Safehold SPORTS

A DIVISION OF igp Specialty

SKATING FACILITY APPLICATION

I. GENERAL INFORMATION

Policy Dates: from _____ to _____

First Named Insured: _____ FEIN:_____

DBA:_____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Physical Address: _____ ☐ Owned ☐ Leased ☐ Managed

City: _____ State: ____ Zip: _____

Website: _____

Number of years in business:_____ **(if new, provide copy of business plan)**

Contact Information:

Insurance Contact:_____ Email:_____Phone:_____

Accounting Contact:_____Email:_____Phone:_____

General Manager:_____Email:_____Phone:_____

Qualifications/Experience of Manager:_____

Schedule of Named Insureds:
(please include all entities in which the First Named Insured holds at least 50% ownership):

Name	Description	Percentage Ownership	FEIN (if different)

Please attach a schedule of additional names as needed.

II. FACILITY USE INFORMATION

Number of Ice Surfaces: _____ Height of Boards: _____ Do you have glass? ☐ Yes ☐ No

Do you use netting? ☐ Yes ☐ No

If yes, ☐ Ends Only ☐ Ends and Sides

Is signage present to warn patrons about pucks leaving the playing surface? ☐ Yes ☐ No

Is a responsibility code posted? ☐ Yes ☐ No

Months of the year in operation: ☐ All Year ☐ Other _____

Days of the week in operation: ☐ Every Day ☐ Other _____

Hours of operation:

Weekdays: _____ to_____ Weekends: _____ to_____

What events does the rink sponsor?

☐ Professional Skaters ☐ Camps/Clinics ☐ Hockey/Skating Teams ☐ Tournaments
☐ Ice Shows ☐ Overnight Camps ☐ One-on-One Training ☐ Concerts/Shows/Events
☐ Field Trips ☐ Other:_____

Open Public Skate: Average # Employees on Duty:_____ Employee to Participant Ratio:_____

Are all skate guards experienced skaters? ☐ Yes ☐ No
Are skate aids offered? ☐ Yes ☐ No
If yes, description of aids:_____

Are helmets provided to patrons? ☐ Yes ☐ No
Are lights ever dimmed during open public skating? ☐ Yes ☐ No
If yes, are lights left on over spectator seating? ☐ Yes ☐ No

Do you have volunteers? ☐ Yes ☐ No
If yes, how many?_____ in what capacity?_____

Is your facility used for figure skating? ☐ Yes ☐ No
If yes, do freestyle participants sign waivers? ☐ Yes ☐ No

Is your facility used for hockey? ☐ Yes ☐ No
Are the teams members of: ☐ USA Hockey ☐ ISI ☐ Other: _____
Do you offer drop-in stick time? ☐ Yes ☐ No
If yes, do stick time participants sign waivers? ☐ Yes ☐ No

Is the ice surface inspected prior to any usage for imperfections / damage? ☐ Yes ☐ No

Do you have skate rentals? ☐ Yes ☐ No
If yes, who manages the rental operations? ☐ Facility ☐ Third Party
Are rental skates inspected and sanitized after each rental? ☐ Yes ☐ No
If you manage the rental operation, do you repair skates? ☐ Yes ☐ No
What training do repair personnel receive:_____

Do you sharpen your rental skates? ☐ Yes ☐ No
If yes, is a log kept? ☐ Yes ☐ No
How often are skates sharpened?_____

Do you have a pro shop? ☐ Yes ☐ No
If yes, who manages the pro-shop operations? ☐ Facility ☐ Third Party
Describe products sold:_____

Do you have locker rooms? ☐ Yes ☐ No
If yes, are they kept locked when not in use? ☐ Yes ☐ No
Are Locker Rooms: ☐ Opened by Staff or ☐ Key Provided
If key is provided, do you retain customer's keys in exchange for locker room keys? ☐ Yes ☐ No

Do you have a fitness center / training area? ☐ Yes ☐ No
If yes, who manages the fitness center? ☐ Facility ☐ Third Party
Is the fitness area locked when not in use? ☐ Yes ☐ No
Is the fitness area supervised while in use? ☐ Yes ☐ No

