

AMUSEMENT PARK APPLICATION

BROKER INFORMATION

Broker/Agency Name:					
Address:		Street:		City:	
State:		Zip:			
Contact Person:		Phone #	Fax #	E-Mail:	Website:

GENERAL APPLICANT INFORMATION

Business Name:					
Address:		Street:		City:	
State:		Zip:			
Contact Person:		Phone #	Fax #	E-Mail:	Website:
Is the proposed insured a subsidiary of another company?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide name of parent company if yes:
Location of Facility:		Street:		City:	
State:		Zip:			
Amusement Park Name (if different)					
Is the premises owned by the Named Insured?			Yes If No, provide a copy of the lease agreement		

POLICY INFORMATION

Effective Date:		Expiration Date:		Quote Need By Date:	
Previous Insurance Carrier:		Have coverages ever been canceled or non-renewed during past 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:			
Policy Term:	Year:	Year:	Year:	Year:	
Limits:					
Annual Premium:					
*Total Incurred Losses:					

*Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Deductible/Self-Insured Retention	Other
General Liability					
Special Events					
Other - Describe					

ADDITIONAL INSUREDS – Provide name, description and business relationship

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

SUBCONTRACTORS – Provide type of Service and Description

Type of Service Contracted	Description of the service	Certificates of Insurance
		<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

UNDERWRITING INFORMATION

AMUSEMENT PARK INFORMATION:					
How many years has Park been in operation?		#			
How many years has this Park been under the current management?			#		
What is the total acreage of the Park?		#			
Is there a Park Risk Manager?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many years of experience?			
Do you have a formal training program for employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a copy of the program			
Operating Season Dates:					
Total # of Employees:		# of Full Time:		# of Part Time/Seasonal:	
Estimated Annual Attendance:#		Estimated Daily Attendance:#		Annual Attendance last year:#	
Patron Admission Fee: Adult: \$		Child: \$		Discounted Fee: \$	
Estimated # of Exhibitors/Vendors:		#			
Describe the medical support: Do you have a facility on site? Owned Ambulance?					
# Paramedics:	# EMT/EMS:	# Nurses:	# Doctors:	Other: Please describe:	
Distance to nearest Medical Facility:		# of miles:		Will an Ambulance be on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal emergency evacuation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a copy			
Are there written emergency procedures that address:		<input type="checkbox"/> Severe Weather <input type="checkbox"/> Threats/bomb, etc. <input type="checkbox"/> Major Accidents			
Who is providing Park Security?	<input type="checkbox"/> County	<input type="checkbox"/> City	<input type="checkbox"/> State	<input type="checkbox"/> Park Employees	<input type="checkbox"/> Private Agency
If a Private Agency, is there a certificate naming you as additional insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a copy		
If Security is provided by Park employees, complete the Security supplemental application					
Describe the precautions taken to prevent spectators from entering restricted areas. Include fencing and other barriers that will be used to prohibit entry by non-ticketholders:					
Is the facility in compliance with all governmental safety and fire codes?		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:			
Are all local and state codes enforced for the buildings, concessions and sanitary conditions?			<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
Do all of the rides and exit signs comply with manufacturer and industry standards?		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:			
Is there any boarding of animals?		<input type="checkbox"/> During Park season		<input type="checkbox"/> Non Park season Boarding	
Is the outside perimeter of the Park completely fenced?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any unfenced water hazards on the property?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:			
Are there any operations that involve launching of projectiles?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:			
Is there radio communication between all supervisory staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a back-up emergency electrical power source?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe what is covered – lights, rides, communications, etc.			
How is the Park protected for fire?		<input type="checkbox"/> Park employees <input type="checkbox"/> Local Fire Dept. <input type="checkbox"/> Volunteer Fire Dept.			
What are the fire protection systems?		<input type="checkbox"/> Sprinklered Buildings <input type="checkbox"/> Fire Alarms <input type="checkbox"/> Fire Hydrants <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Other:			
What is the distance to the nearest responder?					
Describe the water source planned for firefighting:					
Are fire extinguishers located & accessible in all buildings				<input type="checkbox"/> Yes <input type="checkbox"/> No	
How often are the fire extinguishers and protection systems checked or tested?					
Do you conduct regular drills for police and fire emergencies?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

AMUSEMENT PARK REVENUE/ADMISSIONS: Provide the info for the most recent operating season			
Total Annual Receipts:	Most Current Year:	Prior Year:	2 nd Prior Year:
\$	\$	\$	\$
Paid Gate Receipts:	\$	Food & Beverage Receipts:	\$
Parking Receipts:	\$	Beer, Wine & Liquor Receipts:	\$
Ride Receipts:	\$	Game & Arcade Receipts:	\$
Novelty Merchandise	\$	Other:	\$

AMUSEMENT PARK RIDE INFORMATION:	
Please complete the attached Ride List for all rides in the Park, including water park rides	
Is this a ride inspector employed by the Park during the operating season?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain how the inspections are performed:
If you employ a ride inspector, what qualifications are required including amount of experience?	
How often are rides inspected?	Do you maintain inspection logs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do state inspectors perform periodic inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, have there been any critical recommendations?
Have you manufactured or retrofitted any of your rides or attractions currently in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a detailed list with the changes that were made.
Does every ride have a maintenance manual easily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide details:
How many qualified ride maintenance staff are employed during operating season?	# Please describe the qualifications that are required:
Provide the details for training the ride operators including procedures for controlling riders that do not follow ride guidelines i.e. standing up, acting aggressive, etc. :	
Are operators trained on more than one ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all rides have proper signage and enforcement to follow the manufacturer's requirements for riders: height, age, weight, physical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide details:

AMUSEMENT PARK WATER ACTIVITIES	
Does the Park have a water park with multiple water features including slides, tubing, rafting, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details on all rides and attractions on the Amusement Park Ride list .
Is there a swimming pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you have a certified lifeguard on duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any lakes, ponds, beaches where swimming is allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you have a certified lifeguard on duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any diving boards?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, advise height:
Are there any Hot Tubs?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are there any age restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do all pools and hot tubs have a protected drain cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the water quality checked for any swimming pool, hot tub or water ride?	

FOOD SERVICES			
Are any food operations subcontracted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide details:	
Are all cooking installations in compliance with NFPA 96 code?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all cooking surfaces protected by automatic fire extinguishing systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please provide details:	
Are the automatic fire extinguishing systems maintained and serviced regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the maintenance and servicing performed by outside contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AMUSEMENT PARK ACTIVITIES				
Description	Insured's Control	Sub-contracted	Certificate naming Insured as Additional Insured	Supplemental App Required
Amusement rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Campgrounds: # of spaces:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Refer to section on app
Concerts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concessions/Restaurants:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Alcohol served – Liquor Liability app
Daycare or Babysitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Abuse & Molestation app
Demolition Derby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Refer to section on app
Fireworks/Pyrotechnics Displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Pyrotechnics app
Go-Karts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Golf - Miniature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hang Gliding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hotel/Motel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Refer to section on app
Inflatables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Refer to section on app
Mechanical Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motorsports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Motorsports app
Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Refer to section on app
Parasailing/Parachuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Petting Zoos or Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Refer to section on app
Rock Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Refer to section on app
Rodeo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Refer to section on app
Playground:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice Skating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roller Skating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sewage Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Theaters – live, movie, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Grand Stands/Bleachers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Built: #	Height:
Number of Seats:	Type of Seat: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete		
Construction Type:	<input type="checkbox"/> Frame <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete		
Describe the Footing Type:			
Are there any Guardrails?	Sides: <input type="checkbox"/> Yes <input type="checkbox"/> No	Back: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is the Grandstand Accessed?	<input type="checkbox"/> Frontload <input type="checkbox"/> Backload		
Is there a documented inspection/maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of last inspection?		

Parking Area: <input type="checkbox"/> On Premises <input type="checkbox"/> Across Street <input type="checkbox"/> Remote – Any Shuttle Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Parking Area	<input type="checkbox"/> Paved #Acres	<input type="checkbox"/> Dirt # Acres	<input type="checkbox"/> Grass #Acres
Elevation of Parking Area	<input type="checkbox"/> Level <input type="checkbox"/> Sloped		
Will patrons be required to cross public roads or highways to enter the Park premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe safety measures:	
Is Parking Area Security Patrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Parking Area have sufficient lighting and marking of curbs, dividers, barriers etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the answer is No to the above questions on security or lighting, please provide a detailed explanation:			

SPECIAL EXPOSURES:			
PETTING ZOO			
Are all animals properly vaccinated?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a hand-washing station at the exit of petting zoo?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Are signs posted to encourage hand-washing after contact with animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who operates the petting zoo?		<input type="checkbox"/> Insured <input type="checkbox"/> Contractor, If Contractor:	
Is there a contract with hold harmless in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Insured Named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OFF SEASON LEASES			
Do you lease space for off season usage or storage of property of others?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe use or type of storage (RV's, Boats, Etc.):	
Do you have written agreements?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are you requiring certificates of insurance naming you as additional insured?	
Do you have written storage guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are lessees' required to sign them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
INFLATABLES – complete Inflatable List			
Who sets up the inflatables?		<input type="checkbox"/> Rental Agency <input type="checkbox"/> Park	
Is the ground tested for firmness and level prior to setting up the Inflatable?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How many attendants are assigned to each Inflatable?		#	
Describe the Attendants' responsibilities?			
What is the frequency of the Inflatables' inspections?		Are inspection and maintenance logs kept? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe emergency plans for deflation, upset of Inflatables. Include plans for weather emergencies and communication methods:			
How do you enforce height/weight and age limitations for the inflatables?			
Do you group participants/riders by size, weight, age for certain rides – bounces, ballrooms, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you enforce guidelines for all inflatables as required by the operation manual? i.e. single riders, proper position for rider, physical condition, appropriate signage, etc.			
How are the inflatables powered?			
Are appropriate controls in place to cover power cords, restrict contact with portable generators, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PARADE			
Date(s) of Parade:		# of Floats:	# of Animals:
# of motorized vehicles:	Est. Spectator Attendance:		
Are souvenirs or other items allowed to be thrown into the crowd?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

