



Non Profit Fraternal Clubs

NON PROFIT FRATERNAL CLUBS APPLICATION

Type of coverage being requested: ☐ General liability ☐ Property ☐ Liquor ☐ Nonprofit D&O

Please fill out the General Information section, along with the section(s) you are requesting coverage.

I. GENERAL INFORMATION SECTION

1. Name of organization: _____ D/B/A: _____
2. Location address: _____
Location # _____ Note: submit a separate application for each location.
3. Mailing address: ☐ Same as location address

4. Are we the expiring or current carrier of any of the lines of business above? ☐ Yes ☐ No
If "Yes," provide policy number(s): _____
5. Does the organization have tax exempt status as defined by the I.R.S.? (If no, are they operating as a non profit?) ☐ Yes ☐ No
6. Purpose and mission of the organization: _____

E-mail address: _____ Web site address: _____
7. Operations of the organization (check all that apply):
☐ Private club ☐ Social club ☐ Dinner club ☐ Bar/Tavern ☐ Restaurant ☐ Pool hall
☐ Banquet hall ☐ Casino/Gaming ☐ Parades ☐ Fundraising ☐ Unions ☐ Hall rental
☐ Bowling Alley (If open to the public, confirm annual sales: _____) ☐ Bingo (If open to the public, confirm annual attendance: _____)
☐ Insurance programs ☐ Other - describe: _____
8. Building Interest: ☐ Owner ☐ Tenant ☐ If tenant, part occupied _____%
9. Number of years operating at this location? _____
10. Has the organization filed bankruptcy in the last five years? Prohibited Eligible
☐ Yes ☐ No
11. Is all electrical wiring connected to functional and operational circuit breakers?
(answer does not affect liquor/D&O eligibility) ☐ Yes ☐ No
12. Does the electrical system have aluminum wiring? (answer does not affect liquor/D&O eligibility) ☐ Yes ☐ No
13. Does the electrical system have knob & tube wiring? (answer does not affect liquor/D&O eligibility) ☐ Yes ☐ No
14. Total sq ft of building: _____ Area occupied by the applicant-sq ft. : _____
Apartment area-sq ft. : _____ # of apartment units : _____ Area leased to others-sq ft. : _____
15. What is the latest hour the establishment will ever stay open? _____ AM _____ PM
16. Is this a seasonal operation? ☐ Yes ☐ No If "Yes," what is the season? _____ to _____
17. Are bouncers, security or doorpersons ever employed? ☐ Yes ☐ No
18. Number of members? _____
19. What is the average age of members? ☐ Under 21 ☐ 21-25 ☐ 26-30 ☐ 31 +
20. Total Annual Receipts
Food \$ _____ Alcohol _____ \$
Rental income \$ _____ Membership dues _____ \$
Other \$ _____ Describe: _____

II. GENERAL LIABILITY SECTION

21. Limits desired

General Aggregate	\$	Personal and Advertising Injury	\$
Products & Complete Operations Aggregate	\$	Fire Damage (Any one fire)	\$
Each Occurrence	\$	Medical Expense (Any one person)	\$

22. Hired and Non-Owned Auto Liability

☐ Check if coverage is desired

Note: If Hired/Non-Owned is checked, limit will equal general liability occurrence limit.

If checked, answer a through d.

Prohibited Eligible

a. Does the applicant have a business (or commercial) automobile insurance policy in force?

☐ Yes ☐ No

b. Does the applicant regularly deliver goods or products?

☐ Yes ☐ No

c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis?

☐ Yes ☐ No

d. Does the organization have any owned or leases (long-term) autos?

☐ Yes ☐ No

23. Are there functioning smoke or heat detectors used in all public areas, and if building owner, in all habitational units?

☐ No ☐ Yes

24. Does applicant organize or sponsor any events that include mechanical rides, pyrotechnics, foam machines, swimming pool, fireworks, firearms, hunting, water hazards, overnight camping, haunted attractions, hayrides, circuses, or air shows?

☐ Yes ☐ No

25. Is a secondary means of egress provided for each floor (including basement) having public access?

☐ No ☐ Yes

26. If there is another occupancy in the building, are all deep fat frying appliances protected per NFPA 96 (Automatic Fire Extinguishing System)?

☐ No ☐ Yes

27. Within the past five years has general liability coverage been cancelled

or non-renewed? ☐ Yes ☐ No If "Yes," explain: _____

Entertainment

28. Does applicant feature any entertainment?

☐ Yes ☐ No

If "Yes," Major entertainment (check all that apply):

☐ DJ

☐ Adult entertainment/Exotic dancing

☐ Jazz music with dancing

☐ Band

☐ Comedy club

☐ Karaoke with dancing

☐ Country/Line dancing

☐ Shows or contests (describe): _____ ☐ Other (describe): _____

Number of times per week: _____ or number of times per year _____

Incidental Entertainment (check all that apply):

☐ Karaoke

☐ Solo vocalist

☐ Jukebox

☐ Mariachi band

☐ Jazz musicians

☐ Other (describe) _____

Number of times per week: _____ or number of times per year _____

Is dancing permitted?

☐ Yes ☐ No

29. Does applicant have table seating?

☐ Yes ☐ No

30. Does applicant have table service?

☐ Yes ☐ No

31. Are there any previous assault and battery claims in the past three years?

☐ Yes ☐ No

32. Loss history for general liability for the past five years:

☐ If none, check here

Date of Loss	Type/Description	Paid	Reserved	Status
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

33. Are guns kept or permitted on premises?

☐ Yes ☐ No

If "Yes," :

a. Are they for ceremonial purposes only?

☐ Yes ☐ No

b. Is any live ammunition used?

☐ Yes ☐ No

c. When not in use are they stored in a locked, secured location?

☐ Yes ☐ No

33. List expiring general liability carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

III.

34. Limits Desired and Rating Information.

Building Construction <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	Protection Class <input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Cause of Loss <input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
Building Limit: \$		Coinsurance (80% minimum) _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Improvements and Betterments Limit: \$		Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Personal Property Limit: \$		Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Income Limit: \$		Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% or <input type="checkbox"/> With Extra Expense	Monthly Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> Without Extra Expense

<input type="checkbox"/> Value Plus Endorsement (Requires a Central Station Burglar Alarm)			
<input type="checkbox"/> Employee Dishonesty* \$	# of Employees: _____		
<input type="checkbox"/> Money & Securities \$	Inside \$	Outside (\$500 Standard Deductible):	
<input type="checkbox"/> Burglary & Robbery \$	Inside \$	Outside (\$500 Standard Deductible):	
<input type="checkbox"/> Outdoor Signs \$			
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

*35. Employee Dishonesty Requirements (If applicable)

- a. Is an annual audit performed by a CPA or a Public Accountant? ☐ Yes ☐ No
- b. Bank accounts reconciled by someone not authorized to deposit or withdraw? ☐ Yes ☐ No
- c. Countersignature of checks required? ☐ Yes ☐ No

36. Has any officer or board member of this organization ever been convicted of the felony of arson? ☐ Yes ☐ No

37. Are there any pyrotechnics or foam machines? ☐ Yes ☐ No

38. Cooking supplement - If no commercial cooking appliances are on premise, check here ☐

- a. Is there a cleaning contract in force with an outside firm? ☐ No ☐ Yes
- b. Describe cooking equipment used:
- ☐ Grills ☐ Open flame ☐ Oven ☐ Deep fat fryers
☐ Charcoal grill ☐ Barbeque pit/Smoke Type or brand: _____ Distance from building: _____ ft.
- c. Are the cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing System) ☐ Yes ☐ No
- d. Type of extinguishing system: ☐ Wet ☐ Dry
- e. Is vegetable oil used in cooking? ☐ Yes ☐ No

39. Is the plumbing completely PVC or copper (no iron or lead)? ☐ Yes ☐ No

40. Type of roof? ☐ Flat ☐ Pitched

41. Roof updated, yr. _____ Electrical updated, yr. _____ Plumbing updated, yr. _____ Heating updated, yr. _____

42. Age of building: _____

43. Are there vacancies in the building? ☐ Yes ☐ No

If "Yes," what percentage? _____ %

44. Burglar alarm: ☐ Local ☐ Central station burglar alarm

45. Fire protection: ☐ Sprinklers ☐ Central station fire alarm ☐ Local fire alarm ☐ Annually serviced fire extinguisher(s)

46. Is the building fully protected by an operational sprinkler system covering 100% of the premises? ☐ Yes ☐ No

47. Within the past five years, has property coverage been cancelled or non-renewed? ☐ Yes ☐ No

If "Yes," explain:

48. Loss history for property for past three years: ☐ If none, check here

Date of Loss	Type/Description	Paid	Reserved	Status
		\$	\$	
		\$	\$	
		\$	\$	

List expiring property carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

IV. NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY SECTION

49. Does the organization administer or sponsor any insurance programs? ☐ Yes ☐ No
50. Is the organization involved in any accreditation or standard setting activities? ☐ Yes ☐ No
51. Is the organization involved in any labor/union negotiations or collective bargaining activities? ☐ Yes ☐ No
52. Total number of employees: Full time _____ Part Time _____ Volunteers _____ Seasonal _____
53. Number of chapters: _____ If there are chapters, is coverage requested for them under this policy? ☐ Yes ☐ No
54. Does the applicant have any subsidiaries requiring coverage? ☐ Yes ☐ No

If "Yes," please complete the Non Profit Subsidiary Addendum (NPSADD).

55. Name and title of individual designated to receive all notices on behalf of the insured: _____
 Title: _____ Phone number: _____

56. Directors and officers liability insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period

57. Does the organization currently carry general liability insurance? ☐ Yes ☐ No
58. Please provide the following financial information for the last three three years. (If organization in existence less than three years please provide Budgeted Revenue/Expense statement for next three years.)

Year	Total Revenue	Net Income (Loss)	Current Fund Balance*
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

* Fund balance = Total Assets - Total Liabilities

59. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers? ☐ Yes ☐ No
 (If "Yes," please forward a completed USLI supplemental claims application)
60. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities) against the organization, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization? ☐ Yes ☐ No
 (If "Yes," please forward a completed USLI supplemental claims application.)
 Fiduciary liability (available for 50 employees or less)
61. Does each pension plan use an outside investment manager? (If "No," fiduciary will not be offered.) ☐ Yes ☐ No
62. Does each plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? (If "No," please attach details) ☐ Yes ☐ No
63. In the past two years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan? (If "Yes," please attach details) ☐ Yes ☐ No
64. Has there been or is there now pending any claims(s) against any proposed insured arising out of any plan? (If "Yes," please attach details) ☐ Yes ☐ No
65. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed fiduciary liability coverage? (If "Yes," please attach details) ☐ Yes ☐ No

V. LIQUOR LIABILITY SECTION

67. Limits desired

Each common cause limit	\$	Aggregate limit	\$
-------------------------	----	-----------------	----

68. Does the applicant offer entertainment? ☐ Yes ☐ No

If "Yes," question 30 must be completed.

69. Does applicant have a valid liquor license? ☐ Yes ☐ No
a. Name on license: _____ License #: _____
b. License type (Class D licenses prohibited in Utah): _____

70. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a tribal court? ☐ Yes ☐ No

71. Are same-day memberships available? ☐ Yes ☐ No

72. Are members permitted to bring more than three guests per day (excluding immediate family members or banquet activities)? ☐ Yes ☐ No

73. Does applicant ever sell or serve alcohol away from the premises shown in Question 8? ☐ Yes ☐ No
If "Yes," explain: _____

74. Is self-service of alcohol by members permitted? ☐ Yes ☐ No

75. Does applicant permit "BYOB" (bring your own bottle) or set-ups? ☐ Yes ☐ No
If "Yes," explain: _____

76. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service? ☐ Yes ☐ No

77. Does or will applicant ever offer (include special events such as New Years Eve parties, etc):
a. Any drink specials/happy hours ☐ Yes* ☐ No
b. Drink specials/happy hours after 9 p.m. ☐ Yes* ☐ No
c. "All you can drink" specials or other offers involving unlimited alcoholic beverages ☐ Yes* ☐ No
d. Single drinks sold for less than \$.50 ☐ Yes* ☐ No
e. More than two complimentary drinks per patron per day ☐ Yes* ☐ No
f. Beer pong or other drinking games ☐ Yes* ☐ No
g. Minnesota risks only: Does applicant's liquor license restrict service to club members and legitimate guests? ☐ Yes* ☐ No

78. Are facilities available for banquets, receptions or private affairs? ☐ Yes ☐ No
a. Does applicant serve alcohol at all events? ☐ Yes ☐ No
If "No," will lessee be required to carry liquor liability insurance at equal or greater limits? ☐ Yes ☐ No

79. Is entertainment featured at banquets? ☐ Yes ☐ No
Number of times per week: _____ OR number of times per year: _____

80. Are all alcohol servers certified in a Formal Alcohol Training Course, not mandated by state? ☐ Yes ☐ No
If "Yes," provide name of the course (ie.: TIPS, TAM, RAMP, BEST, etc): _____
to be considered for a credit on your quote, please attach copies of the certificates to this application.

81. Within the past five years, has liquor liability coverage been cancelled or non-renewed? ☐ Yes ☐ No
If "Yes," explain: _____

82. Is applicant requesting liquor liability limits greater than general liability limits carried? ☐ Yes ☐ No
If "Yes," please note than general liability limits must be maintained at limits equal or greater than liquor liability limits.

83. Violations:
a. Within the past five years, has applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? ☐ Yes ☐ No
b. If "Yes," provide the following information on each fine or citation:
Date(s): _____
Description(s): _____
Fines and/or penalties assessed: _____
Measures in place to prevent future violations: _____

84. Claims:
a. Within the past five years, has the applicant had any reported liquor liability and/or assault and battery claims or notifications of potential liquor liability and/or assault and battery claims? ☐ Yes ☐ No
b. If "Yes," provide the following information on each liquor liability claim:

Date of Loss	Type/Description	Paid	Reserved	Status
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Measures in place to prevent further incidents: _____

85. List expiring liquor liability carrier, term, limits and premium:

Carrier	Term	Limits	Premium

86. Mortgagees/Additional insureds/Loss payees

List name, address and interest of each:

Indicate applicable section:

a. Name: _____

☐ Property ☐ GL ☐ Liquor

Address: _____

Interest: _____

b. Name: _____

☐ Property ☐ GL ☐ Liquor

Address: _____

Interest: _____

c. Name: _____

☐ Property ☐ GL ☐ Liquor

Address: _____

Interest: _____

87. Inspection contact name: _____

Telephone number: _____ E-mail address: _____

88. Audit contact name: _____

Telephone number: _____ E-mail address: _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

FRAUD STATEMENTS

Arizona Notice: Misrepresentations, omissions, concealment of facts or incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Florida Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Kansas Fraud Statement: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Kentucky Fraud Statement: 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 Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

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.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

North Dakota Fraud Statement: Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

Ohio Fraud Statement: 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.

Ohio Notice: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

Oklahoma Fraud Statement: 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.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Utah Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

Vermont Fraud Statement: 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 may be subject to fines and confinement in prison.

Virginia Notice: This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Virginia Fraud Statement: Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah Fraud Statement: 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.

Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Fraud Statement (All Other States): 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.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License#: _____

Agent's signature: _____ Main agency phone number _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this application prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company from relying on any statement in this application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the Company to issue a policy. It is understood the Company is relying on this application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

New York Fraud Statement: 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.

Signature: _____

(Principal, Partner, or Officer of the Firm)

Title: _____

Date: _____