

Name of Insurance Company to which Application is made (herein called the "Insurer")

School Leaders Risk Protector [™] Mainform Application

Professional Liability and Management Liability Insurance for Schools

NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT THE RETENTION FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND CLAIM EXPENSES. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

INSTRUCTIONS

"You," "Your" or "Applicant" refer individually and collectively to the Named Applicant, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(ies), proposed for this insurance. Some sections of the Application may not apply to You. If this is the case, please mark "not applicable" (N/A). In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer and indicate the question number to which You are responding.

This Application must be signed and dated by either (a) the highest ranking elected or appointed member of the board of the Named Applicant (b) the business manager or risk manager of the Named Applicant, or (c) the Treasurer or Comptroller of the Named Applicant. Section A. GENERAL INFORMATION

	t: ed Applicant:	
City:		ode:
Key Contact (i.e	. Risk Manager, Superintend	dent):
Key Contact E-N	1ail Address:	
Telephone:		
Web Page Addr	ess:	
Domicile State:	State of Inco	orporation:

2. Applicant Type:

Туре	Check all that apply
Elementary/Primary School	
Middle/Junior High School	
High School/Secondary School	
Vocational/Technical School	
Charter School	
Special Education Facility	
Junior/Community College	
Four (4) Year College/University	
Graduate School	

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3.	Is the Applicant a:					
	Public Institution	? Private Ins	titution? 🗌			
4.	Is the Applicant a for-pro	ofit entity?				
	Yes 🗌 No 🗌]				
5.	Please list all direct and If not applicable, please Name		Fincluded as an Percentage of Ownership	attachment herein, Date Acquired or Created	check here 🗌.	
6.	Are you requesting for c Is the Applicant a boardi	-		ies?	Yes 🗌 Yes 🗌	No 🗌 No 🗌
	If "Yes", what percentag	ge of the total student e	enrollment reside	e in the facilities?		
7.	If the Applicant is a colle	ege, is it a 2 or 4 year o	college?			years.
8.	Is the Applicant accredit	ed?			Yes 🗌	No 🗌
	If "Yes", provide the nar	me of the accreditation	association:			
	Date of Last Accreditation	on:				

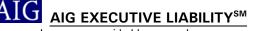
9. The Applicant was created in _____ (year).

10. Student Enrollment:

	Prior	Current	Projected
Full Time			
Part Time			
Pre-School			
Total			

If the Applicant is a college, please provide Total Full-Time Equivalents:

If the enrollment includes pre-school children, what is/are the age range(s)?



Section B. FINANCIAL INFORMATION

11. Fiscal Year

	Prior	Current	Projected
Total Budget			
Total Expenditures			
Surplus/Deficit			

Total accumulated surplus or deficit \$

If a deficit exists, what steps are being taken to eliminate it?

12. Does the Applicant anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years?

12. a. Total amount of Applicant's bond authority: \$ _____

- b. Total amount of outstanding bonds: \$_____
- c. Latest bond rating (provide at least one of the following):

Moody's _____

Standard and Poor's _____

Fitch's _____

If the bonds are not rated, please explain:

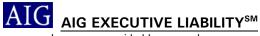
d. Has the Applicant been in default on the principal or interest of any bond? Yes No If "Yes", provide details:

Section C. SPECIAL EDUCATION

13.	Does the Applicant have Special Education Programs and/or Facilities for the development	tally, men [.]	tally,
	emotionally or physically disabled?	Yes 🗌	No 🗌
	If "No", describe where and/or who manages these programs/facilities:		

14. How often are the students evaluated for:
Placement? ______
Adjustment to an Individual Education Plan ("IEP") based on progress? ______
Mainstreaming? ______

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15.		n International Group, Inc ften over the course of a school year has the Applicant conducted a Due Process H	learing reç	garding
	an IEP	("IEP Hearing")?		
16.	Have a	ny decisions of any IEP Hearing officer been appealed in the past twelve (12) mont	hs? Yes □	No 🗌
	lf "Yes	", how many were appealed?		
	Of the	se, how many were overturned?		
17.	Whom	does the Applicant utilize for the initial IEP Hearings? In House 🗌 Our	tside Cou	nsel 🗌
	Whom	does the Applicant utilize for the appeals process? In House 🗌 Our	tside Cou	nsel 🗌
18.		nany or what percentage of the Applicant's total student enrollment currently partic ion Program?	ipates in a	a Special
		Section D. OPERATIONS		
19.	Has the	e Applicant established guidelines related to:		
	a.	procedures for suspension or dismissal of students?	Yes 🗌	No 🗌
		If "Yes", are these guidelines in writing?	Yes 🗌	No 🗌
	b.	reporting and investigating allegations of sexual harassment brought by students?	Yes 🗌	No 🗌
		If "Yes", are these guidelines in writing?	Yes 🗌	No 🗌
20.	Does tl	he Applicant conduct seminars on preventing or identifying sexual harassment and/	or instruc	tion on
	the pro	cedures to be used to report incidences of sexual harassment?	Yes 🗌	No 🗌
	If yes:			
	a.	Are these seminars conducted on a regular basis?	Yes 🗌	No 🗌
	b.	When was the last seminar conducted?		
	c.	Is attendance mandatory for all employees?	Yes 🗌	No 🗌
	d.	Are seminars conducted for students?	Yes 🗌	No 🗌
21.	a.	Are background checks conducted on all potential employees?	Yes 🗌	No 🗌
	b.	Is an offer for employment contingent upon such checks?	Yes 🗌	No 🗌
	c.	Are background checks conducted on current employees?	Yes 🗌	No 🗌
	d.	Are background checks conducted by the Applicant's employees?	Yes 🗌	No 🗌
		If background checks are not conducted by employees, who performs this service	?	



22. Has the Applicant established guidelines for reporting any instance of suspected child abuse to the proper

authorities?

Yes	No 🗌
Yes 🗌] No □

Are these guidelines in writing?

Section E. EMPLOYMENT PRACTICES

Complete this section only if You are applying for Employment Practices Coverage

23. Staff Size

Type of Employee	Number of Union	Number of Non-
	Employees	Union Employees
Full Faculty/Instructors		
Part Time Faculty/Instructors		
Administrative personnel (including principals,		
assistant principals, deans and provosts)		
Other non-instructional employees (including part-		
time, seasonal, temporary)		
Independent contractors Applicant is required by		
contract to indemnify in the same manner as an		
employee		
Elected and/or appointed board members		
Volunteers		
Student Teachers/Student Interns		
Total		

a.

24.	Does tl	he Applicant have a Human Resources Department?	Yes 🗌	No 🗌
	lf "Yes	", provide the number of employees in the Human Resources Department:		
	lf "No"	, explain how this function is handled:		
25.	Does tl	he Applicant have a written human resources manual?	Yes 🗌	No 🗌
	lf "Yes	", does the manual address:		
	a.	legally prohibited discrimination?	Yes 🗌	No 🗌
	b.	sexual and non-sexual harassment?	Yes 🗌	No 🗌
	c.	employee disciplinary actions?	Yes 🗌	No 🗌

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	d.	terminations and layoffs?	Yes 🗌	No 🗌
	e.	written employee appraisals/reviews?	Yes 🗌	No 🗌
	lf "No	" please explain what guidelines are followed:		
26.	Has th	e Applicant established guidelines related to procedures for suspension, dismissal,	or non-rer	iewal of
	emplo	yment contracts of:		
	a.	Instructors and supervisory personnel?	Yes 🗌	No 🗌
		Are these guidelines in writing?	Yes 🗌	No 🗌
	b.	Non-professional employees?	Yes 🗌	No 🗌
		Are these guidelines in writing?	Yes 🗌	No 🗌
27.	ls a ur	iform contract for instructors used?	Yes 🗌	No 🗌
	lf "Yes	s", are all "in force" contracts the same?	Yes 🗌	No 🗌
	lf "No	", explain differences:		
28.		e Applicant adopted a pay scale for personnel providing for remuneration without ace, or creed?	regard to a Yes 🗌	ige, No 🗌
29.	a.	Does the Applicant anticipate any reduction in staff in the next twelve (12) mont	hs?	
	b.	Has the Applicant had any reduction in staff in the last twelve (12) months? Yes No		
	C.	Has any employee of the Applicant been suspended, demoted, dismissed, transfer contract of employment non-renewed within the last twelve (12) months? Yes No I If "Yes", explain:	rred or ha	d a
30.		nany employees have resigned, been terminated (with or without cause) or retired: t Year: ′ear:		
31.	hiring,	ny person, former employee or job applicant alleged unfair or improper treatment re non-remuneration advancement or termination of employment? s", explain:	egarding en Yes 🗌	nployee No 🗌

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32. Does the Applicant:

a.	Use an employment application for all applicants for hire?	Yes 🗌	No 🗌
b.	Use any tests to screen applicants for employment or to promote employees?	Yes 🗌	No 🗌
C.	Have a formal orientation program for all new employees?	Yes 🗌	No 🗌
d.	Publish an employment handbook?	Yes 🗌	No 🗌
	If "Yes", is it distributed to all employees or maintained on an Intranet/Internet	location?	
		Yes 🗌	No 🗌
e.	Provide regular, written performance evaluations for all employees?	Yes 🗌	No 🗌
f.	Have a formally implemented and adopted anti-sexual harassment and anti-disc	rimination p	olicy?
		Yes 🗌	No 🗌
	If "Yes", is it distributed annually to all workers?	Yes 🗌	No 🗌
g.	Have a written procedure for handling employee complaints of discrimination ar	nd sexual	
	and non-sexual harassment?	Yes 🗌	No 🗌
h.	Provide mandatory training for all managers on anti-sexual harassment and		
	anti-discrimination policies?	Yes 🗌	No 🗌
i.	Have a policy on AIDS or on assisting employees with life-threatening or other	communicat	ole
	diseases?	Yes 🗌	No 🗌
j.	Have a policy on accommodating the disabled as required by the Americans wit	th Disabilitie	s Act
	and related laws?	Yes 🗌	No 🗌
k.	Comply with the Family Medical Leave Act?	Yes 🗌	No 🗌
Does	the Applicant require terminations to be reviewed by its:		
Hum	an Resources Department?	Yes 🗌	No 🗌
Lega	I Department?	Yes 🗌	No 🗌
Outs	ide counsel?	Yes 🗌	No 🗌
Does	the Applicant have a formal out-placement program which assists terminated or la	aid off	
empl	oyees in finding other jobs?	Yes 🗌	No 🗌
Does th	ne Applicant conduct exit interviews?	Yes 🗌	No 🗌
	Section F. OUTSIDE ENTITY/CONTRACTORS INFORMATION		
Is the	e Applicant affiliated with any other entity?	Yes 🗌	No 🗌

36.	Is the Applicant affiliated with any other entity?	Yes 🗌	No 🗌
	Will the Applicant be adding any entity(ies) as additional insureds?	Yes 🗌	No 🗌

XXXXX (12/07)

33.

34.

35.

If "Yes", please list the name of the entity(ies), the nature of its operations and the relationship between the Applicant and the other entity(ies):

 37. Does the applicant provide any services to outside entity(ies)?
 Yes No

If "Yes", please list the name of the entity(ies), the nature of the services and the relationship between the Applicant and the other entity(ies): _____

38. For which of the following services does the Applicant use outside contractors:

Service Provided	Yes/No
Accounting/Financial	Yes 🗌 No 🗌
Administrative	Yes 🗌 No 🗌
Consultants	Yes 🗌 No 🗌
Custodial	Yes 🗌 No 🗌
Food	Yes 🗌 No 🗌
Legal	Yes 🗌 No 🗌
Medical	Yes 🗌 No 🗌
Other Educational	Yes 🗌 No 🗌
Transportation	Yes 🗌 No 🗌

39. Does the Applicant require all sub-contractors or independent consultants to carry liability insurance? Yes No

Does the Applicant request to	be added	as an	additional	insured t	o such	liability i	nsurance?
Yes 🗌 No 🗌							

40. Do any of the Applicant's directors, trustees or governors sit on an outside board of directors at the specific request or direction of the Applicant? Yes No I fyes, please provide details:

Section G. REQUESTED LIMIT/RETENTION OPTIONS

41. Limit of Liability Requested (Aggregate):

\$500,000	\$4,000,000	
\$1,000,000	\$5,000,000	
\$2,000,000	\$10,000,000	
\$3,000,000	Other	



AIG EXECUTIVE LIABILITYSM

Insurance provided by a member company of American International Group, Inc

42. Retention requested:

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RETENTION	Each Wrongful Act	Each Employment
		Practice Violation
\$5,000		
\$10,000		
\$25,000		
\$50,000		
\$100,000		
\$250,000		
\$500,000		
Other (fill in amount)		

Section H.

CURRENT INSURANCE DETAILS

43. Does the Applicant presently carry School Leaders Professional Liability, Management Liability or similar insurance?

	Yes	No						
	Name	e of Company: _			I	Expiration Date:		
	Limit	s:	Retentio	on:	I	Premium:		
44.			resently carry Emp				Yes 🗌	No 🗌
						Expiration Date:		
	Limit	s:	Retentio	on:		Premium:		_
45. 46.	Has any cancelled	y similar School I	al Liability Insuran Leaders Profession I (MISSOURI APP h explanation.	nal Liability or Ma	anagement Lial	bility insurance e		
			Section I.	CLAIM HISTO	RY INFORMAT	ION		
47.	a.	Yes 🗌 No 🗌	cant been or is it in:	·			gration?	
	b.	Has the Appli	cant been closed	or school activiti	es disrupted du	uring the past thr	ee (3) years	due
xxx	xx (12/07)						

Insurance provided by a member company of
American International Group, Inc
to student or teacher strikes or actions?
If "Yes", explain:

48. There has not been, nor is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Named Applicant, its Subsidiaries, or any individual or other entity proposed for insurance under the proposed policy. Is the above statement true with regard to:

 School Leaders Professional and Management Liability
 Yes
 No

 Employment Practices Liability
 Yes
 No

49. If No was checked with respect to any of the above in question No. 48, please complete the below chart with respect to all School Leaders Professional Liability, Management Liability, or Employment Practices Liability claims, suits, investigations or actions (including EEOC complaints and IEP Hearings) made against the Named Applicant, its Subsidiaries, or any individual or other entity proposed for insurance under the proposed policy during the past five years.

Date of Claim	Claimant	Nature Claim	of	Claim Expenses	Indemnity Amt.	Reserve, if open	Current Status

50. Does the Named Applicant, its Subsidiaries, or any individual or other entity proposed for insurance under the proposed policy have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim(s), suit(s), investigation(s) or action(s) under the proposed policy with regard to:

School Leaders Professional and Management Liability	
Employment Practices Liability	

Yes	No 🗌
Yes	No 🗌

If "Yes", please attach explanation.

It is agreed that with respect to Questions 48 through 50 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), or proceeding(s) and any claim or action arising therefrom or arising from such knowledge or information is

10



excluded from the proposed coverage.

Section J. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES. ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY APPLICANT WITH RESPECT TO ANY

ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY APPLICANT WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Section K. LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATIONS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

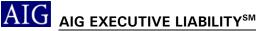
THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND THE INFORMATION PROVIDED BY ATTACHMENT HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO OR INCORPORATED BY REFERENCE) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER 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 BE INCORPORATED BY REFERENCE IN AND BECOME PART OF THE POLICY.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUTHORITIES

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 IN THE THIRD DEGREE.

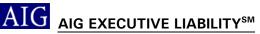
NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA 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 MAINE 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 NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT 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 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.



NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

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 (365:15-1-10, 36 §3613.1).

NOTICE TO 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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed:

(Applicant)

Date:

Title:

(Must be signed by either (a) the highest ranking elected or appointed member of the board of the Named Applicant (b) the business manager or risk manager of the Named Applicant, or (c) the Treasurer or Comptroller of the Named Applicant.)

Attest:

⁽Duly authorized representative, by and on behalf of the Applicant)

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