**APPLICATION FOR INSURANCE – SCHOOL (K-12)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION 1. COMMON POLICY INFORMATION** | | | | | |
| First Named Insured and other Named Insureds: | | |  | | |
| Address: | | |  | | |
| City, State, Zip Code: | | |  | | |
| Phone Number: | | |  | | |
| Website: | | |  | | |
| Inspection Contact: | | |  | | |
| Years in Business: | | |  | | |
| Effective Date: | | |  | | |
| Specific Denomination: | | |  | | |
| Average Weekly Attendance: | | |  | | |
| Annual Revenues: | | |  | | |
| Number of Employees: | | |  | | |
| Insured is (check all that apply): | | | Corporation  Individual  Joint Venture  Partnership   Unincorporated Association  For-Profit  Non-Profit | | |
| Has Insured filed for bankruptcy in the past 3 years? | | | Yes  No | | |
| Operation (check all that apply): | | | Daycare  School  Camp  Other | | |
| Expiring Carrier Information: | |  | | | |
| **NAME OF CARRIER** | **EFFECTIVE DATE** | | **LIMITS** | **POLICY TYPE** | **ANNUAL PREMIUM** |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 2. COMMERCIAL PROPERTY COVERAGE PART** | | | | |
| **AOP Deductible:** | $500  $1,000  $2,500  Other | | | |
| **Wind/Hail Deductible:** | 1%  2%  5%  Excluded | | | |
| **Coinsurance:** | 80%  90% | | | |
| **PREMISES ADDRESS** | | **CITY** | **State** | **Zip** |
| 1. | |  |  |  |
| 2. | |  |  |  |
| 3. | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Building and Personal Property – Limits and Rating Information** | | | |
|  | 1. Risk No:     Premises No:   Bldg. No: | 1. Risk No:     Premises No:   Bldg. No: | 1. Risk No:     Premises No:   Bldg. No: |
| Building | $ | $ | $ |
| Personal Property | $ | $ | $ |
| Business Income | $ | $ | $ |
| Replacement Value | Bldg  Pers. Prop | Bldg  Pers. Prop | Bldg  Pers. Prop |
| Actual Cash Value | Bldg  Pers. Prop | Bldg  Pers. Prop | Bldg  Pers. Prop |
| Construction Type |  |  |  |
| Year of Construction |  |  |  |
| Occupancy |  |  |  |
| Protection Class |  |  |  |
| County |  |  |  |
| Ground Floor/Total Sq. Ft. | / | / | / |
| Basement Sq. Footage |  |  |  |
| Number of Stories |  |  |  |
| Type of Roof | Metal  Asphalt  Other | Metal  Asphalt  Other | Metal  Asphalt  Other |
| Type of Wiring | Fuse  Circuit breaker | Fuse  Circuit breaker | Fuse  Circuit breaker |
| Building Improvements: |  |  |  |
| Heating Year |  |  |  |
| Plumbing Year |  |  |  |
| Roof Year |  |  |  |
| Wiring Year |  |  |  |
| Servicing of Extinguishers Annually | Yes  No | Yes  No | Yes  No |
| Sprinkler System | Full  Partial  None | Full  Partial  None | Full  Partial  None |
| Is commercial cooking done on the premises? | Yes  No | Yes  No | Yes  No |
| Is there an independent cleaning contract for hoods & ducts? | Yes  No | Yes  No | Yes  No |
| Smoke Detectors on each floor? | Yes  No | Yes  No | Yes  No |
| Pull Alarms | Local  Central  None | Local  Central  None | Local  Central  None |
| Burglar Alarms | Local  Central  None | Local  Central  None | Local  Central  None |
| Building on Historical Register: | Yes  No | Yes  No | Yes  No |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3. LIABILITY COVERAGE PART** | | | | | | | | | | | |
| Limits of Insurance (Occ/Agg) | | | | $1,000,000/$3,000,000  $1,000,000/$2,000,000   $500,000/$1,000,000  $300,000/$600,000 | | | | | | | |
| Schedule of Exposures | | | |  | | | | | | | |
| **PREM** | **BLDG** | **CLASSIFICATION (Description)** | | | | | | | **EXPOSURE** | | |
|  |  |  | | | | | | |  | | |
|  |  |  | | | | | | |  | | |
|  |  |  | | | | | | |  | | |
| Additional Interest/Certificate Recipient | | | | | | | |  | | | |
| **NAME** | | | **ADDRESS** | | | | **INTEREST TO APPLICANT** | | | | |
|  | | |  | | | |  | | | | |
|  | | |  | | | |  | | | | |
|  | | |  | | | |  | | | | |
| Lessor’s Risk – Space Rented to Others | | | | |  | | | | | | |
| **NAME** | | **ADDRESS** | | | | **OCCUPANCY** | | | | **SQUARE FEET LEASED OUT** | **# OF TIMES USED PER YR** |