Other current and/or planned operations:
Are there any activities off premises? ☐ Yes ☐ No
If yes, description of activities: _____
Is any housing provided? ☐ Yes ☐ No
Is the ice surface ever covered or removed for other activities? ☐ Yes ☐ No
If yes, please provide details: _____
Do you do lock-ins? ☐ Yes ☐ No
If yes, who supervises: _____

Do you have a schedule of events? **(submit sample of monthly calendar)** ☐ Yes ☐ No

Do you have inflatable devices? ☐ Yes ☐ No

If yes, **complete an Inflatables Questionnaire.**

Do you provide or arrange transportation for employees, volunteers, participants? ☐ Yes ☐ No

If yes, **complete a Transportation Questionnaire.**

Food/Beverage Operations:

Do you have concessions? ☐ Yes ☐ No

If yes, who manages the concession operations? ☐ Facility ☐ Third Party

Do you have a restaurant? ☐ Yes ☐ No

If yes, who manages the restaurant operations? ☐ Facility ☐ Third Party

Do you have a bar / lounge? ☐ Yes ☐ No

If yes, who manages the bar / lounge operations? ☐ Facility ☐ Third Party

Are alcoholic beverages sold at your facility? ☐ Yes ☐ No

If yes, is separate Liquor Liability Coverage in place? ☐ Yes ☐ No

If coverage is needed, **complete a Liquor Liability Questionnaire**

What is the total space (square footage) at your facility leased to third parties? _____

III. CONTRACTS/RENTAL AGREEMENTS/WAIVERS

Do you require contracts for independent contractors? **(submit sample)** ☐ Yes ☐ No

If yes, do you obtain certificates of insurance from each one? ☐ Yes ☐ No

Are the following independent contractors:

Skating instructors ☐ Yes ☐ No

Referees ☐ Yes ☐ No

Coaches for camps/clinics ☐ Yes ☐ No

Learn to skate instructors ☐ Yes ☐ No

Private lesson instructors ☐ Yes ☐ No

Does every user group sign a Rental Agreement every time a playing surface is rented, including those owned/operated by you? **(submit sample)** ☐ Yes ☐ No

Is hold harmless / indemnification language included in contracts? ☐ Yes ☐ No

Do you obtain certificates of insurance naming facility as additional insured? ☐ Yes ☐ No

Are minimum limits of $1,000,000 General Liability Insurance required? ☐ Yes ☐ No

Do you collect signed waivers for public skating? **(submit sample)** ☐ Yes ☐ No

If no, is a public skating admission ticket/wristband used? **(submit sample)** ☐ Yes ☐ No

Is every participant from a non-insured group rental required to execute a waiver? ☐ Yes ☐ No

Is every participant in a rink-run program (stick time/freetstyle, etc…) required to execute a waiver? ☐ Yes ☐ No

Third Party (vendor) Service Providers:

For all services provided by a Third Party, are the appropriate contracts and or lease agreements maintained? ☐ Yes ☐ No

Are certificates of insurance naming the facility as Additional Insured obtained for all services provided by a Third Party? ☐ Yes ☐ No

IV. ICE RINK ANNUAL REVENUE SOURCE SHEET

	Revenue	Insured	Waivered
A. GENERAL ADMISSIONS:			
Open Public Skate	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Birthday Parties	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Broomball or Curling	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
B. HOCKEY PROGRAMS:			
Learn to Play Hockey	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
House League	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Youth Travel League	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Adult Hockey	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
HS / College / Junior / Professional	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Camps / Clinics	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Drop-In / Stick Time	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Other:_____	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
C. FIGURE SKATING PROGRAMS:			
Figure Skating – Club/Events	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Figure Skating – Freestyle	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Learn to Skate	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Camps / Clinics	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Competitions	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Other:_____	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
D. MISCELLANEOUS CONTRACT ICE:			
Schools / Summer Camps / Corp. Outings	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Insured Groups	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Uninsured Groups	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
E. OTHER:			
Fitness Center	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
In-Line / Soccer / Lacrosse	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Pro-Shop	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Skate Rentals	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Skate Sharpening	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Space Rental	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Restaurant / Concessions	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Liquor	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Arcades / Vending	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
Other:_____	$ _____	☐ Yes ☐ No	☐ Yes ☐ No
F. TOTAL:	$ _____0		

