

ICE ARENA - SUPPLEMENTAL INSURANCE APPLICATION

GENERAL APPLICANT INFORMATION

| | | | |
|---|--|---------------------------------|---|
| Name of Insured: | | Website: | |
| DBA: | | | |
| Facility Address: | | City: | State: Zip: |
| <input type="checkbox"/> Owned | | <input type="checkbox"/> Leased | |
| <input type="checkbox"/> Managed | | | |
| Contact Person: | | | |
| Qualifications/Experience of Manager: | | | |
| Length of time manager has been employed at facility: | | | |
| Contact Information: | Phone #: | Fax #: | |
| | E-Mail: | | |
| Number of ice surfaces: | Do you have glass? <input type="checkbox"/> Yes <input type="checkbox"/> No | Height of boards: | Do you use netting? <input type="checkbox"/> Yes <input type="checkbox"/> No |

UNDERWRITING INFORMATION

| | |
|---|---|
| Number of Staff: Full time: _____ Part time: _____ | |
| Days of the week operation is open: <input type="checkbox"/> Everyday <input type="checkbox"/> Other _____ | Months of the year operation is open: <input type="checkbox"/> All year <input type="checkbox"/> Other _____ |
| Hours of operation (peak): Weekdays: _____ to _____ Weekends: _____ to _____ | |
| Is responsibility code posted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

RINK USE INFORMATION: GENERAL

| | |
|---|--|
| Average number of employees on duty: | Average number of employees to participant ratio: |
| Are all guards experienced skaters? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is public skating admission ticket used? (submit sample) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are lights ever dimmed during open public skating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, are lights on over spectator seating areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require contracts for independent contractors? (submit sample) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the following independent contractors? | |
| Figure skating instructors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Referees | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Coaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Learn to skate instructors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you obtain certificates of Insurance from Independent Contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have volunteers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, what capacity? _____ | |
| Is your facility used for figure skating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do your freestyle participants sign waivers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Is your facility used for hockey? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, are they members of: <input type="checkbox"/> USFA <input type="checkbox"/> ISI <input type="checkbox"/> Other: | |
| Do you have drop-in stick time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do stick time participants sign waivers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What events does the rink sponsor? <input type="checkbox"/> Professional skaters <input type="checkbox"/> Ice Shows <input type="checkbox"/> Concerts/Shows/Events <input type="checkbox"/> Hockey/Skating Teams <input type="checkbox"/> Other | |
| If other, explain: | |
| Does your rink run its own camps/clinics or tournaments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do professional hockey teams/ junior teams/ professional skaters sign rental agreements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you obtain a certificate of insurance naming facility as Additional Insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any activities off premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any transportation provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is housing provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you do lock-ins? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, who supervises? _____ | |
| Are contracts/Ice rental agreements used? (submit example) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you named as Additional Insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is hold harness/indemnification language used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are minimum limits of \$1,000,000 general liability required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are waivers used? (submit example) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Schedule of events? Please submit a copy of typical monthly calendar | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a written training manual or training program in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have Emergency Evacuation Plans for the facility? (submit example) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are they in written form? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are they posted for employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all employees fully trained to implement these plans? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require all applicants to complete an application for employment in full including signatures and application date? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you conduct personal and professional reference checks on all applicants considered for positions prior to job offer and document reference check findings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you conduct background checks (arrest and conviction records education, etc.) | |
| Based on state working in or residing in? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For each new employee? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Every three years on existing employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

RINK USE INFORMATION: REVENUE SOURCE SHEET

| | Income (List Revenue \$) | Insured | Waivered |
|--|-----------------------------|--|--|
| A. GENERAL ADMISSIONS: | | | |
| Open Public Skate _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Birthday Parties _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Broomball _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. HOCKEY PROGRAMS: | | | |
| Learn to Play Hockey _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| House League _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Youth Travel League _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adult Hockey _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H.S./College/Junior/Professional _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---------------------------|--|--|
| Camps/Clinics _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drop-in/ Stick Time _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

C. FIGURE SKATING PROGRAMS

| | | |
|-------------------------------------|--|--|
| Figure Skating – Club/ Events _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Figure Skating – Freestyle _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Learn to Skate _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Camps/Clinics _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Competitions _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

D. MISCELLANEOUS CONTRACT ICE

| | | |
|--|--|--|
| Schools/ Summer Camps/ Corp. Outings _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insured Groups _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Uninsured Groups _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

