

## GENERAL INFORMATION

Date of survey: \_\_\_\_\_ Insurance Renewal Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

FEIN: \_\_\_\_\_  
(Please include all organizations that are to be included as insureds)

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## BUSINESS INFORMATION

Which best describes your business (please check one):

☐ Campground (Tents only)

☐ RV and Campground

☐ Cabins/Lodge/Modular Units

☐ Youth Camp

☐ Other (please describe): \_\_\_\_\_

Description of organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other \_\_\_\_\_

Years in operation: \_\_\_\_\_ (Minimum Requirement: 3 Years in Operation)

Is your business currently up for sale? ☐ Yes ☐ No

Has your business had any changes in ownership over the past 3 years? ☐ Yes ☐ No

If so please provide details: \_\_\_\_\_

Has your business filed for bankruptcy and/or been in receivership within the last 3 years? ☐ Yes ☐ No

Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? ☐ Yes ☐ No

If yes, please provide dates, coverage and explanation: \_\_\_\_\_

Are you a member of any state or regional association or franchise? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

## INSURANCE AGENT INFORMATION

Agent's Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency telephone: \_\_\_\_\_ Agency fax: \_\_\_\_\_

Date proposal is needed: \_\_\_\_\_ Agency e-mail address: \_\_\_\_\_

Do you currently write this account? ☐ Yes ☐ No

If yes, for how long? \_\_\_\_\_

Carrier Name? \_\_\_\_\_

Is the account Sub-Brokered? ☐ Yes ☐ No

If yes, please indicate Agency Name: \_\_\_\_\_

## ADVENSURE PROGRAM

### Real and Personal Property Information

Please complete and attach a property ACORD application.

What fire control water sources are available?

☐ Fire Hydrant    ☐ Pool    ☐ Pond/Lake    ☐ Water Tank    ☐ Other, please specify: \_\_\_\_\_

Are there buildings at your facility with limited access due to forest, terrain or season? ☐ Yes ☐ No

Are your buildings located in heavily wooded areas? ☐ Yes ☐ No

Is the clearing from forest/wooded areas greater than 150 feet? ☐ Yes ☐ No

Are your buildings occupied year round? ☐ Yes ☐ No

If no, is there a caretaker on site? ☐ Yes ☐ No

If no, are buildings winterized? ☐ Yes ☐ No

Are there smoke alarms in all corridors and sleeping quarters? ☐ Yes ☐ No

Do any buildings have cooking facilities? ☐ Yes ☐ No

If yes, list location numbers: \_\_\_\_\_

Do any buildings have wood burning fireplaces and/or woodstoves? ☐ Yes ☐ No

If yes, list location numbers: \_\_\_\_\_

Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? ☐ Yes ☐ No

If yes, list location numbers: \_\_\_\_\_

#### Dock Information

If requesting property coverage for docks please provide pictures and answer the following questions:

Indicate the number of Docks \_\_\_\_\_

Indicate the number of Boat Slips \_\_\_\_\_

Does the water around your dock freeze? ☐ Yes ☐ No

Are the docks removed? ☐ Yes ☐ No

#### CGL LIMITS OF INSURANCE

Each Occurrence/General Aggregate ☐ \$300,000/\$600,000 ☐ \$500,000/\$1 million

☐ \$1 million/\$2 million ☐ \$1 million/\$3 million

Damage to Rented Premises ☐ \$100,000

Employee Benefits Liability\*\* ☐ \$300,000/\$600,000 ☐ \$500,000/\$1 million

(claims made only)

☐ \$1 million/\$2 million ☐ \$1 million/\$3 million

Retroactive Date: \_\_\_\_\_

\*\*Employee Benefits Liability not available in MT, NY and TX

## ADVENSURE PROGRAM

### CERTIFICATES OF INSURANCE & ADDITIONAL INSURED

List any entities that need Certificates of Insurance or Additional Insured endorsements for liability coverage.  
For Additional Insureds, describe their interest in your business.

Loc. No.	Name & Address	Certificate of Insurance	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			

### OPERATIONS

Is your business open year round?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, provide the number of months you are open? _____		
Do you or a manager live on the premise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is there separate homeowners or tenants coverage in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please complete the Personal Liability Supplement.		
Do you have any dogs on the premise (other than those owned by your guests)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: What breed(s)? _____		
Are your dogs ever allowed into guest areas or around guests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you allow your guests to bring pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the park have a security patrol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the security patrol armed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the park fenced or gated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a formal maintenance program for the grounds and public traffic areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide mechanical service and/or sell mechanical parts for RV units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide storage for RV's and/or travel trailers owned by others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the maximum number stored and length of time: _____		
Do you sell alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please complete and attach the Liquor Supplement.		

## ADVENSURE PROGRAM

### REVENUE AND ACTIVITIES

Prior 12 month's actual total receipts: \$ \_\_\_\_\_

Next 12 month's estimated total receipts: \$ \_\_\_\_\_

Do any of your guests rent any units for a period greater than 6 months (RV Pads, Park Models/Modulars, etc.)? ☐ Yes ☐ No

If yes, what is the percentage of total receipts: \_\_\_\_\_ %

Do you require guests and/or visitors to sign an acknowledgment of risk or liability waiver? ☐ Yes ☐ No

Revenue Generating Activities Conducted	# of Units	Revenue
<input type="checkbox"/> Gasoline Sales	_____ Gallons	\$ _____
<input type="checkbox"/> General Store		\$ _____
<input type="checkbox"/> Hobby Shops or Classes, explain: _____		\$ _____
<input type="checkbox"/> LP Gas Sales (complete section below)	<input type="checkbox"/> Gallons _____ <input type="checkbox"/> Lbs.	\$ _____
<input type="checkbox"/> Restaurant/Snack Bar (complete section below)		\$ _____
<input type="checkbox"/> Special Events (complete section below)		\$ _____
<input type="checkbox"/> Watercraft Rentals (complete section below)		\$ _____
<input type="checkbox"/> RV or Trailer Sales & Service		

What revenue generating activities, other than those identified above, are conducted or take place at your park?

\_\_\_\_\_

Is your premise open to the general public for day use other than camping? ☐ Yes ☐ No

If yes, for what type activities? \_\_\_\_\_

### LP GAS DISTRIBUTION

Do you distribute LP Gas tanks filled by others? ☐ Yes ☐ No

If yes, do you require a certificate of liability insurance from the vendor? ☐ Yes ☐ No

Do you fill LP gas tanks? (If yes, please complete the questions below) ☐ Yes ☐ No

Do you have documentation that LP Fill Station meets all state and local LP codes? ☐ Yes ☐ No

Are employees certified and trained to fill LP gas tanks? ☐ Yes ☐ No

Is the fill station fenced or secured? ☐ Yes ☐ No

How many fixed LP Gas tanks do you have on premise? \_\_\_\_\_

## ADVENSURE PROGRAM

### RESTAURANT/SNACK BAR INFORMATION

What best describes your food establishment?

☐ Snack Bar Only    ☐ Restaurant with Table Service    ☐ Restaurant without Table Service

Do you sell alcohol?

☐ Yes    ☐ No

If yes, please complete the Liquor Supplement.

If yes, what percent of restaurant sales is generated from the sale of alcohol? \_\_\_\_ %

What percent of sales are generated from non-camping guests? \_\_\_\_ %

### SPECIAL EVENT INFORMATION

Do you hold any of the following events? (Please check all the apply)

☐ Auto Shows

☐ Concerts

☐ Fairs/Festivals

Do you have amusement rides?

☐ Yes    ☐ No

If yes, are the amusement rides owned?

☐ Yes    ☐ No

☐ Fireworks

Is a certified pyrotechnic professional used?

☐ Yes    ☐ No

If yes, do you obtain a certificate of liability insurance?

☐ Yes    ☐ No

☐ Flea Markets

☐ Reunions/Wedding Receptions, etc.

☐ Other, please specify: \_\_\_\_

Do you provide the catering at these functions?

☐ Yes    ☐ No

Do you sell alcohol at any of these functions?

☐ Yes    ☐ No

If yes, please complete the Liquor Supplement

Are any services provided by subcontractors or concessionaires?

☐ Yes    ☐ No

If yes, for what purpose? \_\_\_\_

If yes, do you obtain a certificate of liability insurance?

☐ Yes    ☐ No

## ADVENSURE PROGRAM

### WATERCRAFT LIABILITY

Do you supply/rent any watercraft to your guests? ☐ Yes ☐ No

Do you offer guided services? ☐ Yes ☐ No

On what type of water does use take place? (Please check all that apply).

☐ Rivers ☐ Lakes/Ponds ☐ Ocean ☐ Bays/Inlets

If use takes place on rivers, what is the river classification(s)?

☐ Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Class V

Are life vests/personal floatation devices required? ☐ Yes ☐ No

Are life vests/personal floatation devices provided to your guests? ☐ Yes ☐ No

Do you permit water skiing with the use of your watercraft? ☐ Yes ☐ No

### Non-Motorized Watercraft

Boat Type	Number Used
<input type="checkbox"/> Canoes/Kayaks	_____
<input type="checkbox"/> Row Boats/Paddle Boats	_____
<input type="checkbox"/> Float Tubes/Rafts	_____

### Motorized Watercraft

Year	Make & Model	Length	HP	OB / IB / IO	# Pass	Guest Operated
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*\*If physical damage/hull coverage is required, please attach the applicable ACORD application\*\***

## ADVENSURE PROGRAM

### RECREATIONAL ACTIVITIES

Activities Conducted
<input type="checkbox"/> Horseback/Pony Riding (complete section below)
<input type="checkbox"/> Petting Zoo Is the area fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Playground (please attach photos) How many? _____
<input type="checkbox"/> Pools/Swimming Areas (complete section below and attach photos)
<input type="checkbox"/> Sleigh/Wagon Rides (complete section below)
<input type="checkbox"/> Tennis/Basketball Court
<input type="checkbox"/> Go-Karts
<input type="checkbox"/> Trampolines or Jump Horses

What recreational activities, other than those identified above, are conducted or take place at your park?

### HORSEBACK/PONY RIDING INFORMATION

What is the total number of horses available for guest riding? \_\_\_\_\_

What is the youngest rider you will allow on a horse? \_\_\_\_\_ years old

Do you require the use of helmets for all riders age 12 and under?

☐ Yes

☐ No

Do you ever allow double riding?

☐ Yes

☐ No

Do you conduct a pre-ride safety briefing with guests?

☐ Yes

☐ No

Do you provide a written safety manual outlining procedures to staff members?

☐ Yes

☐ No

List any reasons why you would decline a person from riding (health, age, alcohol, etc).

Do you operate pony rides?

☐ Yes

☐ No

If yes, is the pony hand led?

☐ Yes

☐ No

What is the youngest rider you will allow on a pony? \_\_\_\_\_ years old

## ADVENSURE PROGRAM

### SLEIGH/WAGON RIDES

Ride Type: ☐ Wagon ☐ Sleigh ☐ Surrey ☐ Other: \_\_\_\_\_

Conveyance Type: ☐ Tractor ☐ Horse ☐ Other: \_\_\_\_\_

Rides take place on: ☐ Public Roads ☐ Public Areas ☐ Private Land (your premise)

Maximum Number of Passengers: \_\_\_\_\_

Are rides operated and/or supervised by park employees? ☐ Yes ☐ No

### POOL & SWIMMING AREAS

How many of each: \_\_\_\_\_ Pools \_\_\_\_\_ Lakes/Ponds \_\_\_\_\_ Other: please specify: \_\_\_\_\_

Are your swimming facilities open to the general public? ☐ Yes ☐ No

Are pool areas fenced? ☐ Yes ☐ No

If yes, does it have a childproof, self-locking gate? ☐ Yes ☐ No

Are all other swimming areas roped off or clearly defined? ☐ Yes ☐ No

Is the depth of the swimming area clearly marked? ☐ Yes ☐ No

Are life rings or buoys provided? ☐ Yes ☐ No

Is there a lifeguard on duty? ☐ Yes ☐ No

If no, is there a sign indicating "No lifeguard, swim at your own risk, no diving"? ☐ Yes ☐ No

Is a trained employee available for emergencies? ☐ Yes ☐ No

Do you have any diving boards? ☐ Yes ☐ No

Do you have a waterslide? ☐ Yes ☐ No

If yes, what is the length & height of the slide? \_\_\_\_\_ Length \_\_\_\_\_ Height

Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool & Spa Safety Act? ☐ Yes ☐ No

### EXCESS LIABILITY

Desired Limit of Insurance (maximum \$5 million): \$ \_\_\_\_\_

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1million bodily injury by accident/\$1 million bodily injury by disease/\$1 million bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer\*: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

Employers Liability (Coverage B) Limits: \$ \_\_\_\_\_ Bodily Injury by Accident

\$ \_\_\_\_\_ Bodily Injury by Disease

\$ \_\_\_\_\_ BI by Disease Policy Limit

*\*Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*



## ADVENSURE PROGRAM

### ADDITIONAL COVERAGES AVAILABLE

---

For Business Automobile, Commercial Crime and/or Inland Marine, please attach applicable ACORD applications.

### PREMIUM HISTORY

---

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): _____	\$ _____ (current year)
Carrier(s): _____	\$ _____ (1 <sup>st</sup> prior year)
Carrier(s): _____	\$ _____ (2 <sup>nd</sup> prior year)

### SUBMISSION REQUIREMENTS

---

Attachments to this application must include the following:

- Five years of currently valued, hard copy loss runs, including loss details and descriptions (for all lines requested).
- A complete drivers list with driver names, license numbers, dates of birth and date of hire (if auto coverage requested).
- Copies of motor vehicle reports for all drivers (if auto coverage requested).
- All available brochures.
- Copies of waivers currently in use.
- Park rules, including any pet rules and/or membership agreements.

A quotation will not be offered if the attachments are not included with the application.

## APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

### APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection Arizona law requires the following statement to appear on this form, any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully decreasing any claim for benefit or payment or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for either of said purposes, under this chapter shall be guilty of a Class D felony.

### APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

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 DELAWARE - DELAWARE FRAUD STATEMENT

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

### APPLICABLE IN IDAHO - IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

### APPLICABLE IN INDIANA - INDIANA FRAUD STATEMENT

Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

### APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

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.

### APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT

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.

### APPLICABLE IN MARYLAND - MARYLAND FRAUD STATEMENT

Any person who knowingly and willfully presents a false or fraudulent claim for payment for 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.

### APPLICABLE IN MINNESOTA - MINNESOTA FRAUD STATEMENT

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### APPLICABLE IN NEBRASKA - NEBRASKA FRAUD STATEMENT

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 may subject the person to criminal and civil penalties.

### APPLICABLE IN NEW HAMPSHIRE - NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

### APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### APPLICABLE IN NEW MEXICO - NEW MEXICO FRAUD STATEMENT

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.

### APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

**Other than Auto:** 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 violation.

**Auto:** Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

## ADVENSURE PROGRAM

### APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

Any person who, with the 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.

### APPLICABLE IN OKLAHOMA – OKLAHOMA WARNING

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.

### APPLICABLE IN OREGON – OREGON FRAUD STATEMENT

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 may subject the person to criminal and civil penalties.

### APPLICABLE IN PENNSYLVANIA – PENNSYLVANIA FRAUD STATEMENT

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 TENNESSEE - TENNESSEE FRAUD STATEMENT

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.

### APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

For your protection, Utah law requires the following to appear on this form: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

### APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT

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 may subject the person to criminal and civil penalties.

### APPLICABLE IN VIRGINIA – VIRGINIA FRAUD STATEMENT

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.

### APPLICABLE IN WASHINGTON – WASHINGTON FRAUD STATEMENT

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.

### APPLICABLE IN WEST VIRGINIA – WEST VIRGINIA FRAUD STATEMENT

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.

### GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OK, OR, or VT; in DC, LA, ME, TN, VA, and WA, insurance benefits may also be denied).

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

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

Date: \_\_\_\_\_

Name and title (please print): \_\_\_\_\_

Insurance Broker's Signature \_\_\_\_\_

Date: \_\_\_\_\_