



THE PRIVATE GOLF & COUNTRY CLUB PROGRAM QUESTIONNAIRE

Name/Mailing Address/Zip Code:

Location Address:

Additional Locations (enter "same" if as above)

Club Manager Contact: _____

Phone Number: () _____

Email: _____

Fax Number: () _____

Ownership:

Member Owned

Corporately Owned

Partnership

Individually, Privately Owned

Club Status:

Club is Non-Profit Corporation: (501C) Yes () No ()

Number of Members: _____ Private _____

Main Clubhouse:

Type of Construction: _____ Square Feet of Building: _____ Age of Building: _____

Central Station Alarm/Heat and Smoke Detection System? Yes () No () Battery Backup? Yes () No ()

Local Smoke Alarms? Yes () No () Battery Powered? _____ Hand Wired? _____

Sprinkler System? Yes () No () Wet Yes () No () Dry Yes () No ()

Automatic extinguishing system installed which protects hoods, ducts, and all cooking surfaces including fat fryers? Yes () No ()

Cleaning Service? Yes () No () How Often? _____

Note:

THE SYSTEM MUST ALSO HAVE A MANUAL RELEASE AWAY FROM THE COOKING AREA.

If building is over 25 years old, need year the following were updated:

Electrical _____ Roof _____ Plumbing _____ HVAC _____

Is the main clubhouse closed during off-season? Yes () No () If yes, when and for how long? _____

Does the Club have a Property Appraisal? Yes () No () If yes, please attach a copy.

GOLF

Number of courses _____ Number of Holes _____ Driving Range? Yes () No ()

Golf Carts: Number of Carts _____ Owned _____ Leased _____ # Gas _____ #Electric _____

Who is responsible for maintenance of golf carts? _____

If leased, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes () No ()

Are there operators under the age of 18? Yes () No () If yes, explain: _____

Who is responsible for insuring golf carts? Club _____ Pro _____ Lessor _____

Are there Professional or Major Amateur Events planned during the next three years? (Please explain)

Name of Golf Professional: _____

Is he/she an Independent Contractor? _____ Club Employee? _____

Is the Pro Shop operated by: Club _____ Operated by Golf Professional _____

If independently operated, please provide the Pro Shop's insurance carrier name, term of policy and coverage limits.

Who is the Bailee for members' golf clubs? Club _____ Pro _____

Total value members' golf clubs stored at Club? \$ _____

Are there any plans to remodel the Club or make a major capitol purchase during the next policy period? Yes () No ()

If yes, explain in detail. – Use separate sheet if necessary: _____

TENNIS

of Outdoor Courts: ____ # of Indoor Courts: ____ Outdoor courts lighted for nighttime play? Yes () No ()

Tennis Bubbles? Yes () No () # and Age of bubbles: _____

How supported: _____

Name of Tennis Professional: _____

Is he/she an Independent Contractor? Yes () No () Club Employee? Yes () No ()

Is the Tennis Shop operated by the Club? Yes () No () Operated by Tennis Professional? Yes () No ()

PLATFORM TENNIS

Number of Courts: ____ Construction: _____

Lighted for nighttime play? Yes () No () Heating of Courts? Yes () No () Electric? ____ Gas? ____

Are Certificates of Insurance obtained naming **Club as Additional Insured on all contracted work**? Yes () No ()

SWIMMING

Pool: ____ Kiddie Pool: ____ Lake: ____ Pond: ____ Ocean: ____

Number of Certified life-guards: ____ Hours of pool operation: _____

Is pool fenced or protected by perimeter protection at least four feet high? Yes () No ()

Do they have self-closing gates? Yes () No () Are rules posted? Yes () No ()

Number of diving boards: ____ Describe: _____

Height: ____ Competitive Use? Yes () No ()

Depth of Pool in Diving Area? ____ Clearly marked? Yes () No ()

Water Slides? Yes () No () If yes, please describe: _____

WATERCRAFT

(NOTE: Powerboats with more than 50 HP or sailboats over 26 feet cannot be insured in our program!)

Number of owned watercraft:

1. Canoes _____

2. Rowboats _____

3. Powerboats _____ 50 HP or under _____ Over 50 HP _____

4. Sailboats _____ Under 26 feet _____ 26 feet or over _____

OTHER CLUB ACTIVITIES

____ Skeeet/Trap Ranges ____ Snowmobiling ____ Jacuzzi/Saunas ____ Baby Sitting/Child Care

____ Saddle Animals ____ Downhill Skiing ____ Weight Room ____ Day Camps

____ Ice Skating ____ Barbershop ____ Steam Room ____ Sledding

____ Masseur/Masseuse ____ Tanning Beds ____ Cross-Country Skiing ____ Fitness Trainer

____ Health Club Facilities/Spa Other: _____

Overnight facilities for ____ members ____ members guests?

If so, # of rooms or apartments available and how often: _____

Overnight facilities for Employees? Yes () No () If yes, # of employees and how often: _____

Are the Clubs' facilities loaned or rented to members, non-member organizations or non-member individuals?

Yes () No () If yes, describe: _____

Does the Club have a dance floor and offer live entertainment? Yes () No () If yes, describe type of entertainment and how often: _____

FIREWORKS DISPLAYS

Does the Club provide fireworks displays? Yes () No () If yes, how many per year? _____

Does the Club subcontract the fireworks displays? Yes () No ()

If yes, are certificates of insurance obtained naming the Club as additional insured? Yes () No ()

NOTE: The subcontractor must carry liability limits equal to or greater than the Club's.

JUNIOR PROGRAM

Sporting Activities for which Junior Program exist: _____

Do Junior teams travel to compete at other clubs? Yes () No () Form of transportation: _____

OTHER

List the Club involvement with any special events, promotions, sponsorships or activities that involve the general public. Please explain: _____

RESAURANT AND/OR SNACK BAR

Operated by Club? Yes () No () Concessionaire? Yes () No ()

If Concessionaire, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes () No ()

Have all bartenders attended a course on Dram Shop Liability (TIPS)? Yes () No ()

Is this an ongoing training program? Yes () No ()

Is there a formal training program on service to intoxicated patrons? Yes () No ()

Gross Revenue (less initiation fees and interest income): _____ Restaurant (not including liquor): _____

Gross Liquor Receipts (excluding non-alcoholic beverages): _____ Restaurant _____

What hours are alcoholic beverages served? _____

CRIME / CHECK SIGNING PROCEDURES

Check countersignature required? Yes () No ()

(MUST BE COUNTERSIGNED OVER \$2,500. REQUIREMENT OF PROGRAM)

Please list all persons who have check signing authority and their respective dollar limit:

| Name | Amount |
|-------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Does club handle cash transactions? Yes () No () Charged only to member accounts? Yes () No ()

Does club require member account numbers to be used on all transactions? Yes () No ()

Does club offer any credit charge facilities outside of member account charges? Yes () No ()

Do any events bring in unusually large sums of cash? Yes () No ()

VALET PARKING INFORMATION

Does the Club provide valet parking? Yes () No () By: Club Employees? ____ Outside Contractor? ____

If contractor used, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes () No ()

Briefly explain the procedure used: _____

FLOOD/EARTHQUAKE COVERAGE

If this coverage is desired, please complete the following:

Is Club eligible for Emergency Flood Program Insurance? Yes () No ()

Is Club eligible for National Flood Program Insurance? Yes () No () Flood Zone (Please circle) **A V B C X D**

COASTAL PROPERTIES (must be completed)

Are any buildings within 1000 feet of a body of water? Yes () No () Miles from Gulf ____ Bay ____ Ocean ____

EMPLOYEE INFORMATION

Number of Employees: Full-Time _____ (full time employees = 32 hours per week)

Part-Time _____ Seasonal _____ Leased _____ Number of Proprietary members: _____

EMPLOYEE BENEFITS

What benefit programs are covered by insurance? _____

Has there been any prior claim (past 5 years) to this line of coverage? Yes () No () If yes, please explain:

Does applicant have any knowledge of any occurrence that might lead to a claim under this coverage? Yes () No ()

If yes, explain fully: _____

Who administers the benefit programs and enrollment? _____

Insured Signature

Date

ADDITIONAL COMMENTS/REMARKS: (USE SEPARATE SHEET OF PAPER IF NECESSARY)

