

**TEXTBOOK INSURANCE PROGRAM
GLATFELTER PUBLIC PRACTICE**

SCHOOL AND COLLEGE SUPPLEMENTAL APPLICATION

This application is required for any and all school risks in addition to an ACORD application.

| | |
|---|---------------|
| Name of Applicant: _____ | FEIN #: _____ |
| Website: _____ | |
| Need By Date for Quote: _____ Is this a bid? <input type="checkbox"/> Yes <input type="checkbox"/> No Bid Date: _____ | |
| If this is a bid, please provide a copy of the bid specifications. | |

EMPLOYEE BENEFIT LIABILITY (complete this section only if requesting this coverage) N/A

1. Is the current EBL coverage on a claims made or an occurrence form? _____
2. Is the administration of the employee benefits program handled by:
 A dedicated Human Resources Department A single employee
3. If by a single employee, how many years has the Administrator been handling this program? _____
 Total years of experience: _____
4. Is the Insured subject to ERISA? Yes No
5. Which of the following does the insured have in writing:
 Plan Amendments to Plan Acceptance /Rejection Changes in Options
 Clauses that specify that written plan shall supersede any oral communications
6. Have any employee benefit liability claims been presented in the past 10 years, whether covered by insurance or not? Yes No
 Describe: _____

7. Limits requested: _____ per claim; _____ aggregate.

STUDENTS AND STAFFING

| Program | Average Number of Attendees (Students) | Number of Teachers & Staff Members (Not Volunteers) | Number of Volunteers |
|---|--|---|----------------------|
| K – 12 Schools: | | | |
| Pre-K | | | |
| K-8 | | | |
| 9-12 | | | |
| Vo-Tech | | | |
| Adult Education: | | | |
| Vo-Tech | | | |
| GED Program | | | |
| All Other | | | |
| | | | |
| * Camps | | | |
| * Day Care | | | |
| Total | | | |
| * Complete Camp and/Day Care Supplemental Application | | | |

HEALTH CARE & PERSONAL CARE PROFESSIONALS

*List all types of Health Care & Personal Care employees, instruction programs, students & teachers.
These must be listed on the policy for coverage to apply.*

| PROFESSIONAL STAFF | NUMBER EMPLOYED | | | PROFESSIONAL INSTRUCTION | | |
|-------------------------|-----------------|-----------|-------------------------|--------------------------|--------------------|--------------------|
| | FULL TIME | PART TIME | INDEPENDENT CONTRACTORS | SUBJECT | NUMBER OF STUDENTS | NUMBER OF TEACHERS |
| Athletic Trainers | | | | Cosmetology | | |
| Nurses | | | | Dental Hygienists | | |
| Physical Therapists | | | | Nursing | | |
| Psychologists | | | | Other: (Describe) | | |
| Social Workers | | | | | | |
| Speech Therapists | | | | | | |
| Occupational Therapists | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | TOTAL | | |

BACKGROUND CHECKS (EMPLOYEES & VOLUNTEERS)

| POSITIONS FOR WHICH BACKGROUND CHECKS ARE OBTAINED | NEW HIRES | | | | CURRENT EMPLOYEES | | | |
|--|-------------------|------------|-----------------|------------|-------------------|------------|-----------------|------------|
| | BACKGROUND CHECKS | | FINGERPRINTING | | BACKGROUND CHECKS | | FINGERPRINTING | |
| | INSURED'S STATE | ALL STATES | INSURED'S STATE | ALL STATES | INSURED'S STATE | ALL STATES | INSURED'S STATE | ALL STATES |
| Daycare/Pre-school Care Provider | | | | | | | | |
| Camp Counselor | | | | | | | | |
| Teachers | | | | | | | | |
| Student Teachers | | | | | | | | |
| Teachers Aides | | | | | | | | |
| Bus Drivers | | | | | | | | |
| Other Professional Staff | | | | | | | | |
| Security Guards | | | | | | | | |
| All Other Employees | | | | | | | | |
| Volunteers | | | | | | | | |