E. OTHER

| | | |
|-------------------------------|--|--|
| Fitness Center _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In-Line/Soccer/Lacrosse _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pro Shop _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Skate Rentals _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Skate Sharpening _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Space Rental _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restaurant/Concessions _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Liquor _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Arcades/Vending _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

F. TOTAL

Total: \$ _____

Insured Signature

Date

BUILDING AND OPERATIONS INFORMATION

| | |
|---|--|
| Building | |
| Was facility originally built as a Skating Rink? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Last Updated: Heating: _____ Plumbing: _____ Electrical: _____ Roof: _____ | |

| | |
|--|---|
| Floor | |
| Are rubber mats utilized? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the Ice surface ever covered or removed for other activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain: _____ | <input type="checkbox"/> Sand <input type="checkbox"/> Concrete |

| | |
|---|--|
| Is Ice surface inspected prior to any usage for imperfections/damage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|--|
| Seating | |
| Does your rink provide spectator seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, is seating: | |
| <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary/Portable | |
| What is the seating capacity per ice surface? _____ | |
| Total facility capacity? _____ | |
| What is the type/construction? _____ Age: _____ | |
| Is spectator seating to code? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| Parking | |
| Do you have parking facilities available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes: | |
| Who is responsible for repairs/maintenance? _____ | |
| Is the parking lot inspected regularly? _____ | |
| Who is responsible for Snow/Ice removal? _____ | |
| Is a log kept for snow removal, sanding/salting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Emergency medical | |
| Do you provide a first aid section? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, who staffs the station? _____ | |
| When? _____ | |
| Do you have a first aid kit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have an Emergency Medical Procedure in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is it in written form? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is it posted for employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have an automated external defibrator (AED) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the response time(s) for: | |
| Fire Station: _____ | Distance from Rink? _____ |
| Police: _____ | Distance from Rink? _____ |
| Hospital: _____ | Distance from Rink? _____ |

| | |
|---|--|
| Security | |
| Who handles disturbances/ fights/ ejections/ crowd control? _____ | |
| Please describe this procedure: _____ | |
| Is a private security company used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, is there a signed contract in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, do you obtain a Certificate of Insurance naming the facility as additional insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are off-duty police officers used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, is there a signed contract in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, do you obtain a Certificate of Insurance naming the facility as additional insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Food Services | |
| Concessions: <input type="checkbox"/> Owned <input type="checkbox"/> Non-Owned If non-owned, please list operating company: _____ | |
| Restaurants: <input type="checkbox"/> Owned <input type="checkbox"/> Non-Owned If non-owned, please list operating company: _____ | |
| Bar/ Lounge: <input type="checkbox"/> Owned <input type="checkbox"/> Non-Owned If non-owned, please list operating company: _____ | |

| | |
|---|--|
| Is Certificate of Insurance naming facility as Additional Insured obtained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are alcohol beverages sold/ served at your rink? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, is Liquor Liability in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all grills and deep fryers equipped with: | |
| Hoods? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Automatic fire suppression systems and fuel shutoff controls? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| UL300 complaint? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all hoods and filters cleaned regularly by employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a cleaning contract in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Other Services | |
| Do you have skate rentals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, who operates the rental operation? <input type="checkbox"/> Facility <input type="checkbox"/> Subcontractor | |
| If subcontracted, do you obtain a Certificate of Insurance, and is the facility named as Additional Insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are rental skates inspected and sanitized after each rental? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you operate the rental operation, do you repair? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What training do your repair personnel receive? _____ | |
| Do you sharpen skates? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How often are skates sharpened? _____ How documented? _____ | |
| Do you have a pro shop? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, who operates the pro shop? <input type="checkbox"/> Facility <input type="checkbox"/> Subcontractor | |
| If subcontracted, do you obtain a Certificate of Insurance, and is the facility named as Additional Insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Subcontractor: _____ | |
| What is sold? _____ | |

| | | | |
|-----------------------------|---------|---------|---------|
| Maintenance | | | |
| Ice Resurfacer Count: _____ | | | |
| Type: | Unit 1: | Unit 2: | Unit 3: |
| Age: | Unit 1: | Unit 2: | Unit 3: |
| Type of Fuel: | Unit 1: | Unit 2: | Unit 3: |
| Replacement Cost: | Unit 1: | Unit 2: | Unit 3: |

| | |
|---|--|
| Regular Maintenance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Log Kept? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does ice resurfacer ever go off-premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, where? _____ | |
| Do you have a melting pit? | <input type="checkbox"/> Floor <input type="checkbox"/> Wall |
| If floor, is it grated at all times? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| General Facility Maintenance (Hallway, Restrooms, Etc.) | |
| Is a subcontractor used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, is a Certificate of Insurance obtained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please Attach Snow Removal Procedures | |

| | |
|--|--|
| Does the facility have adequate ventilation system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you test air quality? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heating System <input type="checkbox"/> Hot Air <input type="checkbox"/> Steam <input type="checkbox"/> Hot Water <input type="checkbox"/> Other _____ | |
| Overall condition of equipment: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | |
| Number of compressors? _____ | |
| Total size of system in horsepower or tons: _____ | |
| Single largest compressor in horsepower: _____ | |
| Is it the original system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Age of compressors? _____ | |
| Last updated? _____ | |
| Name of manufacturer? _____ | |
| Name of installer? _____ | |
| <input type="checkbox"/> Direct System <input type="checkbox"/> Indirect System <input type="checkbox"/> Refrigerant <input type="checkbox"/> Ammonia <input type="checkbox"/> Freon <input type="checkbox"/> R22 <input type="checkbox"/> Coolant <input type="checkbox"/> Brine <input type="checkbox"/> Freon <input type="checkbox"/> Other Ice piping: <input type="checkbox"/> Buried in sand <input type="checkbox"/> Encased in concrete <input type="checkbox"/> Year Installed: _____ Type of piping: <input type="checkbox"/> Metal <input type="checkbox"/> Flexible (PVC) | |
| Does the location have temperature, humidity, and/or ammonia alarms that are properly installed and maintained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do the alarms ring to a central station that is manned 24/7 or are watchmen/dial in system utilized during off hours? (This allows for rapid response in case of system failures) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are eddy current tests performed on evaporator and condenser heat exchangers every three years? (Testing can predict tube failures due to thinning and metal before they occur.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is refrigeration equipment under service contract? If yes, with whom? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a refrigeration/maintenance log? How often inspected? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you test coolant PH levels? If yes, how often? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you take your ice out? If yes, how often? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many compressors are needed to maintain proper ice conditions during the summer months? _____ | |
| How often are the refrigerator compressors disassembled for inspection/overhaul? _____ | |
| Are headers accessible for servicing and inspection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What type of training is provided for refrigeration system operators? _____ | |
| In the event of a breakdown, do you have a written emergency contingency plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FINANCIAL INFORMATION

(Please submit one of the following)

Income Statements from prior tax return

OR

Most recent year-end balance sheet and income statement and most recent interim balance sheet and income statement

SUMMARY OF REQUESTED ITEMS

| |
|---|
| Complete/ Signed ACORD applications |
| Complete/ Signed Skating Facility Renewal Supplemental |
| Copy of contract(s) with or between: Facility users and yourself |
| Updated loss runs from previous carriers |

PARTICIPANT ACCIDENT COVERAGE

(If this coverage is not needed, please skip to next section)

COVERAGE AND LIMITS

(Please provide a copy of the expiring policy)

| Coverage Type | Limit Amount | Excess | Primary | Deductible |
|---|--------------|------------------------------------|------------------------------------|------------------------------------|
| Accidental; death and dismemberment | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Accidental medical expense | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Aggregate | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chiropractic | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Disability: \$ _____ per week for up to # _____ weeks | | | | |
| Incurred period (length of time accident medical benefits will be paid) | | <input type="checkbox"/> 12 months | <input type="checkbox"/> 24 months | <input type="checkbox"/> 36 months |

UNDERWRITING INFORMATION

| | |
|--|--|
| Participant Accident | |
| Is insurance for Participant Accident: <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary Please Explain: _____ | |
| Description of covered activities: _____ _____ _____ | |
| Does coverage provide for: <input type="checkbox"/> Participation in covered activities <input type="checkbox"/> Include travel to and from covered activities | |
| Is there a formal injury control program in place for the participants? If yes, please explain: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please describe the medical and first aid facilities and professionals provided for the injured participants during events: _____ _____ | |

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____

THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

FRAUD STATEMENTS

GENERAL STATEMENT

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 civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* 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)** confinement in prison. *Applies in MD only. ** Applies in NM only.

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 THE 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 HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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 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 commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY, NEW YORK, AND 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)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**.*Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MAINE, 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 (may)* include imprisonment, fines, and denial of insurance benefits. * Applies in ME Only.

TENNESSEE – WC ONLY

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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.

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 OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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 OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.