



HUMAN SERVICES DAY CARE APPLICATION

The following questionnaire must be signed and submitted for underwriting approval prior to binding coverage.

PART I: GENERAL INFORMATION

1.	Insured Name:	
2.	Federal Employer ID #:	
3.	Effective Date:	
4.	Number of years in operation:	Under Present Management:
5.	Business Type:	
	a. <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	
	b. <input type="checkbox"/> Non-Profit <input type="checkbox"/> Profit	
	c. <input type="checkbox"/> Daycare <input type="checkbox"/> Sick Child Facility (_____ %) <input type="checkbox"/> After School Care _____ %	
	<input type="checkbox"/> Drop-off Care Facility _____ % <input type="checkbox"/> Overnight Care <input type="checkbox"/> In-Home Day Care (not acceptable)	
6.	Web site Address:	Brochure? If so, please attach.
7.	Primary funding: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Not Applicable (For-Profit)	
8.	List all accreditations and attach copies of certificates:	
9.	List all association memberships or affiliations:	
10.	Do you operate more than one location?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II: MANAGEMENT PRACTICES

1.	Is the facility licensed by the state? (attach copy) If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has the license ever been revoked? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Hours of operation: From _____ to _____ Number of days per week _____ Number of months per year _____	
4.	This day care center is located in what type of building? <input type="checkbox"/> Commercial <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> Private Residence	
5.	Do you carry Accident Coverage? Medical Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you have a written and enforced no smoking policy? Are "no smoking" signs posted and enforced in all areas not designated for smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Please indicate which of the following precautions are taken for the prevention of a child being released to unauthorized persons: <input type="checkbox"/> Sign out sheet <input type="checkbox"/> Staff member checks ID before releasing child <input type="checkbox"/> Staff member calls parent when unfamiliar person comes to pick up child	
8.	Please indicate which of the following precautions are taken to prevent children from accessing cooking areas: <input type="checkbox"/> Kitchen with closed door <input type="checkbox"/> Gate covering entrance to kitchen <input type="checkbox"/> Other	

PART III: PREMISES / LIFE SAFETY

1.	If the building you occupy was built prior to 1978, has it been inspected for lead paint? If No, what is the plan for abatement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you have any plans for renovations or new construction? If Yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you have any vacant buildings now? Describe any planned for the future:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does your center exit directly to the outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Number of fire extinguishers and smoke detectors on premises: How often are they serviced?	
6.	Are all exits clearly marked in the event of a fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you have a written emergency evacuation plan? How often are drills held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Describe housekeeping and maintenance practices:	
9.	Do the bathroom doors lock? Can you unlock from the outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Has your facility been inspected by an insurance company or independent inspection firm? If Yes, by whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	List any deficiencies and corrective actions in the past three years:	
12.	Are there any pets at this location? If yes, description of pets:	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Any special classes provided such as music, dance or gymnastics? If special classes are taught by an independent contractor, do you obtain proof of liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

PART IV: PROFESSIONAL LIABILITY

1.	Does your pre-employment background include: a. Professional references? b. Fingerprint/FBI check? c. State-level criminal background check? d. Education verification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	While in your employment or under contract, has any person performing professional services ever been reprimanded, suspended or disciplined by any agency or governmental entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	What is the staff turnover rate for the last 12 months?	
4.	Do you provide workers compensation for: <input type="checkbox"/> All staff members <input type="checkbox"/> Volunteers	
5.	Does your current insurance program provide professional liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does your Executive Director/Manager have specialized training or education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Number of teachers with degrees _____ Number of teachers without degrees _____	
8.	Any employees under 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are staff members trained in CPR and first aid on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	What procedures are in place when dispensing medications to children: <input type="checkbox"/> Written parental permission is required <input type="checkbox"/> Medication is kept in its original container/package <input type="checkbox"/> Written instructions for use are provided by the parent <input type="checkbox"/> Written records are kept of all medications dispensed <input type="checkbox"/> Other _____	
11.	Licensed Capacity _____ Current enrollment _____ Average number of children per day _____	
12.	Based on the maximum number of children enrolled, what is your actual breakdown of total staff to total number of children by age group?	
		# of Female Staffing # of Male Staffing # of Children Daily
	Infant, ages 0 – 1	
	Toddlers, ages 1 – 2	
	Toddlers, ages 2 – 3	
	Preschoolers, ages 3 – 5	
	School age children	
	Total	

PART IV: PROFESSIONAL LIABILITY (continued)

13.	Indicate if a file containing the following information is maintained on each child: a. Are there records for each child indicating unusual conditions the child may have? b. Are there immunization records of the children being immunized and updated annually? c. Are signed releases in case of emergency and treatment of medication obtained from parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
14.	How many children require "special care"?	
15.	Is food properly covered and stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART V: ABUSE AND MOLESTATION

1.	Does your current insurance program include Abuse and Molestation coverage? If Yes, what are the limits? <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does your employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you have a written crisis plan in place if you have an incident of abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are there written complaint procedures and are they displayed prominently? If Yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is there a written supervision plan that monitors staff in day-to-day relationships with children, both on and off premises, in order to mitigate abusive relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do volunteers work directly with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is there formal staff training on child/sexual abuse, including how to recognize the signs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have any incidents resulted in an allegation of sexual abuse? Was the case settled? Was the case taken to trial? Amount paid for damages to the victim: \$ Does Insured run criminal background checks? Employees: Volunteers:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Any one-on-one mentoring conducted off-premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are criminal investigation/background checks conducted on all staff, including the owner/director and volunteers before hiring? Staff: Owner/Executive Director: Volunteers: Elaborate:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do any of your current employees, staff, volunteers, principals, board members, officers or directors have a history of arrests, charges or convictions for a crime that includes sex-related or child abuse offenses? If Yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	After how many years are background checks obtained for every director, employee and volunteer?	
13.	Does orientation include discussion of the following: Child abuse Sexual abuse How to recognize the signs? What to do if a child reports someone molested her/him?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do you require mandatory training for all staff on child abuse each year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Is there one person that employees/volunteers can report concerns confidentially?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are all alleged abuse incidents investigated promptly by an objective party? Elaborate:	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VI: CORPORAL PUNISHMENT

1.	What is the state law on corporal punishment? <input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited	
2.	Is there a written policy concerning the use of corporal punishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have there ever been any claims for corporal punishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VII: AUTOMOBILE N/A

1.	Does the facility provide transportation to and from the center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the facility provide transportation for field trips? If yes, on average, how far from the facility are the field trips?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	After vacating the vehicles, is a final check made after every use to make sure no child one is left inside or behind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do all drivers have a CDL license in accordance with state regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are all vehicles insured on the schedule titled to the Named Insured? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are vehicles with 8 or more seating capacity equipped with an audible backup warning device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If you operate 15 passenger vans, do you routinely check for proper tire inflation? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you require seat belts to be worn by all occupants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Explain your vehicle maintenance program:	

PART VIII: HIRED AND NONOWNED EXPOSURE N/A

1.	Do you hire vehicles? If Yes, what types of vehicles do you hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you obtain certificates of insurance? What minimum limits do you require?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you hire from a transportation company? If Yes, with drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Total number of hired vehicles annually: _____ Annual cost of hire: _____	
4.	Do employees/volunteers transport children in their own vehicles? If Yes, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	How many drive personal vehicles for business use regularly? F/T: _____ P/T: _____ Vol: _____ How many drive personal vehicles for business use occasionally? F/T: _____ P/T: _____ Vol: _____	
	Do you obtain proof of insurance for employees/volunteers who use their own autos with minimum limits of \$100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, are you willing to implement procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you update your records at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IX: DRIVER INFORMATION N/A

1.	Do you obtain a written authorization to release driver information from all of your staff upon hiring? Do you obtain MVRs on all drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Explain procedures for dealing with driver accidents or violations:	
3.	Are all drivers at least 21 years of age? How many drivers are over age 70?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have drivers attended a class in defensive driving? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is training provided for new employees/volunteers prior to their transporting children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does anyone besides employees or volunteers drive your vehicles? If Yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is personal use of Insured's vehicles permitted? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART X: FIELD TRIPS N/A

1.	Number of field trips conducted each year?	
2.	Do you require release forms from parents/guardians for each trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are staff to child ratios maintained or increased for trips?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are all children required to wear identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Type of field trip: Number of participants:	
6.	Do you rent facility to others? If so, do you obtain Certificates of Insurance from them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

PART XI: PLAYGROUND N/A

1.	Is the playground area supervised during all open hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is the play area fenced? If Yes, describe fencing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Describe surface under playground equipment: Depth of surface:	
4.	Is the playground equipment properly checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART XII: POOL N/A

1.	Is there a trained lifeguard on duty? If Yes, how many? During what hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	The pool area includes: <input type="checkbox"/> Jacuzzi <input type="checkbox"/> Whirlpool <input type="checkbox"/> Hot tub <input type="checkbox"/> Spa <input type="checkbox"/> Kiddie pool <input type="checkbox"/> Water slide <input type="checkbox"/> Trampoline <input type="checkbox"/> Wading pool	
3.	What is your staff to child ratio while the pool is open?	
4.	Is the pool completely fenced with a self-locking gate? If Yes: is the height of the fence a minimum of 3.5 feet? does the fence have dual locks? is the fence self-enclosing? If No: are you willing to install a fence with these features?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Pool location: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
6.	Is there a diving board? If Yes, what is the height?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are depths clearly marked? Is walking surface around the pool non-skid and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is life saving equipment readily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Is the staff trained in water safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are all areas of the pool, including the bottom, visible at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	What are the daily hours in use of the pool?	
12.	Do you have pool alarms? If No, are you willing to install an alarm system? Please refer to the following website for information about pool alarms: www.justpoolalarms.com	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do you have specific guidelines regarding closing the pool due to water contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach the following:

- | | |
|---|---|
| <input type="checkbox"/> ACORD applications, including Crime and Umbrella | <input type="checkbox"/> Loss runs for current year and 3 prior years |
| <input type="checkbox"/> Statement of values, if applicable | <input type="checkbox"/> Brochure and/or newsletter |
| <input type="checkbox"/> Schedule of vehicles | <input type="checkbox"/> Photographs – residential locations |
| <input type="checkbox"/> Drivers list with license numbers and dates of birth | |

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED WARRANTS THAT TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE INSURER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO ISSUE, OR THE APPLICANT TO PURCHASE, ANY INSURANCE POLICY.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER. THIS APPLICATION WILL BECOME A PART OF SUCH POLICY, IF ISSUED. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING THIS POLICY. IN THE EVENT THAT THE APPLICATION CONTAINS ANY MISREPRESENTATION OR MISSTATEMENT OF A MATERIAL FACT, THIS POLICY SHALL NOT AFFORD COVERAGE TO ANY INSURED WHO KNEW OF SUCH MISREPRESENTATION OR MISSTATEMENT.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT MUST PROVIDE WRITTEN NOTIFICATION TO THE INSURER, WHO MAY MODIFY OR WITHDRAW THE QUOTATION.

THE UNDERSIGNED FURTHER AGREES TO AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION IN THIS APPLICATION TO A LOSS CONTROL PROVIDER THAT PROVIDES LOSS CONTROL SERVICES TO THE INSURER AND TO COMPLY WITH THE TERMS AND CONDITIONS OF THOSE LOSS CONTROL SERVICES.

THE UNDERSIGNED DECLARES THAT THE INDIVIDUALS AND ORGANIZATIONS PROPOSED FOR THIS INSURANCE HAVE BEEN NOTIFIED THAT:

- A.** THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE; AND
- B.** THE LIMIT OF LIABILITY IS REDUCED BY AMOUNTS INCURRED AS DAMAGES AND SUCH EXPENSES WILL BE SUBJECT TO THE DEDUCTIBLE AND/OR CO-PAYMENT AMOUNT.

FRAUD STATEMENT

Your completion of this Supplemental Application in conjunction with the Commercial Insurance Application constitutes an affirmation by you that you are an authorized representative of the applicant, that a reasonable inquiry has been made to obtain the answers to the questions on this Supplemental Application, and that the answers provided in this Supplemental Application are true, correct and complete to the best of your knowledge. Your completion of this Supplemental Application also constitutes an affirmation by you that you are aware of the insurance fraud warnings set forth at length in the Commercial Insurance Application.

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.

FRAUD STATEMENT TO ARKANSAS 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.

FRAUD STATEMENT 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO FLORIDA 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO 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.

FRAUD STATEMENT TO OHIO APPLICANTS

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.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS

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.

FRAUD STATEMENT 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 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO 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 include imprisonment, fines and denial of insurance benefits.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied.)

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED IS TRUE AND CORRECT AND THAT NO INFORMATION WHICH MATERIALLY AFFECTS THIS INSURANCE HAS BEEN WITHHELD. THE INSURER IS AUTHORIZED (BUT NOT OBLIGATED) TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

APPLICANT'S SIGNATURE: _____ DATE: _____
AGENT'S SIGNATURE: _____ DATE: _____