How long has the applicant been performing background checks? _____

Who performs the criminal background checks? _____

POLICIES & PROCEDURES

1. Does the applicant have a written safety policy in place? Yes No
2. Is there a Safety Committee? Yes No
 If yes, Number of members: _____ Number of managers: _____
3. Does the applicant have written policies and procedures in place for the following:

| | | | |
|---------------------------|--|--------------------------|--|
| Self-Inspection | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employee Placement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emergency Planning | <input type="checkbox"/> Yes <input type="checkbox"/> No | Water Infiltration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Accident Investigation | <input type="checkbox"/> Yes <input type="checkbox"/> No | New Employee Orientation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee Selection/Hiring | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employee Training | <input type="checkbox"/> Yes <input type="checkbox"/> No |
4. Does the applicant demonstrate controls for safeguarding the property? Yes No
5. Is there a security force on campus? Yes No
 If yes, whose employees? Independent Contractor the school Auxiliary of local police
6. If an Independent Contractor, are their limits of liability coverage equal to or more than 1 Million?..... Yes No
7. Does the security force have the authority to detain and make arrests? Yes No
8. Do the guards carry guns? Yes No
 If, yes, complete the Armed Guards questionnaire. Yes, attached.
9. Do the local Police patrol regularly? Yes No
 Frequency? _____

MANAGEMENT INFORMATION

| POSITION | TOTAL NUMBER OF YEARS EXPERIENCE | |
|-------------------------|----------------------------------|-------------------------------|
| | IN CURRENT POSITION | IN SIMILAR CAPACITY - EXPLAIN |
| Superintendent | | |
| School Business Officer | | |
| Risk Manager | | |

USE OF SCHOOL PROPERTY

1. Do outside groups use the school property for activities?..... Yes No
 (i.e., sports, swimming, meetings, adult evening classes, etc.)
 If yes, describe: _____
2. Does the school obtain:
 - Certificate of Insurance from outside group
 - Evidence that school is named as Additional Insured on groups' liability insurance
 - A signed contract/agreement in which the school is held harmless
3. Attach copy of the school's Building Use form.

ELECTRONIC DATA PROCESSING

1. Does the applicant back up critical data daily?..... Yes No
2. Is the backup information stored off-premises? Yes No

PROPERTY

1. Are there any vacant buildings?..... Yes No
If there are any vacant buildings, please complete the Vacant Building Supplemental Application.
2. Are there any buildings not being used for their intended occupancy? Yes No
If so, please indicate which building(s) and what it is currently being used for:

3. Do any of the buildings have a structural defect?..... Yes No
If so, please indicate which building(s) has a structural defect and specific defect. _____

4. Has wiring in all buildings been updated to meet current standards? Yes No
If not, please indicate which building(s) have not been updated and what the plans are to bring up to standard:

5. Are plumbing systems in all buildings well maintained and functioning properly and have they been updated to meet current standards? Yes No
If not, please indicate which building(s) and what the plans are to resolve problems and bring up to standard:

6. Are heating and air conditioning systems in all buildings well maintained and functioning properly; and have they been updated to meet current standards? Yes No
If not, please indicate which building(s) and what the plans are to resolve problems and bring up to standard:

7. Do all buildings have necessary fire protection equipment in all areas to meet NFPA minimum standards? Yes No
If not, please indicate which building(s) do not meet NFPA requirements. _____

8. Are all buildings in compliance with ADA (American with Disabilities Act) requirements? Yes No
If not, please indicate which building(s) do not comply. _____

9. Is there a contingency plan in place in the event that one of your school buildings becomes unusable? Yes No
Please describe. _____

10. Is there a written emergency response plan in place? Yes No
11. Does risk have: Intrusion alarms Central station fire alarms **at** All or **Some of their buildings?
****If not at all the buildings**, indicate on the Statement of Values or property applications which buildings have alarms. If alarmed, please advise type of alarm.

NEW CONSTRUCTION/RENOVATION PLANS FOR NEXT 24 MONTHS N/A

- Describe renovation and/or addition to existing building and construction of any new building planned for the next 24 months. _____

- Does the school require written contracts with all contractors? Yes No
- Do the contracts contain hold harmless agreements for the benefit of the school?..... Yes No
- Do the contracts require the contractor to name the applicant as an additional insured? Yes No
- Is an Owners and Contractors Protective (OCP) policy currently in place? Yes No
- If you want us to consider covering this project, we need a fully completed Builders' Risk ACORD Application.
 Yes, attached.

