

Beazley | Safeguard New Business

# Beazley Safeguard New Business application

## Instructions

PLEASE ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE PRINT NONE. ATTACH SEPARATE SHEETS OF PAPER AS NECESSARY. THE APPLICATION MUST BE SIGNED AND DATED BY THE HIGHEST RANKING CLERGY OR EXECUTIVE. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

## Section 1 – General information

1. Name of applicant:

2. Mailing address:

City:  State:  Zip Code:

Phone:  Website:

3. Risk management contact:

Phone:  Email:

4. Years in operation:

5. Industry: Education  Transportation  Non-profit  Healthcare  Religious

Contractor  Leisure  Other

Please complete Industry supplement if any industry except 'Other'.

6. Description of service:

7. Reason coverage is requested (e.g. contractual requirement):

8. Please complete financial data below:

Financial information	Last year (20 )	Last year (20 )
Cash	\$	\$
Current Assets	\$	\$
Total Assets	\$	\$
Current Liabilities	\$	\$
Total Liabilities	\$	\$
Annual Revenues	\$	\$
Net income/loss or Net assets (NFPs)	\$	\$

Or, alternatively, please provide this year's and last year's audited income statements, balance sheets and cash flow statements for the organisation.

9. Has the applicant merged with any other entity in the past 10 years or planning to do so in the future or has there been any significant change in the operations or scale of the organization? Yes No

If 'Yes', please provide full details. (Please use a separate sheet of paper if necessary)

## Section 2 – Past coverage

10. Prior Sexual Misconduct Liability Coverage for the last five years, please list most recent first.

Period from (dd/yy to dd/yy)	Claims made or occurrence	Insurer	Limit	SIR	Premium
to					
to					
to					
to					
to					

11. Retroactive date: (mm/dd/yyyy) / /

Has continuous coverage been in force without a gap since the retroactive date provided? Yes No



12. Has any applicant ever cancelled or non-renewed this type of coverage: (If 'Yes', please identify the provider and explain on a separate sheet of paper.) Yes  No
- a. If so, has there since been any discontinued or added services? Yes  No
- If 'Yes', please describe:

## Section 3 – Applicant Organizational Details

13. Nature of Activities and Operations. Check all that apply:

After School Care	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	Resort	<input type="checkbox"/>
Aquatics	<input type="checkbox"/>	In-Home Services	<input type="checkbox"/>	Salon/Spa	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	In-Patient Medical/Behavioural Health Services and Ambulatory Care	<input type="checkbox"/>	Schools	<input type="checkbox"/>
Colleges/Universities	<input type="checkbox"/>	Long Term/Senior Care Facilities	<input type="checkbox"/>	Social Services	<input type="checkbox"/>
Community Activities/Outreach	<input type="checkbox"/>	Massage Services	<input type="checkbox"/>	Sponsored Events	<input type="checkbox"/>
Congregant Care/Group Homes	<input type="checkbox"/>	Mentoring Programs	<input type="checkbox"/>	Third Party Use of Facilities/Locations	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	Outpatient Behavioural Health Services	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Day Camps	<input type="checkbox"/>	Outpatient Medical Clinics	<input type="checkbox"/>	Virtual Operations	<input type="checkbox"/>
Drop-In/Recreation Centres	<input type="checkbox"/>	Overnight/Residential Activities and Programs	<input type="checkbox"/>	Youth Development	<input type="checkbox"/>
Foster Care Services	<input type="checkbox"/>	Property Manager	<input type="checkbox"/>	Youth Sports	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	Religious Organizations	<input type="checkbox"/>		

## Section 4 – Staff details

14. Please complete staff grid below:

	Number of employees	Number of independent contractors	Number of volunteers	Number of other staff	% of males
Individuals with client contact					
Individuals without client contact					
<b>Totals:</b>					

Please confirm if there are any minors acting as employees, independent contractors, volunteers or any other staff role for the insured organization Yes  No

15. Please confirm the states and/or countries where individuals listed in question 14 (above) are located (list state and/or country and number of all staff):

State/ Country		State/ Country		State/ Country		State/ Country		State/ Country	
#employees		#employees		#employees		#employees		#employees	

If staff are based in more than 5 states and/or countries, please attach a separate schedule.