RODEO		
Rodeo Date(s):	Name of Rodeo Promoter:	Est. attendance: #
Is the stock boarded overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the transfer areas between the animal pens/stalls and rodeo competition area restricted from the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details:	
Is rodeo held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Is rodeo: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Describe all fencing and barriers used include construction type:		
Is there a contract with hold harmless in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Insured named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DEMOLITION DERBY		
Demolition Derby Date:	Name of Derby Promoter:	Est. Attendance: #
Are vehicles stored overnight at insured's facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe controls against fire, theft, etc.?	
Describe all fencing and barriers used including construction type:		
Is there a contract with hold harmless in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Insured named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOTEL/MOTEL		
How many guest rooms?	#	
How many stories for the facility	#	
Does the facility meet all life safety standards for lighting, fire exits, safety alarms, evacuation plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the facility have a restaurant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the total annual receipts:	
Is there a convention center in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a list of the 10 highest attended events	
Does the facility provide its own maintenance, security, & parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a guest key control system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the hotel provide any shuttle service?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide # of vans:	
CAMPGROUND		
Total acreage for the campground: #	Campsites: #	RV Sites: #
Total Annual Admissions: \$		
Is any equipment rented to campers?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details of type of equipment:	
Describe any recreational equipment or attractions on the campground: If there are any rides, include them on the Amusement Park Ride List .		
Does the campground offer any retail sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: incl. propane sales, camping supplies, etc.:	
Provide details on the park security, maintenance and medical facilities if any:		
Does the campground conduct any camper, vehicle, RV repairs on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details:	
ROCK OR CLIMBING WALL		
Provide detailed description of wall: manufacturer, rental company, permanent structure, height, # of ascents, ground conditions, etc.		
Who is responsible for the set-up, inspection and maintenance?	<input type="checkbox"/> Rental Agency <input type="checkbox"/> Insured <input type="checkbox"/> Other: Describe: How often are inspections conducted:	
Describe attendants: #	Age requirements:	Training:
Are maintenance and inspection logs kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide details:	
How are weight and age limits enforced?		
How many climbers are allowed on wall at 1 time?	#	
Are appropriate signs and waivers used?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide details:	

Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

1. The Amusement Park Application & Supplemental Applications as indicated	<input type="checkbox"/>
2. Amusement Park Ride List	<input type="checkbox"/>
3. Amusement Park Inflatable List	<input type="checkbox"/>
4. Photos, brochures, website information	
5. Facility diagram	
6. Copy of any lease agreements	<input type="checkbox"/>
7. Copy of all subcontractor agreements including certificates of insurance naming the Park as an additional insured (liquor, pyrotechnics, security, etc.)	<input type="checkbox"/>
8. Copy of written emergency evacuation procedures	<input type="checkbox"/>
9. Copy of employee training manuals for ride, inflatables, rock wall operators	<input type="checkbox"/>
10. Copy of maintenance manuals and inspection forms for rides	<input type="checkbox"/>
11. Copy of written emergency procedures for injured spectators/attendees/riders	<input type="checkbox"/>
12. 5 Year Hard Copy Loss Runs – currently valued with detailed description of each loss over \$10,000	<input type="checkbox"/>

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 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#: _____

AMUSEMENT PARK RIDE LIST			
Ride Name	Description	Manufacturer	Serial Number
1.			#
2.			#
3.			#
4.			#
5.			#
6.			#
7.			#
8.			#
9.			#
10.			#
11.			#
12.			#
13.			#
14.			#
15.			#
16.			#
17.			#
18.			#
19.			#
20.			#
21.			#
22.			#
23.			#
24.			#
25.			#
26.			#
27.			#
28.			#
29.			#
30.			#
31.			#
32.			#
33.			#
34.			#
35.			#

AMUSEMENT PARK INFLATABLE LIST				
Inflatable Name	Description	Manufacturer	Owned	Leased
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>
16.			<input type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/>	<input type="checkbox"/>
18.			<input type="checkbox"/>	<input type="checkbox"/>
19.			<input type="checkbox"/>	<input type="checkbox"/>
20.			<input type="checkbox"/>	<input type="checkbox"/>
21.			<input type="checkbox"/>	<input type="checkbox"/>
22.			<input type="checkbox"/>	<input type="checkbox"/>
23.			<input type="checkbox"/>	<input type="checkbox"/>
24.			<input type="checkbox"/>	<input type="checkbox"/>
25.			<input type="checkbox"/>	<input type="checkbox"/>
26.			<input type="checkbox"/>	<input type="checkbox"/>
27.			<input type="checkbox"/>	<input type="checkbox"/>
28.			<input type="checkbox"/>	<input type="checkbox"/>
29.			<input type="checkbox"/>	<input type="checkbox"/>
30.			<input type="checkbox"/>	<input type="checkbox"/>
31.			<input type="checkbox"/>	<input type="checkbox"/>
32.			<input type="checkbox"/>	<input type="checkbox"/>
33.			<input type="checkbox"/>	<input type="checkbox"/>
34.			<input type="checkbox"/>	<input type="checkbox"/>
35.			<input type="checkbox"/>	<input type="checkbox"/>

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.