SCIENCE LABS

- The science labs are equipped with:

| | |
|---------------------------------------|---|
| <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Showers |
| <input type="checkbox"/> Smoke alarms | <input type="checkbox"/> Portable fire extinguishers |
| <input type="checkbox"/> Eye washers | <input type="checkbox"/> Ventilation system for fumes, etc. |
- Does the school have a chemical acquisition and disposal policy for the science labs?..... Yes No

EDUCATIONAL AND ATHLETIC ACTIVITIES
*Attach details on separate sheet or course catalog

| | | | |
|--|---|--|--|
| Aircraft* <input type="checkbox"/> | Vo-Ag* <input type="checkbox"/> | Wood Shop <input type="checkbox"/> | Truck Driver Training <input type="checkbox"/> |
| Watercraft* <input type="checkbox"/> | Horseback Riding/Rodeo <input type="checkbox"/> | Auto Shop <input type="checkbox"/> | Special Needs Programs* <input type="checkbox"/> |
| Rifle Range* <input type="checkbox"/> | Forestry Program* <input type="checkbox"/> | Heating/AC <input type="checkbox"/> | Radio Station <input type="checkbox"/> |
| Ski Team/Club <input type="checkbox"/> | Work Study Programs* <input type="checkbox"/> | Bldg. Construction Prog <input type="checkbox"/> | Television Station <input type="checkbox"/> |
| Skateboard Parks* <input type="checkbox"/> | Trampolines <input type="checkbox"/> | Electric Shop <input type="checkbox"/> | Campus Newspaper <input type="checkbox"/> |
| Climbing Walls* <input type="checkbox"/> | _____ <input type="checkbox"/> | Print Shop <input type="checkbox"/> | Challenge Course* <input type="checkbox"/> |
| Traverse Walls <input type="checkbox"/> | _____ <input type="checkbox"/> | _____ <input type="checkbox"/> | _____ <input type="checkbox"/> |

| | Conference | Intramural | | Conference | Intramural |
|--------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|
| Baseball | <input type="checkbox"/> | <input type="checkbox"/> | Wrestling | <input type="checkbox"/> | <input type="checkbox"/> |
| Basketball | <input type="checkbox"/> | <input type="checkbox"/> | Volleyball | <input type="checkbox"/> | <input type="checkbox"/> |
| Football | <input type="checkbox"/> | <input type="checkbox"/> | Softball | <input type="checkbox"/> | <input type="checkbox"/> |
| Soccer | <input type="checkbox"/> | <input type="checkbox"/> | Tennis | <input type="checkbox"/> | <input type="checkbox"/> |
| Track | <input type="checkbox"/> | <input type="checkbox"/> | Golf | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming | <input type="checkbox"/> | <input type="checkbox"/> | Hockey | <input type="checkbox"/> | <input type="checkbox"/> |
| Cheerleading | <input type="checkbox"/> | <input type="checkbox"/> | Gymnastics | <input type="checkbox"/> | <input type="checkbox"/> |
| Firearms | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Total Number of Sports Participants: _____

STADIUMS/BLEACHERS/GRANDSTANDS (OUTDOOR OR PORTABLE)

| | STADIUMS | BLEACHERS | GRANDSTANDS |
|-----------------------------|----------|-----------|-------------|
| What are the total receipts | | | |
| Describe construction | | | |
| Number of each | | | |
| Seating capacity | | | |

PLAYGROUNDS

- 1. Does playground equipment design meet Consumer Product Safety Commission standards? Yes No
- 2. Is playground equipment in good condition? Yes No
- 3. How often is playground equipment inspected? _____
- 4. Is there adequate supervision on all playgrounds? Yes No
- 5. Is there adequate cushioning material used? Yes No

STUDENT FIELD TRIPS

- 1. Are written procedures in place regarding chaperone/student ratio for field trips? Yes No
- 2. Are school-sponsored overnight field trips allowed? Yes No
If yes, describe (including grades, destinations, and chaperone/student ratio): _____

- 3. Are school-sponsored foreign field trips allowed? Yes No
If yes, describe: _____

- If yes, is there Foreign Liability coverage in place? Yes No
- 4. Are written parental permission slips required for all field trips? Yes No
If yes, attach copy of permission slip.

FIELD TRIP TRANSPORTATION

- | | |
|---|---|
| School Buses? <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent owned and operated vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chartered Buses? <input type="checkbox"/> Yes <input type="checkbox"/> No | Teacher owned and operated vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student driven vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No | Air Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No |

INFIRMARY/MEDICAL CARE N/A

- 1. Is there a nurse's office in the school? Yes No
- 2. Is there an infirmary with beds for overnight stays? Yes No
- 3. Is there a nurse on duty during school hours? Yes No
- 4. Is a doctor "on-call" for emergencies? Yes No
- 5. Are members of the public ever treated at this infirmary/nurse's office? Yes No
- 6. Do trained medical personnel attend all school sporting events? Yes No
- 7. Does the school have an action plan in place in the event of a medical emergency? Yes No
- 8. Does the school perform an accident investigation when a student is injured? Yes No
If yes, who is responsible for the investigation? _____

FINE ARTS

- 1. Does the applicant own any fine arts, paintings, gold/silver articles, religious artifacts, etc.? Yes No
If yes, describe or attach a schedule. _____

Where are they located? _____

- 2. Describe the school's measures to protect these valuables from theft: _____

- 3. Does the library contain any rare books or manuscripts? Yes No
If yes, are they locked in an alarmed, fireproof area with 24 hour monitoring? Yes No

EMPLOYEE DISHONESTY

- 1. Do annual audits include cash accounts and inventories? Yes No
- 2. Are the duties with respect to in-coming and out-going checks handled by separate individuals? .. Yes No
- 3. If mechanically affixed signatures involve computer equipment, is the control over the input and outflow restricted to specifically authorized personnel? Yes No
- 4. If mechanically affixed signatures involve non-computer equipment (e.g. facsimile signature plate or check writing machine), is it properly secured when not in use? Yes No
 - a. Is operational access limited to as few designated persons as possible and supervised by the chief financial officer? Yes No
- 5. Are employees who reconcile bank account statements:
 - a. Prohibited from handling deposits? Yes No
 - b. Prohibited from signing checks without a countersignature? Yes No
- 6. Are all incoming checks stamped "For Deposit Only" as soon as they are received? Yes No
- 7. If any of the above answers are "No", please explain. _____

BEFORE AND AFTER SCHOOL PROGRAMS N/A

- 1. What are the hours for the Before and/or After School Programs?
Before School: _____ After School Program: _____
- 1. How old are the children that are enrolled in these programs? _____
- 2. What is the teacher to student ratio for these programs? _____
- 3. What type of activities do they have in these programs? _____

- 5. Does the school sponsor any special activities off-site? Yes No
What activities? _____

How transported? _____

POST HIGH SCHOOL PROGRAM N/A

- 1. How many students are in the post high school program(s)? _____
- 2. Please provide details regarding the program (exactly what the students are studying, is it a degree program, etc.) or provide a copy of the curriculum. _____

- 3. Are there any off-site activities for this program? Yes No
If so, please explain: _____

JUNIOR COLLEGES AND COMMUNITY COLLEGES

N/A

- 1. Are students allowed to operate any school vehicles? Yes No
- 2. Does the college lend their vehicles to student groups? Yes No
 If yes, does the College provide a driver? Yes No
 If no, what checks are made on the driver operating the vehicle while borrowed? _____

- 3. Does the college have a student lounge or pub that sells liquor? Yes No
- 4. Does the school have fraternities and sororities? Yes No
- 5. Does the school have a written policy that forbids hazing? Yes No
- 6. Are the fraternities/sororities required to carry their own liability insurance, including liquor liability? ... Yes No

** **NOTE:** We are not a market for dormitories; neither for property nor casualty.

AUTO

Submit complete driver information on all full-time and occasional drivers of insured vehicles and drivers who regularly drive their own vehicle on school business. Include full name, licensing state, license number, and date of birth for each driver.