|  | |  | | | |  | | | |  |  |
|  | |  | | | |  | | | |  |  |
|  | |  | | | |  | | | |  |  |
| Are Certificates of Insurance Required? | | | | | Yes  No | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Exposures** | | | | | | | | | | | | | | | | | | |
| **Security:**  Check here if no security | | | | | | | | | | | | | | | | | | |
| Contracted security personnel? | | | | | Yes  No | | | | | Employed by the insured? | | | | | | Yes  No | | |
| If contracted security is used, are certificates required and kept on file? | | | | | | | | | | | | Yes  No | | | | | | |
| Number of armed security: | | |  | | | | | | Frequency of armed security used: | | | | | | | |  | |
| Number of unarmed security: | | |  | | | | | | Frequency of unarmed security used: | | | | | | | |  | |
| Special Operations or Events – Check ALL that apply: | | | | | | | | | | | | | | | | | | |
| Animals: owned | | | | Building(s) is/are under const. | | | | | | | | | Homeless Shelter | | | | | |
| Animals: riding | | | | Climbing Wall | | | | | | | | | Martial Arts | | | | | |
| Auto Repair | | | | Counseling – Alcohol | | | | | | | | | Skateboarding Ramp | | | | | |
| Bounce House | | | | Counseling – Drug | | | | | | | | | Soup Kitchen, on going | | | | | |
| Broadcasting – Radio | | | | Fireworks | | | | | | | | | Trampoline | | | | | |
| Broadcasting – TV | | | | Haunted House | | | | | | | | | Other: | | | | | |
| Please describe all indicated operations or activities: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Does the applicant have any trampolines or rebounding equipment owned or used? | | | | | | | | | | | | | | | Yes  No | | | |
| Swimming Pool: | | Yes  No | | | | If swimming pools are present, answer the following questions: | | | | | | | | | | | | |
| Quantity |  | | | | |  | | | | | | | | | | | | |
| Pool is fenced and locked when not in use: | | | | | | | | Yes  No | | | Pool Depth is marked: | | | | | | | Yes  No |
| Swimming allowed without a lifeguard on duty: | | | | | | | | Yes  No | | | Diving boards present: | | | | | | | Yes  No |
| Do you own a cemetery/columbarium? | | | | | | | Yes  No | | | | | | | | | | | |
| If “yes”, is the cemetery/columbarium located adjacent to an owned location? | | | | | | | | | | | | | | Yes  No | | | | |
| If the cemetery/columbarium is not adjacent to an owned location, please provide: | | | | | | | | | | | | | |  | | | | |
| Cemetery/Columbarium Address: | | | | | | | | | | | | | | | | | | |
| Number of Acres: | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 4. OPTIONAL COVERAGES** | | | | |
| Check the box of all desired coverages | |  | | |
| Directors and Officers Liability Coverage. | | Occurrence | | |
| NOTE: Limits match occ/agg general liability limits | | Claims-Made | | |
| Asset Size: | | Retro date:           (mm/dd/yyyy) | | |
| Does the applicant currently carry Claims-made Directors and Officers Liability Coverage? | | | Yes  No | |
| Employment Practices Liability (Occ/Agg) | | | | |
| Limits of Insurance:  $100,000  $250,000  $500,000 | |  | | |
| Total number of employees: | |  | | |
| Retro date:           (mm/dd/yyyy) | |  | | |
| Are there any interruptions of claims-made coverage from the proposed retroactive date? | | | | Yes  No |
| If “yes”, submit written details including the dates of such interruptions. | | | |  |
| Employment Benefits Liability | |  | | |
| Counselors Liability Coverage |  | | | |
| Total Number of Counselors: |  | | | |
| Number of Non-Licensed Counselors: |  | | | |
| Number of Licensed Counselors other than ministers: |  | | | |
| Number of Fee Based Counselors: |  | | | |
| * If a Counselor has both a license and charges a fee, please include total within the fee based counseling only. * Licensed Ministers do not need to be included if they do not charge a fee, unless coverage is written on General Form. | | | | |

