

ACADEMIC SCHOOLS SUPPLEMENT

SUBMISSION REQUIREMENTS

- ACORD Application (for lines of coverage to be written)
- Statement of Valued (for blanket and/or agreed value)
- 4 Years of Currently Valued Company Loss Runs
- Educators Professional Select Application (for D&O, E&O/EPL)
- Drivers List with License Numbers and DOB
- Schedule of Vehicles
- Financial Statement

GENERAL APPLICANT INFORMATION

Applicant:

Mailing Address:

Website Address:

Effective Date:

Risk Management Contact:

Risk Management's Email:

Risk Management's Phone:

SECTION I – GENERAL INFORMATION

- | | | | | |
|--------------------|----------------------|------------|----------|--|
| 1. Type of school: | Private | Grades: | through: | |
| | Public | Grades: | through: | |
| | Charter | Grades: | through: | |
| | Residential/Boarding | Grades: | through: | |
| | College/University | Grades: | through: | |
| | Special Needs | Grades: | through: | |
| The school is: | For Profit | Non-Profit | | |
2. Total number of students enrolled:
 3. Date school founded: _____ Date school chartered: _____
 4. Is Applicant's school accredited? Yes No
If yes, list accrediting organization:
 5. Does Applicant have day care on premises? Yes No
If yes, please complete the Day Care Supplemental Application.
 6. Does Applicant want corporal punishment coverage? Yes No
 Does your school's policy encourage or allow the use of corporal punishment? Yes No
 Is there a formal, written policy prohibiting the use of corporal punishment? Yes No
 Have there been any claims or incidents reported? Yes No
If yes, please explain the circumstances and details:
 7. Does Applicant have medical facility/infirmary? Yes No
 Does the facility dispense medication? Yes No
 Does the facility provide only immediate care / first aid? Yes No
 Does the facility only serve students and employees? Yes No
 Are there only over-the-counter drugs stored on premises? Yes No
 Are written instructions from parents required prior to dispensing any medications to minors? Yes No
 Is there any overnight care provided? Yes No
 How many beds are in the infirmary: _____
 Are there written operational procedures in place? Yes No
 Is there a medical professional on staff? Yes No
 If yes, please indicate which of the following and how many are employed by the Applicant:
 Physical Therapist: Psychologist: Dentist: RN:
 Nurse Practitioner: Physician: Counselor: _____
 Does the professional carry their own malpractice insurance? Yes No
If yes, who is the carrier and what limit is carried:
 Are medical history and care records kept for each patient? Yes No
 8. Are there any fraternities or sororities on the premises? Yes No

9. Does the Applicant sponsor camps?	Yes	No
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SECTION II – SECURITY

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|--|-----|----|
| 1. Are all visitors to the school required to sign in and out? | Yes | No |
| 2. Are there security guards at the school daily? | Yes | No |
| 3. Indicate the number of personnel providing security services:
Employed: Unarmed Security: Armed Security:
Contracted: Unarmed Security: Armed Security: | | |
| 4. When security is contracted to a third party, is the contractor's general liability / law enforcement professional liability policy required to name the educational institution as an additional insured?
If yes, does the third party maintain a minimum limit of liability coverage and indemnify the educational institution?
If yes, indicate the minimum limit of liability of general / policy professional liability coverage your institution requires: \$ | Yes | No |
| 5. Do security personnel have arresting authority? | Yes | No |
| 6. If there is employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons? | Yes | No |
| 7. Are criminal background checks and psychological reviews provided for all employed security?
If yes, how often are these checks and reviews conducted: Every Months | Yes | No |
| If no, explain: | | |
| 8. Is your security department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)? | Yes | No |
| 9. Does a mutual aid agreement exist with local city or county police? | Yes | No |
| 10. Does the Applicant permit staff, volunteers, or visitors to carry open or concealed firearms on your premises? | Yes | No |
| 11. If the Applicant does not permit open and/or concealed carry of firearms on any premises for which you are requesting insurance coverage do all locations have signage which conspicuously identifies the building as a Gun Free Zone? | Yes | No |
| 12. Do security personnel store weapons on premises? | Yes | No |
| 13. Do faculty, staff, or employees store weapons on premises? | Yes | No |
| 14. Does the Applicant's Weapons Ban Policy have any exceptions? | Yes | No |
| 15. Does the educational institution have emergency call boxes located throughout the campus that are connected directly to campus security or police? | Yes | No |
| 16. Does the educational institution provide after-hours security escort service for students? | Yes | No |