- 1. If the applicant uses an independent school bus contractor to transport students, **attach Certificate of Insurance.**
- 2. Does the applicant hire or borrow vehicles for non-busing purposes? Yes No
 If yes, please describe purpose and length of time vehicles are hired or borrowed: _____
- 3. Approximately, how many cars are hired or borrowed annually? _____
 Total cost of hire, bus contractors: _____ Total cost of hire, other: _____
- 4. Does the applicant have a full-time fleet manager? Yes No
 If yes, please advise: Number of years in current position: _____ Total number of years experience: _____
 If no, who is responsible for fleet safety and maintenance: _____
 Name and Title
- 5. Number of employees using their own vehicles for school business (occasional or full-time use): _____
 Examples could include sales, delivery, mail pickup/delivery, etc.
- 6. How often and for what purpose do employees drive their own vehicles for company business?

- 7. For those employees who use their own vehicles for school business, either full-time or occasionally, does the school require the employee to carry primary insurance? Yes No
- 8. Does the school obtain Motor Vehicle Reports on ALL drivers who operate school vehicles, including non-bus vehicles? Yes No
- 9. Does the school obtain Motor Vehicle Reports on ALL drivers who operate their own vehicles on school business? Yes No
- 10. Does the applicant have written guidelines defining an acceptable Motor Vehicle Report? Yes No
 If yes, attach copy of guidelines.
- 11. What actions are taken if an employee's driving record is considered unacceptable? _____

AUTO (continued)

- 12. Does the applicant perform accident investigations for each automobile accident? Yes No
- 13. Does the school have a routine maintenance program for all vehicles? Yes No
- 14. Are maintenance records kept for each vehicle? Yes No
- 15. Are any employees furnished with school owned vehicles? Yes No
If yes, does the insured have a personal use policy? Yes No
If yes, please describe or attach a copy. _____

15 PASSENGER VANS N/A

- 1. Does the applicant own or use any 15 passenger vans? Yes No
If yes:
 - a. Does the applicant have a regular maintenance plan in place that includes tire rotation and regular replacement? Yes No
 - b. Has the applicant modified the van(s) with either dual rear wheels or removed the rear seat?.. Yes No
 - c. Does the applicant have a policy that prohibits fully loading the van(s)? Yes No
 - d. Does the applicant only allow drivers with CDLs to drive the van(s)? Yes No
 - e. Are drivers given special training on the operation of 15 passenger vans? Yes No

ABUSIVE ACT LIABILITY N/A
(complete this section only if requesting this coverage)

**DEFENSE EXPENSES ARE SUBJECT TO LIMITS OF INSURANCE
FOR ALLEGED PARTICIPANT COVERAGE AND FOR CLAIMS MADE COVERAGE.**

- 1. Current/prior insurance coverage, if written separately from general liability:
Carrier: _____ Effective/expiration dates: _____ to _____
- 2. Claims-Made Occurrence Claims-Made Retro Date: _____
- 3. Limits of Liability: _____ Deductible: _____
- 4. Limits of Insurance requested:
Occurrence Coverage:
 - \$250,000 Each Abusive Act/\$250,000 Aggregate \$500,000 Each Abusive Act/\$500,000 Aggregate
 - \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate
 - Other: _____**Claims-Made Coverage:**
 - \$250,000 Each Abusive Act/\$250,000 Aggregate \$500,000 Each Abusive Act/\$500,000 Aggregate
 - \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate
 - Other: _____
- 5. Requested Retroactive Date: _____ **(Required only for Claims-Made Coverage)**
- 6. Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000 \$50,000
 \$100,000 No Deductible

ABUSIVE ACT LIABILITY (continued)

7. Alleged Participant Coverage (Optional Endorsement):
Limits of Insurance (Applicable to Defense Expenses and Settlements):
 \$100,000 Each Abusive Act/\$100,000 Aggregate \$250,000 Each Abusive Act/\$250,000 Aggregate
 \$500,000 Each Abusive Act/\$500,000 Aggregate \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate
 \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate Other: _____
8. What is your annual employee turnover? _____ (# of new employees/#of total employees)
9. What is your annual volunteer turnover? _____ (# of new volunteers/#of total volunteers)
10. Are signed and dated applications required of:
- a. all prospective employees? Yes No
- b. all prospective volunteers? Yes No
- c. If the answer to a. or b. is "yes", where is the documentation stored and for how long?

