



SCHOOLS RENEWAL APPLICATION

SUBMISSION REQUIREMENTS:

- Signed Statement of Values for blanket limits and / or Agreed Value
- Signed Educational Business Income Worksheet for blanket limits and/or Agreed Value or limits greater than \$1M at any one location
- An ACORD application, if **adding** Property, General Liability, Inland Marine, Crime, Autos or an Umbrella.
- Terrorism Relection / Rejection Form
- Automobile Selection / Rejection forms, if applicable

GENERAL APPLICANT INFORMATION

Date:

Applicant Name:

Renewal Effective Date:

Renewal of Policy Number:

Current website address: www.

Risk Management Contact:

Risk Management's Phone:

Risk Management's Email:

THERE HAVE BEEN NO CHANGES TO THIS POLICY'S COVERAGES

Please complete sections on SECURITY, ATHLETICS, and SEXUAL MISCONDUCT.

Sign and date at the bottom.

QUOTE RENEWAL WITH THE FOLLOWING CHANGES:

Mailing Address:

Deleting Location(s):

PROPERTY NO CHANGES

Does the school own any buildings that are vacant or unoccupied?

Yes No

If yes, please provide details for each building, including anticipated plans for the building.

Please note any changes to the following in regards to updates / replacement, etc.:

Roof: Plumbing: Wiring: Heating: Painting:

Delete / Amend the following:

CRIME NO CHANGES

Delete / Amend the following:

INLAND MARINE NO CHANGES

Delete / Amend the following:

GENERAL LIABILITY	NO CHANGES
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Please note any changes to the following exposures:

Pre-K /Daycare	Elementary (K-8 th)	High School (9 th -12 th)	College	Teachers
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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:

AUTO	NO CHANGES
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Delete vehicles as follows:

- | | | |
|---|------------|-------------------------------------|
| 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 numbers 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 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? | Yes | No |
| 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: | |

UMBRELLA Limit change: \$

If Umbrella covers Employer's Liability please provide the underlying carrier information:

Carrier:	Policy Term:	Policy Number:
Limit Each Accident: \$	Policy Limit: \$	Each Employee: \$

ACCREDITATION INFORMATION

- | | | |
|---|-------------------------|-----------------------------|
| 1. Is the Educational Institution accredited? | Yes | No |
| If yes, list accrediting organization(s): (check all that apply) | | |
| Middle States Commission on Higher Education | | |
| New England Association of Schools and Colleges Commission on Institutions of Higher Education | | |
| North Central Association of Colleges and Schools The Higher Learning Commission | | |
| Northwest Commission on Colleges and Universities | | |
| Southern Association of Colleges and Schools Commission on Colleges | | |
| Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges | | |
| WASC Senior College and University Commission | | |
| New York State Board of Regents | | |
| Accrediting Council for Independent Colleges and Schools | | |
| Distance Education and Training Council Accrediting Commission | | |
| Association for Biblical Higher Education Commission on Accreditation | | |
| Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission | | |
| The Association of Theological Schools in the United States and Canada Commission on Accrediting | | |
| Transnational Association of Christian Colleges and Schools Accreditation Commission | | |
| Other: | | |
| 2. Date of most recent review: | | |
| What was the outcome of the most recent review? | | |
| Accreditation Continued | Denial of Accreditation | Warning |
| Accreditation Continued – follow-up report requested | Probation | Withdrawal of Accreditation |
| Appeal | Show Cause | Other: |
| 3. Are all programs offered at the schools accredited by the above listed association(s)? | Yes | No |
| 4. Have any programs or degrees been accredited by additional specialist agencies? | Yes | No |
| If yes, please attach a listing of the program or degrees and the specialist agency. | | |
| 5. Does the Educational Institution offer job placement services for students? | Yes | No |
| If yes, is there a disclaimer signed by students acknowledging that there is no job placement guarantee? | | |
| | Yes | No |
| 6. What is the Educational Institution's course completion rate? | | % |
| 7. What is the Educational Institution's job placement rate? | | % |
| 8. What is the Educational Institution's loan default rate? | | % |
| 9. What is the percentage of online courses? | | % |
| 10. Has the Educational Institution or any of the Educational Institution's academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation? | Yes | No |
| 11. In the last 12 months, has the Educational Instituting eliminated or closed any academic programs, including music, arts or athletic programs? | Yes | No |
| 12. In the next 12 months, does the Educational Institution anticipate eliminating or closing any academic programs? | Yes | No |

SECURITY

- | | | |
|---|-------------------|-----------------|
| 1. Are there security guards at the school daily? | Yes | No |
| If no, please proceed to Question 8. | | |
| 2. Indicate the number of personnel providing security services: | | |
| Employed: | Unarmed Security: | Armed Security: |
| Contracted: | Unarmed Security: | Armed Security: |
| 3. 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? | Yes | No |

	If yes, does the third party maintain a minimum limit of liability coverage and indemnify the educational institution?	Yes	No
	If yes, indicate the minimum limit of liability of general / police professional liability coverage the Applicant's institution requires: \$		
4.	Do security personnel have arresting authority?	Yes	No
5.	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
6.	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:		
7.	Is the Applicant's security department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)?	Yes	No
8.	Does a mutual aid agreement exist with local city or county police?	Yes	No
9.	Does the Applicant permit staff, volunteers, or visitors to carry open or concealed firearms on the premises?	Yes	No
10.	If the Applicant does not permit open and / or concealed carry of firearms on any premises for which the Applicant is requesting insurance coverage, do all locations have signage which conspicuously identifies the building as a Gun Free Zone?	Yes	No
11.	Do security personnel store weapons on premises?	Yes	No
	Do faculty, staff, or employees store weapons on premises?	Yes	No
12.	Does the Applicant's Weapons Ban Policy have any exceptions?	Yes	No
	If yes, please provide a copy.		
13.	Does the educational institution have emergency call boxes located throughout the campus that are connected directly to campus security or police?	Yes	No
14.	Does the educational institution provide after-hours security escort service for students?	Yes	No

ATHLETICS

1.	Does the Applicant obtain a signed release which includes a hold harmless agreement from the parents / guardian 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?	Yes	No
d.	Is the training required for all coaches and faculty involved in physical education or sports instruction?	Yes	No
e.	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
f.	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

SEXUAL MISCONDUCT

- | | | | |
|--|-------|----------|------------|
| 1. Does the Applicant's 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 the school's state permit the Applicant to do criminal background investigations? | Yes | No | |
| If yes, does the school routinely request and receive such background investigations? | 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 a personal interview? | Yes | No | |
| 8. Does the Applicant have a written policy addressing sexual abuse, molestation, and harassment? | Yes | No | |
| If yes, are the policies communicated annually to: | Staff | Students | Volunteers |
| 9. Does the Applicant maintain documentation of the communication of the policies prohibiting sexual abuse, molestation and harassment? | Yes | No | |
| 10. Does the Applicant have written procedures for dealing with and reporting sexual abuse, molestation, and harassment? | Yes | No | |
| 11. Are the Applicant's policies and procedures regarding sexual abuse, molestation, and harassment reviewed by counsel and updated on a periodic basis? | Yes | No | |

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:
Website: www:
Nature of Operations:

State: Zip:

-
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 a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)