



Amusement Park Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

DIRECTIONS:

1. Complete the enrollment form (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Section 1: General Information

1. Applicant name:	Name of park:
2. FEIN:	DOB:
3. <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Governmental entity <input type="checkbox"/> Individual <input type="checkbox"/> Other	
4. Mailing Address:	
5. Physical Address:	
6. Does the applicant own or lease the park? <input type="checkbox"/> Own <input type="checkbox"/> Lease	
7. If leased, provide a copy of the lease agreement.	
8. Contact Person:	Phone:
Contact Email:	Website:
9. Year business was established?	# of years under present management:
10. List all named insureds and their interests: Note all first named insureds require common/majority ownership of all Named Insureds - If not, please explain.	
a.	
b.	
c.	
d.	
e.	
Explanation:	



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Section 1: General Information (continued)

11. Does the applicant have a safety manager on premises at all times the park is open?

☐ Yes ☐ No If yes, provide name & contact information:

12. Does the applicant have a formal safety training program for employees? ☐ Yes ☐ No

Section 2: General Liability

1. Annual # of attendees

2. Operating season: _____ to _____

3. Annual payroll:

4. # of employees:

Admissions: \$

Parking: \$

Food & Beverage: \$

Describe:

Beer & Liquor Sales: \$

Souvenirs/Novelties: \$

5. Any medical facilities provided or any employed physicians / nurses? ☐ Yes ☐ No

6. Any storage, treating, discharging, applying, disposing or transporting hazardous materials?

☐ Yes ☐ No

7. Any operations sold, acquired or discontinued in the last five (5) years? ☐ Yes ☐ No

8. Machinery, equipment or attractions rented to others? ☐ Yes ☐ No

9. Any watercraft docks (not bumper boats), floats on premises? ☐ Yes ☐ No

10. Is there a swimming pool on premises? ☐ Yes ☐ No

11. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No If no, provide time table & action plan:

12. Any special events scheduled throughout the year? ☐ Yes ☐ No

13. Any structural alteration contemplated? ☐ Yes ☐ No

14. Any demolition contemplated? ☐ Yes ☐ No

Please explain any yes answers below:



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Section 3: Rides / Attractions

1. Do all ride signs comply with manufacturer recommendations with regard to age, height and exit requirements? ☐ Yes ☐ No

2. Does the applicant or has the applicant ever manufactured or retro-fitted any amusements / attractions? ☐ Yes ☐ No

If yes, provide a list of all such attractions and the changes made.

3. Are rides inspected daily? ☐ Yes ☐ No

4. Is an inspection log maintained? ☐ Yes ☐ No

5. Are there periodic inspections required by state inspectors? ☐ Yes ☐ No

6. Are maintenance manuals for all rides kept on premises? ☐ Yes ☐ No

7. Is there a qualified maintenance staff on site? ☐ Yes ☐ No

8. Is there an on-site maintenance shop? ☐ Yes ☐ No

9. Is there adequate maintenance equipment on-site? ☐ Yes ☐ No

10. Are there rides where the operator controls the speed? ☐ Yes ☐ No

If yes, provide a list and operator training required:

11. Are operators trained to run more than one ride? ☐ Yes ☐ No

If yes, what is the maximum number?

12. Does the applicant's facility manufacture rides sold to the public?

Section 4: Premises Exposure

1. Does the applicant have any of the following on premises:

Ice Skating ☐ Yes ☐ No

Roller Skating ☐ Yes ☐ No

Fireworks displays ☐ Yes ☐ No

Buses or trams ☐ Yes ☐ No

Movie theater ☐ Yes ☐ No

Full service restaurant ☐ Yes ☐ No

Race Tracks / Go-karts ☐ Yes ☐ No

Zoo (petting zoo) ☐ Yes ☐ No

Golf Course ☐ Yes ☐ No

Driving Range ☐ Yes ☐ No

Athletic Fields ☐ Yes ☐ No

Museum ☐ Yes ☐ No

Day care facilities ☐ Yes ☐ No

Hotel (complete hotel app) ☐ Yes ☐ No



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Section 5: Cooking Facilities

1. <input type="checkbox"/> Own <input type="checkbox"/> Lease	Square footage of area if leased:
2. Does the applicant have an automatic extinguishing system over deep fat fryers, grills & stoves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often are hood / ducts cleaned?	By Whom? <input type="checkbox"/> Insured <input type="checkbox"/> Sub-contractor
If by sub-contractor, how often are they serviced?	Date last serviced?
3. Premises sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent sprinklered? %
4. Central station fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Central station burglar alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Surveillance cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Does the applicant have automated external defibrillator(s) (AED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are staff members trained to use it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does the applicant have backup emergency lighting and / or emergency generators in the event of a power failure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Does the applicant have an emergency evacuation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a copy)	
10. Are parking lots well lit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patrolled by security? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Abuse and Molestation

1. Does the applicant's current insurance program include abuse & molestation coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does the applicant verify employment references for employees and volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Does the applicant conduct personal interviews? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are formal written procedures in place for hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy	
6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy	
7. Does the applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy	
8. Have any incidents resulted in an allegation of sexual assault? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was the case settled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the case taken to trial? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount paid for damages to the victim: \$	
Does the applicant's state allow criminal background checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant run criminal background checks prior to hire for: <input type="checkbox"/> Employees <input type="checkbox"/> Volunteers	



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Section 7: Security

1. Who is primarily responsible (via contract) for liability coverage for security personnel?

☐ Insured ☐ Municipality ☐ Sub-contractor

2. Employed or sub-contracted security personnel? ☐ Employed ☐ Sub-contracted

“Employed” is defined as individuals being paid and supervised directly by the insured. “Contract” is defined as the existence of a written contract naming the applicant as additional insured with limits equal to or greater than the applicant.

3. Number & payroll of employed security personnel: Unarmed #: Payroll: \$

Armed # (not including off duty police officers: Payroll: \$

Off duty police officers #: Payroll: \$

4. Sub-contracted security - annual cost of sub-contract: \$

5. Total maximum hours per day permitted at this and all other places of employment:

Total maximum hours per week:

6. What are the staffing guidelines per number of patrons?

Are the guidelines determined by ☐ Ordinance ☐ Statue ☐ Industry Standard ☐ Other

7. Is there a procedure to immediately report all incidents to the facility manager? ☐ Yes ☐ No

If yes, describe:

8. Does the supervisor make personal contact with each security person at least once during each shift? ☐ Yes ☐ No If yes, describe:

Please explain all no answers:

9. Is there a pre-employment screening procedure? ☐ Yes ☐ No If yes, describe

10. Does the procedure include contacting previous employers over the previous five (5) years?

☐ Yes ☐ No

11. Does the applicant contact at least three (3) personal references? ☐ Yes ☐ No

12. Is completion of a minimum of twenty (20) hours initial training program required before deployment? ☐ Yes ☐ No

13. Who conducts the training and what are the trainer's qualifications?

14. Is a minimum of ten (10) hours on-site training required? ☐ Yes ☐ No

15. Is a minimum of four (4) hours of annual refresher or continuing education training planned and conducted for each security employee? ☐ Yes ☐ No

16. Is each security person given a personal copy of the training / safety manual? ☐ Yes ☐ No

If yes, has each security person given management a written acknowledgment of the policies and contents? ☐ Yes ☐ No



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Section 7b: Armed Security Employees

1. Are the security personnel in uniform? ☐ Yes ☐ No

If yes, describe the uniform:

2. Are the security personnel identified by anything other than a uniform? ☐ Yes ☐ No

If yes, describe the identification & include an example or photograph.

3. Are psychological screen profiles used? ☐ Yes ☐ No

If yes, specify type:

4. Are criminal background checks completed? ☐ Yes ☐ No

If yes, what agency is utilized?

5. Please indicate any equipment carried or routinely available to security personnel:

☐ Flash Light Type: Size: Construction:

☐ Handcuffs ☐ First aid kit (including blood borne pathogen kit)

☐ Nightstick Is night stick police regulation or other?

☐ Taser / Phaser ☐ Chemicals (Mace, pepper gas)

☐ Other:

☐ Firearm - Caliber: ☐ .357 ☐ .38 ☐ .9mm ☐ Other

Make: ☐ Colt ☐ S & W ☐ Ruger Cover Holster Type:

Is ammunition: ☐ Standard ☐ Other

6. Are firearm and ammunition approved and inspected by management or security company?

☐ Yes ☐ No

7. Describe capabilities of each guard for constant communications with each other, the supervisor, and management:

8. Are dogs used in your security operations? ☐ Yes ☐ No

If yes, provide the type of dog(s), number and describe duties.

Section 8: Liquor Liability

1. Is liquor license in applicant's name? ☐ Yes ☐ No

If no, what is the name on the license and their relationship to the insured:

Liquor license number:

Class of license:



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Section 8: Liquor Liability (continued)

2. Is there liquor service sub-contracted to a third party? ☐ Yes ☐ No

If yes, provide limits of liability maintained by the sub-contractor: \$

Is the applicant listed as additional insured under sub-contractors liquor liability coverage? ☐ Yes ☐ No

Is contingent liquor liability coverage requested by the applicant? ☐ Yes ☐ No

3. Has the applicant's liquor license ever been revoked or suspended? ☐ Yes ☐ No

If yes, explain:

4. Has the applicant incurred claims for liquor liability during the last three (3) years? ☐ Yes ☐ No

If yes, explain:

5. Has any insurer canceled or non-renewed coverage during the last three (3) years? ☐ Yes ☐ No

If yes, explain:

6. Has the applicant ever been fined by alcoholic beverage control or other governmental regulator? ☐ Yes ☐ No If yes, explain:

7. Type of beverages sold:

8. Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No

If yes, what type?

9. Does the applicant exercise the right to search and seizure contraband items? ☐ Yes ☐ No

10. Does the applicant maintain security personnel at entry check points? ☐ Yes ☐ No

If yes, what type?

11. Are the alcohol sales and consumption contained within one fixed site, or are booths / stands located throughout the event site? ☐ Yes ☐ No

12. Number of servers used?

Are they professional servers? ☐ Yes ☐ No Explain:

Are they volunteer servers? ☐ Yes ☐ No Explain:

13. Do the servers receive any type of alcohol awareness training? ☐ Yes ☐ No

If yes, describe:

14. Median age of liquor customers: ☐ 21-25 ☐ 25-30 ☐ 30-40 ☐ 40 and over

15. Are minors allowed to enter the location where alcohol is being served? ☐ Yes ☐ No

If yes, how is underage consumption of alcohol prevented?



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Section 8: Liquor Liability (continued)

16. Explain how ID's are checked:

17. Are uniformed police officers present at the site of alcohol sales? ☐ Yes ☐ No

Are undercover police officers present? ☐ Yes ☐ No

Are private security offices present? ☐ Yes ☐ No

Average number of officers present at site:

18. Are rules and regulations clearly displayed for patrons viewing? ☐ Yes ☐ No
Explain:

19. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? ☐ Yes ☐ No

Explain:

20. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?
☐ Yes ☐ No Explain:

Section 9: Pyrotechnics

(Complete if coverage is requested for Pyrotechnics Coverage (not including flash boxes))

1. Description of events:

2. Date (s) of event(s):

3. Who is the authority having jurisdiction over the use of pyrotechnics at your facility?
☐ Local Fire Department ☐ State Fire Marshal ☐ Other: (please list)

4. What permit process must be followed prior to use of pyrotechnics at your facility?

5. Have you ever staged pyrotechnic displays before? ☐ Yes ☐ No

If yes, list any claims / losses that have occurred and the amount of loss:

Description	Date of Occurrence	Amount of Loss

6. Who will be the pyrotechnics operator? ☐ Named Insured ☐ Contractor



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Section 9: Pyrotechnics (continued)

Complete this section if the Pyrotechnics Operator is the Named Insured. Please note: This coverage will exclude bodily injury liability to the fireworks shooter.

List names of people shooting and describe their experience.

Name	Experience:

Where are the pyrotechnics stored when not in use?

7. Does it meet federal / state storage regulation? ☐ Yes ☐ No

8. What quantity of pyrotechnic material is stored on site? (Number of shows, number of pounds, etc)

9. Describe the type of show and amount of pyrotechnics used in recurring events:

10. Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

11. Does the applicant secure proper pyrotechnic permits for each event? ☐ Yes ☐ No

12. Are the shooters listed above licensed for pyrotechnics? ☐ Yes ☐ No

Complete this section if the pyrotechnics operator is a contractor

Contractor Name:

Is there an agreement with the contractor? ☐ Yes ☐ No If yes, provide a copy of the agreement

Please provide limits of liability provided by the Contractor. Note: Limits must be at least \$1,000,000 or greater. \$ Please attach a copy of certificate of insurance including any additional insured listing.

Does the applicant confirm that the contractor has secured the proper pyrotechnic permits for each event? ☐ Yes ☐ No

Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

Does the applicant allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? ☐ Yes ☐ No

Section 9: Pyrotechnics (continued)

If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists you as an additional insured? ☐ Yes ☐ No

If no, does the tenant lease / use agreement indicate that pyrotechnic displays are not permitted? ☐ Yes ☐ No

Are events with pyrotechnics held: ☐ Indoor ☐ Outdoor

What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?

☐ Aerial Shells ☐ Airbursts ☐ Black Powder ☐ Comets ☐ Concussion Effects ☐ Concussion Mortars ☐ Electric matches ☐ Flares ☐ Flash Pots ☐ Flashpower ☐ Gerbs ☐ Integrals Mortars ☐ Mines ☐ Mortars ☐ Rockets ☐ Saxons ☐ Wheels ☐ Salutes ☐ Waterfall, Falls, Park Curtains ☐ Other, please list:

Section 9b: Outdoor Pyrotechnics

(only complete if outdoor pyrotechnics displays are staged)

1. Are events in compliance with NFPA 1123 or 1126? (Code for fireworks display) ☐ Yes ☐ No

2. Is there fencing to keep spectators fencing from launch site:

If yes, distance of spectators fencing from launch site:

Distance of spectator parking area from launch site:

Distance of closest building or structure from launch site:

3. Will there be firefighting equipment on site during the event? ☐ Yes ☐ No

4. Will the applicant have an ambulance on site? ☐ Yes ☐ No

If no, what is the estimated response time of an ambulance?

If no, what is the distance to the nearest medical facility?

Section 9c: Indoor Pyrotechnics

(only complete if indoor pyrotechnics displays are staged)

1. Are events in compliance with NFPA 1126? (Standard code for use of pyrotechnics before a proximate audience?) ☐ Yes ☐ No

2. Is the facility sprinklered? ☐ Yes ☐ No

3. What other form of fire fighting equipment is available at the facility?

4. Does the facility have an emergency evacuation plan?

If yes, how often is the staff drilled on emergency evacuation?

5. Number of accessible (not locked) emergency exits at the facility:



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Section 9c: Indoor Pyrotechnics (continued)

6. What steps are taken to inform patrons of the locations of all emergency exits?

7. Maximum capacity of the facility:

8. Has the fire marshal approved the use of pyrotechnics at the facility? ☐ Yes ☐ No

If yes, as of what date:

Section 10: Hired & Non-Owned Auto

1. Does the applicant have any owned automobiles? ☐ Yes ☐ No

Note: If the applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is required:

2. Does the applicant allow employees to use their own personal vehicles for business purposes? ☐ Yes ☐ No

If yes, how many employees use their own personal vehicles?

If yes, how often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other

3. Does the applicant obtain motor vehicle reports? ☐ Yes ☐ No

4. Does the applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? ☐ Yes ☐ No

If yes, what minimum limits are required?

5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period:

6. Is hired auto physical damage required? ☐ Daily ☐ Weekly

If yes, what is the maximum value of hired vehicle the applicant would like insured? \$

Note: Physical damage deductibles: \$100 comprehensive / \$1,000 collision provided

Section 11: Winter Weather Freeze-Up Protection

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1. Fire Protection and Testing

a. Is the building provided with an automatic fire sprinkler system (AS)? ☐ Yes ☐ No

i. If yes, approximately what percentage (%) of the building is sprinklered?

ii. If yes, what type of sprinkler system is installed? ☐ Wet-Pipe ☐ Dry-Pipe ☐ Both



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Section 11: Winter Weather Freeze-Up Protection (continued)

iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45 degree F minimum temperature? ☐ Yes ☐ No

If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):

iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? ☐ Yes ☐ No

v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? ☐ Yes ☐ No

2. Emergency Water Response (domestic and AS water lines)

a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? ☐ Yes ☐ No

b. Are water shutoff valves exercised (closed and reopened) at least annually? ☐ Yes ☐ No

c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?

3. Automatic Water Shutoff Devices

a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? ☐ Yes ☐ No

4. Unused/Vacant Spaces

a. Does applicant have a formal process to turn off and drain domestic water lines for these spaces? ☐ Yes ☐ No

5. Untreated Areas (attics, crawl spaces, exterior wall joists)

a. Are all domestic water lines location in areas heated to at least 45 degrees F? ☐ Yes ☐ No

i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):

6. General Comments:

Section 12: Signatures

Name:

Date:



FRAUD NOTICE

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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: 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 MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 deception 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 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 include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: