

## 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 of currently valued loss runs and/or TPA
- ◆ Last Audited Financial Report

## GENERAL INFORMATION

|                         |      |       |               |          |
|-------------------------|------|-------|---------------|----------|
| Entity Name             |      |       | FEIN          |          |
| 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                                     |                    | \$               |         | \$             | \$           |
| Educators Legal Liability                             |                    | \$               |         | \$             | \$           |
| Employment Practices Liability                        |                    | \$               |         | \$             | \$           |
| Law Enforcement Liability                             |                    | \$               |         | \$             | \$           |
| Auto Liability  |                    | \$               |         | \$             | \$           |
| Auto Physical Damage                                  |                    | \$               |         | \$             | \$           |
| Property  |                    | \$               |         | \$             | \$           |
| Inland Marine   |                    | \$               |         | \$             | \$           |
| Crime   |                    | \$               |         | \$             | \$           |
| Excess/Umbrella Liability                             |                    | \$               |         | \$             | \$           |
| Equipment Breakdown                                   |                    | \$               |         | \$             | \$           |
| Workers Compensation<br>(not available in all states) |                    | \$               |         | \$             | \$           |
| Other: _____  |                    | \$               |         | \$             | \$           |
| Other: _____  |                    | \$               |         | \$             | \$           |

## COMMERCIAL GENERAL LIABILITY

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

## GENERAL LIABILITY EXPOSURES

### Student Enrollment

K-12: \_\_\_\_\_ Adult Education: \_\_\_\_\_

Daycare: \_\_\_\_\_ Operated by insured? ☐ Yes ☐ No

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

| Exposure/Operation                                     | Check if Yes             | Is this program or service available/open to the public? | Additional Notes  |
|--|--------------------------|--|---|
| <b>Programs/classes offered:</b>                       |                          |  |   |
| Auto Body or Repair Shop                               | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Complete Garagekeepers section of Auto  |
| Restaurant/Culinary                                    | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Cosmetology/Hairdressing                               | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Health Occupations                                     | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you partner with a facility to offer student internships?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Summer Camp/Recreational Program                       | <input type="checkbox"/> |  | Complete TPRS-SUP194 Supplement   |
| <b>Do you have/conduct:</b>                            |                          |  |   |
| Auditorium   | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | List seating capacity: _____<br>Is rental allowed by outside organization? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stadium/bleachers                                      | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | List seating capacities: _____  |
| Swimming Pool  | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Depth: _____<br>Is there a diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Overnight Field trips                                  | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Chemical Spraying (Pesticide/herbicide) on own grounds | <input type="checkbox"/> |  | # of employees with license: _____  |

## School Safety

- Except for Law Enforcement or former Law enforcement Security, are all schools gun free zones? ☐ Yes ☐ No
- Is there a system wide mandatory policy in place for reporting incidents and suspicious activity? ☐ Yes ☐ No
- Are Visitor Protocols in place including sign-ins and badges? ☐ Yes ☐ No
- Are school doors kept locked from the outside while having a handle release on the inside for emergency egress? ☐ Yes ☐ No
- Do you have any electronic detection system in the school entry? ☐ Yes ☐ No

## Abuse and Molestation Risk Management

- Known sexual abuse or molestation incidents. ☐ Yes ☐ No

If Yes, provide details:

- Does the facility have a written policy regarding prompt reporting of actual/suspected abuse/molestation? ☐ Yes ☐ No
- Does the school have a written policy/procedure regarding a student's complaint against a teacher, staff member, or a fellow student? ☐ Yes ☐ No
- Are all employees, volunteers, and students made aware of these laws and what is considered unacceptable behavior? ☐ Yes ☐ No
- Are criminal background checks conducted before hiring any employees who come in contact with minors? ☐ Yes ☐ No
- Are records kept documenting background checks? ☐ Yes ☐ No
- Are there minors in care overnight? ☐ Yes ☐ No

If yes, explain:

## Bullying Prevention Program

- Is a Bullying Policy in Place? ☐ Yes ☐ No

If Yes, Bullying Policy and Procedure Covers (select all that apply):

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Purpose             | <input type="checkbox"/> Investigations  | <input type="checkbox"/> Consequences          | <input type="checkbox"/> Reporting  |
| <input type="checkbox"/> Prohibited Behavior | <input type="checkbox"/> Written Records | <input type="checkbox"/> Training / Prevention | <input type="checkbox"/> Monitoring |

## Concussion Risk Management Program

- Is a Concussion Policy in Place? ☐ Yes ☐ No
- Are Coaches trained in Concussion Protocols annually? ☐ Yes ☐ No
- Name of Training Program or Trainer: \_\_\_\_\_
- Immediate participant removal from game/activity if they appear to have suffered a head injury? ☐ Yes ☐ No
- Parent/guardian notification provided about possible concussion? ☐ Yes ☐ No
- Return to play policy that includes Doctor clearance post concussion? ☐ Yes ☐ No

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

Entity conducts prior employment check on all new hires? ☐ Yes ☐ No

Does the entity have an employee handbook? ☐ Yes ☐ No

Employee handbook signed by employees? ☐ Yes ☐ No

Latest Revision Date of employee handbook? \_\_\_\_\_

When did legal counsel last review the employee handbook? \_\_\_\_\_

Does the entity have a posted anti-discrimination policy? ☐ Yes ☐ No

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 |                    |   |                    |

Does the entity provide training for all new supervisors and managers on harassment policy and procedure? ☐ Yes ☐ No

☐ Discrimination    ☐ Social Media    ☐ Internet Usage    ☐ Harassment

Provide details of any Employment Practices Claims greater than \$25,000 incurred. What was the claim and as a result any change in policy or procedure?

## EDUCATORS LEGAL LIABILITY (Claims-Made)

Coverage type: ☐ Claims-Made, Retroactive Date: \_\_\_\_\_

Per Occurrence Limit: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_ or SIR: \$ \_\_\_\_\_

### School Staff

Counselors/Psychologists: \_\_\_\_\_ Nurses: \_\_\_\_\_ Total All Other (Teachers/Admin/Other): \_\_\_\_\_

Percentage of Teachers Tenured: \_\_\_\_\_%

Any Educators Legal Liability Claims or Settlements made in the last 3 years?

☐ Yes ☐ No

Has the entity merged or combined with another entity in the last 12 months?

☐ Yes ☐ No

Any new school acquisitions or mergers planned?

☐ Yes ☐ No

### Claim History

Provide details of any Educators Legal Claims greater than \$25,000 incurred in last 3 years. What was the claim and as a result any change in policy or procedure?

## LAW ENFORCEMENT LIABILITY

### School Security / Law Enforcement

Coverage type: ☐ Occurrence or ☐ Claims-Made, Retroactive Date: \_\_\_\_\_

Per Occurrence Limit: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_ or SIR: \$ \_\_\_\_\_

Security Personnel: ☐ Employed by School ☐ Contracted Out ☐ N/A

Number of Unarmed Security: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Number of Armed Security: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Security Officers are Certified Police Officers?

☐ Yes ☐ No

Written Policy in place regarding invasion of privacy?

☐ Yes ☐ No

Written Policy in place regarding Use of Force?

☐ Yes ☐ No

Documented Training and Certification at least annual on all Weapons (firearms, pepper spray, other)?

☐ Yes ☐ No

## COMMERCIAL AUTOMOBILE COVERAGE

Please attach the designated Excel worksheet/schedule.

### I. LIMITS

Per Occurrence Limit \$ \_\_\_\_\_ Hired/Non-Owned Requested ☐ Yes ☐ 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, please complete **TPRS-SUP193 Supplement** - Concentration of Vehicles)

#### 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       | Coll |
|                          |                  | \$    | \$         | \$   |
|                          |                  | \$    | \$         | \$   |
|                          |                  | \$    | \$         | \$   |

## EXCESS LIABILITY

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

Coverage to apply over:

- ☐ General Liability   ☐ Educators Legal   ☐ Law Enforcement   ☐ Auto Liability   ☐ Employers Liability  
☐ 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/<br>PVC/<br>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 –<br>Class A                                    | Treasurers   | Tax Collectors   | School<br>Volunteers who<br>handle money                 | Students* who<br>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<br><input type="checkbox"/> \$2,500<br><input type="checkbox"/> \$5,000<br><input type="checkbox"/> \$ |
| Miscellaneous Tools Owned by you | \$          | \$         | <input type="checkbox"/> \$1,000<br><input type="checkbox"/> \$2,500<br><input type="checkbox"/> \$5,000<br><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<br>(applies to Unscheduled)  | Additional Information Needed                              |
|-------------------------------|--------------------|------------|---|--|
| Fire Department Equipment     | <b>Scheduled</b>   | \$         | <input type="checkbox"/> \$1,000<br><input type="checkbox"/> \$2,500<br><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<br><input type="checkbox"/> \$2,500<br><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<br><input type="checkbox"/> \$2,500<br><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<br><input type="checkbox"/> \$2,500<br><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<br><input type="checkbox"/> \$2,500<br><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<br>(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             |             |