

Therapeutic Riding Supplemental Application

Applicant: _____
Quote #: _____

Broker: _____ Number: _____
Requested Effective Date: _____

**All Therapeutic Rides must utilize Safety Helmets to be eligible for coverage consideration.
All Therapeutic Rides must be given in an enclosed area to be eligible for coverage consideration. Rope or Wire enclosures are not permitted.**

Do you operate your Therapeutic Riding operations under another name? Yes No
If yes, please provide: _____

Do you offer Therapeutic Riding in cooperation with other organizations? Yes No
If yes, please provide name of organization and explain: _____

Years experience providing Therapeutic Riding: _____
Please describe any certifications/accreditations/licenses your operation has pertaining to Therapeutic Riding: _____

Please indicate types of activities you provide along with the percentage of your operation they represent:

<input type="checkbox"/> Recreational Riding for Individuals with Disabilities _____ %	<input type="checkbox"/> Therapeutic Driving _____ %	<input type="checkbox"/> Competitions for Riders with Disabilities _____ %
<input type="checkbox"/> Therapeutic Vaulting _____ %	<input type="checkbox"/> Hippotherapy _____ %	<input type="checkbox"/> Equine Assisted Therapy _____ %
<input type="checkbox"/> Equine Facilitated Therapy _____ %	<input type="checkbox"/> Equine Assisted Psychotherapy _____ %	
<input type="checkbox"/> Other (Please explain and provide percentage): _____		

Total Therapeutic Rides given annually: _____	Average number of weekly Therapeutic Rides: _____
Maximum number of horses used at one time: _____	Total number of Instructors at one time: _____
Total number of Volunteers at one time: _____	Total number of Volunteers per each rider: _____

Do you offer Therapeutic Rides year-round? Yes No
If no, please provide dates of operation: _____

Does your operation have outside Therapists/Instructors present during Therapeutic Rides? Yes No
If yes, please explain their certifications and activities: _____

Please indicate the types of disabilities individuals have which your operation provides Therapeutic Rides to:

<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Brain Injuries
<input type="checkbox"/> Spinal Cord Injuries	<input type="checkbox"/> Cardiovascular accident	<input type="checkbox"/> Stroke	<input type="checkbox"/> Amputations	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Deafness	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Emotional Disabilities
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Other (Please explain): _____						

Do you have medical permission forms on record for all riders? Yes No

Are Safety Helmets mandatory? Yes No
Other safety procedures (explain): _____

Do you ever fasten (tie) riders to any part of the saddle or horse? Yes No
If yes, please explain: _____

Are all Therapeutic Rides conducted in an enclosed area? Yes No
Please describe enclosure and fencing: _____

Please describe any Non-Equestrian activities associated with your Therapeutic Riding activities: _____

Please list any fundraising, promotional activities, or other events open to the public:
Public event date(s): _____ Description of event: _____ Location of event: _____
Description of event activities: _____

REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.

Average charge per Therapeutic Ride (if any): \$ _____ Annual Gross Revenue from Therapeutic Riding: \$ _____

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GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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 committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

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, District of Columbia, Louisiana, Oregon, Rhode Island, 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.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Florida - 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 of the third degree.

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.

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 denial of insurance benefits.

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New Jersey, 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.

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.

Tennessee, Virginia, 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.

DECLARATION

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):

Your failure to disclose any material information that could reasonably result in a claim may result in the insurance policy/coverage that you are applying for being void and/or subject to rescission. If any of the information in this application has been falsely stated by you or if material information has not been disclosed by you which may influence the Company's underwriting decision, any insurance policy/coverage issued to you by the Company may be void and/or subject to rescission.

I/We, the undersigned, confirm to the best of my/our knowledge and belief that the above statements are true, complete and correct, and that I/we have disclosed all material information. I/We acknowledge that this application is not a binder of insurance coverage or an insurance policy. I/We acknowledge my/our completion of this application does not obligate me/us to purchase an insurance policy/coverage from the Company. I/we further acknowledge that the information provided by me/us in this application will be the primary basis for the underwriting of any insurance policy/coverage that may be issued by the Company to me/us. I/We also acknowledge that my/our operation may be subject to inspection by the Company or its authorized representative.

This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.

Applicant Signature _____ Date: _____

Broker Name: _____ Date: _____

Broker Signature: (NH only) _____ Date: _____

License Number: _____

Equine Commercial General Liability

Star **H** Equine Insurance
 PO Box 2250
 Advance, NC 27006
 877-827-4480



Broker: _____ Broker Number: _____
 Broker License Number: _____
 Policy and/or Renewal #: _____
 Requested Effective Date: _____

Note: Incomplete applications will be returned to the applicant.

Applicant: _____ Business Name: _____
 Mailing Address: _____ Contact Person: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: _____ Website: _____ Email: _____

Applicant's Ownership Structure: Individual Corporation Association Partnership

Location of business if different from above. If multiple locations are utilized, please attach a separate sheet.

Use: _____
 Address: _____
 City: _____ County: _____ State: _____ Zip: _____

Does the applicant: Own or Lease Pay Plan Desired? Yes No **Ask your broker for more information.**

Is applicant currently insured? Yes No
Most recent or present insurance company: _____ **Annual premium: \$** _____

Has the applicant had any liability claims or reported incidents in the past five years? Yes No

Has the applicant had coverage cancelled or refused in the past five years? (Not applicable in Missouri.) Yes No

Attach a separate sheet to explain all claims and reported incidents for the past five-year period. Give dates, cause of loss, and amount paid.

Are there any prior criminal convictions or pending criminal charges against any person named on the policy? Yes No

If yes, attach a separate sheet and explain.

Has any person named on the policy ever been suspended from, or had membership terminated by, any equine association? Yes No

If yes, attach a separate sheet and explain.

Limits of Liability

Each Occurrence Limit (Select one)	\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
General Aggregate Limit	\$300,000	\$500,000	\$1,000,000
Fire Damage Limit (Any one Fire)	\$50,000	\$50,000	\$50,000
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000
Double Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$600,000	\$1,000,000
Triple Aggregate Limit desired	Yes <input type="checkbox"/> No <input type="checkbox"/>	NA	NA
<i>(Note: Only available with \$1,000,000 Occurrence Limit)</i>			

Comprehensive Personal Liability desired Yes No *(Only available with Farm Property coverage)*

Excess Coverage desired Yes No *(Note: Requires \$1,000,000 Occurrence Limit, and \$2M or \$3M Aggregate Limit.)*

Excess limits (Each Occurrence and General Aggregate) \$1m \$2m \$3m \$4m \$5m

Optional Coverages – Subject to eligibility and underwriting approval.

Equine Personal Liability desired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Products and Completed Operations desired	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Race Horse Owner's Liability desired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Personal and Advertising Injury desired	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equine Professional Liability desired	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Comprehensive Personal Liability Only Desired Yes No *(Only available with Farm Property coverage)*

Each Occurrence Limit (Select one)	\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
General Aggregate Limit	\$600,000	\$1,000,000	\$2,000,000
Medical Payments (Any one Person)	\$5,000	\$5,000	\$5,000

Additional Insureds

List Additional Insureds and describe their connection to your equine activities. Independent Trainers, Instructors, and Clinicians are not eligible as Additional Insureds and should be listed on the next page for coverage consideration. Do not list employees.

Name: _____ Address: _____ Relationship: _____

- 1. _____
- 2. _____
- 3. _____

Summary of Equine Activities

Description of your operation: _____

Years experience with horses: _____ Professional years operating this type of an operation as a business: _____

Please describe your equine education, competition experience, officiating, judging, instructors licenses, etc.: _____

If you are not the primary manager, Manager's Name: _____ Age: _____ Years Exp: _____

24-hour supervision of facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency numbers posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety & Barn Rules posted and written out	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>
Current liability waivers utilized	Yes <input type="checkbox"/> <i>Enclose copies.</i>	No <input type="checkbox"/>
State Equine Activity signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Drills conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No Smoking signs posted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke Alarms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoking allowed in barns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shoes with heels required for riders	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Riding Helmets are Required:

- By everyone ALL OF THE TIME
- 18 and under ALL OF THE TIME
- Everyone while jumping/speed work
- Only 18 and under while jumping
- Not required

Is all fencing in good condition? Yes No

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: _____

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.

Owned / Leased Horses

Total number of horses you own: _____

Total number of horses you lease from others: _____

Maximum number of horses you own or lease from others taken off premises (horse shows etc.): _____

Maximum number of horses you lease to others on premises: _____

Maximum number of horses you lease to others off premises: _____

Maximum number of horses used for **Riding Instruction / School Horses**: _____

Do you use any horses for driving, pulling, or work? Yes No

If yes, please explain: _____

Do you own Race Horses? Yes No If yes, number of Race Horses owned: _____

If yes, please indicate breed, type of racing activity your horse(s) participate in, and give a brief description of your Race Horse participation. (Note: If racing is your primary activity, please complete the Race Horse Owner's & Trainer's CGL application.) _____

Breeding Yes No Average Stud Fee charged: \$ _____

Total number of stallions standing stud (Live and A.I.) on premises: _____

Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises: _____

Total number of mares covered annually on premises: _____

Total number of mares, which you own, covered annually off premises: _____

Boarding Yes No

What is the total number of horses boarded monthly: Maximum: _____ Minimum: _____ Average: _____

Average number of horses on: Full Board: _____ Pasture Board: _____

Monthly charge per horse: Full Board: \$ _____ Pasture Board: \$ _____

Total number of stalls on premises: _____

Horse Sales		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
How many horses do you sell annually:		Owned by you: _____		Owned by others: _____		Total: _____
Average value of horses sold:		Owned by you: \$ _____		Owned by others: \$ _____		
Training		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Average number of horses in full training monthly, including Independent Trainers' On Premises Training :		_____				
Average number of training rides weekly on horses not in full training:		_____				
Independent Trainers		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Must be 18 years or older)</i>		
1. _____	Years Exp. _____	2. _____	Years Exp. _____			
3. _____	Years Exp. _____	4. _____	Years Exp. _____			
Riding Instruction		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anyone under 21 giving riding instruction:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of instruction: _____						
<i>Operation's Total Riding Instruction, both On and Off Premises, including Independent Instructors' On Premises Instruction.</i>						
Total lessons given annually: _____		Average number of weekly lessons given on <i>Client's Own</i> horse(s): _____				
Average cost per lesson: \$ _____		Average number of weekly lessons given on <i>School/Insured's</i> horse(s): _____				
Any Day Camp activities? Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>(If yes, the Equestrian Day Camp Supplemental Application must be completed.)</i>				
Independent Instructors		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Must be 18 years or older)</i>		
1. _____	Years Exp. _____	2. _____	Years Exp. _____			
3. _____	Years Exp. _____	4. _____	Years Exp. _____			
Officiating/Judging		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total show days Judging / Officiating annually: _____		
On Premises Riding Clinics		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ No. of participants per day: _____		
Clinic Dates: _____						
Description of Clinic: _____						
Off Premises Riding Clinics		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Clinic Days: _____ No. of participants per day: _____		
Clinic Dates: _____						
Description of Clinic: _____						
Note: <i>If dates have not been set, <u>Written Notice</u> of the clinic must be received in our office prior to the clinic date. Coverage is not provided for clinic dates that have not been declared to the Company in advance of the clinic.</i>						
Host Shows / Events		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please provide a description of the show/event (such as show, rodeo, gymkhana, etc.) along with descriptions of the types of classes/events offered. Where possible, please provide a show/event bill or flyer or last year's flyer. Use extra pages as necessary.</i>		
Hosted Sanctioned Show Days per year: _____		Sanctioning Organization(s): _____				
Event/Show date(s): _____						
Description of event: _____		Description of event activities: _____				
Average number of participants per Show / Event: _____		Average number of spectators per Show / Event Day: _____				
Maximum number of participants: _____		Maximum number of spectators: _____				
Hosted Non-Sanctioned Show Days per year: _____						
Event/Show date(s): _____						
Description of event: _____		Description of event activities: _____				
Average number of participants per Show / Event: _____		Average number of spectators per Show / Event Day: _____				
Maximum number of participants: _____		Maximum number of spectators: _____				
Note: <i>If dates have not been set, <u>Written Notice</u> of the show/event must be received in our office prior to the show/event date. Coverage is not provided for show/event dates that have not been declared to the Company in advance of the show/event.</i>						
Tack Store / Retail Sales		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(Tack manufacturing and repair not eligible.)</i>		Annual Gross Revenue from Sales: _____
If yes, please describe types of items sold and locations where items are sold: _____						
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Arena / Facility Rentals

Do you rent your facility to others?

Yes No

If yes, please explain to whom, how often, and for what types of events. Please also submit the written guidelines for use of the facility and any rental agreements / user guides.

Pony RidesYes No

(If yes, the Pony Rides Supplemental Application must be completed.)

Horse Drawn Vehicle RidesYes No

(If yes, the Horse Drawn Vehicle Rides Supplemental Application must be completed.)

Do you own dogs?Yes No

If yes, how many, what type, and for what purpose: _____

Are other dogs permitted at your facility or at any events you host?

Yes No

If yes, please explain your policy regarding dogs: _____

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? (If yes, attach details on a separate page.)

Yes No **Other animals on premises?**Yes No

If yes, how many, what type, and for what purpose: _____

Hunting on premises?Yes No

If yes, by:

 Owners Others

Do you charge a fee?

Yes No

Please explain hunting activities: _____

Swimming pool on premises?Yes No

If yes, do you have a security fence around your pool?

Yes No

Is the pool for your personal use only?

Yes No

If no, please explain: _____

Is alcohol permitted on premises?Yes No

If yes, describe: _____

Is alcohol sold, served, or furnished on premises?

Yes No

If yes, describe: _____

Note: The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

Is CARE, CUSTODY OR CONTROL (CCC) coverage desired?

Yes No

The CCC rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. Coverage is not available to Commercial Haulers. Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.

Select from the limits below. Premiums shown are for up to 20 horses.

	Maximum Limit Per Horse	Aggregate Limit Per Year	Annual Base Premium	Per horse over 20 horses
<input type="checkbox"/> 1)	\$5,000	\$25,000	\$300.00	\$5.00
<input type="checkbox"/> 2)	\$5,000	\$50,000	\$375.00	\$8.00
<input type="checkbox"/> 3)	\$10,000	\$50,000	\$400.00	\$9.00
<input type="checkbox"/> 4)	\$10,000	\$100,000	\$475.00	\$10.00
<input type="checkbox"/> 5)	\$15,000	\$100,000	\$500.00	\$13.00
<input type="checkbox"/> 6)	\$25,000	\$100,000	\$550.00	\$15.00
<input type="checkbox"/> 7)	\$25,000	\$250,000	\$600.00	\$17.00
<input type="checkbox"/> 8)	\$25,000	\$300,000	\$700.00	\$18.00
<input type="checkbox"/> 9)	\$50,000	\$300,000	\$1,100.00	\$20.00
<input type="checkbox"/> 10)	\$100,000	\$300,000	\$1,400.00	\$25.00
<input type="checkbox"/> 11)	\$100,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 12)	\$250,000	\$500,000	Submit for Quote	
<input type="checkbox"/> 13)	\$500,000	\$1,000,000	Submit for Quote	

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium.

No

(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Do you transport horses in your Care, Custody or Control? Yes No

If yes, how often, for what reasons, and for whom you transport horses: _____

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.) Yes No

If yes, please describe: _____

Type and capacity of your horse trailer(s): _____

Are your horse trailers in good repair? Yes No

Are your horse trailers on a regular maintenance program? Yes No

Annual Gross Revenues from Equine Activities

Leasing out horses: \$ _____	Breeding: \$ _____	Boarding: \$ _____	Horse Sales: \$ _____
Training: \$ _____	Riding Instruction: \$ _____	Day Camps: \$ _____	Officiating: \$ _____
Riding Clinics: \$ _____	Hosting Shows: \$ _____	Tack/Retail Sales: \$ _____	Arena Rentals: \$ _____
Pony Rides: \$ _____	Horse Vehicle Rides: \$ _____	Other (): \$ _____	(Explain below.)
Total Annual Gross Revenue:			\$ _____

Note: If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

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(Not applicable in the states mentioned below where a specific warning applies.)

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Florida - 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 of the third degree.

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.

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.

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New Jersey, 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.

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 or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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.

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I/We, the undersigned, confirm to the best of my/our knowledge and belief that the above statements are true, complete and correct, and that I/we have disclosed all material information. I/We acknowledge that this application is not a binder of insurance coverage or an insurance policy. I/We acknowledge my/our completion of this application does not obligate me/us to purchase an insurance policy/coverage from the Company. I/We further acknowledge that the information provided by me/us in this application will be the primary basis for the underwriting of any insurance policy/coverage that may be issued by the Company to me/us. I/We also acknowledge that my/our operation may be subject to inspection by the Company or its authorized representative.

This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.

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.

(Must be signed and dated)

Applicant's Signature: _____ Date: _____

Broker Signature: _____ Date: _____
(required in NH)