V. EMPLOYEE INFORMATION

Number of Staff: Full Time_____ Part Time_____ Total:_____

Number of Sub-Contractors: _____

Do you require all applicants to complete an application for employment in full including signatures and application date? ☐ Yes ☐ No

Does your employment application include questions regarding prior criminal convictions? ☐ Yes ☐ No

Do you advise every applicant that criminal background checks will be performed? ☐ Yes ☐ No

Do you conduct personal and professional reference checks on all applicants considered for positions prior to job offer and document reference check findings? ☐ Yes ☐ No

Is there a written training manual or training program in place? ☐ Yes ☐ No

Any employees under 16 or over 60 years of age? ☐ Yes ☐ No

Do you offer Employee Health Plans? ☐ Yes ☐ No

If yes, are all employees eligible for benefits provided? ☐ Yes ☐ No

Do you offer modified or light return to work duty for injured employees? ☐ Yes ☐ No

Are group health plans provided? ☐ Yes ☐ No % participation: _____

Is paid sick leave provided? ☐ Yes ☐ No % participation: _____

Is paid vacation time provided? ☐ Yes ☐ No % participation: _____

Do you offer a retirement or pension plan? ☐ Yes ☐ No % participation: _____

If yes, provide plan name: _____

VI. BUILDING AND MAINTENANCE INFORMATION

Building **(if more than one location, complete this section for each building):**

Year built:_____ Square Footage:_____ Number of stories:_____

Construction type:

Walls: ☐ Wood Frame ☐ Brick/Brick ☐ Steel Frame ☐ Other_____

Roof: ☐ Wood Frame ☐ Poured Concrete ☐ Steel Frame ☐ Other_____

Floor: ☐ Wood Frame ☐ Concrete ☐ Other_____

Last updated: Heating:_____ Plumbing:_____ Electrical:_____ Roof:_____

Floor surface under the ice: ☐ Sand ☐ Concrete

Do you have solar panels? **(if so, complete Solar Panel Questionnaire)** ☐ Yes ☐ No

Facility Maintenance:

Who manages facility maintenance operations? ☐ Facility ☐ Third Party

Describe roof snow removal procedures: _____

Premises Fire Protection:

Is the building sprinklered? ☐ Yes ☐ No

If applicable, are all grills and deep fat fryers equipped with:

Hoods? ☐ Yes ☐ No

Automatic fire suppression systems and fuel shutoff controls? ☐ Yes ☐ No

UL300 compliant? ☐ Yes ☐ No

Are all hoods and filters cleaned regularly by employees? ☐ Yes ☐ No

If vendor is used, do you have a cleaning contract in place? ☐ Yes ☐ No

Central Heating System:

☐ Natural Gas ☐ Electric ☐ Hot Water ☐ Other_____

Type of refrigeration system: ☐ Direct ☐ Indirect

Year Installed: _____ Year updated/replaced: _____

Refrigerant: ☐ Ammonia ☐ Freon ☐ R22
Coolant: ☐ Brine ☐ Glycol ☐ Other
Ice Piping: ☐ Buried in sand ☐ Encased in concrete
Type of Piping: ☐ Metal ☐ Flexible (PVC)

Is the current system the original system? ☐ Yes ☐ No

Number of Compressors:_____

Age of compressors:_____

Last updated:_____

Name of manufacturer / installer:_____

Total size of system in horsepower or tons:_____

Single largest compressor in horsepower:_____

How many compressors are needed to maintain proper ice during summer months?_____

How often are refrigeration compressors disassembled for inspection/overhaul?_____

Are headers accessible for service and inspection? ☐ Yes ☐ No

What training is provided for refrigeration system operators?_____

Is refrigeration equipment under service contract? ☐ Yes ☐ No

If yes, with whom? _____

Do you maintain a refrigeration / maintenance log? ☐ Yes ☐ No

How often inspected? _____

Do you test coolant PH levels? ☐ Yes ☐ No

If yes, how often? _____

Do you take your ice out? ☐ Yes ☐ No

If yes, how often? _____

In the event of a breakdown, do you have a written emergency contingency plan? ☐ Yes ☐ No

Do you have back-up generators? ☐ Yes ☐ No

If yes, what is the power source for the generators?_____

Does the facility have temperature, humidity and / or ammonia alarms that are properly installed and maintained? ☐ Yes ☐ No