|  |  |  |
| --- | --- | --- |
| **Sexual Misconduct Liability  N/A** | | |
| 1. Does your organization have a formal written policy that includes procedures designed to prevent acts of sexual misconduct? | | Yes  No |
| 1. If “no” would you be willing to implement a policy that includes employee/volunteer screening, risk management and claims response programs within 90 days of the effective date? | | Yes  No |
| 1. Have you or any of your representatives ever submitted a claim involving sexual misconduct liability to any insurer? If “yes”, submit a detailed written explanation of the event. | | Yes  No |
| 1. Have any of your past or present ministers, employees, or volunteers ever been accused, charged, convicted, had a claim for damages submitted against, or sued in a civil court for any type of sexual misconduct? If “yes”, identify the person and submit a detailed written account. | | Yes  No |
| 1. Have you or any of your representatives ever been notified directly or indirectly, or received a complaint alleging sexual misconduct against any of your ministers, employees, or volunteers, even if no claim was ever submitted? If “yes”, submit a detailed written explanation. | | Yes  No |
| 1. Have you or any of your representatives ever received a report or investigated any event of alleged sexual misconduct against any of your ministers, employees, or volunteers, even if no claim was ever submitted? If “yes”, submit a detailed written account. | | Yes  No |
| 1. Do you or any of your representatives have any investigation or inquiry pending at the time of this application, or knowledge of any information which may lead to an investigation or inquiry, regarding an event or occurrence of sexual misconduct involving you, or your officers, directors, trustees, elders, ministers, employees or volunteers? If “yes”, submit a detailed written account. | | Yes  No |
| 1. Do you conduct a minimum of two reference checks on all employees and volunteers? Reference checks should be institutional in nature (organizations where the applicant worked or volunteered with minors in the past) e.g. other churches, scouts, etc. For purposes of this question, a volunteer is anyone involved in a Daycare or School, or overnight activity involving minors, counseling of minors, or one-on-one mentoring of minors. | | Yes  No |
| 1. Do you require that all volunteers be involved with your organization for at least six months before they are allowed in any position involving contact with minors? For purposes of this question, a volunteer is anyone involved in a Daycare or School, or overnight activity involving minors, counseling of minors, or one-on-one mentoring of minors. For schools, the 6-month waiting period does not apply to parent helpers. | | Yes  No |
| 1. Do you require that no minor is ever alone with only one adult on church premises or in any church-sponsored activity unless in a counseling situation? | | Yes  No |
| 1. Do you have a written response program in the event that a sexual misconduct event occurs? | | Yes  No |
| 1. Do you conduct nationwide criminal background checks on all employees? | | Yes  No |
| 1. Do you conduct nationwide criminal background checks on all volunteers? For purposes of this question, a volunteer is anyone involved in a Daycare or School, or overnight activity involving minors, counseling of minors, or one-on-one mentoring of minors. | | Yes  No |
| Occurrence/Aggregate Limit: | $25,000/$50,000 | |
|  | $50,000/$100,000 | |
|  | $100,000/$300,000 | |
|  | $250,000/$500,000 | |
|  | $500,000/$1,000,000 | |
| Current Limit: |  | |

