

**IMPORTANT NOTICE**

If CLAIMS MADE is selected (checked) as the Coverage type for any line of business included on this application, that section of the application is for Claims-Made coverage and the following applies:

**THIS IS AN APPLICATION FOR A POLICY THAT CAN BE WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY, ARGONAUT GREAT CENTRAL INSURANCE COMPANY OR ARCH INSURANCE COMPANY, OR HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY**, A LICENSED INSURER

**Submission Requirements**

- ◆ Completion of this application and any supplemental applications
- ◆ Up-to-date schedules including Property COPE information, Autos with Original Cost New
- ◆ Five (5) years (plus current year) of currently valued loss runs and/or TPA
- ◆ Most Current Budget

**GENERAL INFORMATION**

Entity Name			FEIN	Entity Population
Street Address	City	State	County	Zip Code
Insurance Contact/Title			Contact Phone	
Contact Email Address				

**KEY DATES**

Effective Date	Bid Date (if any)	Agency Need-by Date
----------------	-------------------	---------------------

**SUBMITTING AGENCY**

Agency		Phone		
Producer / Agency Contact		Email Address		
Street Address	City	State	Zip Code	

## PREMIUM AND LOSS HISTORY

Line	Check if Requested	Expiring Premium	Carrier	Deductible/SIR	Policy Limit
General Liability	<input type="checkbox"/>	\$		\$	\$
Public Officials' Liability	<input type="checkbox"/>	\$		\$	\$
Employment Practices Liability	<input type="checkbox"/>	\$		\$	\$
Law Enforcement Liability	<input type="checkbox"/>	\$		\$	\$
Auto Liability	<input type="checkbox"/>	\$		\$	\$
Auto Physical Damage	<input type="checkbox"/>	\$		\$	\$
Property	<input type="checkbox"/>	\$		\$	\$
Inland Marine	<input type="checkbox"/>	\$		\$	\$
Crime	<input type="checkbox"/>	\$		\$	\$
Excess/Umbrella Liability	<input type="checkbox"/>	\$		\$	\$
Equipment Breakdown	<input type="checkbox"/>	\$		\$	\$
Workers Compensation (not available in all states)	<input type="checkbox"/>	\$		\$	\$
Other:	<input type="checkbox"/>	\$		\$	\$
Other:	<input type="checkbox"/>	\$		\$	\$

## COMMERCIAL GENERAL LIABILITY

Coverage type: ☐ Occurrence or ☐ Claims-Made, Retroactive Date: \_\_\_\_\_  
 Per Occurrence Limit: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_  
 Deductible: \$ \_\_\_\_\_ or SIR: \$ \_\_\_\_\_  
☐ Employee Benefits Liability

## GENERAL LIABILITY EXPOSURES

Supplemental questionnaires required for these exposures are indicated in the column on the right.

Exposure/Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Additional Notes
Airport or Related Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded under our program
Cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Spraying (Pesticide/Herbicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of employees with license? _____
Dams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP197 Supplement
Fire Department – Paid and/or Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP198 Supplement
Firearms Range - Public Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Range Master on Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Active Landfill / Dump / Refuse Site / Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP199 Supplement
Law Enforcement Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP203 Supplement
Medical & Ancillary Care Facilities a. Nursing Home b. Hospital	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Excluded under our program
Public Facilities Convention/Civic Center/Stadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recreational Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP194 Supplement
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete TPRS-SUP201 Supplement
Social Services a. Shelter (Women or Children), Halfway House b. Foster Care	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Please describe operation:

Exposure/Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Additional Notes
<b>Special Events</b> a. Carnival, Fair, Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Rides/Devices <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor Service <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Licensed Pyrotechnician <input type="checkbox"/> Yes <input type="checkbox"/> No Fire & EMS onsite <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Streets/Roads</b> Miles of Paved:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street/Road Formal Inspection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Formal Citizen Complaint Procedure in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mile of Unpaved:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Utilities</b> a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Complete TPRS-SUP192 Supplement</b>
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Wharf/Piers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Formal Wharf/Pier inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No Marina Exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Please describe:</b>

### Contractual Risk Transfer

Do you have a Legal Representative review all contracts?

☐ Yes ☐ No

Do you require to be named as Additional Insured?

☐ Yes ☐ No

Do you have Legal Counsel on staff or dedicated outside Counsel?

☐ Yes ☐ No

Do you require insurance limits of contractors equal to yours?

