

# Manufactured Home Park Program

## Supplemental Application

### SECTION I — GENERAL INFORMATION *(Please complete every item or indicate N/A)*

1. First Named Insured: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_  
*(include d/b/a or trade name if applicable.)*  
d/b/a: \_\_\_\_\_  
Do you have any additional Named Insureds to be scheduled on the policy? ☐ Yes ☐ No  
If yes, please provide a list of Named Insureds with the percentage owned by the First Named Insured and complete the following questions:
  1. What is the insurable interest or relationship of the additional Named Insured(s)?  
Owner: \_\_\_\_\_ Investor: \_\_\_\_\_ Manager: \_\_\_\_\_ Partner: \_\_\_\_\_  
Other, please explain: \_\_\_\_\_
  2. What are the operations of the additional Named Insured(s)? \_\_\_\_\_
  3. Are the Named Insured(s) combinable (Is there common majority ownership?) ☐ Yes ☐ No  
If no, please explain: \_\_\_\_\_
2. Are you currently operating or during the past five years have you operated under any chapter of the United States Bankruptcy Code? ☐ Yes ☐ No
3. Mailing Address of the first Named Insured \_\_\_\_\_  
Primary Location Address \_\_\_\_\_  
*If more than one location, please complete a separate application for each location.*
4. Website Address: \_\_\_\_\_
5. Business Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other: *(please describe)* \_\_\_\_\_
6. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_
7. What year was the park established? \_\_\_\_\_ How long have you owned? \_\_\_\_\_
8. New Purchase? ☐ Yes ☐ No  
If new purchase, how many years of experience do you have in ownership of Manuf. Communities? \_\_\_\_\_
9. Do you own other manufactured home communities? ☐ Yes ☐ No
10. Will you have an on-site manager? ☐ Yes ☐ No If yes, years of experience? \_\_\_\_\_
11. Will new ownership be involved in and oversee daily operations? ☐ Yes ☐ No
12. Dun & Bradstreet # \_\_\_\_\_

### SECTION II — EXPOSURE CATEGORIES *(Please complete every item or indicate N/A)*

ANNUAL SALES FOR SITES:				OPERATION RECEIPTS:	
# of Sites	Rent Per Site	Rent Per Month	12 Month Total	Annual	
Tenant occupied sites	_____	\$ _____	\$ _____	Annual MH Sales	\$ _____
Owned rental home sites	_____	\$ _____	\$ _____	Annual Propane Gallons	_____
Site Built Rental Homes	_____	\$ _____	\$ _____	Annual Store/Grocery	\$ _____
Tent sites	_____	\$ _____	\$ _____	Annual Laundry Receipts	\$ _____
Vacant Sites	_____	\$ _____	\$ _____	Sub-Contractor Costs	\$ _____
RV Sites	_____	\$ _____	\$ _____	Acres of Vacant Land	_____
Total	_____	\$ _____	\$ _____	Other(Define Below):	\$ _____
<u>Business Income Limit</u>	\$ _____				

1. Occupancy rate: \_\_\_\_\_% Annual turnover rate? \_\_\_\_\_%
2. Is any park operation under a local Rental Control Ordinance? ☐ Yes ☐ No  
If yes, for how long? \_\_\_\_\_ Does Decontrol apply? ☐ Yes ☐ No
3. Percentage of signed lease agreements in place with tenants? \_\_\_\_\_%
4. Do your lease agreements include an Arbitration clause? ☐ Yes ☐ No
5. Has the lease agreement been reviewed by an attorney? ☐ Yes ☐ No
6. Does your lease or rental agreement include a Hold Harmless statement in your favor? ☐ Yes ☐ No

7. Do you provide written Park Rules to each tenant as part of a signed Rental Agreement? ☐ Yes ☐ No
8. Do you allow tenants to have pools? ☐ Yes ☐ No
9. Do you allow tenants to have trampolines? ☐ Yes ☐ No
10. Are Park Rules also posted in the Park? ☐ Yes ☐ No
11. Has the Park ever been served with a Civil, Criminal or resident Litigation? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
12. Has the Park ever been served with any Failure to Maintain complaints or claims? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
13. Do you stagger rent increases? ☐ Yes ☐ No How often? \_\_\_\_\_
14. Are there any plans to convert any Park to another use or reduce the current level of services or amenities provided to tenants? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
15. Is your Park fenced? ☐ Yes ☐ No Gated? ☐ Yes ☐ No
16. Do you have procedures to monitor, document or restrict visitors or services/delivery vehicles? ☐ Yes ☐ No
17. Do you act as a dealer and selling homes? ☐ Yes ☐ No If yes, in your Park only? ☐ Yes ☐ No  
Total # sold per year? \_\_\_\_\_
18. Are your streets? ☐ 100% Paved? ☐ Partially Paved? ☐ Not Paved?
19. Do you regularly inspect and repair potholes or deficiencies? ☐ Yes ☐ No
20. Are your streets? ☐ Fully Lit? ☐ Partially Lit? ☐ Unlit? ☐ Motion Activated?
21. Are street signs (e.g. speed limits postings, stop signs, pedestrian crosswalk) clearly visible? ☐ Yes ☐ No
22. Is security provided? ☐ Yes ☐ No If yes, how many hours per day? \_\_\_\_\_ hours
23. Is security ☐ subcontracted out? or ☐ employees of the park?
24. Are any guards armed? ☐ Yes ☐ No
25. Is your water source ☐ Well? ☐ City? If Well, how often is it tested? \_\_\_\_\_
26. Are there septic tanks on the property? ☐ Yes ☐ No If yes, is regular inspection and maintenance performed by an outside contractor (every 3 years maximum)? ☐ Yes ☐ No
1. Is written documentation of testing, maintenance, and repairs kept on file? ☐ Yes ☐ No
  2. Are well or septic access risers fenced off, secured, or well-marked with no public access signs? ☐ Yes ☐ No
  3. Does your maintenance staff regularly check access risers lids are securely fastened? ☐ Yes ☐ No
27. What is the age range of the units in your Park? \_\_\_\_\_ Do your employees set up homes? ☐ Yes ☐ No
28. Are all units properly secured (tied down), including skirts and proper wind barriers in place? ☐ Yes ☐ No
29. What is the distance to the nearest fire station? \_\_\_\_\_ miles What is the distance to the nearest fire hydrant? \_\_\_\_\_ feet
30. Do you require all tenants to provide proof of personal liability or homeowners insurance? ☐ Yes ☐ No
31. Please indicate your tenant demographics: \_\_\_\_\_ Active Adult Community \_\_\_\_\_ Family Oriented  
\_\_\_\_\_ Other — Please describe: \_\_\_\_\_
32. Do you allow pets? ☐ Yes ☐ No  
If yes, describe any restrictions you have in your Park Rules: \_\_\_\_\_
33. Have you had any incident involving injury or damage caused by a tenants' pet within the past 5 years? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
34. Are pets required to be registered with the Park management? ☐ Yes ☐ No
35. Are vicious breeds (such as Pitbull, Rottweilers, Dobermans, etc.) allowed? ☐ Yes ☐ No
36. Do you have a dog park? ☐ Yes ☐ No If yes, please complete the following questions:
1. Are rules and regulations posted in a spot visible to pet owners entering the park? ☐ Yes ☐ No
  2. Are users advised they will be using the park at their own risk, including but not limited to the risk of being injured and/or bitten? ☐ Yes ☐ No
  3. Is the number of dogs limited to 1 dog per person? ☐ Yes ☐ No
  4. Is the dog park inspection regularly by maintenance staff? ☐ Yes ☐ No
  5. Are all users required to use a leash for taking the dog to and from the park? ☐ Yes ☐ No
  6. Are vicious breeds and aggressive dogs prohibited from the dog park? ☐ Yes ☐ No
  7. Are all dog park rule violations investigated and penalties applied for violations? ☐ Yes ☐ No
37. Do you allow tenants to use golf carts or other mobile equipment on premises? ☐ Yes ☐ No
38. Do you allow tenants to operate home based businesses that require regular access by the general public? ☐ Yes ☐ No  
(Please attach a copy of your Pet/Park Rules and community plan to this application for insurance.)

### SECTION III — EMPLOYEES AND OPERATIONS *(Please complete every item or indicate N/A)*

#### *Describe owner's duties or involvement in daily operations*

1. Is your Park managed by ☐ On Site Owner? ☐ Off Site Owner? ☐ On Site Manager? ☐ Off Site Manager?
2. How many employees work at the Park? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time
3. Does Manager keep log of: ☐ Inspections? ☐ Complaints? ☐ Repairs?
4. How many complaints have been logged annually for the most recent three (3) years? \_\_\_\_\_
5. Do your employees perform repair work on homes? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
6. Please provide the following information on Park maintenance:  

Landscaping/Pools	<input type="checkbox"/> Employees	<input type="checkbox"/> Use Subcontractors with COI	<input type="checkbox"/> N/A
Owned Bldgs./Structures	<input type="checkbox"/> Employees	<input type="checkbox"/> Use Subcontractors with COI	<input type="checkbox"/> N/A
Roads and walkways	<input type="checkbox"/> Employees	<input type="checkbox"/> Use Subcontractors with COI	<input type="checkbox"/> N/A
7. Do you require Certificates of Insurance from sub-contractors with liability limits equal to your limits? ☐ Yes ☐ No  
Is Park owner named as additional insured on the contractors' policy? ☐ Yes ☐ No

### SECTION IV — PARK AMENITIES *(Please complete every item or indicate N/A)*

Please check all that apply to your operation and complete the attached Amenity Supplemental Questionnaire:

- |  |   |  |                                    |   |
|--|---|--|------------------------------------|---|
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Tennis/Basketball Courts | <input type="checkbox"/> Video Arcade            | <input type="checkbox"/> Dog Parks | <input type="checkbox"/> Laundry Facilities |
| <input type="checkbox"/> Golf Course   | <input type="checkbox"/> Store/LP Fuel Sales      | <input type="checkbox"/> Shuffleboard            | <input type="checkbox"/> Sauna     |   |
| <input type="checkbox"/> Clubhouse     | <input type="checkbox"/> Restaurant/Bar           | <input type="checkbox"/> Other — Describe: _____ |                                    |   |

### SECTION V — AMENITY SUPPLEMENTAL QUESTIONNAIRE *(Please complete every item or indicate N/A)*

1. Is there any access to lakes, rivers, streams, or other water hazards (other than pools and saunas) on or adjoining your property?  
☐ Yes ☐ No
2. If yes, do you post signs with warnings to USE AT YOUR OWN RISK? ☐ Yes ☐ No  
Do you have docks or boats slips? ☐ Yes ☐ No If, yes how many? \_\_\_\_\_
3. Do you provide or rent boats or other flotation devices for use? ☐ Yes ☐ No
4. Do you allow public access? ☐ Yes ☐ No

#### I. Swimming Pools ☐ N/A

1. Are rules posted at the entrance and at poolside? ☐ Yes ☐ No  
"Swim At Own Risk" notice posted? ☐ Yes ☐ No
2. Any diving boards? ☐ Yes ☐ No If yes, height: \_\_\_\_\_
3. Any Slides? ☐ Yes ☐ No
4. What is your age restriction for unsupervised children? \_\_\_\_\_
5. Is the entire pool enclosed by a fence or other permanent barrier? ☐ Yes ☐ No
6. Is the gate self-closing and does it have a self-latching mechanism? ☐ Yes ☐ No
7. Are depths marked on both the top and sides of the pools? ☐ Yes ☐ No
8. Is there rescue equipment located at poolside? ☐ Yes ☐ No
9. Is there a log of pool water testing and a maintenance schedule kept? ☐ Yes ☐ No
10. Where are the pool chemicals stored? \_\_\_\_\_
11. What are your rules regarding use of the pool by outside guests? \_\_\_\_\_

#### II. Saunas ☐ N/A

1. Is the sauna located within the pool enclosure? ☐ Yes ☐ No What capacity does it have? \_\_\_\_\_
2. Are rules posted? ☐ Yes ☐ No "Use At Own Risk" notice posted? ☐ Yes ☐ No
3. Any age restriction? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

#### III. Shuffleboard/Tennis/Basketball/Playgrounds ☐ N/A

1. Are rules posted for use? ☐ Yes ☐ No Is use restricted to tenants? ☐ Yes ☐ No
2. Is the ground surface, netting and equipment in good working order and inspected on a regular basis? ☐ Yes ☐ No
3. Is the area next to a road or public street? ☐ Yes ☐ No If yes, are there protective barriers? ☐ Yes ☐ No
4. For playgrounds, what is the surface groundcover material? \_\_\_\_\_

IV. Clubhouse ☐ N/A

1. Please describe the use and activities of the Clubhouse: \_\_\_\_\_
2. Is the facility leased to anyone except your tenants? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
3. Is the facility open 24 hours? ☐ Yes ☐ No
4. Is there a kitchen? ☐ Yes ☐ No If yes, is a fire suppression system installed? ☐ Yes ☐ No

V. Laundry/Video Arcade ☐ N/A

1. Is use restricted to tenants? ☐ Yes ☐ No Are rules posted? ☐ Yes ☐ No
2. Are there any age restrictions? ☐ Yes ☐ No
3. What are the hours of operation? \_\_\_\_\_
4. Are the facilities well-lit and locked during overnight hours? ☐ Yes ☐ No

V. STORE/RESTAURANT/BAR ☐ N/A

1. Please describe the products sold: \_\_\_\_\_
2. Are the facilities open to the general public? ☐ Yes ☐ No If yes, what percentage of sales? \_\_\_\_\_%
3. What are your gross annual sales from these operations? \$\_\_\_\_\_
4. Do you have a license to sell/serve liquor? ☐ Yes ☐ No
5. If yes, do you carry liquor liability insurance? ☐ Yes ☐ No
6. Do you sell propane ☐ Yes ☐ No Distance to nearest structure: \_\_\_\_\_  
Do you have trained individuals filling the tanks? ☐ Yes ☐ No  
Is the tank protected by barriers ☐ Yes ☐ No If so, what kind? \_\_\_\_\_

CRIME

1. Is there an audit by ? CPA Public Acct: ☐ Staff ☐ Other
2. Audit Frequency? ☐ Annual ☐ Semi-Annual ☐ Quarterly
3. Average cash on premises at peak season during: Business hours \$ \_\_\_\_\_ Overnight \$ \_\_\_\_\_
4. Who has check writing authority? \_\_\_\_\_
5. Is a countersignature required? ☐ Yes ☐ No
6. Are pre-employment criminal background checks conducted on employees handling any money or accounts? ☐ Yes ☐ No
7. Is access to cash registers and safes/petty cash limited to employees that have been screened by background checks? ☐ Yes ☐ No
8. How many individuals work with accounts payable? \_\_\_\_\_
9. Do you reconcile all transactions on a daily basis? ☐ Yes ☐ No
10. Do your employees ever accept cash for rent or down payments? ☐ Yes ☐ No
11. Are receipts provided on all transactions? ☐ Yes ☐ No

SECTION VI – PRIOR INSURANCE ☐ See attached

Please provide details for the last three (3) years:

YEAR	COMPANY	LIMITS	PREMIUM	DEDUCTIBLE
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

In the past three (4) years, has any Insurance Company cancelled or refused to renew your Liability Insurance? Missouri applicants need not reply.

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

SECTION VII – RENTAL UNITS

1. Do you own units you rent out? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_
2. Do you inspect all rental units prior to occupancy? ☐ Yes ☐ No
3. Do units have smoke detectors? ☐ Yes ☐ No If yes, ☐ hardwired or ☐ battery?
4. If battery operated is there a battery replacement schedule in place? ☐ Yes ☐ No
5. Do you have a full-time maintenance person responsible for rental units? ☐ Yes ☐ No
6. Are formal maintenance and inspection records kept for each rental unit? ☐ Yes ☐ No
7. Are all units equipped with sturdy steps and handrails for means of ingress/egress? ☐ Yes ☐ No
8. What is the average age of the rental units in your community? \_\_\_\_\_

(Please attach a schedule of ALL park-owned rentals.)

**SECTION VIII — CLAIMS HISTORY** ☐ See attached

Please provide details for the last three (3) years:

DATE OF CLAIM	DESCRIPTION OF LOSS	AMOUNT OF CLAIM
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Applicant's Representation:**

THE ABOVE AND ANY SUPPLEMENTAL INFORMATION IS PREPARED AND SUBMITTED ON BEHALF OF THE NAMED INSURED OR APPLICANT FOR COVERAGE CONSIDERATION. THE RECEIPT OF APPLICATION INFORMATION DOES NOT CONSTITUTE AN OBLIGATION OR COMMITMENT ON THE PART OF THE MANUFACTURED HOME PROGRAM OR ITS REPRESENTATIVES TO PROVIDE COVERAGE PROTECTION. I CERTIFY THAT THE INFORMATION WITHIN THIS APPLICATION AND ANY ATTACHMENTS PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

**FRAUD WARNINGS** (Last updated 10/21)

**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 ALABAMA APPLICANTS:** 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.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** 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 FINES AND CONFINEMENT IN PRISON.

**NOTICE TO CALIFORNIA APPLICANTS:** 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.

**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 AGENCIES.

**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 OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** 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 THAT 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.

**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 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 OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

**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 MEXICO 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 CIVIL FINES AND CRIMINAL 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.

**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, MAY BE GUILTY OF 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 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.

BY SIGNING BELOW, THE INSURED AND BROKER (IF APPLICABLE) AGREES TO ACCEPT ALL COVERAGE DOCUMENTS AND CORRESPONDENCE ELECTRONICALLY. THE INSURED SHOULD BE DILIGENT IN UPDATING THE ELECTRONIC MAIL ADDRESS PROVIDED TO US IN THE EVENT OF A CHANGE.

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Applicant's Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submitting Producer \_\_\_\_\_ License Number \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_