GOLF COURSE OR COUNTRY CLUB POLLUTION LIABILITY SUPPLEMENTAL COMMERCIAL GENERAL LIABILITY APPLICATION

| | |
|--|--|
| Applicant: | Agent: |
| Supporting Policies: | Effective Date: Expiration Date: |
| Limits of Insurance: | Retroactive Effective Date: |
| Number of Holes on Golf Course: | Deductible: <input type="checkbox"/> None <input type="checkbox"/> \$5,000 |
| Number of Swimming Pools: | |

1. Please attach your inventory of pesticides (including herbicides and fungicides), fertilizers and pool chemicals and include the following information:

| <u>Common Name</u> | <u>Product/Trade/Brand Name</u> | <u>Chemical Name</u> | <u>CAS Number</u> * |
|--------------------|---------------------------------|----------------------|---------------------|
| <u>R/U**</u> | | | |

Use Frequency

* Chemical Abstract Services number ** EPA safety-related classification: R = Restricted-use U = Unclassified

2. Do you hire an independent contractor(s) to apply pesticides, herbicides, fungicides or fertilizers on your premises or pool chemicals in your swimming pools, whirlpools or spas?

Yes, for pesticide etc. application Yes, for pool chemical application No contractors used

If yes, does such contractor(s) hold any applicable registered applicators license or certification (or state equivalent), and do all the contractor's unlicensed employees who handle pesticide or pool chemicals operate under the direct supervision of a licensed or certified applicator?

Yes No

Do you require and maintain on file certificates of insurance which confirm that the independent contractor(s) has in force liability insurance each type of chemical application performed?

Yes No

If yes, indicate the minimum limits of liability that you require:

How long have you been using each contractor to apply pesticides, fertilizers or pool chemicals? _____

3. Do all your employees who handle pesticides or pool chemicals hold any applicable registered applicators license or certification (or state equivalent), or are they under the direct supervision of a licensed or certified applicator?
- Yes No All pesticide, fertilizer and pool chemical applications are performed by a contractor
4. Do you have written procedures for pesticide, fertilizer and pool chemical preparations and applications?
- Yes No All pesticide, fertilizer and pool chemical applications are performed by a contractor
5. Do you maintain on file Material Safety Data Sheets (MSDS) for all chemicals that you use or store?
- Yes No No pesticides, fertilizers or pool chemicals are stored on premises and all applications are performed by a contractor
6. Are records maintained of all applications, including the date and time of the application, the weather conditions, the purpose, the pesticide, fertilizer or pool chemical used, the amount applied, the name of the individual applying such chemicals, and any other pertinent information?
- Yes No If yes, how long do you maintain these records: _____

7. Are warning signs posted to notify the public or guests when pesticides have been applied?
 Yes No
- If yes, do the warning signs include the following information:
- | | | |
|---|------------------------------|-----------------------------|
| a. Dates of last application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Areas treated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pesticides used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Proposed dates of next applications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Name and phone number of person to contact for additional information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
8. Do all your employees who handle pesticides or pool chemicals receive regular training by a licensed or certified applicator with respect to the following:
- | | | |
|---|------------------------------|-----------------------------|
| a. Pest recognition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Pesticide and fertilizer selection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Safe storage, handling, application and disposal of such chemicals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Maintenance and use of application equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
9. Are your pesticides and fertilizers stored in accordance with label requirements, the National Fire Protection Association (NFPA) codes 434 and 30, and any applicable regulation or ordinance?
 Yes No No pesticides or fertilizers are stored on your premises
10. Is the Pesticide Storage Building/Room completely enclosed by a 4" sill? Yes No
(Note: This is a requirement of the program!)
11. Are your pool chemicals stored in accordance with label requirements, the National Fire Protection Association (NFPA) codes 434 and 430, and any applicable regulation or ordinance?
 Yes No No pool chemicals are stored on your premises
12. Are all pesticide or fertilizer mixing operations conducted on an impervious foundation or artificial ground cover, and as far away from drinking water supplies as possible?
 Yes No No mixing of pesticides or fertilizers are conducted on premises
13. Is disposal of pesticides, fertilizers, pool chemicals and their containers in accordance with labels, EPA procedures and any local or state requirements?
 Yes No
14. Are your country club or golf course premises located on the site of a former landfill?
 Yes No
15. Indicate the distance of your premises to any source of drinking water (e.g.; reservoirs, wells or water mains)_____.
16. Do you discharge chemically treated pool water into public waterways?
 Yes No
- If yes, are the steps taken to ensure the discharged pool water is compliant with the permissible exposure limits (PELs) allowed in your area?
 Yes No
17. Have you (a) received any EPA complaints or charges, or (b) been subject to an EPA investigation, or an administrative or judicial order in the past five years?
 Yes No If yes, please attach copy of charge(s) or order(s)

