



**ADULT DAY CARE PROGRAM SUPPLEMENTAL**

Named Insured:

Location Address:

E-mail:

Risk Management Contact:

Risk Management Email:

Web Address:

Risk Management's Phone:

**REQUIREMENTS FOR SUBMISSION**

- Completed and signed/dated PHL Y Adult Day Care Supplemental Application
- Completed ACORD Application
- Copy of current Adult Day Care license(s)
- Brochures, pamphlets and/or other advertising materials
- Currently valued insurance company loss runs for the current policy period plus three prior years

**SECTION I – GENERAL APPLICATION INFORMATION**

1. This adult day care center is located in which type of building?  
 Commercial                      Church                      School  
 Other (describe):                      Private Home (**NOT Eligible**)
2. The neighborhood is primarily:  
 Commercial/Industry                      Residential                      Urban/City                      Country/Farming
3. Hours of operation:
4. Any overnight stays?                      Yes                      No
5. Number of successful years in business under the same management:
6. Indicate if a file containing the following information is maintained on each client:
  - a. Are there records for each client indicating unusual conditions the client has?                      Yes                      No
  - b. Are signed releases for emergency medical treatment/dispensing of medication obtained from guardians?                      Yes                      No
  - c. Are written instructions from client's physicians for dispensing of client's medication?                      Yes                      No
7. Is food properly covered, stored and served in accordance with applicable government requirements?                      Yes                      No

**Licensing:**

1. Is the adult day care center licensed?                      Yes                      No  
 If yes: License #:                      Expiration date of license:                      License Capacity:
2. If licensing is NOT state required, why is it exempt?
3. Has a license to operate ever been denied, suspended or revoked?                      Yes                      No  
 If yes, attach a separate full explanation.
4. Does Applicant provide transportation?                      Yes                      No
5. Has the Applicant ever received any citations or warnings issued by any state or governmental entity?                      Yes                      No

<b>Type of Day Care:</b>	<b># of Total Clients Served</b>	<b>% of services</b>
Type I: Adult day social care provides social care and social activities such as meals, recreation and some basic health-related services such as having a nurse on staff to check pressure (Light exposures).		%
Type II: Adult day health care offers more intensive health, therapeutic, and social services for individuals with moderate to severe medical and cognitive problems including an incidental exposure (up to 25%) of clients with Alzheimer's. Activities within this category also include social activities for clients that require more intense health, therapeutic and medical care. (Moderate to heavy exposures)		%
Type III: Alzheimer's specific adult day care provides social and health services to persons with Alzheimer's or related dementia. The predominant exposure in this category are clients with this diagnosis or organizations that have an Alzheimer's or related dementia exposure greater than an incidental as outlined within the Type II description.		%

For Type II and III, please outline the types of medical services provided:

### SECTION II – MANAGEMENT PRACTICES

1. Does Applicant have sign in/out procedures for:  

Staff?	Yes	No	Clients/Residents?	Yes	No	Visitors/Public?	Yes	No
--------	-----	----	--------------------	-----	----	------------------	-----	----
2. Type of security provided for the protection of the Applicant's clients/residents?  

Guards	Video Cameras	Other:
--------	---------------	--------
3. What measures are taken to monitor client activities?
4. Describe the procedures currently in place, which prevents the clients from wondering off or outside the premises?
5. What precautions does the Applicant take to prevent non-staff members from accessing unauthorized areas of the property?
6. Are handrails installed outside of the premises? Yes    No
7. Is a formalized slip and fall prevention program in place? Yes    No
8. Does the Applicant have incident reporting procedures and/or committee reviews? Yes    No
9. Does the Applicant have a plan for medical emergencies? Yes    No
10. Is there always someone trained in CPR and first aid on the premises? Yes    No
11. Does the Applicant have Automatic External Defibrillator(s)? Yes    No
12. Are staff members trained to use it? Yes    No
13. Does the Applicant have a written and enforced no smoking policy? Yes    No
14. Are "no smoking" signs posted in all areas not designated from smoking? Yes    No

