

183 Leader Heights Road
 P.O. Box 2726, York, PA 17405
 800.233.1957 | Fax: 717.747.7022
glatfeltermistrycare.com



Return completed application to
submissions@glatfelters.com

APPLICATION PROPERTY & CASUALTY

In addition to this Application, please submit the following supplemental applications if applicable:

- Campground/Retreat Supplemental Application
- Education Supplemental Application

GENERAL INFORMATION

Date of Application: _____ **Date Proposal Needed By:** _____
Current Carrier: _____ **Expiration Date:** _____
Legal Name of Organization: _____
Extended Named Insured(s): _____

Mailing Address: _____
 Street or PO Box City County State Zip Code
FEIN: _____ **Website:** _____

Contact Information:

| | | | | | |
|--------------------|------------|-------|-----------|-------|-------|
| Primary: | _____ | _____ | _____ | _____ | _____ |
| | First Name | MI | Last Name | Phone | Email |
| Inspection: | _____ | _____ | _____ | _____ | _____ |
| | First Name | MI | Last Name | Phone | Email |

What is your Legal Status? Corporation – Non-Profit 501 (c) (3) LLC Other: _____

What is your Religious Affiliation? Buddhist Christian Hindu
 Jewish Muslim Other: _____

What Services do you Offer? (Please check all that apply)

| | |
|-------------------------|---|
| House of Worship | School (Pre-K – 12 only) Please complete the Education Supplemental Application. |
| Cemetery (owned by you) | Camp/Retreat Facility (owned by you) Please complete the Campground/Retreat Supplemental Application. |
| Other | |

What is the size of your Organization?

| | | |
|--|-------|---------------|
| Number of members: | _____ | _____ |
| Operating Budget (Includes all operations): | _____ | |
| Staff Information | _____ | |
| Number of Religious Leaders (Pastors, Assistant Pastors, Rabbis, Imams, etc.): | _____ | |
| Other Staff | _____ | |
| Number of Paid Employees Full-Time: | _____ | |
| Number of Paid Employees Part-Time: | _____ | |
| Number of Volunteers: | _____ | |
| Number of Healthcare Personnel: | FT | Temp/Seasonal |

REAL & PERSONAL PROPERTY

Yes

No

| | | | | | | | |
|---------------------|--|--|--|--|--|--|----------------|
| Coverage desired: | Scheduled Property (Non-Blanket) | Blanket Per Premises (Property and Contents) | | | | | Policy Blanket |
| Deductible desired: | \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$25,000 \$50,000 | | | | | | Other: |

CONSTRUCTION CODES

| | | | | |
|-------------------|---------------------------|---------------------------|------------|----------------------|
| 1 Frame | 3 Non-combustible | 5 Modified Fire Resistive | 7 Concrete | 9 Reinforced Masonry |
| 2 Joisted Masonry | 4 Masonry Non-combustible | 6 Fire Resistive | 8 Steel | |

ROOF CODES (0 = Unknown)

| | | | | | |
|-----------------|--|---|---|---|--|
| Covering | 1 Metal sheathing with exposed fasteners 2 Metal sheathing with CONCEALED fasteners | 3 Built-up roof or single-ply membrane WITH gutters 4 Built-up roof or single-ply membrane WITHOUT gutters | 5 Concrete/clay tiles 6 Wood shakes | 7 Shingle - 55 mph wind rating 8 Shingle - 55 mph wind rating/Secondary Water Resistance (SWR) | 9 Shingle - 110 mph wind rating 10 Shingle - 110 mph wind rating/Secondary Water Resistance (SWR) |
| Geometry | 1 Flat Roof WITH Parapets 2 Flat Roof WITHOUT Parapets | 3 Hip Roof with Slope <= 6:12 (26.5°) 4 Hip Roof with Slope > 6:12 (26.5°) | 5 Gable Roof with Slope <= 6:12 (26.5°) 6 Gable Roof with Slope > 6:12 (26.5°) | 7 Braced Gable Roof with Slope <= 6:12 (26.5°) 8 Braced Gable Roof with Slope > 6:12 (26.5°) | |
| Anchors | 1 Toe Nailing/No Anchorage | 2 Clips | 3 Single Wraps | 4 Double Wraps | 5 Structural |