|  |  |
| --- | --- |
| **Claims Made Coverage  N/A** | |
| For Claims-Made Coverage, please complete the following questions: | |
| 1. Retroactive Date: EPLI       D&O       Sexual Misconduct       Other (\_\_\_\_) |  |
| 1. Are there any interruptions of claims-made coverage from the proposed retroactive date(s)? | Yes  No |
| 1. Are any claims pending on which you or any authorized person are aware?   If “yes”, submit a detailed explanation | Yes  No |
| 1. Are there any incidents or circumstances known to you or any authorized person, that have not yet been reported to the prior carrier, and for which there is reason to believe that such incident or circumstances may give rise to a future claim under the proposed coverage? If “yes”, submit a detailed explanation. | Yes  No |

|  |  |
| --- | --- |
| **Hired & Non-Owned Auto  N/A** | |
| Do employees or volunteers drive their own personal vehicles for business activities? | Yes  No |
| Do you require all employee drivers have a valid driver’s license? | Yes  No |
| How many employee drivers are expected for this coverage? |  |
| Do you require all employee carry personal auto liability? | Yes  No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 5. DAYCARE (Including Preschool)  N/A** | | | | | | |
| **GENERAL INFORMATION** | | | | | | |
| Yes  No | | | Is the Daycare run by the insured? If “no”, please explain. | | | |
|  | | | Square footage of the building area used: | | | |
| Yes  No | | | Appropriate licensing requirements are met (e.g., state, county, city, etc.) | | | |
| Yes  No | | | Daycare is provided in a residence. | | | |
| Yes  No | | | Playground Equipment. | | | |
| What are the days and hours of operation? | | | | | | |
| **AGE GROUP** | | | | **ADULT/CHILD RATIO** | **AGE GROUP** | **ADULT/CHILD RATIO** |
| Two weeks to 2 years | | | |  | 5-10 years |  |
| 2 years | | | |  | 10+ years |  |
| 3 years | | | |  | Adult Day Care |  |
| 4 years | | | |  |  |  |
| Total number of children on premises at any given time: | | | | | | |
| **SAFETY INFORMATION:** | | | | | | |
| Yes  No | | A written policy outlining the entity’s fire protection program exists and routine fire drills are performed. | | | | |
| Yes  No | | Emergency evacuation procedures are in effect (tornado, earthquake, etc.) | | | | |
| Yes  No | | Strictly enforced guidelines are in effect for the authorized pick-up of children. | | | | |
| Yes  No | | Electrical outlets have cover protectors. | | | | |
| Yes  No | | Property functioning UL-listed smoke detectors are installed in each room. | | | | |
| Yes  No | | Property functioning Carbon Monoxide (CO) detectors are installed. | | | | |
| **MEDICAL PRACTICES:** | | | | | | |
| Yes  No | Medicines are kept in appropriately locked cabinets; procedures for their distribution are in place. | | | | | |
| Yes  No | Record of injuries and action taken exists. | | | | | |
| Yes  No | Parents sign permission slips authorizing emergency medical transportation or treatment. | | | | | |
| Yes  No | Two on-duty staff members are certified in CPR and First Aid. | | | | | |
| **PERSONNEL INFORMATION:** | | | | | | |
| Yes  No | Written employment practices exist. | | | | | |
| Yes  No | Corporal punishment is administrated. | | | | | |
| **OPTIONAL COVERAGE:** | | | | | | |
| Yes  No | Daycare Medical. | | | | | |
| Yes  No | Directors and Officers Including Educators Legal Liability. Retro date:           (mm/dd/yyyy) | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 6. SCHOOL** | | | | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Students (K-8) | | | | | | | |  | | | | | | | | (9-12) | | | | | |  | | |
| Number of Teachers (K-8) | | | | | | | |  | | | | | | | | (9-12) | | | | | |  | | |
| Check all that apply: | | | | | |  | | | | | | | | | |  | | | | | |  | | |
|  | | School is accredited (list accrediting Organizations:                     ) | | | | | | | | | | | | | | | | | | | | | | |
|  | | This a state/county licensed operation. | | | | | | | | | | | | | | | | | | | | | | |
|  | | Teachers have four year teaching degrees | | | | | | | | | | | | | | | | | | | | | | |
|  | | Teachers have four year degrees and are state certified | | | | | | | | | | | | | | | | | | | | | | |
|  | | The school has been in operation for a minimum of 10 years. | | | | | | | | | | | | | | | | | | | | | | |
|  | | Maximum student to teacher ratio is 25 to 1. | | | | | | | | | | | | | | | | | | | | | | |
|  | | Appropriate Fire Marshall Inspection Report and evidence of any required remediation are on file. | | | | | | | | | | | | | | | | | | | | | | |
