



glatfelterpublicentities.com

Submit completed application to your Underwriter or submissions@glatfelterpublicentities.com

690 Stockton Drive, Suite 110 | Exton, PA 19341
888.855.4782 Fax: 717.747.7033

SCHOOL BUS CONTRACTORS SUPPLEMENTAL APPLICATION

In addition to this School Bus Contractors Supplemental Application, please submit all of the following:

- Completed ACORD® applications/schedules
- A complete Vehicle Schedule (incl. seating capacity for each bus & cost new)
- Signatures on applications and Statement of Values (prop & equip) where required
- Provide copy of entity's most recent fiscal year-end financials
- Currently valued five year carrier Loss Runs, including details on large losses (over \$25,000)

GENERAL INFORMATION

Entity

Application Date: _____ FEIN: _____

Legal Name of Entity: _____

Legal Address: _____
(Street) (City) (County) (State) (Zip Code)

Mailing Address: _____
(If different from Legal Address) (Street) (City) (County) (State) (Zip Code)

Website address: _____

Policy Effective Date: _____ Quote Due Date: _____

Inspection and Insurance Contact Name: _____

Phone: (____) _____ Email: _____

List all entities to be insured:

Entity Name	Year Established	Description of Operation (including property owned)	Owners and % of Ownership

Coverage Requested / Expiring Information

Check to request coverage	Line of Coverage	Carrier	Limit	Deductible	Premium
<input type="checkbox"/>	Property				
<input type="checkbox"/>	Equipment/Inland Marine				
<input type="checkbox"/>	General Liability				
<input type="checkbox"/>	Auto Liability & Physical Damage				
<input type="checkbox"/>	Excess Liability				
<input type="checkbox"/>	Other:				

Operations Information

1. Yes No Do you have Federal Motor Carrier Safety Administration (FMCSA) Authority?
 If yes, please provide: MC #: _____ DOT #: _____
 Please explain why FMSCA authority is needed:

Include exact name and address as it appears on the filing:

2. Yes No Do you require Form E filings?

If yes, please provide docket #: _____

If yes, please explain why a Form E is needed (and for which states):

3. Yes No Have you ever lost or had any authority withdrawn by any regulatory authority (Interstate Commerce Commission, Public Utilities Commission, etc.) or are you under current probation?

If yes, explain in detail here or on a separate sheet: _____

4. Yes No Do your vehicles ever transport any commodities other than passengers, baggage or mail?
 If yes, describe types of commodities and include copies of bills of landing issued or copies of contracts.

5. For each of the following type of services, indicated the number of buses used and estimated % of revenue:

Type of Service	# of Vehicles Used	Estimated % of Revenue	# of Runs per Year
Special Needs			N/A
Wheelchair accessible/lifts			N/A
Non-School bus Operations*			N/A
Charter Operations**			N/A
School Buses servicing districts in Cities of 150,000 population or more***			N/A
Airport Runs			
Casino Runs			
Limousines			N/A
Senior Citizens			N/A
Medical Patients			N/A
Other (describe): _____			N/A

*Non-School Operations – List all non-school transportation:

**Charter Operations – List your most frequent destinations:

City or Attraction	State	# of Trips Annually

***School districts/cities/towns with populations over 150,000 – List school districts:

6. Yes No Do you participate in pooling agreements with other public transportation companies?

7. Please list the following:

Field Trips	State	Attraction

8. Please list the following:

School Districts Served	Percentage of Revenue Derived

9. List below your:

- Estimated gross receipts and average number of revenue-producing units for the proposed and current policy period.
- Actual gross receipts and average number of revenue-producing units for the policy periods shown below.

		Year (Ex. 2019)	Gross Receipts	# of Units
1.	Proposed Policy Period			
2.	Current Policy Period			
3.	1 st Prior Policy Period			
4.	2 nd Prior Policy Period			
5.	3 rd Prior Policy Period			
6.	4 th Prior Policy Period			

10. Describe (a) any significant changes in your operations during the past five (5) years and (b) anticipated changes in your operations during the proposed policy period:

11. Yes No Do you ever lease, borrow or use non-owned vehicles, with or without drivers, from others in connection with your business?

