

AIG INSURANCE  
SPORTS GENERAL LIABILITY APPLICATION

**Application Instructions:**

Please type or complete the application in ink. If additional space is needed, please use your firm's letterhead.

**APPLICANT INFORMATION**

1. Applicant Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_ FEIN: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant Contact Name: \_\_\_\_\_

Additional Name Insureds: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Physical Address: \_\_\_\_\_

4. Type of Business (select one):

- Individual                       Corporation                       Partnership                       Limited Liability Company   
 Joint Venture                       Organization                       University                       Other

5. Effective Date: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

6. Is this operation For Profit?    YES    NO

Website: \_\_\_\_\_

Type of Group (select one):

Association <input type="checkbox"/>	Club <input type="checkbox"/>	Camp-Day <input type="checkbox"/>	Camp-Overnight <input type="checkbox"/>
Clinics <input type="checkbox"/>	Facility (Cheer/Dance/ Gymnastics/Martial Arts) <input type="checkbox"/>	Facility (Batting Cage <input type="checkbox"/>	Facility (Yoga) <input type="checkbox"/>
Facility (Other)* <input type="checkbox"/>	Facility (Health Club/Fitness) <input type="checkbox"/>	Higher Education Intramurals/Academic Clubs <input type="checkbox"/>	League <input type="checkbox"/>
National Governing Body <input type="checkbox"/>	Not-For-Profit <input type="checkbox"/>	Semi-Pro/Professional Team (Contact UW)** <input type="checkbox"/>	Special Event <input type="checkbox"/>
State Athletic Association <input type="checkbox"/>	Team <input type="checkbox"/>	Tournament <input type="checkbox"/>	Other <input type="checkbox"/>

If other please describe:

\_\_\_\_\_  
 (For example: K-12 Private School, Public Entity, Faith-Based Organization)

\* Indicates supplemental application must be e-mailed to underwriter. Includes Vocational Schools.

\*\* Contact underwriter

7. Services:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Locker room                | <input type="checkbox"/> Youth Camps                   | <input type="checkbox"/> Spa Services – if so, list:<br>_____ |
| <input type="checkbox"/> Steam/ Sauna - # of: _____ | <input type="checkbox"/> Climbing Walls - #: _____     | _____   |
| <input type="checkbox"/> Whirlpools - # of: _____   | <input type="checkbox"/> Racquetball courts - #: _____ | _____   |
| <input type="checkbox"/> Spinning                   | <input type="checkbox"/> Tennis Courts                 | <input type="checkbox"/> Medical Spa Services                 |
| <input type="checkbox"/> Mini or Rebound Trampoline | Indoor - #: _____                                      | <input type="checkbox"/> Physical / Sports Rehab Therapy      |
| <input type="checkbox"/> Trampoline - Other         | Outdoor - #: _____                                     | <input type="checkbox"/> Massage Therapy                      |
| <input type="checkbox"/> Pilates / Yoga / Aerobics  | <input type="checkbox"/> Basketball Courts             | <input type="checkbox"/> Blood analysis                       |
| <input type="checkbox"/> Swimming Pool              | Indoor - #: _____                                      | <input type="checkbox"/> Inflatables - #: _____               |
| <input type="checkbox"/> Running Track              | Outdoor - #: _____                                     | <input type="checkbox"/> Registered Dietitian                 |
| <input type="checkbox"/> Gymnastics                 | <input type="checkbox"/> Batting Cages - #: _____      | <input type="checkbox"/> Beauty Parlor                        |
| <input type="checkbox"/> Dance                      | <input type="checkbox"/> Snack / Juice Bar             | <input type="checkbox"/> Nursery / Babysitting                |
| <input type="checkbox"/> Golf                       | <input type="checkbox"/> Restaurant                    | <input type="checkbox"/> Special Events                       |
| <input type="checkbox"/> Parkour Activities         | <input type="checkbox"/> Liquor Sales or Service       | <input type="checkbox"/> Pro Shop                             |
| <input type="checkbox"/> Contact Boxing             | <input type="checkbox"/> Non-Contact Boxing            | <input type="checkbox"/> Other – Describe:<br>_____           |
| <input type="checkbox"/> Contact Kick-Boxing        | <input type="checkbox"/> Non- Contact Kick-Boxing      | _____   |
| <input type="checkbox"/> Contact Martial Arts       | <input type="checkbox"/> Non- Contact Martial Arts     |   |

8. H Has the applicant had any General Liability and/or Sexual Abuse and/or Molestation claims and/or incidents in the last 3 years?

- Yes, total amount incurred: \_\_\_\_\_  No

Description of claim(s)/incident(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is there prior insurance coverage?  Yes  No

10. Current insurance carrier: \_\_\_\_\_

Premium: \$ \_\_\_\_\_

11. Has insurance coverage been denied, cancelled or non-renewed during the last 3 years?  Yes  No

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPORTS COVERAGE:**

1. How many years has the Applicant operated? \_\_\_\_\_ Owner/Executive Director years of experience? \_\_\_\_\_

2. Players and Others (Batting Cage Facility – skip and go to #3):

Sport Played	1 <sup>st</sup> Practice Date	Sport End Date (mm/dd/yy)	Age Group	Number of players (per age group)	Total Managers, Coaches, Volunteers	Subtotal
			9 & under			
			10-12			
			13-15			
			16-18			
			19 & over			
<b>Total:</b>						

3. Concussion Protocol  N/A- No Sport Activities of any kind

Do you have a written concussion policy that is in compliance with current state legislation?  Yes  No

Do you distribute the written policy to coaches, parents and players and require parents' written acknowledgement that they have received and reviewed?  Yes  No

Does your policy require a medical doctor's release prior to the player returning to play?  Yes  No

Do you utilize base line testing?  Yes  No

4. Please indicate if you conduct any of the following practices for all players/members/participants:

General Health Application or health examination

Pre-activity evaluation completed by qualified staff (cardio risk screening.)

Do you require sign off if pre-activity assessment is declined, &/or training?  Yes  No

Written accident report log/system

Require certificate of insurance from vendors repairing equipment

Equipment inspected annually by a professional servicing company. Company name:

5. Do you have trampolines over 46"?  Yes  No  N/a

6. Do you have a Code of Conduct, Written Regulations and/or Bylaws?  Yes  No

7. Will activities include any of the following:

Hang Gliding, Parasailing, Parachuting, Tobogganing, Luge, Skateboarding, Trampolines over 46" in diameter, Bungee Jumping, Hot Air Balloons, Mechanical Bulls, Saddle Animals, Velcro Jumps, Paintball, Race Track Risks, Boating, Motorsports, Rodeo, Mechanical Rides, Inflatables, Overnight Clinics/Camps, Ski Jumping, Freestyle Skiing, Snowmobiling, Cheerleading Pyramids over 2 ½ persons high and Cheerleading activities using trampolines and springboards, Saddle Animal Rides, Petting Zoos, Racing and Speed Contests involving Autos, Racing and Speed Contests involving Watercraft, Racing and Speed Contacts involving Aircraft, Parades – Riding on Floats or Motorized Devices, Pep Rallies, Tug of War, Licensed Daycare/Preschool Operations, Open Water Activities, Repetitive Type Injuries to Horses/Ponies, Parkour Activities? Yes No

8. If applicable, will the standard safety gear for the sport be used? Yes No

9. Any modifications to safety equipment made by you or on your behalf? Yes No

If yes, describe:

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10. Do you require Waiver/Release forms of all participants, guest participants or guardians? Yes No N/A

If yes, how long do you retain Waiver/Release forms? \_\_\_\_\_

If no, will you institute a program for Waiver/Release Forms? Yes No

*(IF BATTING CAGE FACILITY, YOGA FACILITY, HEALTH & FITNESS FACILITY OR STATE ATHLETIC ASSOCIATION, PLEASE SKIP THIS QUESTION AND GO TO #11)*

11. Will Accident and Health coverage be in place for all participants? Yes No

If yes, what insurance company will the coverage be placed with? \_\_\_\_\_

Deductible: \$\_\_\_\_\_

12. Are Cheerleading pyramids ever more than 2 persons high or are spring boards or trampolines ever used?

Yes No N/A

13. Do you use or sell any type of Martial Arts/Tactical Defense related weapon? Yes No

14. Are your personnel trained in first aid? Yes No Are your personnel trained in CPR? Yes No

15. Do you have a working and accessible Automatic External Defibrillator (AED) onsite? Yes No

16. Do you conduct camps for non-league/member participants? Yes No

17. Is a written, signed employment application required for all prospective employees & volunteers? Yes No

If yes, does the written employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No

18. Do you routinely request and receive criminal background investigations on all employees, volunteers and independent contractors including game officials? Yes No

19. How do you verify employment and/or volunteer related references?

In person By telephone Do not verify

20. Do you conduct a personal interview with all prospective employees and volunteers? Yes No

21. Do you maintain documentation of employment/volunteer applications and background checks? Yes No

22. Do you have an employee handbook? Yes No *If yes, please attach a copy.*

23. Do you have and enforce written standards regarding Sexual Abuse/Molestation?  Yes  No

Do you have a plan of supervision that monitors staff (including volunteers) with child interaction?  Yes  No

Do you discuss at your staff orientation: child/sexual abuse including how to recognize signs, and what to do if anyone reports an incident or suspected incident?  Yes  No Do you document reports?  Yes  No

24. Do you have a crisis management plan for dealing with staff personnel (including volunteers,) victims, parents, authorities and media if you have an incident or allegation of abuse?  Yes  No

**FACILITIES (Includes Fields, Clubs, Others)**

N/A-no facilities owned, leased, rented or used

1. If you (Applicant) own a venue, do you allow other organizations to use your facility?  Yes  No

2. Do you hold events off premises?  Yes  No If yes, describe: \_\_\_\_\_

3. Do you allow special events/tournaments/parties?  No

If yes, number per year:

Special Events: \_\_\_\_\_ Tournaments: \_\_\_\_\_ Birthday Parties: \_\_\_\_\_ Camps/Clinics: \_\_\_\_\_

Overnight Lock-Ins/Sleeping Parties: \_\_\_\_\_ Seminars: \_\_\_\_\_ Other: \_\_\_\_\_  
(Describe): \_\_\_\_\_

4. Do you own any inflatables?  Yes (if yes, check types below)  No

Bouncer Type

Obstacle Course

Water Games

Castles

Slides

Other (Describe): \_\_\_\_\_

Combo

Tents

Funland

Tunnels

5. For outdoor operations, is your staff trained in lightning safety?  Yes  No

6. Do you regularly inspect and correct all areas of responsibility or rope off area of concern with signs to prevent use, before play, including the field, benches, bleachers, and all spectator areas?  Yes  No

7. Do you report any premises concerns to the league, city and/or field owner after inspection?  Yes  No

8. Indicate any of the procedures in place for staff to conduct regular facility reviews to identify unsafe conditions and take corrective action to prevent accidents in the following areas:

Trained staff to monitor/supervise fitness floor and all activity areas, indoor and outdoor

Staff trained to recognize heat illness

Established closing procedures with checklists covering all activity areas & accountability for completion

"All hazards" emergency plan in place

Emergency plan includes response procedures for medical emergencies

Emergency plan includes response procedures to disease/pandemic outbreaks

Adequate exits, emergency lighting, emergency procedures and drills, crowd controls

- Inspection of interior walking surfaces                      Inspection frequency: \_\_\_\_\_
  - Written snow/ice removal procedures                       N/A
  - Showers and locker rooms cleaned and disinfected daily
  - Slip-resistant mats or surfaces in all wet areas (poolside, showers, whirlpools, saunas, etc.)
- If no, what precautions are taken to prevent slips and falls?
- 
- 

- Temperature limiters or other anti-scalding devices installed in showers

**Saunas/Steam Rooms:**                       N/A

- Monitored regularly for usage during open hours.    If yes, how often? \_\_\_\_\_
- Rules are posted regarding the proper use and safety precautions
- Maximum recommended exposure time posted
- Heating element & thermometer have protective covers to keep inaccessible and prevent burns
- All manufacturer recommendations followed for usage and maintenance

**Health Fitness Facilities**

9. Are you licensed by the state in which you operate?  Yes     No

Has a license ever been suspended or revoked?  Yes (attach copy of report)  No

Is your facility 24 hours?  Yes  No

If yes, do you have video security cameras?  Yes  No

Keyless entry?  Yes  No If yes, please advise if the following are in place:

- Owner/Manager on site     Warning sign- no supervision
- Security Cameras     Communication action steps in an emergency situation

What is the minimum age for membership? \_\_\_\_\_ What is the minimum age without parent present? \_\_\_\_\_

Are all trainers certified?  Yes  No  N/A

Written instruction of proper use posted on each piece of equipment?  Yes  No

Is all equipment :

- Mechanically sound and installed and operating in accordance with manufacturer's instructions and standards?  Yes  No
- Serviced as required to ensure continued user safety?  Yes  No
- Inspected daily with updated inspection logs maintained?  Yes  No If no, how often? \_\_\_\_\_
- Please provide a list of all equipment below:                       Attached

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10. Please provide the following operation information:

a. Total gross sales revenue: \$ \_\_\_\_\_

b. Breakdown of gross sales by:

Annual member dues: \$ \_\_\_\_\_ Court time: \$ \_\_\_\_\_ \$ Food: \$ \_\_\_\_\_ \$ Liquor: \$ \_\_\_\_\_  
 Tanning: \$ \_\_\_\_\_ Pro Shop sales: \$ \_\_\_\_\_

Is sports equipment sold or rented?  Yes  No

Do you sell dietary supplements?  Yes  No If yes, under your own label?  Yes  No

Other products sold: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Other products sold with your name or label on them?  Yes  No

If yes, describe: \_\_\_\_\_

Miscellaneous receipts: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

11. Total number of Employees/Subcontractors/Volunteers: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Position	No. of Employees	No. of Subcontractors	No. of Volunteers
Administrators			
Personal Trainers			
Nonprofessional positions			
Managers			
Physical Therapists			
Massage Therapists			
Aerobics Instructors			
Childcare Staff			
All Other, describe:			

12. Are certificates of insurance obtained from your sub-contractors?  Yes  No

13. Do you desire to provide coverage for the sub-contractors?  Yes  No

If yes, who should be covered? \_\_\_\_\_

14. What certification(s) are held by your trainers? \_\_\_\_\_  N/A – no trainers

What percentage of your trainers are certified by ACE, NSCA, NCSF or other agency accredited through NCAA? \_\_\_\_\_

15. Total number of Members: \_\_\_\_\_ Number of Active Members: \_\_\_\_\_

16. Number of Guests per month: \_\_\_\_\_

17. Total square footage of facility: \_\_\_\_\_

18. Do you have a Day Care license?  Yes  No  N/A – no day care operations

If yes, is there separate insurance for the Day Care operations? Yes No

Hours of operation: \_\_\_\_\_ Staff to child ratio: \_\_\_\_\_

Qualifications of staff:

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Are parents/guardians required to sign waivers for day care operations? Yes No

Do you maintain a dated log in and log out time sheet? Yes No

Do doors on child care rooms have safety equipment to prevent a child from opening the door?

Yes No

Are parents or guardians required to remain on the premises? Yes No

Do you operate a Day Care facility for non-members? Yes No

19. Please check additional exposures and protections present below:

Climbing Walls – height: \_\_\_\_\_

Staff adequately trained in all climbing operations:

Helmets and harnesses used

Rules for all climbing walls

Proper controls & supervision with no view obstructions

Wall and equipment inspections

Climbing wall inspections - frequency: \_\_\_\_\_

Proper belay techniques

By an insured outside professional firm

Belay device failure or entrapment

Equipment inspections - frequency: \_\_\_\_\_

Set-up and take-down procedures

By an insured outside professional firm

Emergency take-down procedures

Inspection records maintained. How long? \_\_\_\_\_

Staff to climber ratio: \_\_\_\_\_

Belay system anchors “backed up”

Spotters required at \_\_\_\_\_ height and above

Controlled access to wall (describe below:)

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Spotters required at \_\_\_\_\_ height and above

Age limits:

Free climbing allowed

If yes, restrictions

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Mobile climbing walls – height: Describe use below:

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Tanning Beds – if yes, # of \_\_\_\_\_

Warnings posted regarding ultraviolet rays

All beds UL listed. Manufacturer: \_\_\_\_\_

Goggles required

ONLY manufacturer suggested bulbs used

Beds disinfected after each use

Service contract in place

Client records kept of visits & exposure time

Max age of any unit: \_\_\_\_\_

Client signature cards on file acknowledging risks including harmful reactions to common medications

Regular inspection & maintenance



Tanning controls maintained at front desk

Regular timer testing – frequency: \_\_\_\_\_

Swimming Pool - if yes, depth: \_\_\_\_\_

Depth markers

Slides - height: \_\_\_\_\_

Regular maintenance schedule

Life saving equipment available

Pool rented out for parties - Describe:  
\_\_\_\_\_

Certificate of Insurance Obtained

Safety rules posted

Lifeguards on duty when in use

Diving board / platform / racing platform – describe:  
\_\_\_\_\_

All instructors certified       N/A – No lessons

Emergency phone available near pool

“Swim at own risk” warning signage posted

Water testing throughout the day

Other

Booster Club

Soft Play

Obstacle Course / Ropes Course

Playground

Other, describe \_\_\_\_\_

Zip Line – Height: \_\_\_\_\_

Standard safety protocols in place including helmets

Arcade

Ball Pit

**CAMP INFO (BATTING CAGE FACILITIES MUST ALSO COMPLETE)**

1. CAMP GRID

Age Group	Sport Played	Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Total Staff & Volunteers	Campers	# of Days:	# of Events:
18 & under							
19 & over							

2. Is this the director’s first camp?  Yes  No

If yes, describe experience: \_\_\_\_\_

3. Do you have a baseball field?  Yes, number of fields \_\_\_\_\_  No

4. Other activities/operations:

Arts/Crafts

Bleachers

Tents

Go-Carts

Concessions

Arcade

Slides

Tunnels

Other, list

\_\_\_\_\_  
\_\_\_\_\_

**POLICY LIMITS**

**General Liability:**

1. Limits

Occurrence		General Aggregate	
Personal & Advertising Injury		Products-Completed Operations	
Damages to Premises Rented to You		Sexual Abuse and Molestation	

2. Deductible (check one:)

None   \$250   \$500   \$1,000   \$2,500   \$5,000   \$10,000   Other: \_\_\_\_\_

3. Coverages and Endorsements (check all desired: )

Add Additional Insured(s), name(s): \_\_\_\_\_  List attached

Add Additional Insured(s), Managers or Lessors, name(s): \_\_\_\_\_  List attached

Add Additional Insured(s), Designated Person or Organization, name(s): \_\_\_\_\_  List attached

Add Additional Insured(s) for State or Political Subdivision Permits, name(s) : \_\_\_\_\_  List attached

**Directors and Officers Application Form for Amateur Sports Leagues:**  **N/A-coverage not desired**

1. Limit (aggregate/costs inclusive:) \$250,000   \$500,000   \$1,000,000   \$ \_\_\_\_\_

In order to confirm eligibility for the program, can you confirm all the below are true: Yes No

- 1. You have tax exempt status as defined by the I.R.S.
- 2. You currently carry General Liability insurance.
- 3. Your organization activities are of an amateur sports league
- 4. There have been no claims made against the organization, or any person proposed for Insurance in the capacity of either past or present director, officer, trustee, employee or volunteer of the organization.
- 5. You are not aware of any fact, circumstance or allegation which may give rise to a claim under the proposed coverage.

**STATEMENT OF FACT FOR CYBER & PRIVACY LIABILITY COVERAGE**

Do you and your subsidiaries comply with all the requirements detailed in the Statement of Fact below?  Yes

No

1. You have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and it is updated on a regular basis.
2. You have firewalls installed on all external gateways.
3. You take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe, or your outsourced service provider meets this requirement.

If you store medical records or Protected Health Information (PHI), you comply with the following:

4. You have conducted a review of the business to ensure compliance with all relevant HIPAA legislation.
5. You ensure that all PHI transmitted over open networks and/or stored on portable devices is encrypted.

If you process or store credit card information (where this is not outsourced to a third party that accepts full responsibility for PCI compliance), you comply with the following:

6. You have been certified as being PCI compliant within the last 12 months, or have successfully completed a self-assessment audit.

**CLAIMS INFORMATION:**

In regards to claims, are both of the below statements true?

Yes  No

1. After full inquiry, you are not aware of any circumstances, complaints, claims, loss, or penalties/fines levied against you in the last five years, in relation to the risks that this application refers to.
2. You are not aware of any circumstances or complaints against you in relation to data protection or security, or any actual security violations or security breaches either currently or in the past five years.

**Declaration**

I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact. I agree that this application form, together with any material information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.

Full name: \_\_\_\_\_ Date \_\_\_\_\_

Position: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

PLEASE NOTE: THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF INSURANCE, PLEASE IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES. THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORISATIONS OR AGREEMENTS TO BIND THE INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED INTO THIS APPLICATION.

**IMPORTANT NOTICE**

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** "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."

**NOTICE TO COLORADO APPLICANTS:** "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 AUTHORITIES."

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE BY THE APPLICANT."

**NOTICE TO FLORIDA APPLICANTS:** "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 IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "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."

**NOTICE TO LOUISIANA APPLICANTS:** "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."

**NOTICE TO MAINE APPLICANTS:** "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."

**NOTICE TO MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO MINNESOTA APPLICANTS:** "A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."