| Indicate the number of: | | | | | | | | | | | | | | | | | | | | | | | | |
| Teachers | | | | | | Psychologists | | | | | Student Nurses | | | | | | | | | | | Nurses | |
| Business Administrators | | | | | | | | | Principals | | | | | | | | Other | | | | | | |
| Is there an infirmary? | | | | | | | | | | | | | | Yes  No | | | | | | Hours Available: | | | | |
| Is there a written, formal emergency safety program? | | | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| Additional School Care: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Before and/or After School Care (total number of children): | | | | | | | | | | | | | | | | | | | | | | |
|  | | Summer Day Camp Programs (total number of children): | | | | | | | | | | | | | | | | | | | | | | |
| Are there dormitories or residence halls? | | | | | | | | | | | | | Yes  No | | | | | | | | | | | |
| If “yes”, how many students per floor? | | | | | | | | | | | | | 2 or more exists per floor?  Yes  No | | | | | | | | | | | |
| Are dormitories coed?  Yes  No | | | | | | | | | | | | | Is there a floor monitor?  Yes  No | | | | | | | | | | | |
| Are residents of school dormitories advised to carry appropriate insurance coverage on their personal property?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| Are residents of school dormitories required to hold the school harmless for damage to the residents’ property by a signed agreement?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there outdoor bleachers or grandstands? | | | | | | | | | | | | | Yes  No | | | | | | | | | | | |
| Number : | | | | | |  | | | | | Capacity of each: | | | | | | | | | |  | | | |
| **COURSE AND ACTIVITIES INFORMATION**(check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | |
| Activities or classes conducted or sponsored by school– Check all that apply: | | | | | | | | | | | | | | | | | | | | | | | | |
| Archery | | | | | | Gymnastics | | | | | | | | | Riflery | | | | | | | Snow Skiing | | |
| Auto Repair | | | | | | Horseback Riding | | | | | | | | | Scuba Diving | | | | | | | Swimming | | |
| Driver’s Training | | | | | | Mountain Climbing/Rappelling | | | | | | | | | | | | | | | | Shop Class with Power Tools | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | |
| Sports offerings – Interscholastic/Intramural Check all that apply: | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate Number of Students Participating beside each selected checkbox | | | | | | | | | | | | | | | | | | | | | | | | |
| Basketball | | | | | | | | | Field or Ice Hockey | | | | | | | | Lacrosse | | | | | | | Track/Cross Country |
| Baseball/Softball | | | | | | | | | Flag Football | | | | | | | | Tackle Football | | | | | | | Soccer |
| Volleyball | | | | | | | | | Diving | | | | | | | | Swimming | | | | | | | Gymnastics |
| Wrestling | | | | | | | | | Other: | | | | | | | | | | | | | | | |
| **SAFETY INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | A written policy outlining the entity’s fire protection program exists and routine fire drills are performed. | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | Emergency evacuation procedures are in effect (tornado, earthquake, etc.) | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | Does this insured have a separate Accident Policy in place? If yes, please provide a copy of the Certificate of Insurance | | | | | | | | | | | | | | | | | | | | |
| **MEDICAL PRACTICES:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | Medicines are kept in appropriately locked cabinets; procedures for their distribution are in place. | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | Record of injuries and action taken exists. | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | Parents sign permission slips authorizing emergency medical transportation or treatment. | | | | | | | | | | | | | | | | | | | | | |
| **OPTIONAL COVERAGES:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | Directors and Officers Including Educators Legal Liability. Retro date:           (mm/dd/yyyy) | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | Student Medical | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | Interscholastic Athletics Medical Coverage Number of Athletes | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | Corporal punishment is administered in grades K-12 only under approved guidelines that are outlined in the Student handbook | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Number of Teachers | | | | | | | | | | | | | | Number of Administrators | | | | | |

