individual

Non-Profit
Other:

FEIN:

Effective Date:

Limit of Liability Requested:

\$300,000 Occurrence
\$500,000 Occurrence
\$1,000,000 Occurrence

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

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

Camp location:

1. Do you operate any other businesses from this location? Yes No
 (List information below for each business, use a separate sheet to list information if necessary)

If yes, type of entity:

Corporation Partnership Individual LLC Other:

Description of business:

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

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

PRODUCING INSURANCE AGENT

AGENCY:
 CONTACT:
 ADDRESS:
 TELEPHONE: FAX:
 E-MAIL:

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

SECTION I – GENERAL INFORMATION

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

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- |     |                                                                                                                                                                   |     |    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10. | Does camp get written details on all prescription medication being used by its campers?                                                                           | Yes | No |
| 11. | Nearest medical facility: _____ Miles                                                                                                                             |     |    |
| 12. | Name of insurance carrier for the Camp's Accident Medical and / or Sickness policy:<br><br>Policy number: _____ Effective dates: _____ Limit per camper: \$ _____ |     |    |
| 13. | Do you require a risk / consent form to be signed by each camper and their parent(s) and/or guardian(s)? If yes, please attach a copy.                            | Yes | No |
| 14. | Do you accept special needs campers? <b>(If yes, please complete Section VII)</b>                                                                                 | Yes | No |
| 15. | Do you require a Certificate of Insurance naming your organization as an Additional Insured from all sub-contractors?                                             | Yes | No |
| 16. | When was the last date of inspection by the Board of Health?                                                                                                      |     |    |
| 17. | Describe cooking facilities (what type of equipment is used to cook):                                                                                             |     |    |
| 18. | Is there an automatic fire protection system over all cooking surfaces?<br>If no, please explain:                                                                 | Yes | No |
| 19. | Location of nearest fire department: _____ Miles                                                                                                                  |     |    |
| 20. | Are there fire hydrants located on the Camp's premises?<br>If no, location of the closest fire hydrant: _____ Miles                                               | Yes | No |
| 21. | Do all sleeping quarters have smoke detectors?<br>If yes, are the smoke detectors: _____ Battery Operated _____ Hard Wired<br>Is there a CO alarm installed?      | Yes | No |
| 22. | Do all bunk beds have a continuous guard rail along the wall side of the bunk?                                                                                    | Yes | No |
| 23. | Do any employees live on the camp premises year round?<br>If yes, describe who and why:                                                                           | Yes | No |

If no, describe security and upkeep measures:

- |     |                                                                                                                       |     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------|-----|----|
| 24. | How many buildings are occupied year round?<br>Who is using the buildings?                                            |     |    |
| 25. | Does the Named Insured own all buildings associated with the camp and located on the premises? If no, please explain: | Yes | No |
| 26. | Is the Applicant compliant with the Zackery Lystedt Law? <b>(Only applicable in Washington)</b>                       | Yes | No |

**SECTION II- CAMP PERSONNEL**

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



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

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

5. **Boating and Water Activities:**

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

|                           |                      |                                  |
|---------------------------|----------------------|----------------------------------|
| Tubes                     | Rafts                | Canoes                           |
| Kayaks                    | Jet Skis             | Paddle Boats                     |
| Rowboats                  | Sailboats            | Windsurf Boards                  |
| Motorboats less than 76hp | Motorboats over 76hp | Boats greater than 21' in length |

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

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

6. **Swimming Pools:**

- A) Total number of pools:  
 B) Are all swimming pools and spas compliant with Virginia Graeme Baker pool and Spa Safety Act? If no, provide timetable and action plan: Yes No  
 C) Maximum depth of each pool:  
 Are the depth markings clearly visible in and around the pool? Yes No  
 D) Is each pool fenced in? Yes No  
 Height of fencing around each pool:  
 E) Are lifeguards present at all swimming times? Yes No  
 If yes, what is the ratio of swimmers to lifeguards: \_\_\_\_\_ to \_\_\_\_\_  
 Are all lifeguards certified? Yes No  
 If yes, how are they certified and by whom?  
 F) Are the pool rules posted at each pool area? Yes No  
 G) Is swimming allowed at night? Yes No  
 If yes, is the pool lighted? Yes No  
 H) Are any of the pools open to the public? Yes No  
 I) Is there a diving board? Yes No  
 If yes, what is the height (in feet)? \_\_\_\_\_  
 What is the depth of the water in the diving area? \_\_\_\_\_  
 Is the diving area clearly marked? Yes No  
 Does the diving area extend out at least 16 feet from the end of the diving board? Yes No  
 J) Is there a water slide? Yes No  
 If yes, please list in feet: \_\_\_\_\_ Height: \_\_\_\_\_ Length: \_\_\_\_\_  
 Depth of water where slide enters: \_\_\_\_\_  
 If used in a pool, are the slides approved by the manufacturer for pool use? Yes No  
 How do swimmers enter the water when launching off the slide?  
 \_\_\_\_\_ at an angle OR \_\_\_\_\_ horizontally  
 Are there spotters at the bottom of each slide?



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

**Please attach rules for use of the water slide.**

7. **Lakes, Ponds or Rivers:**

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

8. **Gymnastics:**

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

9. **Saddle Animals:**

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



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

**High Risk (The following are high risk exposures.)**

10. Rope Courses / Climbing Towers

A) Rope Courses

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

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

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

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

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

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

B) Climbing Towers

1) Number of climbing towers:    Affixed Movable

    If you have movable, explain:

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

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

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

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

6) Where are the towers?            Inside      OR      Outside

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

**SECTION VI – SEXUAL ABUSE / MOLESTATION**

**N/A**

1. If your camp is eligible, do you want a quote including coverage for Sexual Abuse and Molestation? Yes      No

2. During staff orientation, do you discuss sexual abuse/molestation; how to recognize the signs, and what to do if someone reports it to them? Yes      No

3. How is the staff monitored on a daily basis in regard to living relationships with campers?

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



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

**SECTION VII – SPECIAL NEEDS CAMPERS**

**N/A**

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

**DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY**

**N/A**

**THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY**

**DIRECTORS & OFFICERS LIABILITY INFORMATION**

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No  
If no, provide an explanation:

| 2. FINANCIAL INFORMATION   | CURRENT FISCAL YEAR | PREVIOUS FISCAL YEAR |
|----------------------------|---------------------|----------------------|
| Total Assets:              | \$                  | \$                   |
| Net Assets / Fund Balance: | \$                  | \$                   |
| Annual Revenue:            | \$                  | \$                   |
| Net Revenue:               | \$                  | \$                   |





3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

| Name / Type of Business                      | Percent the Applicant Owns/Controls | Date Created / Acquired | For Profit / Non-Profit |
|----------------------------------------------|-------------------------------------|-------------------------|-------------------------|
| I.E.: ABC Foundation / Charitable Foundation | 100%                                | 01/01/2000              | Non-Profit              |
|                                              |                                     |                         |                         |
|                                              |                                     |                         |                         |
|                                              |                                     |                         |                         |

Additional entities listed by attachment.

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details.
- |                                                                                           |     |    |
|-------------------------------------------------------------------------------------------|-----|----|
| Any disciplinary action by any regulatory agency or association?                          | Yes | No |
| Any administrative proceeding charging violation of a federal or state law or regulation? | Yes | No |
| Any other criminal actions?                                                               | Yes | No |

**EMPLOYMENT PRACTICE LIABILITY INFORMATION:**

1. Please provide the following employee count information:
- |                            |                                 |
|----------------------------|---------------------------------|
| U.S. based employees:      | Total Non U.S. based employees: |
| Total Full-Time:           | Temporary:                      |
| Total Part-Time:           | Volunteers:                     |
| Leased:                    |                                 |
| <b>TOTAL SUM OF ABOVE:</b> |                                 |
2. Is any reduction of employees or change of status anticipated in the next year?
- |            |              |          |
|------------|--------------|----------|
| Voluntary: | Involuntary: | Layoffs: |
|------------|--------------|----------|
3. Does the Applicant have an employment handbook? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advise? Yes No

**CURRENT COVERAGE:**

| COVERAGES          | Insurance Company | Limit of Liability | Deductible | Policy Effective Dates | Premium |
|--------------------|-------------------|--------------------|------------|------------------------|---------|
| D & O              |                   | \$                 | \$         |                        | \$      |
| EPLI               |                   | \$                 | \$         |                        | \$      |
| Fiduciary          |                   | \$                 | \$         |                        | \$      |
| Workplace Violence |                   | \$                 | \$         |                        | \$      |
| Internet Liability |                   | \$                 | \$         |                        | \$      |



**WARRANTY INFORMATION:**

- 1. With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage?  
**(Not Applicable in Missouri)** Yes No  
If yes, please provide details:
  
- 2. As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below:
  
- 3. Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None or as noted below:

**With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.**

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. This Application will be attached and become a part of the policy.

Name (Please Print) Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)**

Signature Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**FRAUD NOTICE 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:** 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 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 COMMITS A FRAUDULENT INSURANCE ACT.

**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.

**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.**

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)