| Premises # | Item # | Building Occupied as: | Amount of Insurance At 100% Replacement Cost Value (RCV). Include value of foundations. | | Year Built | Building Area sq ft (all floors) | Protection Class | Construction Code | Sprinkler System Y/N | Vacant Y/N | # of Floors | Date of Last Inspection | Year of Mech System Updates | Year of Roof Update | Roof Covering | Roof Geometry | Roof Anchors | Street Address City /State / Zip / County | Insured's Identifier (How YOU refer to this building) |
|------------|--------|-----------------------|---|----------|------------|-------------------------------------|------------------|-------------------|----------------------|------------|-------------|-------------------------|-----------------------------|---------------------|---------------|---------------|--------------|--|--|
| | | | Building | Contents | | | | | | | | | | | | | | | |
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|------------|--------|-----------------------|---|----------|------------|-------------------------------------|------------------|-------------------|----------------------|------------|-------------|-------------------------|-----------------------------|---------------------|---------------|---------------|--------------|--|--|--|
| | | | Building | Contents | | | | | | | | | | | | | | | | |
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|---------------------|------------------------------------|---|---|---|---|---|---|-----|----|
| Metal Roofs? | Do any buildings have metal roofs? | | | | | | | Yes | No |
| Premises/Item #s: | / | / | / | / | / | / | / | / | |

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|---------------------------|---|---|---|---|---|---|---|-----|----|
| EIFS Construction? | Do you have any buildings constructed with EIFS (Exterior Insulation Finishing System) materials? | | | | | | | Yes | No |
| Premises/Item #s: | / | / | / | / | / | / | / | / | |

| | | | | | | | | |
|------------------------------|---------------------------------------|---|---|---|---|---|---|---|
| Mortgagee | Name: Street: City: State: Zip: | | | | | | | |
| Applies to Premises/Item #s: | / | / | / | / | / | / | / | / |

| | | | | | | | | |
|------------------------------|---------------------------------------|---|---|---|---|---|---|---|
| Mortgagee | Name: Street: City: State: Zip: | | | | | | | |
| Applies to Premises/Item #s: | / | / | / | / | / | / | / | / |

| | | | | | | | | | |
|------------------------|--|---------------|------------------------------------|--|--|--|--|-----|----|
| Builder's Risk? | Are there any new properties under construction or renovation? | | | | | | | Yes | No |
| | Premises # | Item # | Intended Building Occupancy | | | | | | |
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| Are there any structures you do not want to insure? | Premises # | Item # | Description of Items You Want to Exclude |
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|---|---|------------------------------------|-------------------|
| What Coverages and Limits do you desire? | Accounts Receivable: | \$100,000 (automatically included) | \$250,000 |
| | | \$500,000 | \$1,000,000 |
| | Real or Personal Property in Transit or Off Premises: | \$100,000 (automatically included) | \$250,000 |
| | Valuable Papers and Records: | \$100,000 (automatically included) | \$250,000 |
| | | \$500,000 | \$1,000,000 |
| | Debris Removal: | \$100,000 (automatically included) | \$250,000 |
| | | \$500,000 | \$1,000,000 |
| | Software: | \$500,000 (automatically included) | Increase Limit \$ |
| | Outdoor Property: | \$150,000 (automatically included) | Increase Limit \$ |
| | Musical Instruments, Religious Attire, Uniforms, Audio Equipment: | \$250,000 (automatically included) | Increase Limit \$ |

| | | | |
|---|--------------------------------|------------------------------------|-------------|
| What Coverage Options do you want to purchase? | Scheduled Fine Arts: | Yes (attach schedule) | No |
| | Special Property Floater: | Yes (attach schedule) | No |
| | Equipment Breakdown including: | | |
| | Spoilage: | \$100,000 (automatically included) | \$250,000 |
| | | \$500,000 | \$1,000,000 |
| | Hazardous Substance: | \$250,000 (automatically included) | \$500,000 |
| | | \$1,000,000 | |
| | Expediting Expense: | \$100,000 (automatically included) | \$250,000 |
| | | \$500,000 | \$1,000,000 |
| | Flood Coverage: | Yes Limit \$ | No |
| | Earthquake Coverage: | Yes Limit \$ | No |

GENERAL LIABILITY

Yes

No

| Do you offer the following? | | | |
|--|---|----------|-------------|
| Before / After School Programs, Mother's Day Out | | | |
| Preschool | Average daily attendance: | | |
| Child Day Care Center, Preschool or Pre-K | Is it licensed? | Yes | No |
| | Average daily attendance: | | |
| | Where is the childcare provided? | | |
| | What is the teacher-to-child ratio? | | |
| | Who provides childcare services? | You | Third Party |
| | Are all staff members, including volunteers, subject to personal reference checks and comprehensive background checks? | Yes | No |
| Sponsored Athletic Teams | Types of athletic events: | | |
| | Number of athletic games: | | |
| | Ages of participants: | | |
| | Are participant accident policies in place? | Yes | No |
| | Are signed waivers required? | Yes | No |
| Mission Trips | Are travel accident policies required? | Yes | No |
| | Are signed waivers required? | Yes | No |
| | Are there any trips outside the United States, Canada, or Puerto Rico? | Yes | No |
| Camps (locations owned by YOU) Please complete the Campground/Retreat Supplemental Application. | | | |
| Fundraising Events (All fundraising events including fairs and carnivals) | Do you serve alcohol at any events? | Yes | No |
| | Do you require all vendors to provide proof of at least \$1,000,000 Liability coverage with your organization named as an Additional Insured on their policy? | Yes | No |
| | Do any events include mechanical rides? | Yes | No |
| | Are they leased from a vendor? | Yes | No |
| | If yes, are vendors required to show proof of insurance? | Yes | No |
| | Are there any bounce houses or inflatables? | Yes | No |
| | Are they owned by you? | Yes | No |
| Cemetery | Number of acres: | Address: | |
| | Number of interments: | | |
| | Do you offer funeral services? | Yes | No |
| Religious Counseling | What type of counseling is provided? | | |
| Food Pantries / Soup Kitchens | | | |
| Homeless Shelters | Number of months: | | |
| | Number of beds: | | |
| Publishing / Broadcasting | Annual receipts from publication sales or broadcasting: | | |
| | Is there a separate business entity which is in the business of advertising, broadcasting, publishing, or telecasting? | Yes | No |
| | If yes, name of entity: | | |
| Vacant Buildings | Number of square feet: | | |
| Premises Leased to Others (Lessors Risk Only) | Number of square feet: | | |
| | How are leased premises used? | | |
| | Do you secure a Certificate of Insurance from the other party? | Yes | No |
| Dwellings or Private Residences (other than religious leaders' residences) | Number of dwellings: | | |
| Storage Facilities / Warehouse | Number of square feet: | | |

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|-------------------------|---|-----|----|
| Abuse Prevention | Do you desire Abuse or Molestation coverage? | Yes | No |
| | Do you perform comprehensive background checks on all employees and regular volunteers prior to hire or inception of a volunteer assignment? (Regular volunteers are those who routinely work with children or participate in children's activities.) | Yes | No |
| | Do background checks include a Sex Offender Registry check? | Yes | No |
| | Do you have a documented Abuse and Molestation Prevention policy including a no tolerance policy on abuse? | Yes | No |
| | Have all employees and volunteers been trained on this policy, including how to report an incident? | Yes | No |
| | Do you have a probationary waiting period before a new employee or volunteer can work with children? | Yes | No |
| | Do you follow a two-adult rule, prohibiting staff from being alone with a child? | Yes | No |
| | Has any employee or volunteer (past or present) ever been accused or convicted of sexual abuse, misconduct, or molestation? If yes, explain: | Yes | No |
| | Are you currently aware of any facts or circumstance that could lead to a claim of sexual abuse or misconduct against your organization or any employee or volunteer? If yes, explain: | Yes | No |

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|--------------------------------------|--|--|--|
| Employer's Liability Coverage | If your Workers' Compensation coverage does <u>not</u> provide Employer's Liability, do you want Employer's Liability coverage as part of General Liability? If yes, provide total annual payroll: \$ | | |
| | "Bodily Injury" by accident each accident | "Bodily injury" by disease policy limit | "Bodily injury" by disease each "employee" or volunteer |
| | Limits desired: | | |

| | | | |
|---|---|-----|----|
| Employee Benefits Liability Coverage | Do you desire Employee Benefits Liability coverage? | Yes | No |
|---|---|-----|----|

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|---|--|------------|-----------|
| Security / Safety | Do you have a documented Safety/Security Plan? | Yes | No |
| | Who provides the security for your organization? (Check all that apply) | | |
| | In-house security team: | Volunteers | Employees |
| | Employed security personnel: | Unarmed | Armed |
| | Contracted security personnel: | Unarmed | Armed |
| | Are all internal security team members trained and competent in execution of the plan? | Yes | No |
| | If security is contracted: | | |
| | Does the contract include appropriate hold-harmless language? | Yes | No |
| Is your organization named as an Additional Insured on the firm's liability contract? | Yes | No | |
| Does the security firm maintain a per-occurrence liability limit of at least \$1,000,000? | Yes | No | |

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|-------------------|---|-----|----|-----|
| Auto Fleet | Do you pre-screen all regular drivers (employees and volunteers) before they are permitted to drive your vehicles? | Yes | No | |
| | Do you have procedures in place to regularly check their Motor Vehicle Records? | Yes | No | |
| | Do you have specific criteria in place used to evaluate driver acceptability? | Yes | No | |
| | Do you provide driver training? | Yes | No | |
| | Do you require that all drivers are at least 21 years of age? | Yes | No | |
| | Do your drivers meet CDL requirements based on the vehicle's passenger capacity? | Yes | No | N/A |
| | Do you provide transportation of any kind to members or youth? If yes, please describe: | Yes | No | |
| | Do you provide regular transportation of children or members? | Yes | No | |
| | Do you have a formalized documented vehicle safety program which includes vehicle preventative maintenance and required safety inspections? | Yes | No | |
| | Do you own or use any 15 passenger vans? If yes: | Yes | No | |
| | Have the vans been modified with either dual rear wheels or removing the rear seat? | Yes | No | |
| | Are all vans with model year prior to 2009 equipped with Electronic Stability Controls? | Yes | No | N/A |
| | Is there a requirement that vans are not overloaded? | Yes | No | |
| | Is there a requirement that no loads are placed on the roof of the vans? | Yes | No | |

| | | | |
|---|---|-----|----|
| Hired and Non-owned Auto Liability | Do you desire Hired and Non-owned Auto coverage? | Yes | No |
| | If yes, please complete the following questions: | | |
| | How many employees/volunteers operate their personal vehicles on your behalf? | | |
| | Do you pre-screen drivers before they operate their vehicles? | Yes | No |
| | Do you have procedures in place to regularly check their Motor Vehicle Records? | Yes | No |
| | Do you recommend that these individuals maintain at least \$100,000 Automobile Liability Limits on their personal vehicles? | Yes | No |
| | Do drivers transport individuals in their personal vehicles? | Yes | No |

If you do not want us to quote Property coverages, please list the square footage for each premises below.

| Premises # | Item # | Building Occupied as: | Street Address City / State / Zip / County | Square Footage |
|------------|--------|-----------------------|---|----------------|
| | | | | |
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AUTO Yes No

| | | | | | |
|---|---|----------------|-----------|-------------|--|
| What Coverages and Limits do you desire? | Liability Limit (Combined Single Limit): | \$300,000 | \$500,000 | \$1,000,000 | Deductibles: Comprehensive: \$250 \$500 \$1,000 \$3,000 \$5,000 Collision: \$250 \$500 \$1,000 \$3,000 \$5,000 |
| | Uninsured/Underinsured Motorists Limit: | | | | |
| | PIP Limit: | Med Pay Limit: | | | |
| | Hired and Non-owned Liability coverage desired? | | Yes | No | |

VEHICLE CLASSIFICATION

| | | | | | |
|-------------------|------------|------------|-------------------------|----------------------|-------|
| Private Passenger | Church Bus | School Bus | Service/Utility Trailer | Truck (incl. pickup) | Other |
|-------------------|------------|------------|-------------------------|----------------------|-------|

| Veh # | Year | Make | Description (Model / Type) | Vehicle Classification | Vans and Buses | | Serial Number (VIN) | Cost New ACV | Insured's Identifier (How YOU refer to this vehicle) | Rental Reimbursement Y / N | Garaged at Premises # |
|-------|------|-----------|----------------------------|------------------------|------------------|-----------------|---------------------|--------------|--|----------------------------|-----------------------|
| | | | | | Seating Capacity | Radius in Miles | | | | | |
| EX. | 2012 | Chevrolet | G3500 | Church Bus | 1-8 | 0-50 | 1HTLFVTL6KH666870 | \$250,000 | Bus #14 | Y | 3 |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
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| 10 | | | | | | | | | | | |

Rental Reimbursement? If you indicated Rental Reimbursement in the schedule above, please complete this additional information. Amount per day: _____ Number of days: _____

Do you have any Customized vehicles? Have any vehicles been customized from a previous use? Yes No
 If yes, indicate vehicle number(s): _____ Describe: _____

Add'l Insured Lessor Loss Payee Name: _____ City: _____ State: _____ Zip: _____
 Street: _____
 Applies to Veh #'s: _____

Add'l Insured Lessor Loss Payee Name: _____ City: _____ State: _____ Zip: _____
 Street: _____
 Applies to Veh #'s: _____

FRAUD WARNING NOTICE – PLEASE READ CAREFULLY

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 act, which is a crime, and may subject such person to criminal and civil penalties.

| | |
|-----------------------------|--|
| 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 | 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 to 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. |
| District Of Columbia | 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 | 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 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 that 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. |
| 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. |
| 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 a 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. |
| Minnesota | A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. |
| New Jersey | Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. |
| 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. |
| 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. |
| 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. |
| Oregon | 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 guilty of a fraudulent act, which may be a crime, and may subject such person to criminal and civil penalties. |
| 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. |
| Rhode Island | 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. |
| 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. |
| 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. |
| 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. |
| 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. |
| 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. |

Your signature below acknowledges that you have read the Fraud Warning Notice that applies to your state of domicile.

The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge; this includes any applications, locations schedules, valuation statements, loss history information and engineering reports.

Applicant's signature:

Title:

Date:

Agent's signature:

Date: