



# Recreational General Applicant

Proposed Effective Date: \_\_\_\_\_

Proposed Expiration Date: \_\_\_\_\_

APPLICANT NAME: (include subsidiaries & "dba" to which this insurance applies) \_\_\_\_\_ Type: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Bus Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Add: \_\_\_\_\_ City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

**BUSINESS LOCATIONS**  New Business FED ID: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Brokerage/Booking of Trips (If YES, Attach Certificates for all ventures for whom you sell/book/broker activities)

Total Receipts Instructional/Guided Activities - Last 12 mos.: \_\_\_\_\_ All Other Receipts \_\_\_\_\_

Est Receipts Instructional/Guided Activities - Next 12 mos.: \_\_\_\_\_ All Other Receipts \_\_\_\_\_

Seasonal Business From: \_\_\_\_\_ To: \_\_\_\_\_

You manufacture, install, assemble any products that you sell Explain \_\_\_\_\_

**REQUESTED LIMITS** (please check one)  100,000  300,000  500,000  1,000,000

**REQUESTED DEDUCTIBLE** (please check one)  250  500  1000  2500  5000

# YRs experience in the operation you are requesting insurance: \_\_\_\_\_ # YRs in the business you are requesting insurance: \_\_\_\_\_

**DESCRIBE ACCIDENT LOSSES FOR THE PAST 5 YEARS** (include past & previous operations)  
Attach **Loss Runs if available & Brief Description of YEAR/Accident / Amount Paid or Reserved**

In the last 5 years, have been engaged or are presently engaged in a similar business operation under another business name

Business Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location: \_\_\_\_\_

Presently or in the Last 12 Months Carry Insurance Occ Limits: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is acceptance by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Binder of Coverage will be confirmed with a signed Binder or a Policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a Certificate of Insurance or Binder for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPNAY OR ANOTHER PERSON FILES APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATON 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 CO, HI, OH, OK, OR, or VT; in DC, LA, ME and VA, insurance benefits may also be denied).

Applicant Signature \_\_\_\_\_

Print Applicant Name/Title \_\_\_\_\_

Producer/Date \_\_\_\_\_

Date \_\_\_\_\_

**ADDITIONAL INSURED (Please check if Certificate and/or Excess is needed)**

1) Name: \_\_\_\_\_ Relationship:(Landowner, etc) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_

 **Certificate**       **Excess Coverage**      Occurrence \_\_\_\_\_ Aggregate \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship:(Landowner, etc) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_

 **Certificate**       **Excess Coverage**      Occurrence \_\_\_\_\_ Aggregate \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship:(Landowner, etc) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_

 **Certificate**       **Excess Coverage**      Occurrence \_\_\_\_\_ Aggregate \_\_\_\_\_**EQUINE (Horse Related Activities)****EQUINE PREMISE INFORMATION** Enter Square Footage: \_\_\_\_\_ Stable(s) or Barn(s) \_\_\_\_\_ Indoor arena \_\_\_\_\_ Raise hay/grain for Horses Describe: \_\_\_\_\_ Engaged in Other Business Describe: \_\_\_\_\_ Provide hunting, fishing or pack trips - Complete the Guided Recreational Activities Application Premises supervised 24 HRs a day Explain if not: \_\_\_\_\_**PLEASE CHECK ALL OPERATIONS THAT APPLY AND ATTACH THE REQUIRED SUPPLEMENT(S)**

ACTIVITY	SUPPLEMENT
<input type="checkbox"/> Equestrian Schools, Riding Instruction or Clinics	<a href="#">Section I</a>
<input type="checkbox"/> Boarding, Pasturing, Training or Breeding	<a href="#">Section II</a>
<input type="checkbox"/> Horse, Tack or Food Sales	<a href="#">Section III</a>
<input type="checkbox"/> Wagon, Hay, Sleigh or Carriage Rides	<a href="#">Section IV</a>
<input type="checkbox"/> Pony Rides or Petting Zoos	<a href="#">Section V</a>
<input type="checkbox"/> Care, Custody or Control	<a href="#">CCC Application</a>
<input type="checkbox"/> Riding Club	<a href="#">Riding Club Application</a>
<input type="checkbox"/> Pleasure, Show Horse(s) or Race Horse(s)	<a href="#">Pleasure Horse Application</a>

\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Print Applicant Name/Title

# POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

**YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.**

**THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.**

I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$\_\_\_\_\_.

I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature	Syndicate on behalf of certain Underwriters at Lloyd's
Print Name	
Date/Time Field	Policy #
LMA9011 21/12/07 Form approved by Lloyd's Market Association	

**ZIPLINE/CANOPY SUPPLEMENTAL APPLICATION**  
(submit with General Application)

Proposed Effective Date:  Proposed Expiration Date:

APPLICANT NAME: (include subsidiaries and "dba" to which this insurance applies)

**PLEASE CHECK ALL OPERATIONS THAT APPLY / ANNUAL REVENUES**  
Project Premium if New Business (Enter any other not listed)

Course Rental \$   General Store Sales \$   Food & Beverage Sales \$   
 Other  \$

Apart from the operations mentioned above, Please describe any other operations on the same premises:

Apart from the operations mentioned above, Please describe any other operations OFF premises:

Requested Coverage for:  canopy/zipline tour only  activities listed above (additional information/underwriting required)

Do you operate from:  Owned Premises  Leased Premises If Leased, describe arrangement below:

Who originally built your course and when was it finalized (mo/yr)?

Built to what standards? If neither, explain below  ACCT standards  PRCA standards

Have you made any additions to the course since its original construction?  Yes  No If YES, describe below

List date added, element name, construction vendor name:

Current Membership:  ACCT  PRCA  Other

Do you allow other organizations to use or rent your facilities?  Yes  No If YES, Explain below

Do you provide supervision when others rent your facilities?  Yes  No If YES, Explain below

When others rent your facility, do you require certificates of insurance naming you as additional insured?  Yes  No

Do you use a hold harmless agreement with the contracting entity?  Yes  No

**INSPECTION INFORMATION**

Date/Name of last inspection by a professional firm:

Frequency:  Monthly  Quarterly  Annually  Bi-Annually  Other - Explain

Have you made the recommended improvements since the last professional inspection?  Yes  No

If NO, Please EXPLAIN:

Do you maintain a written log documenting inspections of the course elements?  Yes  No

Do you maintain a written log documenting inspections of all related equipment?  Yes  No

If you have Challenge/ropes course operations, who does your annual inspections?

Do you perform daily visual inspections of the course and equipment?  Yes  No

**PARTICIPANT INFORMATION**

Guide to Participants	Max #	Itinerary Description	Min Age	Transportation	Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No	<input type="text"/>

Do you require all participants to sign a waiver?  Yes  No If NO, Explain below

Explain waiver signing procedures for participants under the age of 18:

Describe how long and how you maintain your waiver records:

Was waiver/release form created and/or reviewed by an attorney familiar with local laws?  Yes  No

Name of attorney/legal counsel who reviewed/created waiver:  Date of Last Update:

How many participants go through your challenge course each year?

**WAIVER MUST BE ATTACHED AND APPROVED BY UNDERWRITING**

**GUIDE INFORMATION: Age and Experience of all guides: (Please attach additional sheets if necessary)**

#:	NAME	POSITION	CERTIFICATION ASSOCIATION	TOTAL YRS EXPERIENCE	FIRST AID/CPR DATES

If the guides are not certified by an outside organization, please describe their qualifications and experience:

HAS ANY GUIDE BEEN INVOLVED IN AN INCIDENT WHICH RESULTED IN A DEATH OR SERIOUS INJURY?  Yes  No  
 IF YES, PLEASE GIVE DETAILS:

Do you provide training for your guides?  Yes  No

If YES, what are the qualifications of the person providing the training and describe the training:

Indicate the maximum number of Guides/Staff your operation had on any one day last year:

Full Time  Part-Time  Contract Labor  Seasonal Labor

Do guides carry communication devices?  Yes  No If YES, please explain the type of device carried:

**LOCATION INFORMATION:**

Describe the exact location for each of your zipline/canopy itineraries. Be specific:

Location, Name of Area, Crag	Difficulty	Canopy Bridges	How Many

What sort of braking systems does your facility utilize?

Does your course require the participants to hand brake?  Yes If YES, describe in detail, instructions given:

No If NO, what is the method used to stop the participant?

Do you require all clients to wear an approved harness prior to advancing to top of zipline? If NO, Explain below:  Yes  No

Do you require all clients to wear an approved gloves/helmet? If NO, Explain below:  Yes  No

Do you provide any services after dark, including but not limited to, night zipling and overnight camping functions? If YES, Please Describe  Yes  No

Describe kinds of verbal contracts or warnings are given?

Do you have an emergency response plan in place? If NO, please explain  Yes  No

Do you provide transportation to/from your course? Be aware that there is NO COVERAGE under this policy for automobile exposures. If other than automobile, Please explain below  Yes  No

**THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THIS SIGNED APPLICATION TO BE ACCEPTED:**

- Resumes for key personnel showing ropes training completed
- Copy of Staff Training Program
- Proof of ACCT or PRCA membership
- Copy of course & equipment inspection conducted within the past 12 months by an insured professional firm
- Copy of waiver/release
- Company Brochures or website address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# ZIPLINE/CANOPY TOUR OPERATIONS ENDORSEMENT

This endorsement forms a part of the policy to which it is attached effective on the inception date of the policy.

It is condition of coverage that at any time Zipline/Canopy Tour are being conducted, **You** will comply with the following operational guidelines:

1. An industry accepted helmet and safety equipment must be worn by all participants.
2. All guides must be at least 21 years of age with a minimum of two years guiding experience.
3. The senior guide must have a minimum of advanced first aid medical training for all activities. Medical supplies suitable to the degree of training of the responsible person must be available or carried at all times.
4. Guides and trip leaders must have basic first aid certification as a minimum medical qualification. Guides, instructors and employees must be current in CPR and First Aid, possess all relevant skills and knowledge of operations, including but not limited to; following established guidelines and safe operating procedures, exhibit proficiency in emergency techniques, capable of following instructions for the proper use of safety equipment and able to notify medical personnel. In addition, they must be able to clearly and adequately instruct the participants of proper emergency procedures that is expected of participants.
5. All technical equipment must be manufactured to standards similar to those established by the Association for Challenge Course Technology (ACCT) or the Original Canopy Tour (OCT) or the Professional Ropes Course Association (PRCA). All other equipment must be purchased from a vendor that has significant knowledge of equipment manufacturers.
6. Guide to customer ratio not to exceed six (6) customers to one (1) guide.
7. **You will** inspect all equipment daily, prior to the commencement of activities. **You will** maintain and keep a written log of these procedures. Equipment, which a reasonable and prudent person would consider damaged and worn, so as to create a potential hazard to life or health, will never be used in activities. All equipment is to be checked by the insured or employees of the insured prior to use in compliance with manufacturer recommendations and guidelines
8. All employees will be fully informed of these requirements and agree to enforce them.
9. Guides, instructors, operators and employees are required to abide by all local, state, and federal laws relevant to the activities.
10. Zipline/ Canopy Tour participants shall be given a safety briefing prior to departure and before the Zipline/Canopy Tour activity commences. It is your responsibility to ensure that this safety briefing will be instructive, informative and capture the undivided attention of all participants and should include:
  - a) A description of the activity itself.
  - b) The safety precautions while underway.
  - c) The procedure in the event of an unexpected emergency.
  - d) The proper use of hand signals where applicable.
  - e) Precluding any participants who appear to be afraid or intimidated prior to their activity.

**Page 1 of 2 as acknowledge by...**

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Authorized signature of Insured

Date



**ZIPLINE/CANOPY TOUR OPERATIONS ENDORSEMENT  
(continued)**

11. You will not allow any activity which is not a 'Guided Activity'. Participants will be supervised at all times by an instructor or an assistant instructor, with suitable experience during all times that the facilities are in use.

**Guided Activities** means that the activity is under the continuous observation and control or supervision of the insured and / or the insured's qualified instructors / employees.

12. Participants must be at least 8 years of age on their last birthday or the age as designated by law, whichever is greater and weigh at least 70 pounds. Participants must not weigh more than 250 pounds.

13. All operators, instructors or employees must be equipped at all times with a fully functional and sufficient VHF radio and / or other reliable communications; First Aid Kit, whistle; and an emergency cell phone. All personnel must be aware of this equipment and how it is operated. The qualified instructor / authorized adult employee must be present on site at all times during activities.

14. All concessionaires / bona-fide sub-contractors must maintain their own insurance for liability as covered under this contract of insurance for amounts and terms not less than stated in the schedule of this contract of insurance.

15. *All contracts and other documentation required of this policy must be signed and maintained on file for no less than three (3) years including, but not limited to; (a) "Certificate of Understanding and Express Assumption of Risk", (b) signed and dated waivers of liability, (c) incident / claim forms.*

**Failure to comply with any of these conditions of coverage  
shall automatically void the coverage provided by this policy**

**In your handwriting, write the following on the lines below: "I have read and agree to follow the above at all times."**

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\_\_\_\_\_  
Authorized signature of Insured

Date

\_\_\_\_\_  
Printed or Typed Name of the Insured

\_\_\_\_\_  
Title

## ZIPLINE/CANOPY TOUR OPERATIONS WARRANTY OF COMPLIANCE WITH TERMS

In consideration of the coverage provided, **you** make the following Warranties, which shall be a basis of this insurance. **You** agree that each Warranty is material to **our** decision to insure **you** and that, but for these Warranties, no policy would be issued.

**Failure to comply with any one of these Warranties WILL render coverage under this policy null and void in the event of a claim.**

The guidelines set forth in **Your** policy, its related documents and within this form, are to be utilized for underwriting and coverage purposes only and not to be construed as the applicable 'Standards' in the industry or as 'Safety Standards' in any litigation which may arise against the insured.'

### YOU WARRANT FOR ALL INSUREDS THAT:

- A. Prior to embarkation, allowing a participant to commence activities or to participate in any activity, each participant and / or passenger will be required to sign the GUIDES AND OUTFITTERS OPERATIONS RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (hereinafter "Release") form provided and approved by us. In the event a participant or passenger is less than 18 years of age, both the participant and his or her parent or (adult) legal guardian must sign the Release.
- B. **You will** ensure that the 'Release' form, provided and approved by **us**, is fully and accurately completed in accordance with the 'Important Instructions Form' provided by the insurance company.
- C. Prior to allowing a participant to participate in any activity, **you will** provide a pre-activity safety briefing to each and every participant, including but not limited to adequate instruction on the safe use and operation of the equipment, explanation of local and State laws and requirements, verbal warnings of assumed risks, and that no use of alcohol or drugs is allowed.
- D. **You will not** allow any participant to (a) participate when **you** know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during activities.
- E. All Sections detailed in the 'Zipline/Canopy Tour Operations Endorsement' will be strictly adhered to at all times during the course of Guides and Outfitters operations and activities conducted by **you**.

**It is hereby understood and agreed that if any activity takes place, without full compliance by you with all Warranties set forth above, the insurance coverage provided by the Policy shall be null and void. All other terms, conditions, limitations and exclusions remain unchanged.**

I am either the owner of the business, or am authorised to sign on behalf of the **designated insured**, whether a partnership, corporation, or other form of organization, which has applied for Commercial General Liability Insurance. By my signature below, I attest to the fact that I have read, understood, and agree to the stated terms, conditions and Warranties that are part of this endorsement. If insurance is offered to **us** this signed agreement will form a part of the policy.

Submission to the insurer of this form or other information does not obligate the insurer to provide all, or any of, the insurance requested not obligate **us** to purchase the insurance offered. However, if insurance is placed, we acknowledge that failure to abide by the terms of this agreement may lead to suspension of coverage, denial of coverage, and defence under this policy.

Authorized signature of Insured	Date <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
Printed or Typed Name of the Insured	Title

## FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

**THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY**

**A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime.** (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: 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.**

For residents of 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: 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.

For residents of 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.

For residents of 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

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

**The undersigned acknowledges having read this Anti-Fraud Statement.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

**Named Insured on Policy** \_\_\_\_\_