



## HUMAN SERVICES APPLICATION – Short Form

### SUBMISSION REQUIREMENTS

- ACORD applications for all lines requested
- Statement of values if blanket coverage is requested
- Financial statement if for-profit
- Loss runs for current year and three (3) prior years
- Photographs of Applicant's location(s)

### SECTION I - GENERAL APPLICATION INFORMATION

Applicant Name: \_\_\_\_\_  
 Non-Profit       For Profit      Number of years under present management: \_\_\_\_\_

- Have there been any mergers or operations under another name within the past five (5) years?  Yes  No  
 Are any mergers planned / anticipated for the coming year?  Yes  No  
 If yes to either, explain: \_\_\_\_\_
- Annual operating budget: \$ \_\_\_\_\_ Annual Payroll: \$ \_\_\_\_\_  
 Primary funding:  Federal  State  County  Other: \_\_\_\_\_
- Does Applicant operate any locations not included in this application?  Yes  No  
 If yes, please explain: \_\_\_\_\_

4. List all accreditations, association memberships and /or affiliations: \_\_\_\_\_

- Has the Applicant's license ever been suspended, revoked, or placed under conditional status?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Attach copies of licenses.

- Does Applicant participate in / or supervise any sports activities for their clients?  Yes  No  
 If yes, explain: \_\_\_\_\_

- Does Applicant have field trips?  Yes  No      If yes, number per year: \_\_\_\_\_  
 What is the maximum distance traveled? \_\_\_\_\_      Are any overnight?  Yes  No  
 Are release forms obtained?  Yes  No      Does Applicant provide the transportation?  Yes  No

### SECTION II - MANAGEMENT PRACTICES

- Does Applicant have sign in / sign out procedures for:  
 Staff       Clients / Residents       Visitors / Public
- Type of security provided for the protection of Applicant's clients / residents?  
 Guards       Video Cameras       Other: \_\_\_\_\_
- Does Applicant have incident reporting procedures and / or committee reviews?  Yes  No
- What methods does Applicant use for de-escalation?  
 \_\_\_\_\_

**SECTION III - PROFESSIONAL LIABILITY**

1. **Hiring Practices:**
  - a. Does Applicant conduct a personal interview for each prospective staff member?  Yes  No
  - b. Does Applicant verify references?  Yes  No
  - c. Does Applicant require drug tests on all staff members, including drivers?  Yes  No  
 If yes:  Before hiring  After hiring  Random
2. What is the staff turnover rate for the last 12 months? \_\_\_\_\_
3. Is the staff required to report to the administrator all incidences that may result in a claim?  Yes  No  
 If yes, is a written record kept?  Yes  No Are they reviewed?  Yes  No
4. Does Applicant's current insurance program provide professional liability coverage?  Yes  No  
 If yes:  Occurrence  Claims-made Limits: \$ \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
 Effective dates: \_\_\_\_\_ Carrier: \_\_\_\_\_

5. **Staff:**

POSITION	Employees		Volunteers		Contractors		Interns	
	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Administrator								
Child care worker								
Clerical / Office Staff								
Counselor								
Dentist / Dental Hygienist								
Nurse – LPN								
Nurse – RN								
Pharmacist								
Physician assistant								
Physician								
Psychiatrist								
Psychologist								
Social Worker								
Teacher / Tutor / Aide								
Therapist								
Other Positions (specify)								
Total:	0	0	0	0	0	0	0	0

**SECTION IV - ABUSE AND MOLESTATION**

1. Does Applicant's current insurance program include Abuse and Molestation Coverage?  Yes  No
2. Does the Applicant's employment process 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
3. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises?  Yes  No
4. Do volunteers work directly with clients?  Yes  No
5. Is there formal staff training on child/sexual abuse, including how to recognize the signs?  Yes  No
6. Are there procedures prohibiting closed door one-on-one meetings / counseling?  Yes  No
7. Is there more than one person responsible for the welfare of any single patient?  Yes  No
8. Have any incidents resulted in an allegation of sexual abuse?  Yes  No
9. Does Applicant run criminal background checks on:  Employees?  Volunteers?  Contractors?

**SECTION V - PLANNED EVENTS / FUND RAISERS\*\***

N/A

Complete a Special Events Supplement for each event that involves any of the below activities:

- Aircraft
- Animals – other than house pets
- Carnivals and fairs with mechanical rides sponsored by the Applicant
- Events including contact sports
- Firearms
- Fireworks
- Any event lasting more than 5 days (including otherwise acceptable events).
- Any event with greater than 500 people at any one time (including otherwise acceptable events).
- Any event with liquor provided by the Applicant if a license is required for such activity.
- Any activities by third party telemarketing, direct mail, or internet advertising (including spam) firms.
- Motorcycle runs and automobile rallies
- Parades sponsored by the Applicant
- Political Rallies
- Rock, Hip-Hop or Rap concerts – with admission over 500 people
- Rodeos sponsored by the Applicant

**SECTION VI - RESIDENTIAL FACILITIES**

N/A

RESIDENTS	# BEDS	RESIDENTS	# BEDS	RESIDENTS	# BEDS
Acute Skilled Care		Inpatients Crisis Center		Respite Care	
Aged		Low Income Housing		Transitional Housing	
Group Home		Shelter-Abuse Victims		Other:	
Hospice		Shelter-Homeless		Other:	
Independent Living		Shelter-Other:			

- Annual number of clients by age group:  
Less than 18: \_\_\_\_\_ 18-35: \_\_\_\_\_ 36-65: \_\_\_\_\_ Over 65: \_\_\_\_\_
- Annual number of clients by disability: Emotional/Behavior: \_\_\_\_\_ Drug/Alcohol: \_\_\_\_\_ Mental Illness: \_\_\_\_\_  
Mental Retardation/Developmental Disability: \_\_\_\_\_
- Specify number of: Male: \_\_\_\_\_ Female \_\_\_\_\_
- Are residents separated by gender?  Yes  No
- Average length of stay: \_\_\_\_\_
- Total # of beds: \_\_\_\_\_
- What is the ratio of resident to staff: Day: \_\_\_\_\_ Night: \_\_\_\_\_
- How often are bed checks done?  random  scheduled
- How is staff supervised and monitored (i.e. cameras, etc.)? \_\_\_\_\_

**SECTION VII - ADOPTION**

N/A

**FOSTER CARE**

N/A

- Total number of anticipated adoptions in the next 12 months: \_\_\_\_\_
- International adoptions:  Yes  No  
Total number of anticipated international adoptions in the next 12 months: \_\_\_\_\_
- Total number of foster families at any one time: \_\_\_\_\_
- Anticipated number of foster children over the next 12 months: \_\_\_\_\_  
Ages: Less than 1 year: \_\_\_\_\_ 1-5: \_\_\_\_\_ 6-10: \_\_\_\_\_ Over 10: \_\_\_\_\_
- What are the total annual receipts for Adoption? \$ \_\_\_\_\_
- What are the total annual stipends for Foster Care? \$ \_\_\_\_\_

**SECTION VIII - OUTPATIENT FACILITIES**

N/A

TYPE OF SERVICE	# VISITS	TYPE OF SERVICE	# VISITS

- Annual number of clients by age group: Less than 18: \_\_\_\_\_ 18-35: \_\_\_\_\_ 36-65: \_\_\_\_\_ Over 65: \_\_\_\_\_
- Does Applicant operate a clinic?  Yes  No  
If yes, is it open to the public?  Yes  No

3. Does Applicant provide any programs for sexual offenders?  Yes  No  
If yes, number of visits and describe typical offenses: \_\_\_\_\_
4. Does Applicant provide any programs for juvenile delinquents?  Yes  No  
If yes, number of clients and describe typical offenses: \_\_\_\_\_
5. Does Applicant provide any services for ex-offenders or incarcerated individuals?  Yes  No  
If yes, number of clients and describe typical offenses: \_\_\_\_\_
6. Does Applicant operate a meal delivery service?  Yes  No  
If yes, number of meals annually: \_\_\_\_\_  
Does Applicant charge a fee?  Yes  No  
If yes, total revenue: \$ \_\_\_\_\_

**SECTION - IX - SUBSTANCE ABUSE PROGRAMS**

N/A

1. Is treatment:  Individual or  Group?  
Number of individual sessions annually: \_\_\_\_\_ Number of group sessions annually: \_\_\_\_\_
2. Does Applicant provide a methadone maintenance program?  Yes  No
3. Does Applicant operate a detoxification unit?  Yes  No  
If yes,  Medical  Other: \_\_\_\_\_  
If medical, does Applicant accept clients with a history of delirium tremens (DTs) or seizures?  Yes  No  
If clients are experiencing DTs or seizures, does applicant:  Treat them or  Refer them to a hospital?
4. Does Applicant operate drug/alcohol rehabilitation?  Yes  No  
If yes, are these for adults only?  Yes  No  
If no, % of patients under 18. \_\_\_\_\_%  
Are facilities single sex?  Yes  No

**SECTION X - MEDICAL FACILITIES**

N/A

1. The facilities are for:  Staff  Clients/Residents  General Public
2. Does Applicant provide more than immediate care/first aid?  Yes  No

**SECTION XI - THERAPEUTIC HORSEBACK RIDING**

N/A

*Attach a copy of medical, rider's registration, and liability release forms.*

1. Are liability waivers signed by all parents/guardians?  Yes  No
2. Does Applicant follow North American Riding for the Handicapped Association standards?  Yes  No
3. Total annual lessons: \_\_\_\_\_ Average size of group: \_\_\_\_\_
4. What is the ratio of riders to counselors? \_\_\_\_\_ Minimum age of riders: \_\_\_\_\_
5. Total Annual Receipts: \$ \_\_\_\_\_
6. Total number of horses: \_\_\_\_\_

**SECTION XII - IN-HOME SUPPORT SERVICES**

N/A

1. Services:  
 Nursing care  Speech therapy  Social work  Nutrition counseling  
 Bathing  Changing catheters  Dressing  Meal preparation  
 Laundry  Running errands  Housework  Medication management  
 Eating  Restroom aid  Repositioning  Other: \_\_\_\_\_  
 Blood testing  Infusion therapy  Driving clients to and from appointments
2. How many employees provide in-home services? \_\_\_\_\_ Volunteers: \_\_\_\_\_
3. Number of non-ambulatory clients: \_\_\_\_\_
4. Payroll for the last 12 months: \$ \_\_\_\_\_
5. Does Applicant sell and/or rent medical equipment?  Yes  No  
Receipts sales: \$ \_\_\_\_\_ Receipts rentals: \$ \_\_\_\_\_

**SECTION XIII - FOOD PREPARATION FACILITIES** N/A

- The food preparation equipment is:  
 Electric     Gas     Propane     Other: \_\_\_\_\_  
 Total number of cooking areas: \_\_\_\_\_
- Cooking equipment is equipped with:  
 Nothing     Hoods     Ducts     Exhaust fans     Automatic fuel shutoff controls  
 Automatic fire suppression systems     Other: \_\_\_\_\_
- How often is the cooking equipment cleaned? \_\_\_\_\_  
 Cleaned by:     Applicant     Cleaning contractor

**SECTION XIV - POOL** N/A

- Is there a trained lifeguard on duty?  Yes  No  
 If yes, how many? \_\_\_\_\_ During what hours? \_\_\_\_\_
- The pool area includes:     Jacuzzi     Whirlpool     Hot tub     Spa  
 Kiddie pool     Water slide     Trampoline
- Who uses the area?     Visitors/Public     Staff     Clients/Residents
- Is the pool completely fenced with a self-locking gate?  Yes  No
- Pool Location:     Indoors     Outdoors
- Is there a diving board?  Yes  No  
 If yes, what is the height? \_\_\_\_\_
- Are depths clearly marked?  Yes  No
- Are pools compliant with the Virginia Graeme Baker Pool and Spa Safety Act?  Yes  No

**SECTION XV - LAKES / PONDS** N/A*Enclose copy of lake/pond rules.*

- Is the lake fenced?  Yes  No
- Does the public have access to the lake area?  Yes  No
- Lake use (check all that apply):  
 Swimming     Water skiing     Jet skis     Ice skating     Sail boats     Fishing     Paddle boats  
 Row boats     Boat Docks     Canoes     Ice Fishing     Power boats

**SECTION XVI - PLAYGROUND** N/A

- How many playgrounds? \_\_\_\_\_
- Describe surface under playground equipment: \_\_\_\_\_

**SECTION XVII - CAMPS** N/A

- Is written permission/waiver of liability obtained from every child's parent or guardian?  Yes  No
- Does the camp provide overnight services?  Yes  No  
 If yes, what is the average length of stay? \_\_\_\_\_
- Total number of days in operation annually: \_\_\_\_\_ Number of children at each camp: \_\_\_\_\_
- Number of staff members at each camp: \_\_\_\_\_
- Indicate and describe if any of the following exposures exists in the camp operations:  
 Obstacle course     Rock climbing     Motor boats     Jet skis     Pools     Guns  
 Diving boards     Water skiing     Horses     Lakes     Archery     Other: \_\_\_\_\_

**SECTION XVIII - SHELTERED WORKSHOP** N/A

- What are the annual receipts: \$ \_\_\_\_\_
- Describe work/product being performed:  
 \_\_\_\_\_

### **FRAUD NOTICE STATEMENTS**

**NOTICE TO APPLICANTS:** "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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF ALASKA APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

**RESIDENTS OF ARKANSAS APPLICANTS:** "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."

**RESIDENTS OF ARIZONA APPLICANTS:** "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."

**RESIDENTS OF COLORADO APPLICANTS:** "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."

**RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**RESIDENTS OF FLORIDA RESIDENTS APPLICANTS:** "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 OF THE THIRD DEGREE."

**RESIDENTS OF KANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF KENTUCKY APPLICANTS:** "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."

**RESIDENTS OF LOUISIANA APPLICANTS:** "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."

**RESIDENTS OF MAINE APPLICANTS:** "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."

**RESIDENTS OF MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF 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."

**RESIDENTS OF MINNESOTA APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF NEW MEXICO APPLICANTS:** "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."

**RESIDENTS OF NEW YORK APPLICANTS:** "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."

**RESIDENTS OF OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF OKLAHOMA APPLICANTS:** "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."

**RESIDENTS OF OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**RESIDENTS OF PENNSYLVANIA APPLICANTS:** "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."

**RESIDENTS OF TENNESSEE APPLICANTS:** "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."

**RESIDENTS OF TEXAS APPLICANTS:** IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "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."

**RESIDENTS OF VERMONT APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

**RESIDENTS OF VIRGINIA APPLICANTS:** "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 AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WEST VIRGINIA APPLICANTS:** "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."

\_\_\_\_\_  
Name (Please Print/Type)

\_\_\_\_\_  
Title  
**(MUST BE SIGNED BY THE PRESIDENT  
CHAIRMAN OR EXECUTIVE DIRECTOR)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Producer License Number

\_\_\_\_\_  
Agency Taxpayer ID or SS Number

\_\_\_\_\_  
Address (Street, City, State, Zip)