



Fall Festival Special Events Application

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

DIRECTIONS: 1. Fill in the application by filling in the blue fields on all pages.
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"/> Cyber Liability
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Hired & Non-Owned Auto

Section 1: General Information

1. Corporate Name:	DBA:
2. <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other	
3. Event Type: <input type="checkbox"/> Fundraiser <input type="checkbox"/> For Profit <input type="checkbox"/> Private Club/Organization <input type="checkbox"/> Commercial Sponsored	
4. Contact Name:	5. FEIN or SSN:
6. Mailing Address:	
7. Operations Address:	
8. Business Phone:	Cell Phone:
9. Website:	Email:

Section 2: Business Information

1. Do you conduct any Operations or Businesses or Activities not covered under this application of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If "yes", please describe:		
3. Proposed Effective Date:	Proposed Expiration Date:	
4. Operating Season:	Length of time In Business:	
5. Total Management Experience in this type of Operation:		
*** If a new Venture or Operation, IT IS MANDATORY to submit a Resume or a Summary or Qualifications ***		
6. Has Your Insurance Ever Been Cancelled or Non-Renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes - Please explain:		
7. Set Up/Tear Down Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Set Up Date:	
8. Hours of Operations:	Days:	Total # Of Exposure Days:



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Section 2: Business Information (continued)

9. Submission requirements for all Operations ☐ Copies of Advertising Materials ☐ 3 Years of Loss Runs from Prior Carriers

ADDITIONAL INSURED (As they are to appear on the Policy)		Check Here if None:
Name	Address	Relationship to you <input type="checkbox"/>

Prior Carrier Information

Name of Company	Policy Dates	Premium	Losses

Have you had any claims in the past 5 years? ☐ Yes ☐ No (If yes please provide details below)

	\$
	\$
	\$

Revenue/Attendance Breakdown for all activities

Total Receipts for the last season:		Total Attendance last season:	
Estimated Receipts for this season:		Estimated Attendance this season:	
Admission:	Parking:	Concession:	Alcoholic Beverages:
Other:	Describe Other Receipts:		

All Operations must be declared - Please check all operations

Activities Covered	Est Square Footage	Est Daily Attendance	Est Daily Employees/ Volunteers
<input type="checkbox"/> Haunted House			
<input type="checkbox"/> Corn Maze			
<input type="checkbox"/> Pumpkin Patch			
<input type="checkbox"/> Haunted Walking Trail			



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Section 2: Business Information (continued)

Activities Covered	Est Square Footage	Est Daily Attendance	Est Daily Employees/ Volunteers
<input type="checkbox"/> Hay/Wagon Ride			
<input type="checkbox"/> Miniature Trains			
<input type="checkbox"/> Pumpkin Patch	N/A		
<input type="checkbox"/> Haunted Walking Trail	N/A		
Activities Covered	Number of Ponies / Animals / Zip Lines	Est Daily Attendance	Est Daily Employees/ Volunteers
<input type="checkbox"/> Pony Rides			
<input type="checkbox"/> Petting Zoo			
<input type="checkbox"/> Zip Line			
<input type="checkbox"/> Other: Please list all other activities:			

Section 3: General Operations

1. Will participants be required to sign a waiver/release of liability? <input type="checkbox"/> Yes <input type="checkbox"/> No
1a. IF YES, for which activities:
2. Is this application to include coverage for all premises/operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are Vendors, Attractions Owners & Performers required to carry their own insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
3a. IF YES, what limit?
4. Is there an Emergency Evacuation Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there an Ambulance Service in attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does any advertising make any representation about the safety or security of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have Security Measures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
7a. If YES, Describe:
7b. If third party, name of security firm:
7c. Number of security personnel:



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Section 3: General Operations

7d. If security is provide by independent contractor, are you listed as an additional insured with 1M limits? ☐ Yes ☐ No

8. Have any crimes occurred or been attempted at the event location within the last 3 years? ☐ Yes ☐ No

9. Do you have a rodent/pest control program in place? ☐ Yes ☐ No

10. Do you provide parking? ☐ Yes ☐ No

11. Are public parking areas well-lit and supervised? ☐ Yes ☐ No

12. Do you prohibit patrons from touching or interacting with displays or skits? ☐ Yes ☐ No

12a. IF NO: Explain:

13. Do you prohibit the public to bring their pets? ☐ Yes ☐ No

14. Do you prohibit smoking on the premises? ☐ Yes ☐ No

15. Are 'NO SMOKING' signs clearly displayed? ☐ Yes ☐ No

16. Are designated smoking areas away from public or combustible materials and maintained properly? ☐ Yes ☐ No

17. Do you utilize live actors in any of your operations? ☐ Yes ☐ No

18. Do you prohibit your volunteers/employees/actors from physically touching the patron? ☐ Yes ☐ No

19. Are your volunteers/employees/actors trained to deal with the public in this environment? ☐ Yes ☐ No

20. Are you volunteers/employees/actors 18 years or older? ☐ Yes ☐ No Total # of employees:

21. Are walking surfaces kept clear of debris and even? ☐ Yes ☐ No

22. Do your displays include working power tools (e.g. saws, drills) or electrical shock machines or tricks? ☐ Yes ☐ No

23. Do you have any low hanging ropes, nooses, props or displays, crossing the customers' path? ☐ Yes ☐ No

24. Do you use flammables, pyrotechnics, fireworks, firecrackers, or flash explosives? ☐ Yes ☐ No

25. Are patrons allowed to exit without completing the entire attraction? ☐ Yes ☐ No

25a. IF YES, explain departure procedures:

26. Is your operation located on or near a boat or waterways? ☐ Yes ☐ No

27. How far is your operation from the nearest responding fire station? Miles



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Haunted House and/or Walking Trail		Check if no exposure <input type="checkbox"/>	
Type of Structure			
<input type="checkbox"/>	Free Standing	<input type="checkbox"/>	Interconnected Mobile Trailers
<input type="checkbox"/>	Leased Space in Strip Mall/Shopping Plaza	<input type="checkbox"/>	Temporary/Portable Structure
<input type="checkbox"/>	OTHER: Describe Below	<input type="checkbox"/>	Leased Space
1. Are all exits lighted & marked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1a. How many exits are there?			
2. Does the building/structure meet all state and local life safety, fire & occupancy statutes, or requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2a. IF NO, explain:			
3. Has the building/structure been inspected & approved for occupancy by the local fire authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3a. IF NO, explain:			
4. Are employees/volunteers present throughout the facility during operating hours to monitor or assist patrons as they tour the displays? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Are uneven walking surfaces, steps, or flight of stairs supervised by a designated Employee/Volunteer during operating hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Do you have stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No		6a. IF YES, are they lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is there more than 1 story? <input type="checkbox"/> Yes <input type="checkbox"/> No		7a. IF YES, how many?	
8. Are there slides to move patrons from one floor to another? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Are there moving or sinking floors or stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trail Questions: Leave Blank if you do not have a trail			
1. Do your employees/volunteers/actors guide patrons through the trail? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Are patrons allowed to leave trail or group without completing the entire attraction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2a. IF YES, explain departure procedure:			
3. Is the trail guided? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Is the trail lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If YES, describe what kind of lighting			



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Corn Mazes

Check if no exposure ☐

1. Is the maze created by cutting pathways through growing crops? ☐ Yes ☐ No

1a. If NO, what is it made out of?

2. Do your employees/volunteers monitor activities within the maze from a tower, bridge, platform or other vantage point? ☐ Yes ☐ No

2a. IF NO, explain:

3. Are there adequate exits throughout the maze to allow patrons to exit without completing? ☐ Yes ☐ No

3a. IF NO, explain:

4. Do you launch objects into the maze? (e.g. corn cannons, water balloons, etc.) ☐ Yes ☐ No

Hayride/Wagon Rides

Check if no exposure ☐

How is the unit propelled?

☐ Tractor

☐ Locomotive

☐ OTHER : Describe Below

☐ Animal

1. Does the unit operate on, or cross, any public street, road, highway or thoroughfare? ☐ Yes ☐ No

2. Was the unit specifically designed and constructed to transport people? ☐ Yes ☐ No

2a. IF NO, explain:

3. Does the unit have permanently mounted seats for the riders? ☐ Yes ☐ No

3a. IF NO, explain:

4. Is the unit properly equipped to prevent riders from falling (e.g. guard rails, seat backs, handrails, etc.)? ☐ Yes ☐ No

5. Are wheel wells properly covered/protected to prevent accidental contact with any moving parts? ☐ Yes ☐ No

6. Do you prohibit patrons from exiting the unit before the trip is completed? ☐ Yes ☐ No

7. Are your drivers 18 years or over and qualified to operate the unit? ☐ Yes ☐ No



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Miniature Trains (Cow Trains, etc.)

Check if no exposure ☐

How is the unit propelled?

☐ Tractor

☐ Locomotive

☐ OTHER : Describe Below

☐ Animal

1. Can adults ride? ☐ Yes ☐ No

2. How many cars does the train have?

3. How fast does the train operate?

Guided Pony Rides

Check if no exposure ☐

*** PONIES ARE DEFINED AS HORSES / BURROS / DONKEYS THAT ARE 40" TALL OR LESS AT THE WITHERS ***

1. How Many Years of Experience do you have offering Pony Rides? ☐ Yes ☐ No

2. Check the Type of Pony Rides you Offer: ☐ Carousel ☐ Sweep ☐ Employee Led
☐ Ring Riding – Rider Handles Reins

3. Describe the Area that the Pony Rides are Held:

4. Total Number of Ponies Available:

5. Are Safety Helmets Mandatory? ☐ Yes ☐ No

6. Describe any Safety Equipment or Harnesses Used?

7. Are the Parent/Guardians of All riders required to sign a Waiver / Release of Liability?
☐ Yes ☐ No

8. How Many Events to you attend annually? ☐ Yes ☐ No

9. What is the maximum number of ponies you use during each event?

10. What is the average number of ponies you used at each event over a 12 month period?

11. What is the minimum age you allow to ride the ponies?

12. Do you have ponies that are taller than 40" at the Withers? ☐ Yes ☐ No



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Petting Zoo

Check if no exposure ☐

# Of	Type of Animal	# Of	Type of Animal

1. Is this a Traveling – Mobile Petting Zoo? ☐ Yes ☐ No

1a. IF YES, Describe the Events you Attend:

2. Are Animals in: ☐ Cages ☐ Pens ☐ Roam Free ☐ Tethered to a Tree or Post?

3. Are guests allowed to feed the animals? ☐ Yes ☐ No

4. Do you Provide a Hand Washing Station? ☐ Yes ☐ No

4a. IF NO, Describe Hand Sanitation:

Zipline

Check if no exposure ☐

1. Who originally built your course?

1a. What year was your course built?

2. Was it built to the following standards (check one) ☐ ACCT ☐ PRCA ☐ OCT ☐ None

2a. IF NEITHER – Whose Standards were followed?

3. When was the course last Inspected by a Professional Inspection Firm?

4. Who did the Inspection? **MANDATORY - Attach a copy.**

5. How Often is the course inspected professionally? ☐ Annually ☐ Quarterly ☐ Monthly
☐ Other:

6. Are you a member of: ☐ ACCT ☐ PRCA ☐ OCT ☐ None

6a. IF NEITHER – What organization are you a member of?



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Section 3: General Operations

7. Do you have rules/warning signs posted in conspicuous areas? ☐ Yes ☐ No

8. How Many cycles per zipline are made before you retire and replace the line?

9. Describe the braking system utilized:

9a. IF course utilizes hand braking – describe in detail the instruction given to participants or attach a written copy of the safety speech:

10. Describe the landing procedures for participants:

11. Are all participants required to wear gloves and helmets? ☐ Yes ☐ No

12. Are all participants harnessed in prior to advancing to the top of the zip line platforms?
☐ Yes ☐ No

13. Are the harnesses equipped with a “Tamper” proof hookup to ensure the participants cannot unhook the harness? ☐ Yes ☐ No

14. Do you allow organizations to rent your course and utilize their own facilitators / guides?
☐ Yes ☐ No

14a. IF YES, explain and attach a copy of the rental agreement

14b. IF YES, do you obtain a certificate of Insurance with AI status for your operation with limits equal to or greater than your limits? ☐ Yes ☐ No

14c. IF YES, do you have employees on site during the rentals in the event of an emergency?
☐ Yes ☐ No

15. How many Zip Lines does the Course / Tour consist of?

16. What is the maximum height of the zip lines?

17. Does the course contain any Bridges? ☐ Yes ☐ No

17a. IF YES, Describe the bridges including the number of each

18. Have you made any additions or changes to your course since it was originally built?
☐ Yes ☐ No

18a. IF YES, Describe the changes including the date added, element name, construction vendors name:



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19. Do you provide any services after dark, including but not limited to zip lining, overnight camping, etc.? ☐ Yes ☐ No

19a. IF YES, Describe the activities:

20. What is the minimum age for participation?

21. What is the max weight allowed per engineer guidelines? Min Weight:

21a. What is the maximum weight you advertise or post? Min Weight:

21b. How do you enforce or confirm the participant meets the weight guidelines

22. Do you weigh every participant? ☐ Yes ☐ No

23. What is your Guide to Client ratio? Guide : Client

FALL FESTIVAL – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY
BY AFFIXING MY INITIALS, APPLICANT AGREES TO ADHERE TO EACH OF THE FOLLOWING MANDATORY REQUIREMENTS FOR BOTH OBTAINING AND MAINTAINING INSURANCE COVERAGE
ADHERENCE TO THESE GUIDELINES IS MATERIAL TO THE ISSUANCE OF INSURANCE COVERAGE.

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENT

*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

No.	Initials	Requirements
1.		A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident.
2.		Prior to participation in an activity, each participant shall be required to sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (1 form) and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter "Release" 1 form) provided and approved by the carrier. In the event a participant or passenger is less than 18 years of age, both the participant and their parent or legal guardian must sign the Release. All Releases must be held on file for a minimum of five (5) years.
3.		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs.
4.		All applicable State, Federal and Equipment Manufacturer's safety standards for the operations (including passenger capacity) are to be followed at all times during activities. Each participant will wear applicable safety equipment



Fall Festival Special Events Application

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Section 3: General Operations

No.	Initials	Requirements
5.		You shall inspect all equipment daily, and prior to the commencement of any activities. You shall make necessary repairs to ensure your patron's safety. You shall maintain and keep a written log of these inspections and repairs.
6.		<u>All</u> incidents regardless of severity will be reported to the company immediately.
7.		The insured must have an emergency plan and have First Aid available. One person with a current CPR & First Aid Certificate must be available at all times during business hours.
8.		You shall, to the best of your ability, determine the client's physical ability to participate in the activity and ensure that they are properly attired for both the activity and the weather conditions.
9.		Safety Rules and Procedures appropriate to the recreational activity are to be conspicuously displayed in signage or documents provided to each and every participant.
10.		Employees must be properly trained and experienced on all activities to enforce all eligibility and safety requirements.
11.		All vendors or subcontractors shall maintain a current certificate of insurance with your business named as "Additional Insured" and with a minimum limit of \$1,000,000.

Guided Zip Line - Specific Requirements

12.		You shall not allow the participation in any activity which is not a ' Guided Activity '. Participants shall be supervised at all times by guide or an assistant guide, with suitable experience during all times that the facilities are in use. Guided Activities means that the activity is under the continuous observation and control or supervision of the insured and/or the insured's qualified guides/employees.
13.		Communication devices must be present and utilized at every landing platform throughout the trip / tour to provide adequate time to avoid participant collisions during the trip / tour and collisions at all landing stations.
14.		Minimum Age for participation is 7 years of age.
15.		Guide to Client ratio must not exceed one (1) Guide to six (6) Clients.
16.		Customers shall be fitted and provided with a Helmet and Gloves appropriate for the Zip Lining Activities.
17.		All technical equipment must be manufactured to standards similar to those established by the Association for Challenge Course Technology (ACCT) or the Original Canopy Tour (OCT) or the Professional Ropes Course Association (PRCA). All other equipment must be purchased from a vendor that has significant knowledge of equipment manufacturers.
18.		All Participants MUST have their harnesses attached to the guide wire/cable and only the Guide / Employee can unhook the participant
19.		You shall have in place a method of confirming that manufacturer established weight limits are complied with by all participants.



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Section 3: General Operations

Guided Pony Rides - Specific Requirements

20.		I confirm that the ponies used in my pony rides operation are 40" or less in height at the withers.
21.		Participant children must be at least 3 years of age on their last birthday.
22.		All participants shall wear properly fitting riding helmets and safety equipment.
23.		A capable adult employee shall lead (on foot) all ponies under the direct supervision of the operator. Alternatively ponies may be tethered to a carousel/pony ring.
24.		Riding helmet and safety equipment must be worn by all minors. Riding helmet and safety equipment must be offered and recommended to all riders. Riders under 16 must wear helmets.
25.		Under no circumstances will you conduct or permit any form of contest or racing event at any time.
26.		Double riding or bareback riding must not be allowed for any equine activity or operation

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE CARRIER FOR APPROVAL.

No.	Explanation and Comments:

Section 5: Cyber Liability

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

Section 6: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 7: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

Producer Name:

Date:

Producer's Signature:



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 FLORDIA: 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: