

Additional Insured(s)
 Lessor of leased equipment:
 Lessor of premises:
 Mortgagee:
 Grantor of franchise:

SECTION III – PROPERTY SECTION

Building(s)

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance	Address
			\$		
			\$		
			\$		
			\$		

Contents (Includes Improvements & Betterments)

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance	Address
			\$		
			\$		
			\$		
			\$		

Deductible: \$500 \$1,000 Other: \$
 Business Income: Limit of Insurance: \$ (Monthly Limit of Indemnity Form)
 Monthly Limitation: 1/3 1/4 1/6

Construction of building:

Walls: Wood frame Brick / Brick Steel frame Other:
 Roof: Wood frame Poured concrete Steel frame Other:
 Floor: Wood frame Concrete Other:

Year built: Square footage: Age of roof:
 Does the property have automatic fire sprinklers? Yes No
 Distance to: Hydrant: Fire station:
 Burglar Alarms: Local Central station only w/keys Central station w/o keys
 Does the property have aluminum wiring? Yes No
 If yes, has it been retrofitted with one of the PIC approved connectors and by a licensed electrician? Yes No
 (Indicate which one): COPALUM? Yes No AlumiConn? Yes No
 Date updated?
 Please supply retro-fit documentation or statement from installing contractor.
 Does the Applicant own the building? Yes No
 If no, who does?
 Mortgagee: Loss Payee:

Signs

	<u>Type</u>	<u>Value</u>	<u>Location</u>
1.		\$	
2.		\$	
3.		\$	

Flood

Does the Applicant have a current flood policy in force? Yes No
If yes, attach a copy of the declarations sheet.
If no, would you like a flood quote with our proposal? Yes No
(Flood quote will be secured through the Write Your Own Flood Program)

Crime Coverage

Theft, Disappearance & Destruction
Loss Inside the Premises: \$ Loss Outside the Premises: \$
Employee Dishonesty: \$
Number of officers and employees who have custody of the money:
By whom is financial audit completed? Frequency of audits?
Is there a countersignature procedure in place? Yes No
Frequency of bank deposits:
Are accounts reconciled by someone not authorized to deposit or withdraw monies? Yes No

SECTION IV – RISK SURVEY QUESTIONNAIRE

- 1. Gross sales: \$ Memberships: % Retail: % Alcohol % Tanning %
- 2. Payroll: \$
- 3. Number of members at this location (both active and non-active):
- 4. Number of active members:
(Number of members, not number of active members is used as GL rating base)
- 5. Number of employees: Management: Physical Therapy: Personal Trainers:
Administrative: Other:
- 6. Number of sub-contractors: Services sub-contracted:
- 7. Are certificates of insurance obtained from Applicant’s sub-contractors? Yes No
If yes, provide a copy.
- 8. Is the Applicant looking to provide coverage for any of the above under the policy? Yes No
If yes, who?
- 9. How many personal trainers are employed / sub-contracted at Applicant’s facility?
- 10. How many of the personal trainers are certified by ACE, NSCA, NCSF, or other agency accredited through NCCA?
- 11. Any property leased to others? Yes No
If yes, explain:

- 12. Please provide square footage leased:
Any events held off premises by the Applicant? Yes No
If yes, explain:

- 13. Number of guests per month:
- 14. Are guests required to sign waiver of liability forms? Yes No
- 15. Are waivers obtained for all adult users of the club, including spouses / partners on family memberships? Yes No
- 16. Are medical disclosure forms requested of all members? Yes No
- 17. Is an incident log kept of all injuries and accidents? Yes No
- 18. Are all guests and members instructed on how to use equipment on a continuing basis? Yes No
- 19. Is a pre-workout evaluation done by a fitness trainer for new members? Yes No
- 20. Are written instructions of use on each piece of equipment? Yes No

21.	Are "spotters" required for all free weights?	N/A	Yes	No
22.	Are showers and locker rooms disinfected and cleaned daily? How often?		Yes	No
23.	Are there non-slip surfaces in shower areas?		Yes	No
24.	How many Automatic External Defibrillators (AED) does the Applicant have at each location?			
25.	How many employees at each location are trained to operate an AED?			
26.	Was full CPR training included with the AED training?		Yes	No
27.	What are the Applicant's hours of operation?			
28.	Is staff present during all hours of operation?		Yes	No
29.	Is there a snack bar or restaurant on the premises? If yes, square footage occupied?		Yes	No
30.	Is there a bar serving liquor? If yes, square footage occupied?		Yes	No
31.	Is there any volunteer labor or "free membership / work exchange"?		Yes	No
32.	Is there a pro shop? If yes, square footage occupied?		Yes	No
33.	Are any products sold with the Applicant's name or label on them?		Yes	No
34.	Are dietary supplements sold? If yes, what brand names:		Yes	No

FACILITIES AND SERVICES

(Supply an inventory list with values where applicable.)

Free weights:	lbs.	Masseuse / Masseur	Yes	No
Lifecycles : #		Is this sub-contracted?	Yes	No
Rowing machines: #		Aerobics	Yes	No
Step machines: #		Is this sub-contracted? (please attach a schedule)	Yes	No
Roller blading or skating: #		Martial Arts	Yes	No
Treadmills: #		Is this sub-contracted?	Yes	No
Rock climbing apparatus: #		Barber	Yes	No
Racquetball courts: #		Is this sub-contracted?	Yes	No
Locker rooms: #		Dance instruction	Yes	No
Jogging track: #		Is this sub-contracted?	Yes	No
Showers: #		Walking program off premises?	Yes	No
Steam room: #		Physical therapists	Yes	No
Sauna: #		Is this sub-contracted?	Yes	No
Tennis Bubbles: #	sq. ft =	Number of therapists:		
Tennis courts: Indoor: #	sq. ft. =	Outdoor #	sq. ft. =	
Whirlpools / Jacuzzi: #	Indoor	or Outdoor	How often is water tested?	
What temperature is the water kept?			How many are in the club?	
Basketball courts: Indoor #		Outdoor #		
Circuit equipment: # of pieces:		Square footage:		

ABUSE AND MOLESTATION

1.	Is Applicant seeking a quote for Abuse & Molestation coverage? If no, skip this section.	Yes	No
2.	Does the Applicant's staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses?	Yes	No
3.	Does Applicant's state permit criminal background investigations? If yes, does the Applicant routinely request and receive such background investigations?	Yes	No
4.	Does the Applicant verify employment-related references?	Yes	No
5.	Does the Applicant conduct a personal interview?	Yes	No
6.	Does the Applicant have written procedures for dealing with sexual abuse? If yes, attach a copy.	Yes	No

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|--|--|-----|----|
| 7. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? | | Yes | No |
| 8. a. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? If yes, describe: | | Yes | No |
| b. Was a claim made against the Applicant? | | Yes | No |
| c. Was the case settled? | | Yes | No |
| d. Was the case taken to trial? | | Yes | No |
| e. How much money was paid as damages to the victim? \$ | | | |
| 9. Regarding coverage for Abuse & Molestation, does the Applicant's current policy: | | | |
| Exclude coverage | | | |
| Limit coverage (please indicate limit): \$ | | | |
| Neither exclude or limit coverage | | | |
| 10. Please indicate age range of clients: From: To: | | | |

SWIMMING POOLS

- | | | | |
|---|-------------------------------------|-----|----|
| 1. Is the pool a lap pool? | | Yes | No |
| If yes, how deep? | Indoor Outdoor | | |
| 2. Depth markings are located at what intervals? | | | |
| 3. How often is water tested? | | | |
| 4. Is there a diving board? | | Yes | No |
| 5. Is there a slide? | | Yes | No |
| 6. Is a lifeguard present? Yes No Are they certified? | | Yes | No |
| 7. Are SWIM AT YOUR OWN RISK signs posted with pool rules? | | Yes | No |
| 8. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide a time table and action plan: | | Yes | No |
| 9. Hours of operations: | | | |
| 10. Is the pool rented out for parties? | | Yes | No |
| If yes, explain: | | | |

DAY NURSERY / BABYSITTING

- | | | | |
|--|--|-----|----|
| 1. What are the ages of children under care? | | | |
| 2. Maximum length of stay? | | | |
| 3. Are waivers signed by parents? | | Yes | No |
| 4. Maximum number of children at one time? | | | |
| 5. Ratio of staff to children: | | | |
| 6. Qualifications of staff: | | | |
| 7. Activities occurring: | | | |

8. Is there a playground? Yes No
 If yes, type of equipment?
 If outdoor, what type of surface is under the equipment?

 What type of supervision is given to the playground?

TANNING APPARATUS

1. Number of units?
 Type:
 Manufacturer:
2. Are goggles required? Yes No
 3. Are token timers used? Yes No
 4. Are operators present? Yes No
 5. Are controls on the outside of the booth/bed? Yes No
 6. Tanning booth waiver signed by members? Yes No
 7. Are *only* the manufacturer suggested bulbs used? Yes No
 8. Type of bulbs used: UVA %: UVB %:
 9. Are warning signs posted regarding ultraviolet rays? Yes No

SPA OPERATIONS

(If the Applicant performs spa operations, please complete the following.)

1. Please check the professional services that you perform and for which you desire coverage under the policy, and provide the annual receipts for each.

NOTE: Any professional service for which the Applicant does not provide such information will not be covered under the policy.

NOTE: Checking a professional service does not obligate us to insure it.

<u>Professional Service</u>	<u>Annual Receipts</u>
Electrolysis	\$
Microdermabrasion**	\$
Waxing	\$
Manicure or Pedicure	\$
Body wraps for weight / water reduction	\$
Hair cutting / Styling / Coloring	\$
Facial / Scalp massage	\$
Personal trainers / Yoga instructors	\$
Ear piercing	\$
Body piercing (other than ear lobe)	\$
Facial and skin cleansing	\$
Hydrotherapy	\$
Aromatherapy	\$
Endermology	\$
Body wraps for other than weight / water reduction	\$
Body massage	\$
Cosmetics / Make-up application	\$
Tanning beds / booths / units	\$
Tattoo or Micropigmentation	\$
Teeth whitening	\$
Chemical Peels –	\$
What percentage concentration of active ingredients? %	
Exercise / Workout	\$
Beautician service / Hair	\$
Sale of products	\$

Tanning \$
 Other services not listed above (describe):
 \$
 \$
 \$

2. Does the Applicant provide any of the following services?
 Acupuncture Permanent make-up
 Chiropractic Tattooing
 Laser Hair Removal Botox or injections of any kind
IF ANY SERVICES ABOVE ARE PROVIDED, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM.

3. Provide the number for each: Employees (part-time is less than 10 hrs/week) and independent contractors. Do not include the owner.

Staff	Employees		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Aestheticians				
Masseuse				
Body wrap technicians				
Manicurists				
Beauticians				
Electrologist				
Pilates instructors				
Yoga instructors				
Fitness instructors				
Aerobic instructors				
Students (Aesthetician or Electrologist)				
Office Staff				

4. Are all technicians licensed if required by law? Yes No
5. Please provide the number of the following: Pools: Jacuzzis: Steam/Saunas:
 Tanning Beds / Booths : Hydrotherapy Tables / Tubs: Exercise Equipment:
6. Does the Applicant's equipment comply with, and are you aware of, all requirements of federal and state regulatory agencies? Yes No
7. Do independent contractors or booth renters conduct operations on applicant's premises? Yes No
8. Are the work areas where acrylics are used well ventilated? Yes No
9. Do all employees receive safety instruction to avoid potential eye contamination by chemicals? Yes No
10. Are all body contact supplies sanitized after each use? Yes No
11. Are toxic chemicals stored away from the access of customers? Yes No
12. If the Applicant's clients operate any exercise equipment, are they instructed and monitored? Yes No
13. Is the Applicant's business located in a private residence?
 If yes, is there a separate entrance? Yes No
14. Does the Applicant manufacture or re-package any product? Yes No
15. Is any product manufactured and distributed under your private label?
 If yes, describe the product and attach proof of manufacturer coverage: Yes No

16. Does the Applicant use, and save as a permanent record, a hazard disclosure and personal injury disclaimer or waiver for each customer for all services performed? Yes No
17. Does the Applicant have a medical crisis plan? Yes No
18. Does the Applicant require health histories, intake questionnaires?
 If yes, how long are they kept? Yes No
19. Does the Applicant require signed waivers from all clients? Yes No
20. Is signage used throughout the facility to prevent injury? Yes No

- | | | |
|---|-----|----|
| 21. Does the Applicant have non-slip surfaces in all wet areas? | Yes | No |
| 22. Does the Applicant sub-lease any space to others? | Yes | No |
| 23. Does the Applicant's facility have a restaurant / snack bar? | Yes | No |
| 25. Name and address of equipment lessor who requires inclusion as additional interest: | | |

No application will be accepted unless signed by the Applicant.

The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any facts thereto, commits a fraudulent insurance act, which is a crime.

Application Addendum

Philadelphia Insurance Companies or its authorized representatives is hereby authorized to conduct such inquires as necessary to verify all information contained in this application. Authorization is also given to obtain a personal credit report on the principal of the company.

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO ALASKA RESIDENTS APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS RESIDENT 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 ARIZONA RESIDENTS APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO COLORADO RESIDENTS 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 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."

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 RESIDENTS APPLICANTS: "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."

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 RESIDENTS 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 RESIDENTS 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 A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

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

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF NEW YORK APPLICANTS: "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."

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

RESIDENTS OF OKLAHOMA APPLICANTS: "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."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF 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 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."

RESIDENTS OF 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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VIRGINIA 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 AND DENIAL OF INSURANCE BENEFITS."

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

RESIDENTS OF WEST VIRGINIA 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."

Insured Signature

Date

Title

Producer Signature

Date