



EDUCATIONAL INSTITUTION LIABILITY APPLICATION

GENERAL INFORMATION

- 1. Legal name of the entity which is the primary applicant and will be the first named insured listed on the policy: _____
- 2. Please list all other business/dba names, including subsidiaries, commissions or boards created by the Applicant for which you are seeking coverage under this policy: _____
- 3. Type of educational entity: Public Private Educational Service District Charter School Community College Four Year College/University Other (describe): _____
- 4. If an Educational Service District, how many schools comprise this district? _____
- 5. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): _____
- 6. Primary location address: _____
- 7. County of primary location: _____ Date entity established: _____
- 8. Total number of branches: _____ List all addresses for additional branches: _____
- 9. Entity location is: Rural Urban Suburban
- 10. Current population of district: _____
- 11. What is your web-site address? www. _____
- 12. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years? Yes No
- 13. Does any entity own or control your business or does your business own or control any entity? Yes No
- 14. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? Yes No
- 15. During the past three years, have you been involved in any school mergers/closings, or plan to do so in the next 12 months? Yes No
- 16. Do you plan to have any school openings in the next 24 months? Yes No
- 17. Is the Applicant managed or administered by any third party under contract or agreement? Yes No

For questions 12-17, please fully explain any "yes" response, including the names, dates, impact involved on revenue & headcount:

- 18. Does the Applicant now have tax exempt status under the United States Internal Revenue Service? Yes No
- 19. Is there now, or has there been, any dispute as to the Applicant's tax exempt status? Yes No

If Yes, please attach an explanation.

ORGANIZATION INFORMATION

- 1. Student Enrollment (if a college/university, the number of students should include the full-time equivalent of part-time):



	Current School Year	Last School Year	Projected Next School Year
Total number of students			
Teacher/Student Ratio			
Number of Students With Disabilities			
Teacher/Student with Disabilities Ratio			
Number of Special Education Students			
Teacher/Special Education Ratio			
Average Class Size			

2. List the number and type of staff:

Type of Employee	This Year	Last Year
Administration		
Counselors/Psychologists		
Law Enforcement/Security		
Non-Professional		
Teaching Faculty		
Other: (describe function):		
<hr/>		
Total Number		

3. Number of Board Members: _____

- Term of office: _____
- Terms staggered: Yes No If "yes" what is the schedule: _____
- Board Members/Trustees are: Appointed Elected
- If elected, they are elected by: At Large Single Member Districts
- Are all Board seats currently filled? Yes No Please explain any "no" response.

4. Does the Applicant perform any of the following services:

If Yes to any question, please explain (attach an additional explanation if needed).

- Operation of any daycare facilities or services? Yes No
- Organize or sponsor any type of contest, lottery, tournament, prize, give-away, raffle or other game of chance? Yes No
- Operate or sponsor a political action committee? Yes No
- Organize domestic or international field trips for students? Yes No
- Manage/administer any entity (other than the Applicant Entity) under contract or agreement? Yes No

For questions 4 A-E, please fully explain any "yes" response, including details of number of participants, type of events, frequency, etc.:

OPERATIONAL INFORMATION

1. Has the Applicant established written policies/procedures governing students regarding:



	<u>All Students</u>	<u>Special-Needs Students</u>
Acceptance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Corporal Punishment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dismissal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dress Code	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drug Testing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extracurricular Activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Promotion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suspension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transfer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use of lockers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Have the above policies and procedures been reviewed by an attorney? Yes No
3. Is the student handbook, including the above policies and procedures, distributed to all students at the time of enrollment? Yes No At the start of each new school year? Yes No
- Please explain any "no" response to question # 2 and #3 _____
- _____

FISCAL INFORMATION

1. Complete the following chart providing the requested financial information:

Indicate the following as it relates to the Applicant's fiscal year end (FYE): <i>(Please indicate negative figures with "(")" or "-" as appropriate)</i>	Most Recent FYE (Month/Year) (____/____)	Prior FYE (Month/Year) (____/____)
Actual Revenues	\$ _____	\$ _____
Actual Expenditures	\$ _____	\$ _____
Surplus or Deficit Amount	\$ _____	\$ _____
Accumulated Surplus or Deficit	\$ _____	\$ _____

2. If a deficit exists, please explain how and when it will be eliminated: _____
- _____
3. How much of the operating revenue/budget is: State Aid? \$ _____ Federal Aid? \$ _____
4. Does the Entity have the authority to issue bonds? Yes No
- a. What was the date and size of the most recent bond issuance? _____
- b. What is the Entity's Bond Rating? _____
- c. Is a bond vote or issuance planned for the next 12 months? Yes No If Yes, what is the dollar amount of the bond? \$ _____
- d. Has the Entity been in default of principal or interest on any bond during the past 5 years, or will you be in the next 12 months? Yes No
- If Yes, explain: _____
5. Does the Entity have the authority to raise taxes? Yes No
6. Has any bond or tax increase been defeated in the past three years? Yes No
- If Yes, explain: _____
7. Do you expect a budget reduction in the next year? Yes No
- If Yes, please provide the estimated amount of the reduction and the impact it will have: _____
- _____