(APPLICANT SIGNATURE)

(TITLE)

(DATE)

THE PRIVATE GOLF & COUNTRY CLUB PROGRAM

STATEMENT OF VALUES

Named Insured: _____

Address: _____

- (1) Frame, Masonry, Joisted Masonry, Non-Combustible (Steel)
- (2) Sprinklers, Burglar Alarms, Central Station, Local Gong
- (3) Values are "Replacement Cost"

| Item No. | Address/Location | Construction (1) Type | Occupancy | Square Feet | Age | Protection (2) | Building (3) Value | Personal (3) Property Value |
|---------------|------------------|--------------------------|-----------|-------------|-----|----------------|-----------------------|--------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTALS | | | | | | | | |

Signed: _____

Dated: _____

Storage Tank System Liability Application



PO Box 718 * Camp Hill, PA 17001
Phone 717-214-2800 * FAX 717-214-2801

This is an application for a CLAIMS-MADE insurance policy covering Third-Party Liability and Cleanup Costs resulting from releases of pollutants from scheduled storage tank systems.

Owner information

Named Insured

D&B D-U-N-S or FEIN number

Address

City

State

ZIP code

Telephone number

Fax number

Internet address

Contact

E-mail address

Brokerage/Agency information

Please provide brokerage/agency information, if applicable.

Insurance agency

Address

City

State

ZIP code

Telephone number

Fax number

Contact

E-mail address

Facility/Location information

Facility name/ID number

Address

City

State

ZIP code

Telephone number

Fax number

Contact responsible for environmental emergencies

PLEASE NOTE: Applicant is requested to attach a current Spill Prevention and Control Countermeasure (SPCC) Plan Certification page for the facility listed above.

1. Has there been a federal or state reportable quantity discharge, dispersal, release, escape, spill, or leak at this facility/location in the last ten years to the best of your knowledge? Yes No
- If remediation has been completed, please provide a case closure letter from the state regulatory agency or your environmental consultant.

2. Are there any tanks that hold more than 110 gallons at this location which are not listed on this application to the best of your knowledge? Yes No

Be advised that all regulated tanks at a location must be insured in order for coverage to be provided.

3. What category(ies) best characterizes operations at this facility/location? (check all that apply)

Gas station/Convenience store

Wholesale fuel distributor/loading rack

If checked, indicate the number of tanks

Less than or equal to three Four to ten More than ten

Marina

Vehicle dealer, repair or sales

Agriculture

Healthcare services

Municipal services

Airport

If checked, indicate the total number of Fixed Base Operators "FBOs", including applicant at the airport storing or distributing fuel

Less than or equal to three Four to six More than six

Other (specify)

Please complete an additional page 2 and 3 of this application for each facility/location that is being submitted by this Applicant.