SECTION III - ATHLETICS

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|--|-----|----|
| 1. Does the Applicant obtain a signed release which includes a hold harmless agreement from the parents/guardians of all participants and obtained annually? | Yes | No |
| 2. Are there procedures in place to verify that parents / guardians carry their own health insurance? | Yes | No |
| 3. Are medical exams required for all participants in extra-curricular sports? | Yes | No |
| 4. Is someone who is trained in first aid always present during practices and games? | Yes | No |
| 5. Is Student Accident Insurance carried?
If yes, what is the limit carried? | Yes | No |
| 6. Does the school have a written concussion management protocol that is compliant with current state legislation? | Yes | No |
| a. Does the Applicant distribute the written protocol to coaches, parents, and players, and require the parent / guardian's acknowledgement that they have received and reviewed? | Yes | No |
| b. Does the protocol include training in recognizing the signs / symptoms of a concussion or other closed head injury? | Yes | No |
| c. Does the Applicant utilize base line testing?
Is the training required for all coaches and faculty involved in physical education or sports instruction? | Yes | No |
| d. Does the protocol when a concussion is suspected require: | | |
| i. removing the athlete or student from play? | Yes | No |
| ii. evaluation by an appropriated healthcare professional? | Yes | No |
| iii. informing the athlete or students' parents / guardians about the possibility of a concussion and giving them information about concussions? | Yes | No |
| iv. keeping the athlete or student out of play until an appropriate healthcare professional certifies that the athlete or student is symptom free and gives the OK for them to return to play? | Yes | No |

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|-----|---|-------------------|-----------------------|
| e. | Does the Applicant utilize any concussion impact monitoring technology? | Yes | No |
| i. | If yes, name of manufacturer: | | |
| ii. | Who monitors the data: | | |
| | Coaches | Employees | Volunteers |
| | | | 3 rd Party |
| 7. | Does the Applicant have any saddle animals or equestrian teams? | Yes | No |
| 8. | Does the Applicant have any swimming pools on the premises? | Yes | No |
| | If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| | If no, provide time table and action plan: | | |
| 9. | Number of athletic trainers: | | |
| 10. | Is the Applicant compliant with the Zackery Lystedt law? (only applicable in WA) | Yes | No |
| 11. | Bleachers: | | |
| | # of Outside: | Seating capacity: | How often inspected: |
| | # of Inside: | Seating capacity: | How often inspected: |
| 12. | Are any of the following offered? (check all that apply) | | |
| | Archery | Equestrian | Snow Skiing |
| | Bungee Jumping | Polo | Sky Diving |
| | Climbing (Mountain, Rock or Wall) | Rugby | Trampoline |
| | Crew/ Rowing | Scuba Diving | Water Skiing |
| | Other: | Other: | Other: |

SECTION IV – FIELD TRIPS

- | | | | |
|----|--|-----|----|
| 1. | Approximately how many field trips are sponsored each year? | | |
| 2. | Are all trips within the United States? | Yes | No |
| | If no, please list locations outside of the United States: | | |
| 3. | Describe the types of trips that are taken: | | |
| 4. | Is written permission / waiver obtained from each child's parent or guardian? | Yes | No |
| 5. | If parents/volunteers or staff vehicles are used, does Applicant obtain proof of Liability coverage? | Yes | No |

SECTION V – ABUSE & MOLESTATION

- | | | | |
|-----|--|-----|----|
| 1. | Does your employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? | Yes | No |
| 2. | Does your state permit you to do criminal background investigations? | Yes | No |
| | If yes, do you routinely request and receive such background investigations? | Yes | No |
| | Are federal and state criminal background checks performed on: | | |
| | Staff | Yes | No |
| | Volunteers | Yes | No |
| 3. | Do any independent contractors have access to students or perform operations where they will be physically touching another person? | Yes | No |
| | If yes, please explain: | | |
| 4. | Does the Applicant perform background checks on hired independent contractors? | Yes | No |
| 5. | Is there a new employee and volunteer orientation that includes training in abuse awareness? | Yes | No |
| 6. | Does the Applicant verify employment related references? | Yes | No |
| 7. | Does the Applicant conduct personal interviews? | Yes | No |
| 8. | Does the Applicant have written procedures dealing with sexual abuse? | Yes | No |
| | If yes, please attach a copy. | | |
| 9. | Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with students, both on and off premises such as class trips? | Yes | No |
| 10. | Does the Applicant have a Sexual Abuse Awareness Program for students? | Yes | No |
| 11. | Does the Applicant have a specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? | Yes | No |
| 12. | Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? | Yes | No |
| | If yes, please describe the incident: | | |
| 13. | Was a claim made against the organization? | Yes | No |
| 14. | Was the case settled? | Yes | No |
| 15. | Was the case taken to trial? | Yes | No |
| 16. | How much money was paid in damages to the victim: \$ | | |

17. Does Applicant's current insurance program provide abuse and molestation coverage? Yes No
If yes, Occurrence Claims Made
Limits: \$ Carrier: Retroactive Date:

SECTION VI - AUTOMOBILE

1. Does the Applicant use an independent school bus contractor to transport students? Yes No
a. If yes, are Certificates of Insurance required from the contractor? Yes No
If yes, attach Certificate of Insurance.
b. Is the school an additional insured on the contractor's policy? Yes No

2. Does the Applicant hire or borrow vehicles for non-busing purposes? Yes No
If yes, please describe purpose and length of time vehicles are hired or borrowed:

3. Approximately how many cars are hired or borrowed annually?
Total cost of hire, bus contractors: \$ Total cost of hire, other: \$

4. Are any buses leased or loaned to others or used by outside organizations? Yes No
If yes, please explain:

5. Number of employees using their own vehicles for school business (occasional or full-time use):

6. For those employees who use their own vehicles for school business, either full-time or occasionally, does the school require the employee to carry primary insurance? Yes No
If yes, what is the maximum limit the Applicant is requiring them to carry? \$

7. Does the Applicant have a full-time fleet manager? Yes No
If yes, please advise: Number of years in current position: Total number of years' experience:
If no, who is responsible for fleet safety and maintenance?

8. Does the school have a routine maintenance program for all vehicles? Yes No

9. Are maintenance records kept for each vehicle? Yes No

10. Does the Applicant's organization utilize GPS fleet telematics devices? Yes No
If yes, please check off the fleet telematics being utilized:
Plug In Hard Wired Mobile Phone Other:

11. What percentage of the Applicant's fleet is provided with these fleet telematics devices? %

12. Does the school obtain Motor Vehicle Reports on ALL employees? Yes No
If yes, when? At time of hire Annually Randomly (based on accidents or suspicions)

13. Does the Applicant have a formal driving policy in place with MVR standards? Yes No
a. Is driving policy communicated in writing to all employees? Yes No
Does the policy prohibit the use of cellphones / electronic messaging while driving? Yes No
b. Is a signed acknowledgement form kept on file? Yes No
If yes, please attach a copy of signed acknowledgement.
c. Does the Applicant have written guidelines defining an acceptable Motor Vehicle Record? Yes No
If yes, attach copy of guidelines.

14. What action is taken if an "unacceptable" driver is identifiable?

15. Does the Applicant perform accident investigations for each automobile accident? Yes No

16. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes No

17. Describe any ongoing training provided to drivers:

18. Describe security regarding bus / vehicle storage:
Locked Garage Fenced Lot Lighting Security Cameras
Security Personnel Vehicle Locked When Unattended Other:

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | |
|---|------|----|-----|
| 1. Fire Protection and Testing | | | |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines) | | | |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 3. Automatic Water Shutoff Devices | | | |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. Unused/Vacant Spaces | | | |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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 WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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.

APPLICABLE IN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
 Address of Applicant:
 City: State: Zip:
 Website: www:
 Nature of Operations:

1. Annual sales or revenue: \$

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)