### SECTION III – PROFESSIONAL LIABILITY

1. Does the Applicant require their staff (paid & volunteer) to complete an employment application? Yes    No  
If no, please explain:
2. Does the Applicant conduct a personal interview for each prospective staff member? Yes    No
3. Does the Applicant verify employment related references? Yes    No
4. Does the Applicant verify licenses and other credentials? Yes    No
5. What action does the Applicant take if any report is considered unfavorable?
6. Does the Applicant share written job descriptions with all staff members? Yes    No
7. Name of executive director/manager:  
Number of years experience in this field: Number of years at this facility:  
Specialized training or education:
8. What is the staff turnover rate for the last twelve (12) months?



Teacher					
Nutritionist/Dietician					
Residential Manager					
Home Health Aide					
Day Care Worker					
O&P Certified Fitter					
O&P Certified Assistant					
Adoptions					
Foster Care					
*Other (describe):					
*Other (describe):					

F/T = Full Time – over 20 hours per week/ P/T = Part Time – up to 20 hours per week.

\*Please describe "other" staff positions not listed in the above chart in the provided area.

17. **If the Applicant is requesting primary medical professional coverage for any of above noted Physicians, Psychiatrists, Dentists or Opticians, the Applicant must submit a completed and signed Medical Professional application. Coverage for such professional is subject to Underwriting review and approval.**
18. **If the above noted employed or volunteer Physicians, Psychiatrists, Dentists or Opticians carry their own medical malpractice insurance, we may provide vicarious medical professional coverage for the entity as respects to the professional services rendered on the insured's behalf. Coverage for the entity will require the following: The Professional's name, medical license number, medical specialty and proof that the professional carries adequate limits of insurance (at least \$1million limit of liability). Proof of insurance may be satisfied by submitting a copy of the professional's declaration page and/or certificate of insurance.**
19. **Consultant/Independent Contractors**  
 Are there written agreements with independent contractors? Yes    No  
 Are certificates of malpractice/professional liability insurance obtained and maintained for all contracted service providers (independent contractors)? Yes    No  
 Please indicate the limits of liability: \$
20. Based on the **maximum number** of clients enrolled on the Applicant's **busiest** day, enter the numbers of staff and clients in each of the following categories:

TYPE OF ADULT DAY CARE	# OF CARE PROVIDERS		# OF CLIENTS
	MALE	FEMALE	
TYPE I			
TYPE II			
TYPE III			

(The ratios of staff-to-client must be at least the state required ratio)

21. Are any **staff** less than 18 years old? Yes    No  
(Indicate specific duties for each on a separate document.)
22. Does the Applicant use any volunteers? Yes    No  
(Indicate specific duties for each on a separate document.)

**SECTION IV – HIRING/SCREENING**

1. Are employees screened to rule out drug, alcohol and sexual abuse? Yes    No
2. Check all methods used in hiring all employees or independent contractors:  
 Drug Testing?                      Criminal Background Checks – Federal                      Criminal Background Checks – State  
 Reference Checks                      Personal Interview                      Sexual Abuse Registry                      Validate Driver's License  
 Validate Work History                      Validate Education                      Verify Current Certification/Professional License  
 Validate Personal Auto Insurance and Limits (if operating owned vehicle during company hours)
3. How are references checked:                      Written                      Verbal                      Both  
 If verbal only, please explain:
4. Are all of the above methods done prior to binding? Yes    No  
 If no, please explain:

**SECTION V – SEXUAL ABUSE** **N/A**

1. Does the Applicant's current insurance program include Abuse and Molestation Coverage? Yes    No  
 If yes, Occurrence or Claims Made – Retro Date:                      Limit of Liability: \$  
 Carrier:                      Effective Date:
2. Does the Applicant's employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? Yes    No

- |     |   |     |    |
|-----|---|-----|----|
| 3.  | Does the Applicant have a written crisis plan in place for dealing with employees, victims, parents, authorities, and the media if the Applicant has incident of abuse? | Yes | No |
| 4.  | Are there written complaint procedures and are they displayed prominently?<br>If yes, explain:  | Yes | No |
| 5.  | Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises?   | Yes | No |
| 6.  | Are formal written procedures in place for hiring?  | Yes | No |
| 7.  | Do volunteers work directly with clients?   | Yes | No |
| 8.  | Is there formal staff training on child/sexual abuse, including how to recognize the signs?   | Yes | No |
| 9.  | What procedures are in place to make sure no relationship occurs between staff and clients?   |     |    |
| 10. | Are there procedures prohibiting closed door one-on-one meetings/counseling?  | Yes | No |
| 11. | Is there more than one person responsible for the welfare of any single patient?  | Yes | No |
| 12. | Have any incidents resulted in an allegation of sexual abuse?<br>Was the case settled?      Yes      No      Was the case taken to trial?                               | Yes | No |
|     | Amount paid for damages to the victim: \$   | Yes | No |
| 13. | Does the Applicant run criminal background checks on employees?   | Yes | No |
| 14. | Does the Applicant run criminal background checks on volunteers?  | Yes | No |

**SECTION VI – PREMISES/LIFE SAFETY**

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | If the building the Applicant occupies was built prior to 1971; has it been inspected for lead paint?<br>If no, what is the plan for abatement?  | Yes | No |
| 2.  | Does the property have aluminum wiring?<br>If yes, has it been retrofitted with one of the PHLY approved connectors by a licensed Electrician?<br>(indicate which one): COPALUM? Yes No AlumiConn?   | Yes | No |
|     | Date updated:      Please supply retrofit documentation or statement from installing contractor.   | Yes | No |
| 3.  | Have asbestos material been:<br>determined <b>not</b> to be present      removed      or      protected to prevent flaking?  |     |    |
| 4.  | Does the Applicant have any plans for renovations or new construction?   | Yes | No |
| 5.  | Does the Applicant's center exit directly to the outside?<br>To ground level?  | Yes | No |
| 6.  | Are there any non-ambulatory clients?<br>If yes, how many?      Any located above the first floor?   | Yes | No |
| 7.  | Please indicate which of the following fire suppression devices are currently in use and in effect:<br>Automatic Sprinkler System      Central Station Fire Alarm System      Smoke Detectors<br>Manual Pull Fire Alarms      Fire Extinguishers      Other:   |     |    |
| 8.  | How many means of egress are there?<br>Are all exits clearly marked & illuminated?   | Yes | No |
| 9.  | Are all exit doors equipped with panic hardware?   | Yes | No |
| 10. | Is there a fire escape?<br>If yes, please describe:  | Yes | No |
| 11. | Does the Applicant have a written emergency evacuation plan?<br>If yes, are the emergency evacuations procedures and floor plan posted?<br>Has the Applicant established a central meeting point outside the building?<br>Does the emergency plan include notification to the fire department?<br>How often are drills held? | Yes | No |
| 12. | Does the Applicant have emergency lighting or backup generators in the event of a power failure?   | Yes | No |
| 13. | Does the Applicant have a formal maintenance housekeeping program in place?  | Yes | No |
| 14. | Does the Applicant own or rent a parking facility?<br>If yes, are they well lit?   | Yes | No |
| 15. | Is the hot water heater set to a temperature of 120 degrees?<br>Does the Applicant have an equipment maintenance program in place?   | Yes | No |



**SECTION IX – FIELDTRIPS/OFF PREMISES TRAVEL****N/A**

- |   |     |    |
|---|-----|----|
| 1. Are field trips taken (or does the Applicant anticipate field trips during the next 12 months)?<br>If yes, answer the following: | Yes | No |
| 2. Describe the field trips:  |     |    |
|   |     |    |
| 3. Does the Applicant travel off premises for other events such as fundraising events?  | Yes | No |
| 4. Describe those trips:  |     |    |

**SECTION X – SPECIAL EVENTS****N/A**

- |  |     |    |
|--|-----|----|
| 1. Are any pets or animals kept on premises?<br>Describe animals, caging, and type of interaction: | Yes | No |
|  |     |    |
| 2. Are special classes provided? (Exercise, Dance, etc.)<br>If yes, please explain:                | Yes | No |
|  |     |    |
| 3. Are special classes taught by an independent contractor on the Applicant’s premises?            | Yes | No |
| 4. Does Applicant request/maintain Certificates of Insurance from all sub-contractors?             | Yes | No |
| 5. Does the Applicant have any operations other than Adult Day Care?<br>If yes, please explain:    | Yes | No |

**SECTION XI – KITCHEN EXPOSURE****N/A**

- |   |     |    |
|---|-----|----|
| 1. Is cooking permitted on the premises?  | Yes | No |
| 2. Is the actual cooking of food prepared and cooked by the staff?  | Yes | No |
| 3. Are there fire extinguishers in the cooking area available?  | Yes | No |
| 4. The cooking equipment is:        Residential        Commercial   |     |    |
| 5. Cooking equipment is equipped with:  |     |    |
| Nothing                    Hoods                    Ducts                    Exhaust Fans   |     |    |
| Automatic Fire Suppression System                    Automatic Fuel shut off control  |     |    |
| 6. How often is the cooking equipment cleaned?<br>Is the cleaning equipment:                    Cleaned by the Applicant                    Cleaning Contractor |     |    |

**WINTER WEATHER FREEZE PROTECTION**

**The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.**

**These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY**

- |    |  |     |    |     |
|----|--|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?<br>This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them.  | Yes | No | N/A |
|    | a. If not, select all freeze protection measures currently in place:<br>Temperature monitoring and remote heating control system (Wi-Fi temperature controls)<br>PHLYSense<br>Other water detection/ notification/ alarm system<br>Backup electrical generator, ensuring building heat at all times<br>Insulation around water pipes in cold areas*<br>Heat tracing for water pipes in cold areas*<br>Antifreeze fire sprinkler system in cold areas*<br>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers<br>Other: |     |    |     |
|    | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.  |     |    |     |
| 2. | Fire Protection and Testing  |     |    |     |
|    | a. Is the building provided with an Automatic Fire Sprinkler System (AS)?  | Yes | No | N/A |
|    | i. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe      Both   |     |    |     |
|    | ii. If yes, approximately what percentage (%) of the building is sprinklered?      %   |     |    |     |
|    | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review?   | Yes | No | N/A |
|    | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines)   |     |    |     |
|    | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?   | Yes | No | N/A |
|    | b. Are water shutoff valves exercised (closed and reopened) at least annually?   | Yes | No | N/A |
|    | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?   | Yes | No | N/A |
| 4. | Automatic Water Shutoff Devices  |     |    |     |
|    | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?  | Yes | No | N/A |
| 5. | Unused/ Vacant Spaces  |     |    |     |
|    | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?   | Yes | No | N/A |
| 6. | Seasonal Occupancies ONLY:   |     |    |     |
|    | a. Is there a full-time caretaker/ maintenance personnel on the premise?   | Yes | No | N/A |
|    | If yes, select required duties of the caretaker:<br>Regular walkthroughs of the building<br>i. How often each day?<br>Trained in the location(s) of water shut off valve(s)<br>Inspects taps and leaves them dripping in freeze weather events<br>Shuts off or drains pipes during freezing temperatures<br>Monitors building temperatures ensuring heat is maintained at required levels<br>Responds to power outages<br>i. List of required procedures   |     |    |     |
|    | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?   | Yes | No | N/A |

## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:  
 Address of Applicant:  
 City: State: Zip:  
 Website: www:  
 Nature of Operations:

1. Annual sales or revenue: \$
  
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No  
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
  - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - c. Credit or Debit Card Information
  
3.
  - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
  - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
  - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
  - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

### FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN DISTRICT OF COLUMBIA:** 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.

**APPLICABLE 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.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

**APPLICABLE IN MAINE:** 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.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** 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.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

**APPLICABLE IN 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.

**APPLICABLE IN PENNSYLVANIA:** 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.

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

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

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

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

AGENCY

(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)