16. Annual Turnover Rate for the past 2 years (all individuals from question 14):

Year		Year	
Turnover %		Turnover %	

Historical headcount for the past 5 years (all staff from question 14):

Year		Year		Year		Year		Year	
Headcount		Headcount		Headcount		Headcount		Headcount	

## Section 4 – Client details (clients may include program participants, students, patients, etc.)

17. Client population

Type of client served	Total number clients served annually	% Percentage served annually by age			
		0-10 yrs	%	11-18 yrs	%
Children/Youth					
Vulnerable Adults		19-65 yrs	%	65+ yrs	%
Other		19-65 yrs	%	65+ yrs	%



## Section 5 – Loss prevention methods

### Screening

18. Identify the methods used in the screening and hiring process for all individuals listed in question 14 (above). For any individuals who are minors, use the additional details section to describe any differences in the screening process:

	Employees	Contracted	Volunteers	Additional details
<b>Standard application</b>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Code of conduct</b>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Interview</b> (Face-to-face or virtual)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
Standardized behavioural questions specific to role	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
More than one interview	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	

### Criminal background check

Multi-State (Nat'l) Criminal Database(s) <i>Describe the source/how search collected: FBI fingerprint, SSN and name based, etc.</i> <b>If repeated - how often:</b>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
Nat'l Sex Offender Registry <b>If repeated, how often:</b>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
Other <i>(E.g. Current county of residence; Additional counties from last 7 years; State-Based Search, MVR/DVM, International criminal checks, Abuse Registry Checks for licensed programs etc.)</i> <b>If repeated - how often:</b>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	

### Reference Check

Standardized questions for references risk to abuse	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
Professional reference checks If 'Yes', how many?	Y <input type="checkbox"/> N <input type="checkbox"/> <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/> <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/> <input type="text"/>	
Personal reference checks If 'Yes', how many?	Y <input type="checkbox"/> N <input type="checkbox"/> <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/> <input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/> <input type="text"/>	

## Section 6 – Training

19. Does the applicant require everyone identified in question 15 (above) to participate in training that addresses the following – please tick the relevant answer:

	All	Client facing only	None
a. The organization’s policies related to preventing and responding to abuse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How to maintain appropriate boundaries with vulnerable populations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to monitor and supervise higher-risk activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How to respond to allegations or incidents of abuse, including applicable mandated abuse reporting requirements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to respond to incidents of inappropriate behaviour or sexual activity between vulnerable populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. If only some individuals receive this training but not all, explain:

g. Is the training provided prior to access with vulnerable populations? Yes  No

h. How often is the training repeated? Annually  Never  Other

i. Who conducts the abuse prevention training? Internal  External

Please describe who conducts the training:

## Section 7 – Policies

20. Is there a specific person or department that administers, establishes, monitors and enforces policies and procedures across all locations and departments?

Specific Person  Department  Neither

21. When was the last time you reviewed and/or updated your abuse or molestation policies?

Date of last review:  /  /  Date of last update:  /  /

22. Are there specific written policies, that apply to all individuals listed in question 14 (above), that define the following?

If any items are marked 'Yes', please attach copies:

Written policy defining...	Yes	No
Abuse and/or molestation	<input type="checkbox"/>	<input type="checkbox"/>
A zero tolerance for abuse and molestation in applicant's care?	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate and inappropriate physical and verbal interactions (high fives, lap sitting, jokes, extent of disclosure of personal information, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate and inappropriate client interactions during in-home services?	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate and inappropriate electronic communication with vulnerable populations. (cell phone, texting, email, social networking and gaming sites, internet, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate and inappropriate interactions with vulnerable populations in your care outside of regular program activities (babysitting, private tutoring, coaching, clients visiting staff at home, meeting for coffee, personal travel, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

If these policies apply to only some individuals but not all, explain:

a. Does the applicant require the individuals identified in question 14 (above) to sign a written acknowledgement of receipt, review, and comprehension of your abuse or molestation policy(ies)? Yes  No

b. If one-on-one encounters are permitted with clients, please explain how often these situations occur, who these encounters involve, where they would take place, how the interactions are monitored and whether there are written procedures defining how to manage this type of risk.

Please use a separate sheet of paper if necessary.

23. If these policies apply to only some individuals but not all, explain:





## Section 8 – Monitoring and Supervision

24. Identify the mechanisms used to control and monitor access to the facility in day-to-day operations:

Mechanism	Yes	No	N/A	Additional comments
a. Designated security personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Gated property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Internal keys, fobs and/or locks within the interior spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Check-in and Check-out procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Rooms with unobstructed windows for observations and/or open-door policies - please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Exterior and/or interior cameras – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. How long is the video footage saved – if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

25. Are volunteers supervised at all times while interacting with participants? Yes  No

## Section 9 – Incident Reporting and Response

26. Does the applicant have formal reporting procedures for employees, contractors, volunteers, other staff, clients and third parties to raise complaints, grievances, and/or suspected abuse? Yes  No   
 If 'Yes', please describe and provide details on how this information is communicated (i.e., website, employee handbook, parent handbook, posting notice, etc.)

Are anonymous reporting procedures an option? Yes  No

27. Does the applicant have written procedures for responding to the following? Yes  No

- a. Suspected misconduct, abuse, or molestation (i.e. mandated reporting for adult-to-child incidents) Yes  No
- b. Policy violations or suspicious behavior that might not rise to the level of abuse?(i.e. adult-to-child) Yes  No
- c. Abuse or sexualized behaviors between vulnerable populations (i.e. child-to-child) Yes  No

## Section 10 – Loss history

28. Please furnish the past ten years' first dollar loss history for all sexual misconduct claims. None  See attached

Period from (dd/yy to dd/yy)	# Claims paid	# Claims loss	Total paid expenses	Total paid losses	Total reserved expenses	Total incurred
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete the Beazley Safeguard claims supplement for any sexual misconduct claim, including details on whether the person identified was terminated from their role, and what corrective action was taken in response to the incident.

29. Is the applicant aware of any facts, incidents, circumstances, or allegations that may result in claims being made against you? Yes  No

If 'Yes', please provide details on a separate sheet of paper.

30. Has the applicant or any person listed in question 14 (above) currently seeking coverage been involved in an allegation or claim relating to sexual abuse or been transferred in or out of your school, parish/diocese, branch or corporate location because they were involved, suspected, or a complaint was made regarding an allegation of sexual misconduct? Yes  No

If 'Yes', please provide details:

31. In the past 10 years, have any person listed in question 14 (above) or officers been terminated for cause related to sexually abusive behavior? Yes  No

If 'Yes', please provide details:



## Claims handling

32. How do you handle allegations of sexual abuse or molestation? Does the organisation employ a mandated reporter to manage the reporting of any sexual abuse or molestation as required by state law?

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

### **SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS NOT PROPERLY REPORTED UNDER THE TERMS AND CONDITIONS OF THE APPLICABLE POLICIES.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.



**FRAUD WARNING DISCLOSURE**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO 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 A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** 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 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.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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

**NOTICE TO 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.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**NOTICE TO KENTUCKY, NEW JERSEY, OHIO AND 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.



**NOTICE 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 (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicant's authorized signature of a principal, partner or officer:

Title:

Date:

Applicant's authorized signature of the individual in charge of the human resources or personnel department:

Title:

Date:

If this Application is completed in Florida, please provide the Insurance Agent's name and license number. If this Application is completed in Iowa, please provide the Insurance Agent's name and signature only.

Agent's signature\*:

Agent's printed name:

Florida agent's license number:

