

GUIDED RECREATION PROGRAM APPLICATION

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

Named Insured as it is to appear on the policy:															
DBA:															
FEIN/SS:	Corporation	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLP	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other	<input type="checkbox"/>			
Mailing Address:															
Inspection Contact Name	Phone Number:														
Website Address:	E-Mail Address														
Business Location Address #1:															
Business Location Address #2:															
Description of Operations:															
Do you conduct any Operations, Businesses or Activities not to be covered under this application of insurance?										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If "yes", please describe:															
Effective Date:				Expiration Date:				Operating Season:							
Length of time In Business:				Total Management Experience in this type of Operation:											
Limits of Liability Required:	Per Occurrence:			Aggregate:											
Deductible per Claim:	\$500	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>							
Additional Insured (As they are to appear on the Policy):							Check Here if None: <input type="checkbox"/>								
Name			Address						interest of the Additional Insured						
Has Your Insurance Ever Been Cancelled or Non-Renewed?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
If Yes - Please explain:															

Submission requirements for all Operations:	
<input type="checkbox"/>	Copy of Waivers Used by the insured
<input type="checkbox"/>	Copy of equipment inspection logs
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to Your Staff Members
<input type="checkbox"/>	Three Years of Currently Valued Loss Runs from Prior Carrier
<input type="checkbox"/>	Resume of Owners or Summary of Experience if a New Venture, New Purchase or have been in business less than 3 years

PRODUCING AGENT INFORMATION		
Name of Agent	Address	Telephone Number

PRIOR CARRIER INFORMATION

NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

REVENUE BREAKDOWN FOR ALL ACTIVITIES

TOTAL GROSS REVENUES FOR ALL ACTIVITIES: \$ _____

*** NEW VENTURES MUST PROVIDE THEIR ANTICIPATED / PROJECTED GROSS REVENUES "TBD" OR BLANK IS NOT ACCEPTED

GUIDED ACTIVITIES COVERED	# GUIDES	GROSS REVENUES	No Exposure
CAMPING			
CANOE & KAYAK TRIPS			
CROSS COUNTRY SKIING			
DOWNHILL SKIING / SNOWCAT OPERATIONS			
FISHING			
HIKING / BACKPACKING			
HUNTING			
MOUNTAIN BICYCLE TRIPS			
MOUNTAINEERING			
ROCK CLIMBING			
ROPES / CHALLENGE COURSE FACILITATION			
SNOWMOBILES/UTV			
SNOWSHOEING			
WHITEWATER EXPEDITIONS			
STAND UP PADDLEBOARD TRIPS:			
GUIDED OTHER:			
GUIDED OTHER:			
GUIDED OTHER:			
NON-GUIDED EQUIPMENT RENTALS (RENTALS W/O A GUIDE)			
****INCIDENTAL OPERATIONS		GROSS REVENUES	
CABINS / CAMPING / LODGING / RV			
CONCESSIONS			
RETAIL SALES OF MERCHANDISE			
RESTAURANT			
OTHER:			
OTHER:			
RENTALS – DESCRIBE:			

GENERAL OPERATIONS INFORMATION

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in the Activity? Yes No
2. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No
3. Are any operations conducted outside the United States? Yes No
 If "yes": What % of receipts related to International operations _____ %
 Do you require Travel Medical/Accident Coverage be purchased? Yes No
 If "no": Do you require participants to confirm that their health insurance carrier covers them internationally? Yes No
4. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? Yes No
5. Do you hire Concessionaires, Independent Contractors or Subcontractors? Yes No
 If "yes": For what Activities - Duties? _____
 If "yes": Do you obtain Proof of Insurance with AI status from them? Yes No
6. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees? Yes No
 If "yes": Do you require them to sign a special waiver prior to allowing them to Train or Try-Out? Yes No
7. Do you provide Staff Housing? Yes No
 If "yes" please provide details _____
8. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No
9. Do you conduct any non-guided activities? Yes No
 If yes, describe in detail: _____
10. Do you have a formal written PROCEDURE & TRAINING manual for your operations? Yes No

GUIDE & INSTRUCTOR QUALIFICATION INFORMATION – ALL ACTIVITIES – USE A SEPARATE SHEET IF NEEDED

AGE	FULL NAME	YRS OF EXPER.	1ST AID & CPR ?	OTHER CERTIFICATIONS FOR EACH GUIDE

WATERCRAFT, SUP, ETC. DESCRIPTIONS AND RIVER CLASSIFICATIONS FOR ALL RISKS – USE A SEPARATE SHEET IF NEEDED

# Of CRAFT	LENGTH, MAKE AND MODEL OF WATERCRAFT	ENGINE HP	# OF PASS.	CLASS OF RIVERS OPERATED ON (1-5) or FLAT WATER NAME OF LAKE OR RIVERS OPERATED ON

GUIDED CANOE, KAYAK , SUP AND OTHER WATERCRAFT AND FISHING TRIPS NO EXPOSURE

- 1. Do you provide any fishing equipment to your clients? Yes No
If “yes” please describe: _____
- 2. Do you require all participants to wear a Coast Guard Approved Life Jacket? Yes No
If “No” Please Advise Why: _____
- 3. Do your operations include formal Training classes for Paddling or Fishing? Yes No
- 4. What is the Minimum Age for Participation? _____ What is the Guide to Client Ratio? _____
- 5. What bodies of water are tours conducted on? _____ If rivers, what classes? _____

GUIDED WHITE WATER NO EXPOSURE

- 1. Are the rivers operated on “Dam Release” Rivers? Yes No
If “yes”, do you receive a schedule of releases and have procedures in place for client safety during a release? Yes No
PLEASE DESCRIBE _____
- 2. What is the minimum age for participation? _____ What’s your Guide to Client Ratio? _____
- 3. What rivers are tours conducted on and what class of rivers? _____

GUIDED HIKING, BACKPACKING NO EXPOSURE

- 1. Are designated and marked Trails used for hiking, backpacking tours ? Yes No
- 2. Is there overnight camping? Yes No
If “yes” describe camping: (Campground? In the Wilderness? _____)
- 3. What is the minimum Age for participation? _____ What is your Guide to Client Ratio? _____

GUIDED BICYCLE, ELECTRIC BICYCLE, SCOOTER, SEGWAY TOURS NO EXPOSURE

- 1. Name the areas where your operations occur: _____
- 2. Check type of terrain: Public Roads Sidewalks Off-Road Trails-Cut/Maintained Other _____
- 3. Do you provide a lead and sweep guide for all road tours? Yes No
- 4. Check all safety equipment: Eye protection Helmet Shoes Long pants Other: _____
- 5. What is the fastest MPH allowed? Segways _____ Bikes/Scooters _____ Do machines have governors? Yes No
- 6. Do you require all participants to wear helmets for protection? Yes No
- 7. What is the minimum Age for participation? Segways _____ Bikes/Scooters _____ What is your Guide to Client Ratio? _____
- 8. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? Yes No
- 9. Are infant/toddlers seats allowed to be utilized on tours? Yes No Are toddlers trailers allowed? Yes No

Empty rectangular box for additional information or signature.

ROPES / CHALLENGE COURSE FACILITATION **NO EXPOSURE**

1. Do you own the Course? ___ Yes ___ No If "yes" – Who is the builder and when was it built: _____
 2. If you rent a course from others – Do you perform a pre-inspection to ensure the course is safe & in good repair? Yes No
 3. Do you have your Ropes Course Inspected Annually and all deficiencies repaired and documented? Yes No
- *PLEASE ATTACH A COPY OF THE LATEST INSPECTION REPORT & CONFIRMATION THAT RECOMMENDATIONS HAVE BEEN FOLLOWED
4. Is the course built to ACCT or PRCA Standards? Yes No
 5. What is the minimum age for participation? _____ What is the Guide to Client Ratio? _____ Are weight restrictions imposed? _____
 6. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? Yes No

GUIDED HUNTING **NO EXPOSURE**

1. Do you operate Drop Camps? Yes No
If "yes", what is the percentage of receipts from the drop camps? _____
2. Do your hunts include overnight camping or lodging? Yes No
3. Type of Game being hunted: _____
4. Type of Hunting: Muzzle ___ Rifle ___ Bow ___ Pistol ___
5. Do you provide firearms to your clients? Yes No
6. Do you provide re-loads? Yes No
7. Are tree stands used? Yes No
If "yes", are safety harnesses used? Yes No
8. Are the stands inspected before every hunt? Yes No
9. Do you use any of the following to transport hunters or as pack animals/vehicles Yes No
If "yes", please indicate how many: ___ ATVs ___ Snowmobiles ___ Boats ___ Horses / Mules / Donkeys
10. Do you allow hunters and participants to drive the motorized vehicles? Yes No
11. Are Helmets required for Snowmobiles and ATVs? Yes No
12. What is the minimum age allowed to hunt or accompany a hunt? _____ What is your Guide to Client Ratio? _____
13. Do ALL participants sign a waiver prior to starting activities and are all signed waivers kept for a minimum of 3 years? Yes No

GUIDED MOUNTAINEERING, ROCK CLIMBING, AVALANCHE AWARENESS NO EXPOSURE

- Name of the areas you conduct the majority of your operations: _____
- Indicate the type of Mountaineering you conduct in your operations:
 Bouldering Top Rope Climbing Lead Rope Climbing Ski Mountaineering Outdoor Climbing (rock/ice) Multi-Pitch
 Canyoneering Avalanche Awareness Rappelling Other: _____
- Do you provide Instruction including Classroom for any of the activities you conduct? Yes No
- Do you include any S.O.L.O. OR Survival Programs that require an individual to be left on their own? Yes No
 If "yes", do you check weather conditions and brush fire / drought conditions prior to conducting the program? Yes No
 If "yes" how far away is the Guide/Leader and is each participant provided a communication device? Yes No
- What is the minimum age for participation? _____ What is the Guide to Client Ratio? _____
- Provide a Copy of your Written Safety & Procedure Manual that includes Inclement Weather Procedures, Emergency Rescue Procedures and Summary of Activities / Operations / Terrain Activities are conducted on.

GUIDED SKIING: DOWNHILL, CROSS COUNTRY, SNOCAT, SNOWBOARD, SNOWSHOE NO EXPOSURE

- Name the area where your operations occur: _____
- Do you provide night skiing / activities? Yes No
- Are any ski lifts used in this operation? Yes No
- Do you provide Equipment Rentals? Yes No
 If "yes" please see the separate supplement that must be completed.
- Do you operate a Ski School? Yes No
- Do you only guide in areas that are not Avalanche Areas? Yes No
- What is the minimum age for participation? _____ What is the Guide to Client Ratio? _____
- What safety equipment is required? _____

GUIDED SNOWMOBILE, SIDE BY SIDES (UTV) NO EXPOSURE**Snowmobiles/Side by Sides (UTV):**

- Name the areas where your operations occur: _____
- What is the highest cc machine you allow a client to drive? _____
- Do you provide and/or require helmets for all participants? Yes No
- Do you conduct any night tours? Yes No
 If yes, are the trails mapped, marked and familiar to you and the guides? Yes No
- Do you cross over any public roads? Yes No
 If yes, please describe type of road, how many road crossings, procedures for crossing and approximately how many miles are driven on public roads.

6. Do you participate or volunteer for any Search and Rescue operations? Yes No
7. What is your Guide to Client Ratio? _____
8. What is the minimum age for a driver? _____ Minimum age for a passenger? _____
9. Are clients able to bring their own sleds and UTVs on the tour? Yes No

CAMPING / CABINS / LODGING / SWIMMING

NO EXPOSURE

1. Total Number of Camping/ Tent Sites Available: _____
2. Total Number of RV Spaces Available: _____ Describe Any Utility Hookups _____
3. Total Number of Cabins Available: _____ If Lodge – Number of Units: _____ Date Built: _____ Construction: _____
4. Do All Cabins / Lodge Units Have Smoke Alarms? Yes No
5. Are Individuals allowed to cook within the cabins? Yes No
6. Is there a Swimming Pool or Swimming Area Available for Use? Yes No
If “yes” – is there a Diving Board or Slide? Yes No
7. Are all Local and State Rules & Regulations regarding Signage Complied with? Yes No
8. Are all Swimming Pools & Spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
9. Are all Local and State Rules & Regulations regarding pool/spa chemical monitoring and logging complied with? Yes No
10. Have you even received a citation or warning with respects to the pool/spa from State or Local Authorities? Yes No
If yes, describe the citation and how the citation was remedied: _____

RETAIL SALES OF MERCHANDISE AND SOUVENIRS

NO EXPOSURE

1. Do you repair or sell used equipment? Yes No
If “yes” – do you have a warranty or guarantee or return policy that you provide? If Yes – Attach a Copy, Yes No
2. List any items you sell that are used / second hand: _____
3. Do you repackage, re-label or modify or repair merchandise or equipment? Yes No.
If “Yes” Describe: _____
4. Do you sell any of the following items?
___ Ammunition ___ Arrows ___ Black Powder ___ Bows ___ Firearms ___ Inflated Amusements ___ Knives ___ Reloads ___ Liquor*
5. Describe the Merchandise you have for sale: _____

GUIDED ACTIVITIES - MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY

BY AFFIXING MY INITIALS I HEREBY AGREE TO ADHERE TO THE FOLLOWING MANDATORY INSURABILITY REQUIREMENTS AS A CONDITION FOR OBTAINING INSURANCE COVERAGE

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENTS

*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

No.	Initials	REQUIREMENTS FOR ALL ACTIVITIES – REVIEW & INITIAL 1-15
1.		A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident.
2.		You Agree to use a waiver that has been drafted and recommended by an attorney which recognizes the dangers of the activities. The waiver must be properly executed and obtained from all participants including a parent or legal guardian's signature for those participants under the age of 18 years. One waiver per participant is a requirement. Waivers that apply to multiple participants are NOT acceptable. Waivers must be kept on file for a minimum of three (3) years.
3.		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to (a) participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during the guided activities at any time.
4.		All applicable State and Federal safety standards for the operations are to be followed at all times during activities. Each participant will wear applicable safety equipment.
5.		The Primary /Lead Guide on the trip must be at least 21 years of age and have two years of guiding experience in the activity covered under this insurance and/or follow their State or Federal Qualification requirements.
6.		You shall have a minimum of one First Aid & CPR Certified (current) or First Responder trained person on each trip.
7.		Each Expedition or Trip shall have available a suitable, updated and adequately stocked first aid kit.
8.		You will have on each guided trip some form of emergency communication such as cell phone, radio or walkie talkies or other reliable communications capable of summoning assistance from remote locations such as a special whistle / sounding device
9.		You shall inspect all equipment / vehicles/ units / watercraft daily prior to the commencement of activities and make repairs where necessary to ensure your patron's safety. You will maintain and keep a written log of these inspections and repairs
10.		Records of each "Guided Activity" with times and dates must be maintained along with the waivers and including, incident / injury reports for a minimum of 3 years.
11.		All incidents regardless of severity will be reported to the company immediately.
12.		You shall have an emergency evacuation plan in the event of inclement weather .
13.		You shall have an emergency procedure in place for lost or late returning tours and trips.
14.		You shall, to the best of your ability, determine the client's physical ability to participate in the activity and ensure that they are properly attired for both the activity and the expected weather conditions.
15.		Employees must be properly trained and experienced in the operations; on all activities and agree to enforce all eligibility requirements.

NO EXPOSURE (IF YOU CONDUCT GUIDED MOUNTAINEERING REVIEW & INITIAL 16-19)

No.	Initials	REQUIREMENTS
16.		An industry accepted climbing helmet and safety equipment must be worn by all climbers. GUIDED MOUNTAINEERING
17.		All technical climbing equipment must be manufactured to standards similar to those established by the Union Internationale Des Associations d 'Alpinisme (IUAA). All other equipment must be purchased from a vendor that has significant knowledge of climbing equipment manufacturers. GUIDED MOUNTAINEERING
18.		Guide to customer ratio shall not exceed (1) Guide to (6) customers. GUIDED MOUNTAINEERING
19.		Climbers must be at least 8 years of age on their last birthday or have reached the age as Designated by law, whichever is greater - Climbers under 18 must have a parent with them OR a properly signed waiver. GUIDED MOUNTAINEERING

INSURABILITY REQUIREMENTS CONTINUED ON NEXT PAGE

INSURABILITY REQUIREMENTS CONTINUED

<input type="checkbox"/> NO EXPOSURE (IF YOU CONDUCT GUIDED SNOWMOBILE, SIDE BY SIDES (UTV) REVIEW & INITIAL 20-25)		
No.	Initials	REQUIREMENTS
20.		The covered units are subject to the maximum manufacturer passenger capacity.
21.		Units may not be driven by any person under the age of 18 years on their last birthday, or the age as designated by law, whichever is greater. This age can be reduced to 16 or 17 where permitted by applicable law and a parent is present and signs a waiver.
22.		8 yrs. old is the minimum age for passengers
23.		Under no circumstances will you conduct or permit any form of contest or racing event.
24.		Helmets must be worn by all drivers and passengers. GUIDED SNOWMOBILE & SIDE BY SIDES (UTV)
25.		All vehicles must be equipped with roll cage and seatbelts. SIDE BY SIDE (UTV)

<input type="checkbox"/> NO EXPOSURE (IF YOU CONDUCT GUIDED WATER ACTIVITIES REVIEW & INITIAL 23-29)		
No.	Initials	REQUIREMENTS
26.		Participants shall be fitted with an approved United States Coast Guard personal flotation device, which must be securely fastened and worn by all customers on the watercraft, SUP, Etc. at all times.–
27.		Guide to customer ratios will not exceed one (1) guide and (1) sweep guide to ten (10) customers.
28.		All expeditions will be conducted only on Class I - III whitewater / higher class whitewater rapids are prohibited
29.		Participants for class I-II rafting trips must be at least 8 years of age on their last birthday or the minimum age designated by law, whichever is greater, and a Parent is present and signs waiver.
30.		Participants for class III whitewater must be at least 16 years of age on their last birthday or the minimum age as designated by law, whichever is greater, and a Parent is present and signs the waiver.
31.		One buoyant heaving line at least 3/8 inch in diameter and 50 feet in length, carried in a bright coloured rescue bag, will be on board each multiple passenger raft at all times.
32.		All Watercraft are subject to the maximum passenger capacity as designated by the manufacturer, which maximum number of passengers shall be adhered to.

<input type="checkbox"/> NO EXPOSURE (IF YOU CONDUCT GUIDED BICYCLE, E-BIKE/SCOOTER, SEGWAY TOURSREVIEW & INITIAL 33-38)		
No.	Initials	REQUIREMENTS
33.		Helmets must be worn by all riders.
34.		Guide to client ratio shall not exceed 1:6. A lead and sweep guide must be provided for all road tours.
35.		Motorized units may not be rented to any person under the age of 18 years on their last birthday, or the age as designated by law, whichever is greater. This age can be reduced to 15 where permitted by applicable law and a parent is present and signs a waiver.
36.		Segway's must be limited to a speed of 5 MPH/E-bikes and scooters must be limited to 25 MPH.
37.		Segway's may only operate on sidewalks and trails. Operating on or crossing public roads is prohibited.
38.		Under no circumstances will you conduct or permit any form of contest or racing.

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE COMPANY FOR APPROVAL

No.	Explanation and Comments:

****I understand that coverage cannot be considered bound until I have initialed and agreed to meet all the minimum eligibility requirements as set forth above and/or any exceptions I requested have been approved by the carrier.**

By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

APPLICANT'S SIGNATURE & TITLE

PRINTED NAME & TITLE

DATE

UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) ATAIN and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A 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.

For residents of 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of 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.

For residents of 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false Information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____ Date _____