EMPLOYEES



1. Number of Employees: Full Time: _____ Part Time: _____

2. Number of Volunteers: _____ How many hours per week do volunteers work on average? _____

3. Please describe the services performed by Volunteers for or on behalf of your Entity. _____

4. Salary Ranges (including bonuses, dividends and commissions)	Number of full time employees	Number of part time employees
\$50,000 or less:	_____	_____
\$50,001 to \$100,000:	_____	_____
\$100,001 and over:	_____	_____
TOTAL:	_____	_____

If you have multiple locations, please list employees by state:

	State:	State:	State:	State:	State:
Full-Time					
Part-Time					
Volunteers					

5. Did any of the following take place in the past 3 years?
- a. Strike, slowdown, or other staffing disruption? Yes No
 - b. Disputes involving integration, segregation, discrimination, or violations of civil rights (with staff or students)? Yes No
 - c. Has any employee been suspended, dismissed, demoted, transferred, or had a tenure contract non-renewed? Yes No

Please explain all "yes" answers to 5 A-C: _____

6. Does the Applicant use seasonal or temporary employees? Yes No

If so, when and how many? _____

Are these employees included in #4 above? Yes No

7. Does the Applicant use leased workers? Yes No

If Yes, how many have been retained by the Applicant in the past 12 months? _____

Are these employees included in #4 above? Yes No

8. Does the Applicant use independent contractors? Yes No

If Yes, how many work solely for the Applicant? _____

9. For which of the following services does the Entity or District use subcontractors (check all that apply):

- Administrative/Secretarial Accounting/Financial Custodial Food Medical Specialized Education
 Transportation Other Please explain in detail: _____

10. Do you require all subcontractors or independent contractors to provide evidence of carrying liability insurance?

Yes No Are you added as an additional insured to these policies? Yes No

11. How many employees are covered by collective bargaining or other union agreements? _____

12. In the past 12 months, how many employees have left your employ? _____



Of the above, how many were terminated involuntarily? _____

EMPLOYMENT PRACTICES & HUMAN RESOURCES

1. Has the Applicant established written policies/procedures governing teachers & other personnel regarding:

- Background checks Yes No
- Demotion Yes No
- Dismissal Yes No
- Drug Testing Yes No
- Hiring Yes No
- Promotion Yes No
- Sexual Harassment Yes No
- Suspension Yes No
- Transfer Yes No

2. Do you conduct background checks on all:

- Applicants? Yes No
- New Hires? Yes No
- Volunteers? Yes No

3. Please check the appropriate areas for the type of checks performed:

Type	Teachers	Other Employees	Volunteers
Academic Credentials			
Credit			
Criminal Checks-All States			
Criminal Checks-Federal			
Criminal Checks-Home State			
Driving Record			
Licenses			
Personal References			
Prior Employers			
Random Drug Tests (post hire)			
Other: (Describe): _____			

4. Have the Applicant's supervising personnel or other employees attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months? Yes No

If Yes, who has attended? _____

If Yes, who conducts the sessions? _____

5. Does the Applicant have its employment policies/procedures reviewed by labor or employment counsel? Yes No

If Yes, identify the firm and date of last review: _____

6. Does the Applicant have a Human Resources or Personnel Department? Yes No

If No, who handles this function? _____

7. Does the Applicant have an employee handbook? Yes No

If Yes, does the Applicant distribute it to all employees? Yes No



- If Yes, do all employees sign for its receipt? Yes No
- If Yes, does it expressly state that it is not a contract and that employment is "at will"? Yes No
8. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Yes No
9. Does the Applicant require all terminations to be reviewed by:
 The person in charge of human resources? Yes No
 Outside counsel? Yes No
10. Does the Applicant maintain a personnel file for each employee? Yes No

OTHER MATERIAL INFORMATION

1. After inquiry with each person as appropriate does anyone have any other Material Facts to disclose? (If Yes, please provide such Material Facts on a separate sheet.) Yes No

A Material Fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All of the information requested in this proposal is material.

INSURANCE AND LOSS HISTORY

1. Provide the Applicant's School Board Liability Insurance history below.

Policy Period (Month/Day/Year)	Insurance Company	Limits Per Claim/ Aggregate	Deductible	Retro Date	Annual Premium

2. Has the Applicant ever purchased an Extended Reporting Period for a School Board Liability Insurance Policy? If Yes, what date was it purchased and for what duration? Yes No _____
3. Does your current School Board Liability policy include Employment Practices Liability (EPL) coverage? Yes No
 If "No", do you have a separate Employment Practices Liability (EPL) policy in place? Yes No
 If "Yes", please proceed to question #3. If "No", please proceed to question #4.
4. Provide your firm's recent Employment Practices Liability insurance history below:

Policy Period (Month/Day/Year)	Insurance Company	Limits Per Claim/ Aggregate	Deductible	Retro Date	Annual Premium



Policy Period (Month/Day/Year)	Insurance Company	Limits Per Claim/ Aggregate	Deductible	Retro Date	Annual Premium

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

5. Does the Applicant currently carry General Liability Insurance? Yes No

6. During the past 5 years, has your School Board Liability or Employment Practices policy been canceled or non-renewed? Yes No

If Yes, please provide the date & explanation: _____

7. Requested School Board Liability Limits for Each Claim & Aggregate: \$500,000 \$1,000,000 \$2,000,000
 \$3,000,000 Other \$ _____

Requested Deductible (Per Claim): \$10,000 \$15,000 \$25,000 Other _____

8. Other than routine visits, has the entity had any on-site monitoring visits by a State or Federal Regulatory Agency within the last 3 years? Yes No

If yes, provide the name of the agency, purpose of the visit and results: _____

9. Is the Applicant operating under any court orders? Yes No

If Yes, please explain: _____

10. Has the entity been criticized by the state board of education? Yes No

If yes, please attach details including the Applicant's response.

11. After inquiry with each person as appropriate, in the last five (5) years, have any School Board Liability claims, or any wrongful termination discrimination, sexual harassment claims or any other wrongful employment practices liability claim or suit (including third party claims), ever been made against the Entity or any predecessor Entity or any current or former member of the Entity or predecessor Entity (whether insured or uninsured)? Yes No

If "Yes," how many? _____ Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.

12. After inquiry with each person as appropriate, do you, or any of your board members, trustees, regents, or employees know of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident that could result in a School Board Liability claim, or any employment related claim, including third party claims (whether insured or uninsured)? Yes No



If "Yes," how many? _____ If "Yes," please complete a separate Supplemental Claim Form for each potential claim and provide as much details as possible.

13. Of the total number of EEOC/state agency charges filed against any Applicant over the last five years, indicate the number of primary allegations as follows:

1) Location No.	2) Racial Discrimination	3) Age Discrimination	4) Religious Discrimination	5) Other Ethic Discrimination	6) Equal Pay Act Violation	7) Other Gender Discrimination	8) Violation of Am. With Disabl. Act

14. With respect to litigated cases (including wrongful termination suits under state law other than antidiscrimination law) and EEOC/state agency charges over the last five years for which any settlement was or may be paid, please provide the following information, which must be currently valued:

Date Occurrence	Claimant	Allegation	Damages Paid	Damages Reserved	Legal Expenses Paid	Legal Expenses Reserved

REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Currently valued School Board Liability Insurance loss runs for the past 5 years.
- Copy of the Declarations page from your current School Board Liability Insurance Policy

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.



NOTICE TO KENTUCKY APPLICANTS: 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 LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: 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 APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

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The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Authorized signatory for Applicant Entity)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____



EDUCATIONAL INSTITUTIONAL LIABILITY SUPPLEMENTAL CLAIM APPLICATION

- *This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.*
- *If space is insufficient to answer any questions fully, attach a separate sheet.*
- *In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved*

APPLICANT'S INFORMATION

1. Full Name of Applicant: _____
2. Full Name of Individual(s) or entity involved in the claim: _____
3. Additional defendants _____
4. Full Name of Claimant: _____
5. Is the Claimant still your student/employee/customer after bringing the claim? Yes No
6. Indicate whether: CLAIM SUIT Incident/Circumstance Only (no claim or suit)
7. Date and location of alleged act, error or omission: _____
8. Date of claim: _____ Date reported to Insurance Company: _____
9. What is the status of the claim? Closed/Settled Open/Pending Incident/Circumstance

10. IF CLOSED:

Total paid including deductible(s)? Responses such as "unknown" or "unavailable" are insufficient.

	Defense costs	Loss/compensatory damages
Paid by you-out of pocket	\$ _____	\$ _____
Insurance Company	\$ _____	\$ _____

Date Resolved: ____/____/____ Trial Out of Court

11. IF PENDING:

- (a) Claimant's settlement demand? \$ _____ Defendant's settlement offer (if any): \$ _____
- (b) Insurer's reserve amounts? Loss \$ _____ Defense \$ _____
- (c) Amounts already spent defending the claim? By you? \$ _____ By the insurer? \$ _____
- (d) What is your best estimate of the likely settlement amount for this matter? \$ _____
- (e) What is your best estimate of the date when you expect this claim to be resolved? _____

Note: Answering "unknown" or "unavailable" to the above questions is an insufficient response.

12. Name(s) of Insurer(s) responding to this claim or incident _____
Policy Number: _____
Limits of Liability: _____ Deductible: _____

13. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response (do not provide suit papers): _____



14. Explain what action(s) have been taken to prevent reoccurrence of a similar claim and/or steps to better defend/avoid such allegations in the future: _____

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The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Applicant Name (Print) _____ Title: _____

Applicant's Signature: _____ Date: _____
(Authorized signatory for Applicant Entity)

Agent/Broker Name: _____

