

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.

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	
Street Address	City	State	County	Zip Code
Insurance Contact / Title			Contact Phone Number	
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	County	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 (separate application required)		\$		\$	\$
Auto Liability		\$		\$	\$
Auto Physical Damage		\$		\$	\$
Property		\$		\$	\$
Inland Marine		\$		\$	\$
Crime		\$		\$	\$
Excess Liability		\$		\$	\$
Equipment Breakdown		\$		\$	\$
Workers Compensation (not available in all states)		\$		\$	\$
Cyber/Data Compromise (separate application required)		\$		\$	\$
Other: _____		\$		\$	\$

COMMERCIAL GENERAL LIABILITY

Coverage Type

	Occurrence		Claims-Made	Retroactive Date:	
Per Occurrence Limit:	\$			Annual Aggregate:	\$
Deductible:	\$			SIR:	\$
	Employee Benefits Liability (claims made basis)			Retroactive Date:	

GENERAL LIABILITY EXPOSURES

Student Enrollment

K-12:	
Adult Education:	
Daycare:	
<i>Operated by insured?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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
Programs/classes offered:			
Auto Body or Repair Shop			Complete Garage Keepers section of Auto
Restaurant / Culinary			
Cosmetology / Hairdressing			
Health Occupations			Do you partner with a facility to offer student internships? ___ Yes
Summer Camp / Recreational Program		N/A	Complete TPRS-SUP194 Supplement
Do you have/conduct:			
Auditorium			List seating capacity: _____ Is rental allowed by outside organizations?
Stadium / Bleachers			List seating capacities: _____
Swimming Pool			Depth: _____ Is there a diving board? Y / N
Overnight Fieldtrips			
Chemical Spraying (Pesticide / herbicide) on own grounds		N/A	# of employees with license: _____

Violent Event Response Coverage Limit options (please select one):

<input type="checkbox"/>	\$100,000/\$250,000	<input type="checkbox"/>	\$250,000/\$500,000	<input type="checkbox"/>	\$500,000/\$500,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$1,000,000 / \$1,000,000	<input type="checkbox"/>	

Subject to a \$25,000 Per Insured Limit and \$15,000 Death Benefit. (Death Benefit N/A in IL)

School Safety	Y	N
Is there full-time law enforcement/security protection provided?		
Except for Law Enforcement or former Law enforcement Security, are all schools gun free zones?		
Does School Staff undergo active shooter response training?		
Is there a system-wide mandatory policy in place for reporting incidents and suspicious activity?		
Are 100% of the reported incidents and/or suspicious activities investigated by school admin?		
Are there triggers in place to contact Law Enforcement when an incident or suspicious activity calls for it?		
Are Visitor Protocols in place including sign-ins and badges?		
Are school doors kept locked from the outside while having a handle release on the inside for emergency egress?		
Do you have any electronic detection system in the school entry?		
Is there annual collaboration with law enforcement on violent event response protocols and controls?		

GENERAL LIABILITY EXPOSURES

Abuse and Molestation Risk Management

Yes	No
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Known sexual abuse or molestation incidents.

If yes, please provide details:

Does the facility have a written policy regarding prompt reporting of actual / suspected abuse / molestation?

Does the school have a written policy/procedure regarding a student's complaint against a teacher, staff member, or a fellow student?

Are all employees, volunteers, and students made aware of these laws and what is considered unacceptable behavior?

Are criminal background checks conducted before hiring any employees who come in contact with minors?

Are records kept documenting background checks?

Are there minors in care overnight?

If yes, please explain:

Bullying Prevention Program

Is a Bullying Policy in Place?

Y

N

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

Purpose

Investigations

Consequences

Reporting

Prohibited Behavior

Written Records

Training / Prevention

Monitoring

Concussion Risk Management Program

Yes

No

Is a Concussion Policy in Place?

Are Coaches trained in Concussion Protocols annually?

Name of Training Program or Trainer: _____

Immediate participant removal from game/activity if they appear to have suffered a head injury?

Parent/guardian notification provided about possible concussion?

Return to play policy that includes Doctor clearance post concussion?

EMPLOYMENT PRACTICES LIABILITY

Coverage and Limits

Coverage type	Claims-Made Y / N	Retroactive Date: _____	Occurrence Y / N
Per Wrongful Act Limit:	\$	Annual Aggregate:	\$
Deductible:	\$	or SIR:	\$
Non-Monetary Defense Limit:	\$50,000/\$50,000 (provided)	\$50,000/\$100,000	\$50,000/\$200,000; Other: _____
EEOC Limit	\$10,000/\$50,000 (provided)	\$25,000/\$50,000	\$25,000/\$100,000; Other: _____

Policies And Procedures

	Yes	No
Entity conducts prior employment check on all new hires?		
Does the entity have an employee handbook?		
Employee handbook signed by employees?		
Latest Revision Date of employee handbook?		
When did legal counsel last review the employee handbook?		
Does the entity have a posted anti-discrimination policy?		

**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
Hiring		Sexual Harassment	
Discrimination		Disciplinary Actions	
Grievance Procedures		Internet Usage	
Termination		Social Media	
Medical / Unpaid Leave			

Employment Practices Controls and Employee Performance

	Yes	No
Does the entity provide training for all new supervisors and managers on harassment policy and procedure?		
Annual Affirmation by Employees on the following policies? (Please check all)		
Discrimination		Internet Usage
Social Media		Harassment

Claim History

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

Coverage and Limits

Coverage type	Claims-Made __ Y / __ N	Retroactive Date: _____	
Per Wrongful Act Limit:	\$	Annual Aggregate:	\$
Deductible:	\$	or SIR:	\$
Non-Monetary Defense Limit:	\$50,000/\$50,000 (provided)	\$50,000/\$100,000	\$50,000/\$200,000; Other: _____

School Staff

Counselors / Psychologists	Nurses	Total All Other (Teachers/Admin/Other)	Percentage of Teachers Tenured	
#	#	#	Yes	No
Any Educators Legal Liability Claims or Settlements made in the last 3 years?				
Has the entity merged or combined with another entity in the last 12 months?				
Any new school acquisitions or mergers planned?				

Claims 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

Coverage and Limits

Coverage type	Claims-Made	Retroactive Date:	Occurrence
	Yes / No		Yes / No
Per Wrongful Act Limit:	\$	Annual Aggregate:	\$
Deductible:	\$	or SIR:	\$
Security Personnel	Employed by School	Contracted Out	N/A
	Number of	Full-time	Part-time
	Unarmed Security		
	Armed Security		

	Yes	No
Security Officers are Certified Police Officers?		
Written Policy in place regarding invasion of privacy?		
Written Policy in place regarding Use of Force?		
Documented Training and Certification at least annual on all Weapons (firearms, pepper spray, other)?		

COMMERCIAL AUTOMOBILE COVERAGE

Please attach the designated Excel worksheet/schedule

Limits			Yes	No
Per Occurrence Limit	\$	Hired/Non-Owned Requested		
Liability Deductible (if any)	\$	Medical Payments	\$	
PIP / No Fault	\$	Additional No-Fault	\$	
UM / UIM	\$	Other: _____	\$	

Underwriting Information

Any location with a concentration of vehicles where total values exceed \$2,000,000?		
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If "Yes", complete CONCENTRATION OF VEHICLES SUPPLEMENTAL APPLICATION (TPRS-SUP193)

Fleet Safety

Driver training program?		
Accident investigation program?		
Accident investigation includes a corrective action for preventable accidents?		
MVRs ordered prior to hire?		
Has the entity disqualified a prospective employee due to a poor driving record?		
Does the entity conduct periodic MVR checks?		
	Annually	Bi-annually
	Other: _____	
Standard in place for acceptable and unacceptable MVR's?		
What action is taken with an Employee with an unacceptable MVR? Please describe below.		
Are employees allowed to take vehicles home?		
Is personal use permitted?		
Does the entity provide any type of transportation services?		
Indicate Type		
	Dial-a-Ride	Fixed Transit
	Direct-Excess Basis	Other:
		Para Transit

COMMERCIAL AUTOMOBILE COVERAGE CONTINUED

Volunteer Transportation				Yes	No
Do you allow volunteers to drive for school related activities such as field trips or athletics?					
<i>If yes, do they use school owned vehicles or personally owned vehicles?</i>					
	School-Owned Vehicles			Personally-Owned Vehicles	
Personally-Owned Vehicles: do you collect evidence of insurance at state minimum requirements?					
School-Owned Vehicles: What type of vehicles do they drive?					
	Passenger Van	Passenger Van Size: _____		Multi-Function School Activity Bus	
____ Other: _____					
Do the volunteers follow the same Fleet Safety controls as employees?					
<i>If yes, provide a copy of this policy.</i>					
Do you allow volunteers to transport students to and from school?					
<i>If yes, do they use school owned vehicles or personally owned vehicles?</i>					
	School-Owned Vehicles			Personally-Owned Vehicles	
Personally-Owned Vehicles: do you collect evidence of insurance at state minimum requirements?					
School-Owned Vehicles: What type of vehicles do they drive?					
	Passenger Van	Passenger Van Size: _____		Multi-Function School Activity Bus	
____ Other: _____					
Do the volunteers follow the same Fleet Safety controls as employees?					
<i>If yes, provide a copy of this policy.</i>					

Garagekeepers

Direct-Excess Basis			Deductible	
Description of Operation	Physical Address	Limit	Comp	Collision
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

COMMERCIAL EXCESS LIABILITY

Requested Excess Limit: \$ _____				
Coverage to apply over:				
	General Liability		Educators Legal	
	Auto Liability		Employers Liability	Law Enforcement Employment Practices
<i>Employers Liability: Provide carrier name, effective dates and limits:</i>				

PROPERTY

Please attach the designated Excel worksheet/schedule

Coverage Requested

Deductible: \$ _____							
Replacement Cost		Functional		ACV			
Coinsurance Selection:							
Agreed Amount (default)		90%		100%		Other: ____%	
Wind Deductible (if different from AOP):							
1%		2%		5%		Other: ____%	
\$25,000		\$50,000		\$100,000		Other: \$ _____	
Other Coverages Selection:				Deductible:			
Flood Limit: \$ _____				\$50,000		Other: \$ _____	
Earthquake Limit: \$ _____				\$50,000		Other: \$ _____	
BI / EE Limit: \$ _____							

UNDERWRITING INFORMATION

Are there any unoccupied/vacant buildings?							Yes	No
<i>If "Yes", provide details about future plan for occupancy, frequency of maintenance and insured visits to the premises:</i>								
Are there any buildings on the historic registry? <i>If yes, provide details below:</i>								
Location Name		Street Address		Use		Year Built		
Do you have any dedicated facilities personnel?							Yes	No
<i>If "Yes", provide details below:</i>								
# of Staff		Formal Preventative Maintenance Program in place?			Is this an automated program?			
Full Time: _____		Yes	No		Yes		No	
Part Time: _____								

UNDERWRITING INFORMATION CONTINUED

Does the entity have any on-premises electrical generation capability (excluding emergency generators)? *If "Yes", provide details below:*

Check all	Type or Source	Kilowatts Generated	Location(s)
	<i>Hydroelectric</i>		
	<i>Wind</i>		
	<i>Solar</i>		
	<i>Turbine (Steam, Gas, Cogen, Methane, etc.)</i>		
	<i>Other:</i>		

* 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

Equipment Breakdown

Yes	No

Is Equipment Breakdown Coverage requested?

If "Yes", provide the following details:

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

Coverage Requested

	Coverage	Limit	Deductible
A	Public Employee Dishonesty/Theft (Per Loss)	\$	\$
	<i>Faithful Performance</i>	Yes	No
B	Forgery or Alteration	\$	\$
	Forgery of Negotiable Instruments	\$	\$
	Forgery of Payment Card Instruments (N/A in GA or NY)	\$	INCL
C	Loss Inside –Theft of M & S	\$	\$
D	Loss Inside – Robbery or Safe Burglary	\$	\$
E	Loss Outside Premises	\$	\$
F	Computer & Funds Transfer Fraud	\$	\$
G	Fraudulent Impersonation*	\$	\$
H	Money Orders & Counterfeit Money	\$	\$

* Complete FRAUDULENT IMPERSONATION SUPPLEMENTAL APPLICATION (TPRS-SUP190) if requesting limits of \$100,000 or more.

Breakdown of Employees & Coverage

	Employee: Class A	Treasurers	Tax Collectors	School Volunteers who handle money	Students* who handle money					
Coverage requested for										
How many?										
Required to be bonded?	Y	N	Y	N	Y	N	Y	N	Y	N

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

Controls

	Yes	No
Are employee background checks conducted for all employees who handle money?		
Indicate what security provisions apply and identify how often:		
<i>Audit</i>		
<i>Countersignature</i>		
<i>Bank Statements</i>		
<i>Reconciliations</i>		

Computer Fraud (if requested)

	Yes	No
Do you have an IT department or dedicated IT personnel?		
Is there a software security system in place?		
Is this system updated regularly as new protections are released?		
Are users required to change their passwords and access codes periodically?		
Is there a procedure in place to disable access when an employee is terminated or leaves a position?		

CRIME CONTINUED

Additional Coverages

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	%

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

Name & Position	Excess Limit
	\$
	\$

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

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	\$

Yes No

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

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

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:	\$	\$	— \$1,000	— \$5,000
			— \$2,500	— \$_____
Miscellaneous Tools Owned by you:	\$	\$	— \$1,000	— \$5,000
			— \$2,500	— \$_____

INLAND MARINE CONTINUED

Optional Coverages

Total Limit

Maximum Per Item

Employee Tools & Clothing (\$5,000/\$1,000 provided)		
Equipment Borrowed from others		
Equipment Leased or Rented from others		
Equipment Loaned to others*		
Equipment Leased or Rented to 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

Miscellaneous Schedules

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

INLAND MARINE CONTINUED

Fine Arts

Limit:	\$	Deductible	\$
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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.

	Yes	No
Are appraisals on file for items valued over \$5,000?		
Do you display property of others?		
Are any of your fine arts displayed or stored at a location other than your own?		

Animal Floater

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

	Yes	No
Has any scheduled animal been sick or injured during the past year?		
<i>If "Yes", please describe:</i>		
Are scheduled animals seen by a licensed veterinarian annually?		

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



TRIDENT

PUBLIC RISK SOLUTIONS
MEMBER OF PARAGON INSURANCE HOLDINGS, LLC

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 another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, CO, DE, IN, KS, KY, MA, MN, NH, NY, OH, PA, TX, VT, WV; in ME and TN, insurance benefits may also be denied).

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.

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.

Delaware

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

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 statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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.

Massachusetts

Any person who knowingly and with intent to defraud any insurance company or another 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, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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.

Ohio

Any person who, with intent to defraud or knowing that he/she 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.

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

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.

Texas

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

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.

SIGNATURES

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:
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AGENT INFORMATION

Agent / Broker	Yes	No
Are you personally familiar with this Applicant's operations?		
Did your office control this risk in the past year?		

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