☐ Yes ☐ No

## PUBLIC OFFICIALS' LIABILITY

Completed By / Title	Date
----------------------	------

### I. COVERAGE AND LIMITS

- A. Coverage type: ☐ Claims-Made, Retroactive Date: \_\_\_\_\_ or ☐ Occurrence
- B. Per Occurrence Limit: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_ or SIR: \$ \_\_\_\_\_

### II. GENERAL INFORMATION

#### A. Policies and Procedures

1. Are Officials trained in public meeting protocols? ☐ Yes ☐ No
2. Does the entity engage legal counsel on potential conflicts of interest? ☐ Yes ☐ No
3. Policy in place around public officials speaking to the media, social media? ☐ Yes ☐ No

#### B. Planning and Zoning, Land Use

1. Does the entity have a formal written zoning and zoning appeal process? ☐ Yes ☐ No
2. Is Legal Counsel engaged on cases when statutes/ordinances need interpretation? ☐ Yes ☐ No

Have any of the following occurred within the last three (3) years?

1. Disputes involving the taking or condemnation of property? ☐ Yes ☐ No
2. Disputes alleging the wrongful approval/denial of building or zoning permits? ☐ Yes ☐ No

If "Yes", describe:

## EMPLOYMENT PRACTICES LIABILITY

Completed By / Title	Date
----------------------	------

- A. Coverage type: ☐ Claims-Made, Retroactive Date: \_\_\_\_\_ or ☐ Occurrence
- B. Per Occurrence Limit: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_ or SIR: \$ \_\_\_\_\_

### C. EMPLOYEE INFORMATION

1. Number of: Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_
2. What was the annual employee turnover rate for the last three (3) years?  
Current Year: \_\_\_\_\_ % 1<sup>st</sup> Prior Year: \_\_\_\_\_ % 2<sup>nd</sup> Prior Year: \_\_\_\_\_ %
3. How many involuntary employment terminations\* have occurred in the past three (3) years?  
Current Year: \_\_\_\_\_ % 1<sup>st</sup> Prior Year: \_\_\_\_\_ % 2<sup>nd</sup> Prior Year: \_\_\_\_\_ %

#### D. Disputes/Claims Information

Have any of the following occurred within the last three (3) years?

1. Disputes involving integration, segregation, discrimination or violation of civil rights? ☐ Yes ☐ No
2. Disputes alleging wrongful treatment in employee hiring, employment conditions, remuneration, advancement of employment or termination of employment? ☐ Yes ☐ No

If "Yes", describe:

#### E. Policies and Procedures

1. Entity conducts prior employment check on all new hires? ☐ Yes ☐ No
2. Does the entity have an employee handbook? ☐ Yes ☐ No
3. Is employee handbook signed by all employees? ☐ Yes ☐ No
4. Latest Revision Date of employee handbook? \_\_\_\_\_
5. When did legal counsel last review the employee handbook? \_\_\_\_\_
6. Does the entity have a posted anti-discrimination policy? ☐ Yes ☐ No
7. Does the entity have written policies and procedures with regard to the following? (Please check all that apply)

Policy	Last Revision Date	Policy	Last Revision Date
<input type="checkbox"/> Hiring		<input type="checkbox"/> Sexual Harassment	
<input type="checkbox"/> Discrimination		<input type="checkbox"/> Disciplinary Actions	
<input type="checkbox"/> Grievance Procedures		<input type="checkbox"/> Internet Usage	
<input type="checkbox"/> Termination		<input type="checkbox"/> Social Media	
<input type="checkbox"/> Medical / Unpaid Leave			

#### F. Employment Practices Controls and Employee Performance

1. Does the entity provide training for all new supervisors and managers on harassment policy and procedure? ☐ Yes ☐ No
2. Annual Affirmation from Employees on the following policies? (Please check all that apply):  
☐ Discrimination ☐ Social media ☐ Internet Usage ☐ Harassment
3. Documented Employee Performance Reviews at least annually? ☐ Yes ☐ No
4. Does the entity require terminations to be reviewed by legal counsel in addition to its Human Resources department/designee? ☐ Yes ☐ No

##### Employment Practices Entity-wide

In Regards to Employment Practices, do all departments (i.e. Police, Fire, School, Public Works, etc) follow the same policies, procedures and documentation requirements? ☐ Yes ☐ No

If "No", describe:

## COMMERCIAL AUTOMOBILE COVERAGE

Please attach the designated Excel worksheet/schedule.

### I. LIMITS

Per Occurrence Limit	\$ _____	Hired/Non-Owned Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liability Deductible (if any)	\$ _____	Medical Payments	\$ _____
PIP/No Fault	\$ _____	Additional No-Fault	\$ _____
UM/UIM	\$ _____	Other:	\$ _____

### II. UNDERWRITING INFORMATION

Any location with a concentration of vehicles where total values exceed \$2,000,000? ☐ Yes ☐ No  
If "Yes", complete CONCENTRATION OF VEHICLES SUPPLEMENTAL APPLICATION (TPRS-SUP193)

#### Fleet Safety

Driver training program? ☐ Yes ☐ No  
Accident investigation program? ☐ Yes ☐ No  
Accident investigation includes a corrective action for preventable accidents? ☐ Yes ☐ No  
MVRs ordered prior to hire? ☐ Yes ☐ No  
Has the entity disqualified a prospective employee due to poor driving record? ☐ Yes ☐ No  
Does the entity conduct periodic MVR checks? ☐ Yes ☐ No  
☐ Annually ☐ Bi-annually ☐ Other: \_\_\_\_\_  
Standard in place for acceptable and unacceptable MVR's? ☐ Yes ☐ No  
What action is taken with an Employee with an unacceptable MVR?

----------------------

Are employees allowed to take vehicles home? ☐ Yes ☐ No  
Is personal use permitted? ☐ Yes ☐ No  
Does the entity provide any type of transportation services? ☐ Yes ☐ No  
Indicate type: ☐ Dial-a-Ride ☐ Fixed Transit ☐ Para Transit ☐ Other: \_\_\_\_\_

**Garagekeepers:** ☐ Direct-Primary ☐ Direct-Excess ☐ Legal Liability

Description of Operation	Physical Address	Limit	Deductible	
			Comp	Collision
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

## COMMERCIAL EXCESS LIABILITY

**Requested Excess Limit:** \$ \_\_\_\_\_

Coverage to apply over:

- ☐ General Liability   ☐ Educators Legal   ☐ Law Enforcement   ☐ Auto Liability   ☐ Employers Liability  
☐ Public Officials   ☐ Employment Practices

## PROPERTY

Please attach the designated Excel worksheet/schedule.

### I. COVERAGES REQUESTED

Deductible: \$ \_\_\_\_\_

☐ Replacement Cost   ☐ Functional   ☐ Agreed Value

Coinurance Selection:   ☐ 90%   ☐ 100%   ☐ Agreed Amount

Wind Deductible (if different from AOP):   ☐ 1%   ☐ 2%   ☐ 5%   ☐ Other \_\_\_\_%

☐ \$25,000   ☐ \$50,000   ☐ \$100,000   ☐ Other \$ \_\_\_\_\_

☐ Flood limit: \$ \_\_\_\_\_   Deductible:   ☐ \$50,000   ☐ Other Deductible: \$ \_\_\_\_\_

☐ Earthquake limit: \$ \_\_\_\_\_   Deductible:   ☐ \$50,000   ☐ Other Deductible: \$ \_\_\_\_\_

BI/EE limit: \$ \_\_\_\_\_   Deductible (72-hour default): \$ \_\_\_\_\_

Extended Period of Indemnity (180 days' default): \$ \_\_\_\_\_

### II. UNDERWRITING INFORMATION

- A. Are there any unoccupied/vacant buildings? ☐ Yes   ☐ No  
If "Yes", provide details about future plan for occupancy, frequency of maintenance and insured visits to the premises:

--

- B. Are there any buildings on the historic registry? ☐ Yes   ☐ No  
If "Yes", identify below:

Location Name	Street Address	Use	Year Built

- C. Do you have any dedicated facilities personnel? ☐ Yes   ☐ No  
If "Yes", complete the following:

# of Staff (FT & PT)	Formal Preventative Maintenance Program in place?	Is this an automated program?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



- D. Does the entity have any on-premises electrical generation capability (excluding emergency generators)? If "Yes", identify below: ☐ Yes ☐ No

Check all that apply	Type or Source	Kilowatts Generated	Location(s)
<input type="checkbox"/>	Hydroelectric		
<input type="checkbox"/>	Wind		
<input type="checkbox"/>	Solar		
<input type="checkbox"/>	Turbine (Steam, Gas, Cogen, Methane, etc.)		
<input type="checkbox"/>	Other:		

\* Electric Generation exposures may require supplemental information that will be requested by your Underwriter.

What is the generated power used for? Check all that apply:

- ☐ Primary Power      ☐ Emergency Power      ☐ Peak Shaving  
☐ Standby      ☐ Supplemental      ☐ Distribution

- E. Does the entity have any Underground Property? ☐ Yes ☐ No

If "Yes", indicate the following:

- ☐ On premises (pipes, flues, drains, tanks, pilings): Limit \$\_\_\_\_\_ Deductible \$\_\_\_\_\_  
☐ Off premises\* (owned water, sewer or sanitary related pipes, flues, drains, tanks or pilings): Limit \$\_\_\_\_\_ Deductible \$\_\_\_\_\_

\*Complete (indicate amount/distance of pipe below):

Age of Pipe/Lines	CPVC/ PVC/ ABS	Concrete	Clay	Copper	Steel/Iron	Cast Iron	Other:
0-25 years							
25-50 years							
50+ years							

Do any pipes contain lead? ☐ Yes ☐ No

### III. EQUIPMENT BREAKDOWN

Is Equipment Breakdown Coverage requested? ☐ Yes ☐ No

Inspection Contact (Name and Phone #): \_\_\_\_\_

Deductible (if different from AOP): \$\_\_\_\_\_

Pollution Clean-up (\$250,000 included): \$\_\_\_\_\_

Refrigerant Contamination (\$250,000 included): \$\_\_\_\_\_

Spoilage (\$250,000 included): \$\_\_\_\_\_

## CRIME

### I. COVERAGE REQUESTED

	Coverage	Limit	Deductible
A.	Public Employee Dishonesty	\$	\$
	Faithful Performance <input type="checkbox"/> Yes <input type="checkbox"/> No		
B.	Forgery or Alteration	\$	\$
C.	Loss Inside – Theft of M & S	\$	\$
D.	Loss Inside – Robbery or Safe Burglary	\$	\$
E.	Loss Outside Premises	\$	\$
F.	Computer & Funds Transfer Fraud	\$	\$
G.	Money Orders & Counterfeit Money	\$	\$
H.	Fraudulent Impersonation*	\$	\$

\* Complete FRAUDULENT IMPERSONATION SUPPLEMENTAL APPLICATION (TPRS-SUP198) if requesting limits of \$100,000 or more.

### II. BREAKDOWN OF EMPLOYEES & COVERAGE

	Employee – Class A	Treasurers	Tax Collectors	School Volunteers who handle money	Students* who handle money
Coverage requested for:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many?					
Required to be bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If coverage is requested for Volunteers or Students, explain the exposure and what type of oversight is provided.

### III. CONTROLS

A. Are employee background checks conducted for all employees who handle money? ☐ Yes ☐ No

B. Indicate what security provisions apply and identify how often:

☐ Audit \_\_\_\_\_ ☐ Bank Statements \_\_\_\_\_ ☐ Countersignatures \_\_\_\_\_ ☐ Reconciliations \_\_\_\_\_

### IV. COMPUTER FRAUD (if requested)

A. Do you have an IT department or dedicated IT personnel? ☐ Yes ☐ No

B. Is there a software security system in place? ☐ Yes ☐ No

C. Is this system updated regularly as new protections are released? ☐ Yes ☐ No

D. Are users required to change their passwords and access codes periodically? ☐ Yes ☐ No

E. Is there a procedure in place to disable access when an employee is terminated or leaves a position? ☐ Yes ☐ No

## V. ADDITIONAL COVERAGES

### A. Include Expenses Incurred to Establish Amount of Covered Loss.

- ☐ Employee Theft: Limit of Insurance \$ \_\_\_\_\_ % of covered loss \_\_\_\_%
- ☐ Computer & Funds Transfer Fraud: Limit of Insurance \$ \_\_\_\_\_ % of covered loss \_\_\_\_%

### B. Complete the schedule below for any Excess Limit for Specified Employees or Positions:

Name & Position	Excess Limit
	\$
	\$

### C. Complete the following for Increased Limit of Insurance For Specified Periods ("Peak Season"):

Coverage	Increased Period Start Date	Increased Period End Date	Increased Limit Requested
Inside the Premises-Theft of M & S			\$
Inside the Premises-Robbery or Safe Burglary of Other Property			\$
Outside the Premises			\$

## INLAND MARINE

### A. COMPUTER EQUIPMENT: (Note, coverage is NOT provided for any equipment leased or rented to others)

Non Portable Equipment (desktops, mainframes, servers): \$ \_\_\_\_\_

Portable Equipment (ie: tablets, laptops, mobile devices): \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Media & Data: \$ \_\_\_\_\_

Do you have a location containing specialized equipment such as an emergency 911 system?

☐ Yes ☐ No

Do you have written procedures and a schedule for backing up the media and data?

☐ Yes ☐ No

### B. CONTRACTORS EQUIPMENT

Provide schedule of equipment including full description (year, make, serial #), where stored, limit.

Equipment Type	Total Limit	Deductible	Maximum Per Item
Scheduled Equipment	\$	\$	N/A
Blanket Unscheduled Equipment	\$	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$
Miscellaneous Tools Owned by you	\$	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$

Optional Coverages	Total Limit	Maximum Per Item
Employee Tools & Clothing (\$5,000/\$1,000 provided)	\$	\$
Equipment Borrowed <u>from</u> others	\$	\$
Equipment Leased or Rented <u>from</u> others	\$	\$
Equipment Loaned <u>to</u> others*	\$	\$
Equipment Leased or Rented <u>to</u> others*	\$	\$
Waterborne	\$	\$

\*If coverage is selected for equipment leased/rented/loaned to others, is a written hold harmless agreement in place including an insurance transfer of risk?

☐ Yes ☐ No

**C. MISCELLANEOUS SCHEDULES**

Equipment Type	Total Limit	Deductible	Maximum Per Item Limit (applies to Unscheduled)	Additional Information Needed
Fire Department Equipment	<b>Scheduled</b>	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	Provide Schedule or max per item will apply to unscheduled
	\$			
	<b>Unscheduled</b>			
	\$			
Police Department Equipment	<b>Scheduled</b>	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	Provide Schedule or max per item will apply to unscheduled
	\$			
	<b>Unscheduled</b>			
	\$			
Emergency All Other Equipment	<b>Scheduled</b>	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	Provide Schedule or max per item will apply to unscheduled
	\$			
	<b>Unscheduled</b>			
	\$			
Musical Instruments	<b>Scheduled</b>	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	Provide Schedule or max per item will apply to unscheduled
	\$			
	<b>Unscheduled</b>			
	\$			
Watercraft	\$	\$	N/A	Description (including length & horsepower):
Other: <i>(describe)</i>	<b>Scheduled</b>	\$	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$	Provide Schedule or max per item will apply to unscheduled
	\$			
	<b>Unscheduled</b>			
	\$			
Unmanned Aircraft	\$	\$	N/A	Supplemental Application required (TPRS-SUP210)

**D. FINE ARTS**

Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Provide schedule of fine arts (owned and fine arts of others in your care, custody or control) including description of item, where located and limit.

Are appraisals on file for items valued over \$5,000?

☐ Yes ☐ No

Do you display property of others?

☐ Yes ☐ No

Are any of your fine arts displayed or stored at a location other than your own?

☐ Yes ☐ No**E. ANIMAL FLOATER**

	Type of Animal (sole ownership only)	Name	Purpose	Limit
1.				\$
2.				\$
3.				\$
4.				\$
Deductible: \$				

Has any scheduled animal been sick or injured during the past year?

☐ Yes ☐ No

If "Yes", describe:

Are scheduled animals seen by a licensed veterinarian annually?

☐ Yes ☐ No

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

**FRAUD STATEMENT****(Not applicable in the states mentioned below where a specific warning applies.)**

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 committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Alabama**

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.

**Arkansas, Louisiana, Rhode Island, West Virginia**

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.

**California**

For your protection California law requires the following 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.

**Colorado**

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida**

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.

**Kansas**

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky**

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.

**Maine**

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 denial of insurance benefits.

**Maryland**

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.

**New Mexico**

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.

**Ohio**

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.

**Oklahoma**

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.

**Pennsylvania**

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.

**Pennsylvania (Auto)**

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.

**Tennessee, Virginia, Washington**

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.

**Vermont**

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.

**New York**

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.

**New York (Auto)**

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.

<b>SIGNATURES</b>
-------------------

**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).**

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED
-------------------------

APPLICANT/NAMED INSURED SIGNATURE	DATE
-----------------------------------	------

**Agent/Broker:**

Are you personally familiar with this Applicant's operations?

☐ Yes    ☐ No

Did your office control this risk in the past year?

☐ Yes    ☐ No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE	DATE	