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| **Program Administrator:**Distinguished Programs1180 Avenue of the Americas, 16th Floor, New York, NY 10036www.distinguished.com  | **Lead Insurer:** ACE Property & Cas. Ins. Co., or Illinois Union Ins. Co. (in the state of Louisiana) **Excess Insurer(s):** To be determined |

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| **Umbrella Liability Application** – For Midscale, Full Service, Boutique and Luxury Hotels, Casino Hotels & Resorts |
| **SECTION I: Eligibility** |
| **BUILDINGS / EXPOSURES:** **Distinguished has designed a new style of application.**It is designed to be user friendly and easy to complete. Section I is presented first to quickly eliminate risks that do not qualify for our program. Sections III, V, and VI collect the information needed to rate and quote your risk. Combine this easy to complete application with quick quote turnaround and 24-hour electronic policy issuance… *Why go anywhere else?**kj*The following buildings/exposure are either *not eligible* or *eligible with restrictions:* |
| **1. NOT ELIGIBLE:**1. Bed & Breakfast, Mobile Homes, Trailers and RV Parks
2. Vacant buildings for single location risks (any building not at least 70% occupied is considered “vacant”)
3. Any property with known building code violations
4. Buildings with the following occupancies:
5. Stand-alone RV Park/Mobile Home Park
6. Adult Entertainment
7. Restaurants without Ansul Systems
8. Dormitories, hostels or student housing
9. Senior Housing, assisted living or nursing homes
10. Subsidized housing, housing authorities or housing projects
11. Cold storage warehousing
12. Heavy manufacturing
13. Hospitals or health care clinics other than doctor’s offices
14. Accounts with prior Legionella claims or locations not in compliance with legionella-related regulations (federal, state, county, city, etc).
15. Accounts where cooling towers are present: any location not in compliance with local, state or federal requirements or not inspected at least once a year.
16. Hotels that allow rentals by the hour
17. Risks that allow drivers under the age of 21 whether the insured supplies an owned or hired vehicle or allows employees under the age of 21 to drive their own vehicle to conduct the insured’s business.
18. Cancelled by prior carrier for non-payment of premium.
19. Accounts offering emergency assistance housing homeless.
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| [ ]  **By checking this box I acknowledge that I have read item 1 above and agree that all locations comply.** |

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| **2. ELIGIBLE WITH RESTRICTIONS:**1. Locations with armed security + guard dogs or armed security only if provided by off-duty police officers via a 3rd party contractor with their own limit of insurance of no less than $1mm/$2mm
2. Construction of new buildings or the gutting and structural renovations of existing buildings (we will exclude construction)
3. The risk transfer requirements indicated below must be provided through written contract for all commercial tenants and third party vendors / contractors:
	1. Contractors doing nonstructural, routine maintenance or any other work on the insured premises
	2. Restaurant / lounge / bar owners
	3. Commercial tenants (lease agreement) and retail shop operations including beauty salon & spa owners
	4. All other 3rd party contractors providing services or amenities such as valet parking or horseback riding:

Under those contracts the applicant must be:* + Added as Additional Insured and held harmless by all applicable parties
	+ Indemnified for the acts of said contractors
	+ Provided with certificates of insurance as proof of liability insurance with the minimum underlying limits:
	+ $1 million occurrence / personal injury and advertising Injury and $2 million general / products aggregate; high risk amenities including watersports require $5 million occurrence
1. Hazardous tenancies including gas station - provide details:
2. Stand-alone vacant Buildings (<70% occupied)

[ ]  **By checking this box I acknowledge that I have read item 2 above and the risk complies.****If any of the above statements do not apply, please explain:**       |
| **AMENITIES -** The following amenities are either *not eligible* or *eligible with restrictions:* |
| **3. NOT ELIGIBLE:**1. Downhill skiing
2. Sponsored athletic events
 |
| **4. ELIGIBLE WITH RESTRICTIONS:**1. Pools / Hot tubs / Jacuzzis / Whirlpools
2. Pools must be fully enclosed with self-closing, self-locking door/gate and locked after hours; *not applicable to Hawaii locations*
3. No diving boards.
4. No pools that are open to the public or to employees
5. No swim / surfing / watersport lessons that are open to the public or to employees
6. Design and operation comply with the Virginia Graeme Baker Pool & Spa Safety Act federal law
7. Depth markers must be clearly visible and a floating rope identifying deep and shallow ends when the pool is deeper than 5’
8. Safety equipment must be available and in clear view
9. Pool hours and rules are posted in a clearly visible manner. Rules must include ‘No Diving’
10. Chemicals are checked on a regularly scheduled basis
11. Outpatient plastic surgery, botox, liposuction, lap band procedures, tattooing and piercing other than ear lobe. *These exposures will be excluded where present*
12. Amusement devices, such as any inflatable jump houses, go carts, bungee apparatus, mechanical or non-mechanical ride. *These exposures will be excluded where present.* Risk with tanning beds must have automatic shut off features on all equipment
13. Aviation exposures
14. Fireworks / Pyrotechnics must be outdoor only (NOT INDOOR) and operated by a 3rd party contractor with limits of liability no less than $5mm per occurrence/aggregate
15. The insured must meet the following criteria to be eligible for liquor liability coverage under the umbrella liability policy:
	1. Liquor servers must be trained in TIPS or a similar program
	2. Insured has not been cited for violation of beverage laws within the last 5years
	3. Insured has written procedures around handling of intoxicated guests
	4. A valid State- or Governmental-issued Identification is required by patrons in order to purchase liquor
	5. Policy cannot be part of the underlying General Liability coverage unless liquor has its own separate unimpeded limit

[ ]  **By checking this box I acknowledge that I have read items 3 and 4 above and agree that all locations comply** |
| **5. LIFE SAFETY –** We require at least the following to alert people in the event of a fire and to help them exit: |
| **Buildings 1 to 8 stories** * Frame or brick walled construction requires building to be fully sprinklered by a system that is connected to a recognized central station facility or a station that is monitored 24 hours a day
* Fully sprinklered or hard wired smoke detectors in all common areas and inside rooms
* Alarms must transmit automatically to a central station, fire or police department or to a 24 hour doorman / watchman
* Two means of egress from each floor through properly marked enclosed non-combustible stairwells with Class B fire doors (or via external corridor exit)
* Manual pull alarms with audible alarm device on each floor
* Emergency lighting in all stairs and common areas
* Illuminated exit signs
* Restaurants located below the ground floor level or above the 8th floor must be fully sprinklered

**Buildings 8 or more stories*** Fully sprinklered; if not
	+ Must be either fire resistive in construction
	+ Smoke/ fire detectors (hard wired) in all common areas and inside rooms with a system that is connected to a recognized central station facility or a station that is monitored 24 hours a day
	+ Sprinklers in all common areas (lobby, laundry, trash areas, boiler rooms, etc)
* Alarms must transmit automatically to a central station, fire or police department or to a 24 hour doorman / watchman
* Two means of egress from each floor through properly marked enclosed non-combustible stairwells with Class B fire doors (or via external corridor exit)
* Manual pull alarms with audible alarm device on each floor
* Must have at least two (2) fire towers with U.L. Class B fire doors. Interior stairwells must be completely enclosed and non-combustible
* Emergency lighting in all stairs and common areas
* Illuminated exit signs
* Must have a standpipe

**Buildings >50 stories, Convention Centers, Conference Centers, Arenas and Nightclubs must be fully sprinklered, have multiple means of egress and meet state and local fire codes.**[ ]  **By checking this box I acknowledge that I have read item 5 above and agree that all locations comply** **If any of the above statements do not apply, please explain:**       |

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| **6. LEGIONELLA:** |
| 1. Does the insured maintain documentation of cleaning and disinfecting of any and all that apply: shower heads,cooling towers & associated pipes for air conditioning systems, water heaters, cold water tanks, fountains or decorative water features and spa pools (whirlpool spas, Jacuzzis or spa tubs)? [ ] Yes [ ] No
2. Is there a trained person responsible for admin & documentation of the procedures outlined above? [ ] Yes [ ] No
3. Is there a room rotation procedure in place to endure no room remains unoccupied for more than 2 weeks?[ ] Yes [ ] No
 |
| **7. NEW YORK LOCATIONS (NYLL):** |
| 1. Do you require all service/maintenance subcontractors working for your properties to provide evidence of insurance?
 | [ ] Yes | [ ] No |
| 1. Do you require written contracts for all your subcontractors?
 | [ ] Yes | [ ] No |
| 1. Do you require all service/maintenance subcontractors to hold you harmless and name you as Additional Insured on their insurance?
 | [ ] Yes | [ ] No |
| 1. Do you realize that NY Labor Law is a strict liability statute (meaning that fault or negligence does not have to be proven). If a subcontractor falls from any height on your property or while working under your request, they can sue you and hold you liable for their injuries, the value of which is determined by a jury?
 | [ ] Yes | [ ] No |
| **8. PRIOR LOSS HISTORY-Please provide 5 years’ currently valued carrier loss runs and details about any losses >$100,000** |
| 1. Have there been any incurred liability losses of $250,000 under any primary liability policy in the last 5 years?
 | [ ] Yes | [ ] No |
| 1. Have there been any aggregate liability losses in excess of $300,000 in any one year, over the last 5 years?
 | [ ] Yes | [ ] No |
| 1. Have there been any prior incident(s) of Legionnaire/Legionella disease in the past 5 years?
 | [ ] Yes | [ ] No |
| 1. Have there been any claims involving the following:
	1. Fatality, paralysis, brain injury, assault, shooting
	2. Lead claim
	3. Burns over 50% of the body or other substantial disfigurement of the body
	4. Abuse or molestation
	5. 3rd party discrimination
	6. Any Liquor legal liability related claims

If you answered **Yes** to any of the above questions, provide details including action taken to prevent recurrence of similar claims.Please provide 5 years currently valued loss history for all lines of business to be scheduled on the umbrella, including prior umbrella loss history. | [ ] Yes | [ ] No |
| **9. UNDERLYING CARRIER INFORMATION** |
| We require that all underlying insurance for which you want the umbrella to provide coverage, meet the following minimum requirements, *including a per-location aggregate*. Listed below are the only coverages that qualify as underlying insurance. In addition, coverage for defense costs on the underlying must be in addition to the limits of liability except as respects claims made employee benefits liability.All underlying carriers must be rated A- VI or better by A.M. Best. |
| Commercial General Liability (CGL)(defense must be outside the policy limits) |  $1,000,000 $2,000,000 $1,000,000  $1,000,000  | Per occurrenceGeneral aggregate **per location**Personal & advertising injuryProducts Completed Operations Aggregate |
| Commercial Auto Liability(including owned and non-owned & hired auto) |  $1,000,000 | Combined single limit |
| Employer’s Liability:*\*\*$1,000,000 for any employees in WV, OH or TX* |  $500,000\*\* $500,000\*\* $500,000\*\* | Bodily Injury per accidentBodily Injury by Disease – Policy LimitBodily Injury by Disease – Ea. Employee |
| Employee Benefits Liability |  $1,000,000 $1,000,000 | Each claimAggregate |
| Liquor Law Legal Liability(must be separate from GL limits) *\*\*$2MM/$2MM for any liquor receipts in AL, AK, DC or VT*  |  $1,000,000\*\*$1,000,000\*\*  | Each occurrenceAggregate |
| Garagekeepers Legal Liability |  $1,000,000$1,000,000 | ComprehensiveCollision for each customer’s auto |
| Marina Operators Legal Liability\*These are minimums; some accounts with increased exposure may require higher underlying limit. |  $5,000,000\*$5,000,000\* | Per occurrenceAggregate |
| Protection & Indemnity\*These are minimums; some accounts with increased exposure may require higher underlying limit. |  $5,000,000\*$5,000,000\* | Per occurrenceAggregate |
| Foreign Liability (DIC basis only) |  $1,000,000$2,000,000 | Per occurrenceAggregate |
| All primary insurers must have an AM Best rating of A-VI or better except for employers liability carriers which must be rated B++ VI or better by AM Best. |
| [ ]  **By checking this box I acknowledge that I have read the above and agree that all primary insurance either currently comply or will be placed and / or amended to be in compliance with the underlying requirements prior to binding the Umbrella insurance.** |
| **SECTION II: Broker Details** |
| Brokerage Name:       |
| Address:       |
| City:       | State:       | Zip Code:       |
| Phone:       | Contact Name:       |
| Accounting Contact Name:       | Accounting Contact Email:       |
| **SECTION III: Policy Details – Insured** |
| Effective Date:       | Expiration date:       |
| **Policy limit requested: [ ]  $130,000,000 [ ]  $180,000,000** |

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| **SECTION IV: Insured Information** |
| Name of Lead Insured:       |
| Mailing Address:       |
| City:       | State: (State of Domicile)        | Zip Code:       |
| **SECTION V: Location Information – Complete here if risk has 1-4 locations.** **If you want sub-buildings scheduled, please complete Multi Location & Building supplemental** |
| **Exposure** | **Location #1** | **Location #2** | **Location #3** | **Location #4** |
| Address: |       |       |       |       |
| City: |       |       |       |       |
| State: |       |       |       |       |
| Zip Code: |       |       |       |       |
| Location Name: |       |       |       |       |
| Construction Type: |  |  |  |  |
| Year built: |       |       |       |       |
| # of Stories: |       |       |       |       |
| # of Hotel Units: |       |       |       |       |
| Condominium Units:(in rental pool) |       |       |       |       |
| Condominium Units:(full time residential) |       |       |       |       |
| Commercial – LRO:If other, describe |       |       |       |       |
| Building sq. ft: |       |       |       |       |
| Vacant Land:# of Acres:If yes, is there any ongoing or planned construction or development | [ ]  Yes [ ]  No      [ ]  Yes [ ]  No | [ ]  Yes [ ]  No      [ ]  Yes [ ]  No | [ ]  Yes [ ]  No      [ ]  Yes [ ]  No | [ ]  Yes [ ]  No      [ ]  Yes [ ]  No |
| Are there any attractive nuisances? | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  |
| Do you have any pools?If yes, # of pools(See Section I4a): | [ ]  Yes [ ]  No       | [ ]  Yes [ ]  No       | [ ]  Yes [ ]  No       | [ ]  Yes [ ]  No       |
| Room Receipts - Annual:  | $      | $      | $      | $      |
| Food Receipts - Annual: | $      | $      | $      | $      |
| Liquor Receipts - Annual: | $      | $      | $      | $      |
| Banquet Receipts - Annual:  | $      | $      | $      | $      |
| Gaming Receipts - Annual: | $      | $      | $      | $      |
| Spa Receipts - Annual: | $      | $      | $      | $      |
| # of club memberships:Annual Receipts: |      $      |      $      |      $      |      $      |
| Do you offer valet parking? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Does this risk have more than 4 locations?  [ ]  No [ ]  If yes, complete the multi-location supplemental |
| **SECTION VI: Exposures****Does the applicant have any of the following exposures?** |
| Any owned or leased vehicles? If yes, complete the auto supplemental | [Download](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc) [Ctrl+Click to Open](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc) | [ ] Yes | [ ] No |
| Any casino / gaming exposure? If yes, complete the gaming supplemental  | [Download](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc)  [Ctrl+Click to Open](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc) | [ ] Yes | [ ] No |
| Any nightclub or entertainment venue? If yes, complete the entertainment supplemental  | [Download](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc)  [Ctrl+Click to Open](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc) | [ ] Yes | [ ] No |
| Any childcare / babysitting or kid-camp services provided?If yes, complete the childcare supplemental | [Download](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc)  [Ctrl+Click to Open](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc) | [ ] Yes | [ ] No |
|  Is any location a Resort? If yes, complete the resort supplemental RESORT" defined as having one or more of the following exposures: Extensive Spa operations; water features or pools that may include swim-up ars, waterslide or waterpark activities, extensive landscaping and waterfalls; marinas or beaches with waterfront amenities; water sports including snorkeling, scuba diving, parasailing, surf boarding or jet/water-skiing; equestrian exposure; winter sports and snow sports such as snow skiing, snowboarding, snow-tubing, cross-country skiing or ice-skating. | [Download](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc)  [Ctrl+Click to Open](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc) | [ ]  Yes | [ ] No |
|  Any contingent locations? If yes, is the insured listed as an additional insured on all primary policies? Provide a list of all locations incl. the limit of primary & excess insurance. | [ ] Yes[ ] Yes | [ ] No[ ] No |
| Does any location have underlying not-for-profit D&O liability supplemental coverage for which you wish excess coverage?If yes, complete the D&O supplemental | [Download](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc)  [Ctrl+Click to Open](https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc) | [ ]  Yes | [ ]  No |
| **If you have trouble downloading the supplemental application,****please copy and paste the following link in your browser to download our supplemental application.**<https://distinguished.com/Applications%20and%20Supplementals/Hospitality/Hospitality%20Amenity%20Supplemental.doc>  |
| **SECTION VII: Signature** |
| Any person, who knowingly and with intent to defraud an insurance company or other person, files this application for insurance 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. |
| [ ]  **By checking this box I agree that I have read this entire application and have, or will have reviewed the restriction herein with my client prior to binding coverage.**  |
| Broker Signature:       | Date:       |

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 ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY TO WHICH THIS APPLICATION IS SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

**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 MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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 NEW YORK APPLICANTS** **(AUTOMOBILE INSURANCE)**: ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

**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 OREGON 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.

**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 PENNSYLVANIA APPLICANTS (AUTOMOBILE INSURANCE):** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO $15,000.

**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 presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.