Do the alarms ring to a central station that is manned 24/7 or are watchmen / dial in system utilized during off hours (allows for rapid response in case of system failures) ☐ Yes ☐ No

Are eddy current tests performed on evaporator & condenser heat exchangers every three years (testing can predict tube failures due to thinning metal before they occur) ☐ Yes ☐ No

Ice Resurfacers:

How many:_____

	Unit 1	Unit 2	Unit 3
Type:	_____	_____	_____
Age:	_____	_____	_____
Fuel:	_____	_____	_____
Replacement Cost:	_____	_____	_____

Regular maintenance? ☐ Yes ☐ No

Is a maintenance log kept? ☐ Yes ☐ No

Does the ice resurfacer ever go off premises? ☐ Yes ☐ No

If yes, where?_____

Do you have a melting pit? ☐ Floor ☐ Wall

If floor, is it grated at all times? ☐ Yes ☐ No

Air Quality:

Does the facility have an adequate ventilation system? ☐ Yes ☐ No

Do you test air quality? ☐ Yes ☐ No

If yes, how often?_____

Does all equipment meet EPA emissions standards? ☐ Yes ☐ No

Do you have a written policy in place in the event emissions exceed permissible levels? ☐ Yes ☐ No

Seating:

Does your rink provide spectator seating? ☐ Yes ☐ No

If yes, is the seating: ☐ Permanent ☐ Temporary / Portable

What is the type / construction:_____ Age:_____

What is the seating capacity per ice surface:_____

Total facility capacity:_____

Is spectator seating to code? ☐ Yes ☐ No

Parking:

Do you have parking facilities available? ☐ Yes ☐ No

If yes, who is responsible for repairs / maintenance:_____

How often is parking lot inspected:_____

Who is responsible for snow / ice removal:_____

Is a log kept for snow removal, sanding / salting? ☐ Yes ☐ No

Emergency Medical and Evacuation:

Do you have Emergency Evacuation Plans for the facility? **(submit sample)** ☐ Yes ☐ No

Are they in written form? ☐ Yes ☐ No

Are they posted for employees? ☐ Yes ☐ No

Are employees trained to implement these plans? ☐ Yes ☐ No

Do you have an Emergency Medical Procedure in place? ☐ Yes ☐ No

Is it in written form? ☐ Yes ☐ No

Is it posted for employees? ☐ Yes ☐ No

Are staff trained in First Aid / CPR? ☐ Yes ☐ No

If yes, how many? _____

Do you have an automated external defibrillator (AED)? ☐ Yes ☐ No

Number of staff present during operational hours that are certified in:

CPR: _____ First Aid: _____ AED: _____

Do you have a first aid kit? ☐ Yes ☐ No

What is the response time(s) for:

Fire Station:_____Distance from rink:_____

Police: _____Distance from rink:_____

Hospital: _____Distance from rink:_____

Security:

Who handles disturbances / fights / ejections / crowd control?_____

Please describe procedure:_____

Is a private security company used? ☐ Yes ☐ No

If yes, is there a contract with the security company in place? ☐ Yes ☐ No

Is certificate of insurance naming facility as Additional Insured obtained? ☐ Yes ☐ No

Are video surveillance cameras present? ☐ Yes ☐ No

If yes, how many? Interior:_____Exterior:_____

How long is video footage retained?_____

Does video record on a continuous loop? ☐ Yes ☐ No

VII. BUSINESS AUTO EXPOSURE

Do you have a Business Auto Policy for owned autos? ☐ Yes ☐ No

If you purchase coverage for owned vehicles through another company, we cannot offer non-owned or hired auto coverage. Please add it to your existing Commercial Auto policy.

Non-Ownership Liability Information:

Do employees or volunteers use their autos for company business? ☐ Yes ☐ No

If so, please provide use details:_____ _____

For any employee, who uses their auto for business, is personal auto insurance carried with at least the minimum limits as required by state? ☐ Yes ☐ No

Do you verify that personal auto insurance is in place? ☐ Yes ☐ No

Do you obtain motor vehicle reports? ☐ Yes ☐ No

If either of the above answers are "No", do you agree to do so going forward? ☐ Yes ☐ No

Hired Auto Liability Information:

During the last years have you leased, borrowed or hired any vehicles for your business? ☐ Yes ☐ No

If you anticipate some usage this year:

What type of vehicle (Trucks, Cars, Buses)? _____

How many times per year?_____

What is the estimated annual cost to hire/lease all vehicles? _____

If vehicles are hired for more than 30 days, vehicles should be scheduled on an auto policy.