|  |
| --- |
| **Comments/Schedules** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **SECTION 7. INSURANCE COVERAGE & PRIOR CLAIMS EXPERIENCE** |

**IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON ARISING OUT, DIRECTLY OR INDIRECTLY RESULTING FROM OR, IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH, OR THAT SHOULD HAVE BEEN SET FORTH, TO THE FOLLOWING CLAIM QUESTIONS.**

|  |  |  |
| --- | --- | --- |
| **Knowledge of Past Claims & Circumstances** | | |
| 1. During the past 5 years, has any insurance carrier canceled or refused to renew your liability or property coverage for any reason other than carrier’s withdrawal from the market? | | Yes  No |
| Explain. |  | |
| 2. During the last 5 years, has any claim or suit been made against you or any of your staff members arising out of, resulting from or in any way connected with your operations? | | Yes  No |
| Explain. |  | |
| 3. Are you aware of any fact, circumstance, or situation that might result in a claim against you or any of your staff members arising out of, resulting from or in any way connected with your operations? | | Yes  No |
| Explain. |  | |

|  |
| --- |
| **SECTION 8. WARNINGS AND ACKNOWELDGEMENTS** |

**Insurance Fraud Warning**

Any person who knowingly, and with intent to defraud or deceive 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 in certain jurisdictions and is a felony in some states. Such persons may be subject to criminal and civil penalties including fines, imprisonment, and denial of insurance. **(Not applicable in Pennsylvania. For the Insurance Fraud Warning in Pennsylvania, refer to the information below.)**

**Applicable in Colorado only:** The following additional statement applies. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy 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 New York only:** Any person who commits a fraudulent insurance act as described above shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable to Pennsylvania only:** 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.

**Acknowledgments**

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every proposed Insured to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the insurance company to complete the insurance, but it is agreed that this Application and any additional documents submitted therewith are the representations of the Insured and are material and shall be the basis of the contract should a policy be issued. It is further agreed that any incorrect or incomplete statement in the Application could void the protection should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Applicant is discovered between the date of completion of this Application and the date that coverage was bound with the Insuring Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to Promont Insurance Advisors immediately.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Insurer and shall be deemed to be attached hereto as if physically attached.

|  |
| --- |
| **SECTION 9. REPRESENTATION & WARRANTY STATEMENT** |

The Applicant understands and agrees that the following representations and warranties are material and that the Company is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company’s acceptance of the risks covered by this insurance. The Applicant further understands and agrees that if any of the following material representations and warranties are false, or if the Applicant fails to comply with any of the following representations and warranties at any time during the policy period, the Applicant shall be deemed to have breached the insurance policy issued by the Company. A breach of any of the following representations and warranties will result in the policy not applying to any claim or suit brought thereunder.

1. The Applicant Insured hereby represents and warrants that the following are true and correct as of the inception date of the policy:

a. The information contained in this Application and all other Applications submitted to the Company by the Applicant or its agent is a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured.

b. No claims have been made nor have any suitshave been filed against you or any other insureds in the past five (5) years other than as disclosed in the Application(s) and/or loss runs submitted to us.

c. There have been no losses in the last (5) years other than as disclosed in the Application(s) submitted to us.

|  |
| --- |
| **SECTION 10. SIGNATURES** |

|  |  |  |
| --- | --- | --- |
| Signature of Owner, Officer, Partner, Shareholder, or Member | | |
| Name | Title | Email Address |
|  |  |  |
| Signature |  | |
| Date |  | |