Tank schedule

4. Tank system schedule for Named Insured

| | | | |
|---|---|---|---|
| | | | |
| Facility/Location ID | | | |
| Tank registration number or unique identifier | | | |
| Above ground (AST) or under ground (UST) | <input type="checkbox"/> AST <input type="checkbox"/> UST | <input type="checkbox"/> AST <input type="checkbox"/> UST | <input type="checkbox"/> AST <input type="checkbox"/> UST |
| What is the original tank installation date (mm/dd/yy) | | | |
| What is the capacity of the tank in gallons | | | |
| Is the tank single or double wall | <input type="checkbox"/> Single <input type="checkbox"/> Double | <input type="checkbox"/> Single <input type="checkbox"/> Double | <input type="checkbox"/> Single <input type="checkbox"/> Double |
| For a UST system, what type of leak detection program has been implemented (including piping) | <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Soil vapor monitoring <input type="checkbox"/> Groundwater monitor <input type="checkbox"/> Statistical inventory reconciliation* <input type="checkbox"/> Manual gauging* <input type="checkbox"/> Unknown* | <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Soil vapor monitoring <input type="checkbox"/> Groundwater monitor <input type="checkbox"/> Statistical inventory reconciliation* <input type="checkbox"/> Manual gauging* <input type="checkbox"/> Unknown* | <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Soil vapor monitoring <input type="checkbox"/> Groundwater monitor <input type="checkbox"/> Statistical inventory reconciliation* <input type="checkbox"/> Manual gauging* <input type="checkbox"/> Unknown* |
| * Document the date of the most recent tightness test and findings | Date <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Date <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Date <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Is the UST equipped with spill and overfill protection | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Does the UST have corrosion protection | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| What is the current content(s) of the tank | <input type="checkbox"/> Empty <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Aviation or jet fuel <input type="checkbox"/> Fuel oil <input type="checkbox"/> New lubricant oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other (specify) <input type="text"/> | <input type="checkbox"/> Empty <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Aviation or jet fuel <input type="checkbox"/> Fuel oil <input type="checkbox"/> New lubricant oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other (specify) <input type="text"/> | <input type="checkbox"/> Empty <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Aviation or jet fuel <input type="checkbox"/> Fuel oil <input type="checkbox"/> New lubricant oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other (specify) <input type="text"/> |
| If the tank is an AST, is it equipped with secondary containment | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Are there any plans to remove the tank within the next three years | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Who is your current carrier of pollution liability insurance

[Empty text box for carrier name]

Please indicate the following:

6. Policy limits

- \$500,000/1,000,000
- \$1,000,000/1,000,000
- \$1,000,000/2,000,000
- Other

\$ [Empty text box for limit amount]

7. Deductible level

- \$5,000
- \$10,000
- \$25,000
- Other

\$ [Empty text box for deductible amount]

To obtain a higher deductible, please include copies of audited financial statements for the last two years.

8. Retroactive date

- Policy inception
- Other — specify date (mm/dd/yy)

[Empty text box for retroactive date]

To obtain this retrospective coverage, please provide a copy of prior carrier's expiring declarations page and expiring schedule of storage tanks.

The applicant represents that all statements in this application, including the attached tank schedule(s), are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy, if issued, will be issued on the reliance of such representations. The applicant represents that due diligence has been conducted to know of the information listed on this application.

Notice to Arkansas and Louisiana Applicant

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Notice to Colorado Applicant

“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.”

Notice to Florida Applicant

“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.”

Notice to Kentucky Applicant

“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.”

Notice to Maine Applicant

“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.”

Notice to Nebraska Applicant

“No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty:

1. Was material;
2. Was made knowingly with the intent to deceive;
3. Was relied and acted upon by the company; and,
4. Deceived the company to its injury.

The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.”

Notice to New Jersey Applicant

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

Notice to New Mexico Applicant

“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 and criminal penalties.”

Notice to New York Applicant

“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.”

Notice to Ohio Applicant

“Any person who with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

Notice to Oklahoma Applicant

“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.”

Notice to Oregon Applicant

“Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.”

Notice of Pennsylvania Applicant

“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.”

Notice to Tennessee Applicant

“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 coverage.”

Notice to Virginia Applicant

“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, fine and denial of insurance benefits.”

Notice to Washington D.C. Applicant

“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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

Notice to All Other State Applicants

“Any person who knowingly includes any false or misleading information for an insurance policy commits a fraudulent act and is subject to fines, imprisonment, or other criminal or civil penalties.”

Completion of this form does not bind coverage. The applicant's acceptance of a quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance, should a policy be issued, and will become part of the policy. The applicant represents that due diligence has been conducted to know of the information listed on this application.

Applicant’s signature (applicant’s authorized signature of a principal partner, director, officer or owner)

Title

Date (mm/dd/yy)