If yes, please explain and indicate annual cost of hire: _____

PROPERTY N/A

- Loss of Income Limit requested? _____ (\$250,000 is the default minimum)
 Extra Expense Limit requested? _____ (\$250,000 is the default minimum)
NOTE: The property form only provides for separate loss of income and extra expense limits.
- Outdoor Property Limit requested? _____ (\$150,000 is the default minimum)
- Property in Transit or Off Premises Limit requested? \$100,000 \$250,000
- Software Limit requested? _____ (\$500,000 Per Occurrence is the default minimum)
- Yes No Any vacant buildings? If yes, for EACH vacant building, please provide the following information:
 - How long has the building been vacant? _____
 - Yes No Are there any obvious signs of vandalism or water damage?
 - Yes No Are the utilities turned off for all premises listed above?
 - Yes No Are the pipes drained for all vacant premises?
 - Yes No Are these premises routinely monitored? If yes, how often? _____

- b. What is the intended future use? _____
 Selling? Expected sale date: _____ Demolition? Date of demolition: _____
 Renovating for your use? Date of renovations: _____
6. Yes No Any buildings over 30 years old?
 If yes, list premises on the ACORD Application and/or SOV and show when the roof, plumbing, heating and wiring were updated.
7. Yes No Are there any buildings with historic or unique construction? If yes, identify building(s) and explain:

8. Yes No Are there any buildings on the Historic Register? If yes, identify building(s): _____
9. Yes No Does the entity currently have any property in the "course of construction" or have any new additions, renovations or expansion planned?
 If yes, describe: _____ Cost of construction: _____
10. Yes No Do any pumps or motors exceed 750 HP?
11. Yes No Do any individual specialized equipment items exceed \$100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contractors and submersible pumps.
12. Yes No Does the entity have on-premises electrical generation capability (including emergency generators) of 250 kilowatts or higher?
 If yes, please identify the type of power generation and kilowatts generated (check all that apply):
Type of Source: Hydroelectric Wind Solar Geothermal Other _____
Kilowatts Generated: _____
 What is the generated power used for (check all that apply):
 Primary Power Standby Supplemental Emergency Power Peak Shaving Unsure
13. Yes No Does the entity have any hydro-electric equipment?
 If yes, describe: _____

Property Comments: _____

INLAND MARINE

N/A

The following options are available for the Inland Marine coverage form:

Coverage A provides Replacement Coverage (RC) coverage to Blanket Tools and Equipment, subject to the chosen occurrence limit and a per item maximum limit of \$10,000.

Coverage A Limit requested? _____

Coverage B provides RC or Actual Cash Value (ACV) coverage to Scheduled Equipment (high-valued tools and equipment such as air compressors, backhoes, etc.) with individual values greater than \$10,000 as per the schedule.

Coverage B – Please provide an equipment schedule for all equipment greater than \$10,000.

Inland Marine Comments: _____

Unmanned Aircraft Systems (Drones)

N/A

1. Yes No Does the entity own or operate drones? If yes, please complete the schedule below.

Model	Serial Number	Weight (lbs./oz.)	Value of Drone	Value of Attached Equipment

2. Yes No Are all operations being conducted in accordance with FAA rules?

3. How many personnel are authorized to operate the drones? _____

4. How many hours of training are required prior to personnel being authorized to operate the drones? _____

5. Yes No Does the entity loan, rent or lease the drones to others? If yes:

a. Describe to whom: _____

b. Will you loan, rent or lease: with your authorized operator without your operator

CRIME

N/A

The Crime coverage form has limits of insurance available as shown in the chart below.

1. Limits Option requested? (Select one of the following)

Limits Option	Employee Theft	Forgery or Alteration	Inside the Premises		Outside the Premises	Computer & Funds Transfer Fraud	Money Orders	Fraudulent Impersonation
			Theft of Money & Securities	Robbery/Safe Burglary				
<input type="checkbox"/> 1	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 2	\$25,000	\$25,000	\$25,000	\$5,000	\$25,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 3	\$50,000	\$50,000	\$50,000	\$5,000	\$50,000	\$50,000	\$25,000	\$25,000
<input type="checkbox"/> 4	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
<input type="checkbox"/> 5	\$250,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 6	\$500,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 7	\$1,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 8	\$1,500,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 9	\$2,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000

Note: Money and Securities is only offered within the Crime coverage form.

2. Deductible requested? (Deductibles above \$1,000 are only available with Limits Options 5, 6, 7, 8 and 9.)

- \$250 \$500 \$1,000 \$2,500
 \$5,000 \$10,000 \$15,000 \$25,000

3. Yes No Are Specific Excess Limits required for Employee Theft? If yes, specify names or positions:

Position or Name	Location of Covered Position	# in Position	Excess Limit *

The Employee Theft Limit plus the requested Specific Excess Limit must equal one of these Total Limits:
\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 \$1,500,000 \$2,000,000

4. Indicate what security provisions apply and identify how often:

- Audit _____
- Bank statements _____
- Countersignature _____
- Reconciliations _____
- Other _____

5. Number of ratable employees? _____

Ratable employees consist of all employees or volunteers who regularly handle, have custody or maintain records of money, securities or other property, and all department and division heads and assistant managers.

Crime Comments: _____

GENERAL LIABILITY

N/A

1. Yes No Are there any owned watercraft in excess of 100 horsepower?

If yes, describe: _____

2. Yes No Are any dwellings owned and/or leased to others?

Number of dwellings: _____ Location numbers: _____

If yes, describe: _____

3. Yes No Are fund raising activities conducted?

If yes, describe: _____

Total gross receipts from all fund raising activities: _____

4. Which of the following best describes the entity's policy regarding alcoholic beverages?

- The entity prohibits alcohol on the premises and at all sponsored functions.
- The entity permits alcohol on the premises or at sponsored functions, but does not sell it.
- The entity sells alcohol only at special events.

Describe events: _____

The entity sells alcohol year round (bar or club), which may include special events.

If the entity sells alcohol, please indicate the following:

Annual gross receipts: _____

- Yes No License/permit required by the state?
- Yes No License/permit obtained?
- Yes No Have the servers been TIPS trained?

5. Yes No Does the entity purchase Workers' Compensation insurance?

6. Yes No Is Employer's Liability (Stop Gap) Coverage required (available in ND, OH, WA, WY)?

If yes, Limit of Insurance: _____ Payroll: _____

7. Yes No Is Workplace Violence Accidental Death benefit coverage desired for a premium charge?

Limit of Insurance available is \$10,000 per person/\$100,000 aggregate. (Applicable states only)

General Liability Exposure Comments: _____

Abusive Act Liability

N/A

Defense expenses are subject to limits of insurance for alleged participant coverage and for claims made coverage.

1. Current/prior insurance coverage, if written separately from General Liability:

Carrier: _____ Effective/Expiration Dates: _____ to _____

2. Claims Made Occurrence Claims Made Retroactive Date: _____

3. Limits of Insurance requested:

- \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate
- \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate
- \$1,000,000 Each Abusive Act/\$3,000,000 Aggregate

4. Yes No Is Alleged Participant coverage desired? If yes, select requested limits.
Limits of Insurance (Applicable to Defense Expenses and Settlements)
 \$250,000 Each Abusive Act/\$500,000 Aggregate \$500,000 Each Abusive Act/\$1,000,000 Aggregate
 \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate \$1,000,000 Each Abusive Act/\$3,000,000 Aggregate
5. In the last 10 years:
 Yes No Has the entity, any employee or volunteer had abusive act (or similar) insurance coverage declined, cancelled or non-renewed? (This question is not applicable in Missouri.)
 Yes No Has the entity, any employee or volunteer had any claim or suit brought against them as a result of abusive acts?
 Yes No Have any public authorities investigated the entity relating to claims or allegations of abusive acts?
If yes to any part of question 5, provide complete details on a separate page.
6. Yes No Does the entity have knowledge of any fact, circumstance or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act?
If yes, provide complete details on a separate page.
7. Do the employment and volunteer applications include a question concerning whether the individual has ever been convicted of any crime, including any sex-related crime, or child abuse?
 Yes No Employees Yes No Volunteers
8. Yes No Are application references checked and documentation maintained?
9. Has the entity established policies/procedures in the following areas:
- | <u>Policies/Procedures</u> | <u>In Writing?</u> | <u>Training Completed?</u> |
|--|--|--|
| Avoidance of one-on-one situations between employees/volunteers and a child? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anti-bullying? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Abusive acts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reporting and investigating alleged abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
10. Are the abuse policies reported at least annually to:
 Yes No Employees Yes No Volunteers
11. Yes No Are employees and volunteers required to sign an acknowledgement of receipt and understanding of the abuse act policy?
12. Yes No Are the abusive acts policies and procedures reviewed at least annually by legal counsel:
If no, how often? _____
13. Yes No Are FBI/fingerprinting criminal background checks completed on all staff (paid or volunteer)?
If no, please explain: _____
14. Yes No Are child abuse history checks completed on all staff (paid or volunteer) if required by applicable state law?
15. Yes No Are drivers prohibited from driving until all background checks are received?

Driver Information

1. How many drivers are employed? _____
2. How many of these drivers have a CDL licenses? _____
3. Yes No Does the entity permit employees to use their own vehicles in the course of employment?
If yes, list employees, for what purpose, and the limit of insurance that an employee must provide:

4. Yes No Does the entity permit employees to use its own autos for personal use?
If yes, describe vehicle usage: _____
5. What is your annual driver turnover percentage? This year _____% Last year _____%
6. How many involuntary terminations have there been? This year _____ Last year _____
7. Yes No Does the entity need Driver Other Car Coverage?
If yes, why? _____
If yes, please provide the following information:

Name of Individual	Driver's License #	State	Date of Birth

8. Yes No Does the entity need Named Individuals – Broadened PIP Coverage?
If yes, please provide the following information:

Name of Individual	Driver's License #	State	Date of Birth

Vehicle Information

1. Private passenger vehicles:
 - a. Use of vehicles: business only business & pleasure
 - b. Operated by: employees only family spouse other: _____
2. Yes No Are any of the vehicles used during the summer months?
If yes, please advise which vehicles are used and for what purpose: _____
3. How many spare buses do you have? _____
 Yes No Are the spare buses licensed and registered?
4. Yes No Do you have dealer plates? If yes, how many? _____
5. Provide the following information:

Auto & School Bus Aggregation of Values			
Location Address	Type of Storage Inside/Outside Bldg	# of Buses and/or Autos	Type of Protection Ex. Fencing, alarms, etc.
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		

6. Yes No Does the entity allow their drivers to garage the entity's owned vehicles at the driver's home?

If yes, please provide the following information:

- a. Approximately how many vehicles are garaged at driver's home and what type of vehicle?

Type of Vehicle	# of Vehicles
Vans	
Buses	
Other (describe): _____	

- b. Yes No Does the entity prequalify a driver's home for adequate parking prior to approving a take home vehicle?

- c. Yes No Do you have a strict policy against any personal use of their take home vehicles?

7. Please provide the following information:

a. Number of vehicles that have video cameras: _____

b. Number of vehicles that have GPS: _____

8. Yes No Are all of the entity's owned or leased vehicles to be insured under this policy?

If no, list vehicles insured elsewhere. _____

9. Yes No Does the entity hire automobiles?

If yes, indicate cost and usage:

Maintenance Information

N/A

1. Yes No Do you service your own vehicles? If no, who does?

2. Yes No Do you service vehicles of others? If yes, revenues from work for others: \$_____

3. Yes No Do you store vehicles of others?

4. If you service or store vehicles of others, what is the combined maximum value of vehicles or equipment owned by others on your premises? _____

5. Yes No Do you need garage keepers coverage? If yes, please provide the following information:

Location(s): _____

Coverage: Legal Liability Direct Primary Basis Direct Excess Basis Limit: \$_____

Comp Ded: \$100/\$500 \$250/\$1,000 \$500/\$2,000

Coll Ded: \$100 \$250 \$500

6. Does your vehicle maintenance program include the following?

a. Yes No A service record of each vehicle

b. Yes No Controlled inspection frequency

c. Yes No Vehicle daily condition reports

d. Yes No N/A The above for leased vehicles

How often are these various reports reviewed by management? _____

Safety Information

N/A

1. Do your driver selection procedures include:

a. Yes No Written application

b. Yes No Reference checks

c. Yes No Written test

d. Yes No Road test

e. Physical exam:

Yes No Pre-employment

Yes No Federal DOT requirements

Yes No State DOT requirements

Yes No Periodically during employment

Specify: _____

- f. Drug testing:
 Yes No Pre-employment
 Yes No Ongoing
 Yes No Random
- g. Motor Vehicle Records (MVR) ordered:
 Yes No Pre-employment
 Yes No Periodically during employment
- h. Yes No Definition of Unacceptable driver/MVR? If yes, please define:

- i. What action is taken as a result of an unacceptable MVR?

2. Does driver training include:
 a. Yes No Company rules and policies
 b. Yes No Daily DOT vehicle inspection procedures
 c. Yes No Equipment familiarization
 d. Yes No Route familiarization
 e. Yes No Emergency procedures
 f. Yes No Accident reporting procedures
3. Does road supervision include:
 a. Yes No Mechanical recording devices
 b. Yes No Radio dispatch
4. Is there a cell phone usage policy in place that includes:
 a. Yes No Not allowing cell phones to be used while driving
 b. Yes No Use cell phones only when the vehicle is off the road & ignition is turned off
 c. Yes No Always have incoming calls go to voicemail
5. Yes No Is there a system in place to check for children who may be left on the bus
 Please explain system: _____

6. Yes No Are accident investigation and review procedures, including records, maintained?
 Yes No Is there a progressive disciplinary policy for poor driver behavior? If yes, please explain:

7. Safety meetings are held: Monthly Quarterly Other If Other, please explain:

8. Describe any safety award/incentive program: _____

Special Needs Transportation	<input type="checkbox"/> N/A
-------------------------------------	------------------------------

1. If your operation includes buses/vans with wheelchair accessible:
 a. Yes No Are the drivers trained on how to properly restrain wheel chairs?
 b. Yes No Do all lifts/ramps comply with ADA accessibility requirement?
2. Who determines if aides are needed &/or used when transporting special needs students? _____

3. Who provides the aides? _____
4. Yes No Are drivers & aides (if applicable) trained in the handling of special needs students?

EXCESS LIABILITY N/A

The Excess Liability coverage form is available with limits up to:

\$5,000,000 Each Occurrence*

\$5,000,000 Aggregate*

*Higher limits may be available based on jurisdiction.

Excess Limit requested: _____

All underlying coverage to be scheduled must be provided by the program. Exceptions are permitted for Employer's Liability coverage. If coverage is insured elsewhere, then the minimum underlying limits required to schedule Employer's Liability are:

\$500,000 Each Accident

\$500,000 Disease per Employee

\$500,000 Disease Aggregate

For Employer's Liability Coverage insured elsewhere, provide the following:

Policy Number: _____ Effective Date: _____

Policy Limits: _____

Carrier Name: _____

NOTE: Underlying requirement for Employer's Liability is \$500,000/\$500,000/\$500,000, Commercial Carrier's A.M. Best's Rating of B+ or better and a copy of Declarations. (A pool or similar group self-insurance facility might be eligible, but needs to be underwritten/reviewed.)

Excess Liability Comments: _____

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:** _____