

CRAFT BREWERY & DISTILLERY SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Completed, signed, and dated PHLX Craft Beverage Supplemental Application
- Completed ACORD Application(s) for all lines of coverage being requested
- Currently valued insurance company loss runs for current policy period plus three (3) prior years
- Brochure and advertising materials
- Color photos of brewing/distilling equipment and storage area
- Resume of owner and/or brew master/head distiller, and business plan including financials for operations in business less than three (3) years

APPLICANT INFORMATION

Applicant Name:
 Website:
 Year Established: FEIN: Liquor License Number:
 Association Memberships Held:
 Risk Management Contact: Phone:
 Email:

SECTION I - PRODUCTION & REVENUE INFORMATION

Barrels produced prior year: Barrels projected current year:
 Revenues prior year: \$ Projected revenues current year: \$
 Size of brewing/distilling system:

Please complete for **EACH** location. Additional tables can be found on page 6.

Wholesale and To Go Revenue Per Location For the Coming 12 Months

Beer – Kegs	\$
Beer – Bottles	\$
Beer – Cans	\$
Liquor/Spirits	\$

On-Site Tap/Tasting Room Revenue Per Location For the Coming 12 Months

Beer – Draft	\$
Beer – Bottles	\$
Beer – Cans	\$
Liquor/Spirits – Insured's Brand(s)	\$
Wine/Other Branded Beer or Liquor/Spirits (please describe):	\$
Food/Non-Alcoholic Beverages	\$
Merchandise/Gift Shop	\$

1. Does the Applicant manufacture and/or package other beverages (i.e. wine, soda, kombucha, etc.)?
 If yes, please explain:

Yes No

- | | | | |
|----|--|-----|----|
| 2. | Does the Applicant manufacture or sell any products containing CBD or THC? | Yes | No |
| 3. | What is the Applicant's distribution area? | | |
| 4. | Does the Applicant distribute any products themselves? | Yes | No |
| | If yes, number of vehicles used: _____ Radius of travel: _____ | | |
| 5. | Does the Applicant export any product? | Yes | No |
| | If yes, what percentage of sales: _____ % To what countries: _____ | | |

SECTION II - POLICIES & PROCEDURES

- | | | | |
|-----|--|-----|----|
| 1. | Does the Applicant have a formal Product Recall Plan in place? | Yes | No |
| 2. | Has the Applicant ever had a product contamination incident or had to recall a product? | Yes | No |
| | If yes, provide details, including cost incurred: _____ | | |
| 3. | Does the Applicant currently have Product Contamination or Recall Insurance? | Yes | No |
| | If yes, what limits and deductible: \$ _____ Deductible: \$ _____ | | |
| | If yes, who is the carrier: _____ | | |
| | Does the Applicant have knowledge of any fact or circumstances which may lead to a claim under the proposed insured? | Yes | No |
| 4. | How are the Applicant's products identified as an item they have produced? | | |
| 5. | How long are production records maintained: | | |
| a. | Is this longer than the life expectancy of the product? | Yes | No |
| 6. | Does the Applicant maintain product records on the following: | | |
| a. | Raw materials | Yes | No |
| b. | Quality controls records | Yes | No |
| c. | Raw material suppliers information | Yes | No |
| d. | Purchasers information | Yes | No |
| 7. | Is a batch code system utilized? | Yes | No |
| a. | Is this system able to trace back to raw materials? | Yes | No |
| 8. | Does the Applicant have a formal Quality Assurance program? | Yes | No |
| 9. | Are trademark investigations done prior to finalization of new products/ labels? | Yes | No |
| 10. | Is a certificate and additional insured status required from all vendors? | Yes | No |
| 11. | Is product testing utilized by the Applicant's company? | Yes | No |
| | If yes, please describe the testing procedures utilized by the Applicant's company?
(e.g. microbiological, x-ray, metal detections, steam / heat pasteurization, irradiation) | | |
| 12. | Are "test and hold" procedures utilized at the Applicant's site? | Yes | No |
| 13. | Does the Applicant test incoming raw materials? | Yes | No |
| 14. | Does the Applicant import products or packaging directly from sources outside the U.S.? | Yes | No |
| | If yes, provide details: _____ | | |
| 15. | Are tours of the brewing/distilling production areas provided? | Yes | No |
| a. | Is there always an employee tour guide? | Yes | No |
| b. | Are samples provided and ID's checked for samples? | Yes | No |

SECTION III - BREWING/DISTILLING AND REFRIGERATION EQUIPMENT

1. When was the equipment purchased?
 - a. When was the equipment manufactured?
2. What is the barrel capacity of the equipment?

3. Please provide details of the sanitation procedure:

- | | | |
|---|-----|----|
| 4. Is there a regular service plan in place for all brewing/distilling and refrigeration equipment? | Yes | No |
| 5. How many boilers are used at each location to provide process steam: | | |
| 6. Who is the manufacturer and what is the construction type of each boiler: | | |

7. What is the expiration date of each boiler's state/local certificate of operation:

8. Number of losses/claims made for equipment breakdown over the past five years:
Please provide details of each event.

- | | | |
|--|-----|----|
| 9. How often is the Applicant's equipment examined for leaks? | | |
| 10. Are generators used for power back-up in the event of a power interruption?
If yes, how long will the generators sustain operations? | Yes | No |
| 11. Are there solar panels in use by the Applicant either attached or on premises?
If yes, is this for Emergency Back-Up Only and is the equipment equal to or less than 500kw in capacity? | Yes | No |

SECTION IV - PROPERTY INFORMATION

- | | | |
|---|-----|----|
| 1. Is the building on any historical registry (local, state, or federal)?
If yes, what are the re-build requirements? | Yes | No |
| 2. Is the building over 100 years old?
If yes, complete a PHL Y 100 Year Old Building Supplemental for each building over 100 years of age. | Yes | No |
| 3. Are there other businesses in the building?
If yes, list other businesses: | Yes | No |
| 4. Does the Applicant mill its own grain?
If yes, provide details of ventilation, dust control, and room details: | Yes | No |
| 5. Are operations conducted from a residential location? | Yes | No |
| 6. Is aging/storage in a separate building from the still house? | Yes | No |
| a. If no, is there a two hour firewall between the stills and stock/inventory? | Yes | No |
| b. If no, what is the distance between distilling equipment and any stored product or raw material? | | |
| 7. What type of still is used? Open System Closed System | | |
| 8. What is the heating source of the still?
Electric Gas Steam Other: | | |
| 9. Explosion proof electrical connections?
If yes:
Distance from the still/brewing equipment, condenser, containers, etc.: feet
Distance from any open transfer area: feet
Distance from any bottling area: feet | Yes | No |
| 10. Pressure relief? | Yes | No |
| 11. Pressure monitoring alarms? | Yes | No |
| 12. High temperature limit alarm? | Yes | No |

13. Property Values:
- | | |
|--|----|
| Value of Brewing/Distilling Equipment (bolted to the ground) | \$ |
| Value of Brewing/Distilling Equipment (not bolted to the ground) | \$ |
| Value of Raw Materials on hand (average) | \$ |
| Value of Inventory (aging in barrels or fully finished) | \$ |

SECTION V - LIQUOR LIABILITY

- | | | |
|--|--|----|
| 1. Are all servers and bartenders required to complete TIPS or TAM training prior to their employment?
If no, what is the training procedure? | Yes | No |
| 2. Has the Applicant's liquor license ever been revoked or suspended?
If yes, when and explain: | Yes | No |
| 3. Have there ever been any citations by a liquor control board?
If yes, when and explain: | Yes | No |
| 4. What controls are there to prevent over serving: | | |
| 5. What are the procedures for handling an intoxicated patron:
Formal Designated Driving Program | Contact information posted for local taxi or rideshare | |
| 6. Describe age verification process: | | |

SECTION VI - BEVERAGE AND FOOD SERVICE INFORMATION

- | | | |
|---|--------------------|-------------------|
| 1. Does the Applicant operate a tasting room/restaurant?
If yes: | Yes | No |
| a. What are the hours of operation: | | |
| b. Are there drink specials or a "happy hour"? | Yes | No |
| c. Seating capacity: | | |
| 2. Does the Applicant operate a kitchen?
If yes: | Yes | No |
| a. Indicate types of cooking equipment (check all that apply): | | |
| Commercial ovens | Deep fat fryers | Open flame grills |
| Pizza ovens | No cooking present | Other (explain): |
| | | Broilers |
| b. Are cooking areas protected by a UL300? | Yes | No |
| c. How often are grease filters cleaned: | | |
| i. What is the cleaning method: | | |
| d. How often is the hood and duct work cleaned: | | |
| e. How often is the suppression system inspected and serviced: | | |
| f. By whom is the system inspected and serviced: | | |
| g. Do cooking appliances have automatic fuel shut-off valves? | Yes | No |
| h. If there are deep fat fryers, do they have high limit switches? | Yes | No |
| i. Are employees trained in the use of the extinguishing system? | Yes | No |

SECTION VII - ENTERTAINMENT AND EVENT INFORMATION

- | | | |
|---|-----|----|
| 1. Is there a dance floor on the premises? | Yes | No |
| 2. Is there any live entertainment? | Yes | No |
| If yes, please explain: | | |
| | | |
| 3. Does the Applicant hold events at the facility? | Yes | No |
| If yes: | | |
| a. What type: | | |
| b. What is the number of people permitted: | | |
| c. What safety controls are there: | | |
| | | |
| d. As host of events which exceed normal operations (hours, space, capacity) does the Applicant obtain Special Events Insurance Coverage? | Yes | No |
| 4. Does the Applicant lease their part or all their facilities to third parties for special events? | Yes | No |
| a. If yes, are facility renters required to obtain Event Insurance and name the Applicant's operation as an Additional Insured? | Yes | No |
| 5. Does the Applicant attend off premises events? | Yes | No |
| If yes: | | |
| a. What type(s): | | |
| b. Average number per year: | | |
| c. What safety controls are there: | | |

PRODUCTION & REVENUE INFORMATION ADDENDUM

Please complete for EACH location. Copy as many times as needed.

Manufacturing Revenue Per Location For the Coming 12 Months

Beer – Kegs	\$
Beer – Bottles	\$
Beer – Cans	\$
Liquor/Spirits	\$
"To Go/Carry Out" Beer/Liquor (Growlers, Kegs, Six Packs, etc.)	\$

On-Site Tap/Tasting Room Revenue Per Location For the Coming 12 Months

Beer – Draft	\$
Beer – Bottles	\$
Beer – Cans	\$
Liquor/Spirits – Insured's Brand(s)	\$
Wine/Other Branded Beer or Liquor/Spirits (please describe):	\$
Food/Non-Alcoholic Beverages	\$
Merchandise/Gift Shop	\$

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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

- | | | | |
|--|-----|----|-----|
| <p>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?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them.</p> <p style="margin-left: 20px;">a. If not, select all freeze protection measures currently in place:</p> <div style="margin-left: 40px;"> <p>Temperature monitoring and remote heating control system (Wi-Fi temperature controls)</p> <p>PHLYSense</p> <p>Other water detection/notification/alarm system</p> <p>Backup electrical generator, ensuring building heat at all times</p> <p>Insulation around water pipes in cold areas*</p> <p>Heat tracing for water pipes in cold areas*</p> <p>Antifreeze fire sprinkler system in cold areas*</p> <p>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers</p> <p>Other:</p> </div> | Yes | No | N/A |
| <p>* Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.</p> | | | |
| <p>2. Fire Protection and Testing</p> <p style="margin-left: 20px;">a. Is the building provided with an Automatic Fire Sprinkler System (AS)?</p> <div style="margin-left: 40px;"> <p>i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe</p> <p>ii. If yes, approximately what percentage (%) of the building is sprinklered? %</p> <p>iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review?</p> <p>iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company?</p> </div> | Yes | No | N/A |
| <p>3. Emergency Water Response (domestic and AS water lines)</p> <p style="margin-left: 20px;">a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?</p> <p style="margin-left: 20px;">b. Are water shutoff valves exercised (closed and reopened) at least annually?</p> <p style="margin-left: 20px;">c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?</p> | Yes | No | N/A |
| <p>4. Automatic Water Shutoff Devices</p> <p style="margin-left: 20px;">a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?</p> | Yes | No | N/A |
| <p>5. Unused/Vacant Spaces</p> <p style="margin-left: 20px;">a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?</p> | Yes | No | N/A |
| <p>6. Seasonal Occupancies ONLY:</p> <p style="margin-left: 20px;">a. Is there a full-time caretaker/maintenance personnel on the premise?</p> <p style="margin-left: 40px;">If yes, select required duties of the caretaker:</p> <div style="margin-left: 60px;"> <p>Regular walkthroughs of the building</p> <p>i. How often each day?</p> <p>Trained in the location(s) of water shut off valve(s)</p> <p>Inspects taps and leaves them dripping in freeze weather events</p> <p>Shuts off or drains pipes during freezing temperatures</p> <p>Monitors building temperatures ensuring heat is maintained at required levels</p> <p>Responds to power outages</p> <p>i. List of required procedures</p> </div> | Yes | No | N/A |
| <p style="margin-left: 20px;">b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?</p> | Yes | No | N/A |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/they 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 A FLORIDA RISK, PRODUCER MEANS FLORIDA LICENSED AGENT)

ADDRESS (STREET, CITY, STATE, ZIP)