11. Do the employment and volunteer applications include a question(s) concerning whether the individual has ever been convicted of any crime, including any sex-related crime, or child abuse?
Employees Yes No Volunteers Yes No
12. Are application references checked and documentation maintained? Yes No
13. Is there a written policy with procedures for screening prospective volunteers that includes a personal interview by a staff member? Yes No
14. Is there a written policy addressing abusive acts? Yes No
- a. If "yes", how often is the policy communicated to:
- Employees: _____ time(s) every _____ year or Other _____
- Volunteers: _____ time(s) every _____ year or Other _____
- Students: _____ time(s) every _____ year or Other _____
- Parents: _____ time(s) every _____ year or Other _____
- b. Are the following individuals required to sign an acknowledgement of receipt and understanding of the abusive act policy? Employees: Yes No Volunteers: Yes No
15. Have procedures been developed and publicized to employees and volunteers for reporting and investigating alleged incidents of abusive acts? Employees: Yes No Volunteers: Yes No
- a. Has complaint management and investigation been assigned to any person(s)? Yes No
- b. If b. is "yes", has that person(s) been adequately trained in these responsibilities? Yes No
16. How often are the policies and procedures regarding abusive acts reviewed or revised by:
- Applicant: _____ time(s) every _____ months/year(s) or Other _____
- Legal counsel: _____ time(s) every _____ months/year(s) or Other _____
17. Is training conducted on your abusive acts policies and procedures including training on how to recognize signs of child or sexual abuse?
Employees: Yes No Volunteers: Yes No
18. Is documentation maintained on the training of staff and volunteers regarding the abusive act policy including how to recognize signs of child or sexual abuse and what to do if someone reports abuse?
Employees: Yes No Volunteers: Yes No
- a. How frequently is training conducted for: Employees: _____ Volunteers: _____
- b. Provide details on the trainer(s), including qualifications and company affiliation.

ABUSIVE ACT LIABILITY (continued)

19. Are any activities involving direct contact with children subcontracted to others? Yes No
If "yes":
- a. Do the subcontractors of such exposure have their own liability insurance, including coverage for abuse or molestation (including sexual misconduct or sexual molestation), with limits at least equal to those being requested hereunder? Yes No
 - b. Is the Insured named as Additional Insured on the subcontractor's liability policy, which includes coverage for abuse or molestation (including sexual misconduct or sexual molestation)?..... Yes No
 - c. Are certificates of liability insurance required? Yes No
 - d. Describe services provided by subcontractors: _____

 - e. Are subcontractors government licensed? Yes No
20. Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations? Yes No
21. In the last 10 years: (Questions a & b are not applicable in MO)
- a. Has any business insurance been refused, cancelled or non-renewed? Yes No
 - b. Has the applicant or any employee had abusive act (or similar) insurance coverage declined, cancelled or non-renewed? Yes No
 - c. Has the applicant or any employee or volunteer had any claim or suit brought against them as a result of abusive acts? Yes No
 - d. Have any public authorities investigated the applicant relating to claims or allegations of abusive acts? Yes No
- **If the answer is "yes" to any part of question 21, provide complete details by attachment.
22. Does the applicant have knowledge of any fact, circumstance or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act? Yes No
- **If the answer is "yes" to question 22, provide complete details by attachment.

FRAUD STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN, and VA, insurance benefits may also be denied)

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

FRAUD STATEMENTS

FLORIDA

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

MASSACHUSETTS

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

WASHINGTON

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Signature of Authorized Representative of Insured/Date

Signature of Licensed Producer, Agent or
Broker/Date

Title

License Number

COVERAGE CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.