

Section I - General Information

Legal Name of Insured: _____

Doing Business as: _____

Contact Name: _____

Office No: _____ Cell No: _____

Home No: _____ Fax No: _____

Email: _____ Website: _____

FEIN #: _____

Physical Address of Organization: _____

City: _____ State: _____ Zip: _____

Mailing Address of Organization: _____

City: _____ State: _____ Zip: _____

Additional Location (s) address: _____

***Please complete Section III/Underwriting Information for each location.**Organization Type: ☐ Non-Profit ☐ For Profit ☐ Individual ☐ Partnership ☐ LLC ☐ Corp ☐ Other _____

Date Organization was Established: _____

Total Annual Estimated Gross Receipts: \$ _____

Total Annual Estimated Retail Sales: \$ _____

Total Annual Food Sales: \$ _____

Proposed Effective Date of Coverage: _____

Section II - Coverage Information**Limit of Liability Requested:**

1. General Liability limits provided will be \$1,000,000 Per Occurrence & \$3,000,000 Aggregate.
Do you need higher limits? ☐ Yes ☐ No
If yes, please explain: _____
If so, what limits are needed? _____
2. Premises Rented to you limit will be \$100,000. Do you need higher limits? ☐ Yes ☐ No
Limits available: ☐ \$500,000 or ☐ \$1,000,000
3. Do you want Sexual Abuse & Molestation liability coverage added to the policy? ☐ Yes ☐ No
Limits available: ☐ \$25,000/\$100,000 ☐ \$100,000/\$300,000 ☐ \$1M/\$1M ☐ Other \$ _____
***If yes, you must complete the SafeKids Program Guidelines section found on page 8.**
4. Do you need Umbrella Liability or Excess Liability? ☐ Yes ☐ No
If yes, what benefit? \$ _____
5. Do you need Professional Liability Coverage? ☐ Yes ☐ No
6. Does the organization need **Hired & Non-Owned Auto** coverage? ☐ Yes ☐ No
A) Does the organization pay more than \$5,000 annually for renting/hiring automobiles? ☐ Yes ☐ No
B) If yes, estimate the total paid annually. \$ _____
C) Do you transport participants to or from games, camps, clinics, or events? ☐ Yes ☐ No
If yes, please explain: _____
7. Do you need Real Property and/or Equipment Coverage? ☐ Yes ☐ No
8. Do you need Business Interruption Coverage? ☐ Yes ☐ No
***If yes, you must complete the 'Real Property and Equipment' section found on page 10.**

Current Insurance Company: _____ Annual Premium: _____

Has the Liability policy been declined, cancelled or non-renewed? ☐ Yes ☐ NoAny liability claims in last 5 years? ☐ Yes ☐ No

If yes, please provide date, amount paid and brief description: _____

PARTICIPANT MEDICAL COVERAGE MUST ACCOMPANY GENERAL LIABILITY COVERAGE*Limit of Accident Medical Requested:** ☐ \$100,000 ☐ \$50,000 ☐ \$25,000 ☐ Other _____Deductible Options: ☐ \$0 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1,000

Current Insurance Company: _____ Annual Premium: _____

Has the Excess Accident Medical policy been declined, cancelled or non-renewed during the last 3 years? ☐ Yes ☐ NoAny accident medical claims in last 5 years? ☐ Yes ☐ No

If yes, provide claim date, amount paid and brief description: _____

Section III - Underwriter Information - MUST COMPLETE

1. Do you have a facility? ☐ Yes ☐ No
If Yes: Do you own or lease it? _____ How many sq. ft? _____
***If leased, provide a copy of the rental agreement from the building owner.**
2. Is the facility rented to any other commercial operations such as pro shop, sports organization, concessionaires, etc.? ☐ Yes ☐ No
If yes, explain: _____
3. Number of coaches/employees: Full time _____ Part time _____
4. Are all coaches/employees certified? ☐ Yes ☐ No
List all certifications: _____
5. Does your facility offer unstaffed access or 24/7 access? ☐ Yes ☐ No
6. Do you have video coverage of the interior and exterior of the premises? ☐ Yes ☐ No
7. Does the facility require a signed Release/Waiver to be on file for each participant? ☐ Yes ☐ No
A signed/dated waiver and release is required from all participants or parents of minors.
If not, will you institute a program for signed Release/Waivers forms? ☐ Yes ☐ No
Are parents'/guardians' signatures required for minors? ☐ Yes ☐ No
How long will the signed Release/Waiver be kept on file? _____
8. Does your facility have a Code of Conduct, Written Regulations or By-Laws? ☐ Yes ☐ No
9. Does the organization have a written safety program in place? ☐ Yes ☐ No
10. Does the organization have a written incident report procedure in place? ☐ Yes ☐ No
Does the organization keep a log of all incidents? ☐ Yes ☐ No
11. Does the organization require persons certified in First Aid and/or CPR to be immediately available at all games and/or practices? ☐ Yes ☐ No
12. If applicable, will the standard safety gear for the sport be required? ☐ Yes ☐ No
13. Who is responsible for maintaining the facility and/or playing fields? _____
14. Is the facility/field inspected daily, prior to play? ☐ Yes ☐ No
15. Are you seeking coverage for all members? ☐ Yes ☐ No
16. Do you work with professional or semi-professional athletics? ☐ Yes ☐ No
17. Does your facility offer indoor obstacle course / ninja / extreme tumbling/ parkour or free running? ☐ Yes ☐ No
18. Does your facility offer birthday and/or social parties? ☐ Yes ☐ No
If Yes, estimate the number of parties annually: _____
19. Estimate of the number of party participants per party: _____
20. Do you require a waiver to be signed by all participants and/or their parents or guardians taking part in these activities? ☐ Yes ☐ No
21. Are participants allowed to use apparatuses during these events/activities? ☐ Yes ☐ No
22. Does your facility have inflatables? ☐ Yes ☐ No
If yes, how many? _____ Type of each: _____
23. Does your facility have batting cages? ☐ Yes ☐ No
If yes, please complete the attached batting cage supplement found on page 9.
24. Does your facility have trampolines? ☐ Yes ☐ No
If so, how many? _____ What size(s)? _____

25. Does your facility have traverse or climbing walls? ☐ Yes ☐ No
How many are: under 10 ft? _____ 10 to 20 feet? _____ over 20 feet? _____
26. Does your facility offer Soft Play? ☐ Yes ☐ No
27. Does your facility offer zip lines? ☐ Yes ☐ No
How many are: under 6 ft? _____ Over 6 ft? _____
28. Does your facility offer climbing ropes? ☐ Yes ☐ No
How many are: under 6 ft? _____ Over 6 ft? _____
29. Does your facility offer aerial skills? ☐ Yes ☐ No
How many are: under 6 ft? _____ Over 6 ft? _____
30. Does your facility offer trapeze? ☐ Yes ☐ No
How many are: under 6 ft? _____ Over 6 ft? _____
31. Does your facility have a swimming pool(s)? ☐ Yes ☐ No
If so, how many? _____ Depth of each pool _____
Are lifeguards present? ☐ Yes ☐ No
Is there a diving board? ☐ Yes ☐ No
If yes, how high is the diving board? _____
Is there a slide? ☐ Yes ☐ No
If yes, height of slide _____ Is it enclosed? _____
32. Does your facility have saunas? ☐ Yes ☐ No
If so, how many? _____
33. Does your facility have hot tubs? ☐ Yes ☐ No
If so, how many? _____
34. Does your facility have tanning beds? ☐ Yes ☐ No
If so, how many? _____
35. Does your facility offer cryotherapy? ☐ Yes ☐ No
36. Does your facility offer a child-watch service? ☐ Yes ☐ No
If so, what is the adult-to-child ratio for supervision? _____



Which of the following sports does your organization offer? – Please check all that apply:

- Please provide the number of participants **PER SPORT & PER AGE GROUP** your facility offers.

[illegible]

HOSTED CAMPS, CLINICS or TOURNAMENTS SUPPLEMENT**Section V – Census Information**

To be completed ONLY if your camps/clinics/tournaments include participants who are NOT rostered participants within your organization. Report ONLY the number of participants who are NOT rostered within your organization.

Session #1 Is this a: ☐ Day Camp ☐ Overnight/Resident Camp ☐ Clinic ☐ Tournament

Name of Camp/Clinic/Tournament: _____

Address: _____ City: _____ State: _____ Zip: _____

Number of Participants Daily: _____ Number of Coaches Daily: _____

Begin Date: _____ End Date: _____ Total Days: _____

***Please include Event Set up and Tear Down Dates if applicable.**

Event days: (check all that will apply) ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

1. List details of **all** sports/activities that will take place at your hosted event:

***Any activities and/or events not listed and approved of by the insurance carriers will not be covered by this program, and any resulting claims will be denied. ***

2. Will you have a written crisis management and medical emergency plan available to all coaches/staff and volunteers of camp, clinic or tournament?

☐ Yes ☐ No

3. Will your hosted event include any trips or activities away from the main location?

☐ Yes ☐ No

If yes, submit complete details:

***All trips made away from the main location must be reported and have underwriting approval. ***

4. Ages of participants: from _____ to _____

5. Are any attendees over the age of 19 years?

☐ Yes ☐ No

6. Describe the facility for overnight accommodations:

Session #2 Is this a: ☐ Day Camp ☐ Overnight/Resident Camp ☐ Clinic ☐ Tournament

Name of Camp/Clinic/Tournament: _____

Address: _____ City: _____ State: _____ Zip: _____

Number of Participants Daily: _____ Number of Coaches Daily: _____

Begin Date: _____ End Date: _____ Total Days: _____

***Please include Event Set up and Tear Down Dates if applicable.**

Event days: (check all that will apply) ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

1. List details of **all** sports/activities that will take place at your hosted event:

***Any activities and/or events not listed and approved of by the insurance carriers will not be covered by this program, and any resulting claims will be denied. ***

2. Will you have a written crisis management and medical emergency plan available to all coaches/staff and volunteers of camp, clinic or tournament?

☐ Yes ☐ No

3. Will your hosted event include any trips or activities away from the main location?

☐ Yes ☐ No

If yes, submit complete details:

***All trips made away from the main location must be reported and have underwriting approval. ***

4. Ages of participants: from _____ to _____

5. Are any attendees over the age of 19 years?

☐ Yes ☐ No

6. Describe the facility for overnight accommodations:

Concussion Awareness-Prevention Underwriting Information

1. Does the organization have a written concussion protocol and/or guidelines in place? ☐ Yes ☐ No
2. Does the organization have a written concussion awareness and management program in place, and, where applicable, is it compliant with current state legislation? ☐ Yes ☐ No
- If yes, does this include:
- A. Understanding a concussion and the potential consequences of an injury? ☐ Yes ☐ No
- B. Recognizing the signs and symptoms of a concussion or other closed head injury and how to respond? ☐ Yes ☐ No
- C. Learning about steps for returning to activity after a concussion? ☐ Yes ☐ No
- *Please submit a copy of the organization's concussion guidelines/protocol upon binding.**
3. Are all coaches, instructors and officials required to complete a Concussion Awareness Course, such as the free online class offered by the CDC? ☐ Yes ☐ No
4. Does the organization communicate and distribute education materials to participants and parents/guardians of minors concerning the nature of risk of concussions including, but not limited to, how to recognize concussion symptoms? ☐ Yes ☐ No
5. Will the organization require the participants and parents/guardians of minors to sign an acknowledgement that they have received and reviewed the materials? ☐ Yes ☐ No
6. Does the organization utilize base line testing? ☐ Yes ☐ No
7. If a concussion is suspected, will the organization take the following actions?
- A. Immediately remove the athlete from play or practice. ☐ Yes ☐ No
- B. Keep the athlete out of play/practice at least 24 hours and only allowing return to play when written clearance from a licensed physician is received. ☐ Yes ☐ No

Concussion Awareness-Prevention Guidelines

The following constitute the policies of _____ (your organization) with regard to concussion awareness and prevention within our organization.

_____ is committed to maintain an adequate system and regularly promote a concussion awareness and safety recognition program, including, but not limited to, the online Concussion Course offered by the Centers for Disease Control and Prevention.

www.cdc.gov/ConcussionInYouthSports

_____ communicates, in writing (including by electronic means), our concussion awareness and safety recognition program to all participants, coaches, parents and involved parties.

_____ has a clear understanding of concussion and the potential consequences of the injury; recognizing concussion signs and symptoms and how to respond.

_____ is focused on prevention and preparedness to help participants stay safe and learn the steps for returning to activity after a concussion.

_____ will take the following 5 steps if we suspect a participant has a concussion:

1. Remove the athlete from play. Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, keep the athlete out of play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.
3. Recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head or body
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
4. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional who is experienced in evaluating for concussion.
5. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says he/she is symptom-free, and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first concussion—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

By signing this statement, I acknowledge that we have adopted this program and have incorporated it into our program guidelines.

Signature

Title

Date

SafeKids Program Guidelines

Must complete this section if you answered "yes" to Sexual Abuse/Molestation/Abuse Liability Coverage in Section III.

The following constitute the policies of _____ (your organization) with regard to awareness and prevention of abuse within our organization.

- _____ is committed to provide a safe environment and to prevent child abuse and sexual misconduct.
- _____ will make every reasonable effort to ensure that every person involved in coaching/training a sport activity in our organization will abide by these SafeKids guidelines.
- _____ will make every reasonable effort to exclude any adult with a legally documented history of child abuse/molestation or any other conviction or record that would bring unnecessary risk to the health and safety of the participants of this organization.
- _____ will perform a **National criminal background check** on every person applying for a position (including volunteers) at our organization.
- _____ will take appropriate action on all allegations of child abuse and/or sexual misconduct. All allegations will be reported immediately to the authorities for investigation and our organization will cooperate fully with any such investigation.
- _____ will comply with California AB 506 requiring staff and volunteers of Youth Service Organizations to complete training in child abuse & neglect identification and reporting, and to undergo Live Scan background checks. The training requirement may be met by completing the online mandated reporter training provided by the Office of Child Abuse Prevention in the State Department of Social Services. ****This applies to all youth organizations in California.****

The following represent the preventive measures of our organization with regard to abuse:

- Physical, mental, and verbal abuse of any of the participants, coaches, managers, employees, volunteers involved in our sponsored activities is not permitted.
- Inappropriate touching of any kind is forbidden.
- We agree to provide more than one adult working at or overseeing every activity. If a child needs special attention (one-on-one training or an individual meeting), it will be handled with the assistance or presence of another adult.
- Coaches/trainers should not socialize with the participants outside of the sponsored activities of the organization.
- Coaches/trainers should never ride alone with a child or participant in a car. Procedures will be established for coaches to follow in the event a participant is stranded at an activity.
- Parents are encouraged to attend sponsored activities.

By signing this statement, I acknowledge that we have adopted this program and have incorporated it into our program guidelines.

Has your Organization, or its members, volunteers, coaches, trainers, or employees, been involved in, accused of, or convicted of a claim of Sexual Abuse, Physical Abuse, or Molestation?

☐ No

☐ Yes

*If YES, please attach explanation of the claim(s).

Signature of Insured

Title

Date

**Sexual Abuse & Molestation Coverage is contingent upon satisfactory completion of this form and an underwriting check of the organization's liability, medical, and abuse history. Unreported claims could invalidate any Sexual Abuse & Molestation coverage under this policy.*

Section VIII - Batting Cage

- 1) Number of manual feed batting cages: _____
- 2) Number of automatic feed batting cages: _____
- 3) What is used to warn the batter a ball is coming? _____
- 4) How many attendants are on duty at any one time? _____
- 5) What is the minimum age for using the batting cages? _____
- 6) How many users are in the cage at one time? _____
- 7) What is the maximum speed allowed? _____
- 8) Are the speed settings on the machines secured? ☐ Yes ☐ No
- 9) Are daily maintenance checks made? ☐ Yes ☐ No
- 10) Are Injury Factor balls used? ☐ Yes ☐ No
- 11) Are batting helmets mandatory? ☐ Yes ☐ No
- 12) Are the cages completely enclosed? ☐ Yes ☐ No
- 13) Are the cages equipped with nonskid surfaces? ☐ Yes ☐ No

Section IX – Real Property – Business Interruption Information

Named Insured: _____ Contact Name: _____

Building Address: _____ City: _____ State: _____ Zip: _____

Building Value: \$ _____ Business Contents Value: \$ _____

Business Interruption Value: \$ _____ Total Expense Value: \$ _____

Building Description: _____

Construction Type: _____ Roof Type: _____

Year Built: _____ Square Footage: _____ # of Stories: _____ Basement: _____

Exposure & Distance: Right: _____ Left: _____ Rear: _____

Distance to fire hydrant (feet) _____ Distance to fire station (miles) _____

Other Occupancies: _____

Building Improvements:

Wiring, Yr. _____, Plumbing, Yr. _____, Roofing, Yr. _____, Heating, Yr. _____

Other: _____

Premises Protection:Burglar Alarm: ☐ Yes ☐ No Monitored: ☐ Yes ☐ No By: _____Fire Alarm: ☐ Yes ☐ No Monitored: ☐ Yes ☐ No By: _____Sprinklers: ☐ Yes ☐ No Monitored: ☐ Yes ☐ No By: _____Extinguishers: ☐ Yes ☐ No Monitored: ☐ Yes ☐ No By: _____

Glass Coverage: Width _____ Length _____ Number of Panes _____

Glass Coverage: Width _____ Length _____ Number of Panes _____

Are signs attached to the building? ☐ Yes ☐ NoIs building in a flood zone? ☐ Yes ☐ NoHas there been any history of flooding or surface water? ☐ Yes ☐ NoHas there been a property claim in the last 3 years? ☐ Yes ☐ No

If so, please describe: _____

ADDITIONAL INTEREST: Loss Payee: ☐ Yes ☐ No Mortgagee: ☐ Yes ☐ No

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Printed Name: _____

Signature: _____ Date: _____

Section X – Equipment Inventory

Named Insured: _____ Contact Name: _____

Physical address of equipment when being stored: _____
Street City State ZipDoes this location have an alarm system connected to an outside monitoring company? ☐ Yes ☐ NoDescribe actions taken to ensure the safety of your equipment while being stored:

_____Has your organization had an equipment claim/loss in the last 5 years? ☐ Yes ☐ NoIf yes, describe all claims/losses in detail, including date of claim, payout and loss details:

_____**Part 1: Equipment Valued Less Than \$1,000 Per Item:**

	<u>Replacement Cost/Value</u>
Field Maintenance Equipment (such as lawn mowers, grooming equipment)	\$ _____
Concession Stand Equipment (excluding products such as popcorn, soda or candy)	\$ _____
Fences, Scoreboards, Lights	\$ _____
Dugout, Bleachers, Benches	\$ _____
*Portable Storage Sheds (NOT permanent structures)	\$ _____
*Storage Sheds that are NOT mobile are considered 'Real Property' and must be written on under 'Real Property Coverage'	
Misc. Equipment – Please provide a complete description:	\$ _____

Total Replacement Cost of Part 1: \$ _____

Part 2: Equipment Valued MORE than \$1,000 Per Single Item:

<u>Description of each item with Model/Serial No.</u>	<u>Replacement Cost/Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Replacement Cost of Part 2:	\$ _____

Part 3: All *Trailers & Off-Road Vehicles must complete trailer supplement

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>VIN#</u>	<u>Replacement Cost/Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Replacement Cost of Part 3:				\$ _____

Signature: _____ Date: _____

Named Insured: _____

Address: _____ City: _____ State: _____ Zip: _____

ADDITIONAL INSURED / CERTIFICATE HOLDER INFORMATION**Certificate Holder / Additional Insured Name:** _____

Complete Mailing Address: _____ City: _____ State: _____ Zip: _____

What is the relationship to your organization?

- ☐ Owner/Manager/Lessor of the premises (facility or venue) ☐ Sponsor ☐ Sports Governing Body
☐ Loss Payee (equipment/contents) ☐ Other: (Describe) _____

Is your organization required by contract to provide any of the following endorsements / forms?

- ☐ CG 20 26 – Additional Insured – Designated Person or Organization
☐ CG 20 04 – Waiver of Subrogation *Additional Premium will Apply
☐ Primary and Noncontributory Language *Additional Premium will Apply
☐ Other: _____

Certificate Holder / Additional Insured Name: _____

Complete Mailing Address: _____ City: _____ State: _____ Zip: _____

What is the relationship to your organization?

- ☐ Owner/Manager/Lessor of the premises (facility or venue) ☐ Sponsor ☐ Sports Governing Body
☐ Loss Payee (equipment/contents) ☐ Other: (Describe) _____

Is your organization required by contract to provide any of the following endorsements / forms?

- ☐ CG 20 26 – Additional Insured – Designated Person or Organization
☐ CG 20 04 – Waiver of Subrogation *Additional Premium will Apply
☐ Primary and Noncontributory Language *Additional Premium will Apply
☐ Other: _____

Certificate Holder / Additional Insured Name: _____

Complete Mailing Address: _____ City: _____ State: _____ Zip: _____

What is the relationship to your organization?

- ☐ Owner/Manager/Lessor of the premises (facility or venue) ☐ Sponsor ☐ Sports Governing Body
☐ Loss Payee (equipment/contents) ☐ Other: (Describe) _____

Is your organization required by contract to provide any of the following endorsements / forms?

- ☐ CG 20 26 – Additional Insured – Designated Person or Organization
☐ CG 20 04 – Waiver of Subrogation *Additional Premium will Apply
☐ Primary and Noncontributory Language *Additional Premium will Apply
☐ Other: _____

CONTACT UPDATE**League or Team Name** _____

We are updating association information. Please have someone with your organization complete the below information and fax to 770-978-2780.

PRESIDENT'S NAME _____ HOME PHONE # _____

OFFICE PHONE# _____

FAX PHONE# _____

EMAIL: _____

OTHER CONTACT _____ HOME PHONE # _____

OFFICE PHONE# _____

FAX PHONE# _____

EMAIL: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

BOARD MEMBERS

VICE PRESIDENT NAME _____ PHONE# _____

EMAIL _____

TREASURER NAME _____ PHONE# _____

EMAIL _____

SECRETARY NAME _____ PHONE# _____

EMAIL _____

MANDATORY FRAUD WARNING STATEMENTS BY STATE**PLEASE SIGN EVEN IF YOUR STATE IS NOT LISTED****Applicable in AL**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, 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 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

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 KY

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.

Applicable in ME, TN, 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 NM

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 civil fines and criminal penalties.

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 NY

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 OH

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.

Applicable in OK

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 off a felony.

Applicable in 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 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 VA

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 benefits.

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

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term, I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. The Insurance company reserves the right to decline/void any ineligible coverage.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant Team Name (from page 1): _____

Applicant's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency Information - Agency Name: _____ Agent Name: _____

Agent Phone: _____ Agent EMAIL: _____