When leasing, hiring or borrowing are the vehicles used to:

Transport players/athletes/members? ☐ Yes ☐ No

If yes, do you use a hired transportation company that supplies a driver? ☐ Yes ☐ No

If yes, do you obtain additional insured status from the bus company? ☐ Yes ☐ No

If no, **complete a Transportation Questionnaire.**

Haul equipment? ☐ Yes ☐ No

If yes, please explain and identify frequency and distance traveled per trip: _____

Do you purchase liability insurance from the leasing company? ☐ Yes ☐ No

Does the leasing company require you to provide primary insurance and to add them as additional insureds? ☐ Yes ☐ No

List of drivers (Please provide the following information for each driver who might drive for company business (ie: Errands or Travel)

Name	Birth Date	Driver's License Number	State Licensed

Please attach separate sheets for additional drivers

Hired Auto Physical Damage Information:

What types of vehicles have you leased, or do you intend to lease (Make/Model/Size/Value)?

_____

_____

_____

What is the maximum number of vehicles leased at one time? _____

Please provide the garage location of the vehicles (City and State):_____

Requested Comprehensive Deductible: _____

Requested Collision Deductible: _____

VIII. ABUSE/MOLESTATION

☐ Coverage Desired (complete this section) ☐ No Coverage Desired (skip this section)

Identify staff status (check all that apply): ☐ Employees ☐ Volunteers ☐ Parent-volunteers

Are all staff members 18 years or older? ☐ Yes ☐ No

Identify current hiring practices for paid and volunteer staff:

When conducting background checks for criminal records, are they done:

a. Based on state working/residing in? ☐ Yes ☐ No

b. For each new employee? ☐ Yes ☐ No
c. For each new volunteer? ☐ Yes ☐ No
d. Every three years on existing employees/volunteers ☐ Yes ☐ No

What vendor is being used for background checks:_____

Is a national background check conducted? ☐ Yes ☐ No

Do any independent contractors have access to clients or children in a closed door setting or Perform operations where they will be in contact with clients or children? ☐ Yes ☐ No

If so, are independent contractors required to complete certifications that include background checks? ☐ Yes ☐ No

If yes, indicate which certifications: ☐ ISI ☐ USFS ☐ Other:_____

Do you discuss the importance of providing a safe environment for the children in your care? ☐ Yes ☐ No

Does your new employee orientation include how to recognize the signs of an abused child? ☐ Yes ☐ No

Do you have written procedures to follow if a child, member or employee reports an incident of sexual or physical abuse or molestation? If yes, **submit a copy.** ☐ Yes ☐ No

Are copies of the procedures provided to each member of your staff? ☐ Yes ☐ No

Do you have periodic refresher courses to ensure that your entire staff can recognize the sign of sexual or physical abuse and know what procedures to follow? ☐ Yes ☐ No

Do you periodically review your written procedures to verify that they are up to date? ☐ Yes ☐ No

Have you ever had an incident which resulted in allegation of sexual abuse at your facility? ☐ Yes ☐ No

Has a claim ever been made against your facility? ☐ Yes ☐ No

If so, please explain in detail, including the amount of damages paid to the victim:

_____

_____

What has been done to prevent such occurrences from happening in the future?

_____

IX. REQUESTED ADDITIONAL ITEMS

- Financial Information – Income Statement from prior tax return or most recent year-end balance sheet and income statement and most recent interim balance sheet and income statement
- Additional Questionnaires as applicable: Liquor Liability; Solar Panel, etc.
- Complete / Signed ACORD applications (or equivalent)
- Copy of contract(s) with or between facility users or tenants and yourself
- Currently valued loss runs from prior carriers

FRAUD STATEMENTS

General Fraud Warning: 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.

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC: 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 FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, OH and PA: 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.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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.

APPLICANT SIGNATURE:

I hereby declare that the foregoing information is true, and I have not concealed or misrepresented any material fact(s), and I agree that this application shall be the basis for the insurance for which I am applying.

Company:_____ Date:_____

Print Name:_____ Title:_____

Signature:_____