

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____ Date proposal needed: _____ Proposal Type: Short Long

Legal Name of Organization: _____
(Include all organizations that are to be included as insureds including Fire Districts, Fire Companies, Rescue Squads and Auxiliaries)

FEIN: _____

Mailing Address: _____

County: _____

Location Address: _____

County: _____

Website Address: _____ Phone #: _____

Chief: _____ Phone #: _____ E-Mail: _____

Training Officer: _____ Phone #: _____ E-Mail: _____

Inspection Contact: _____ Phone #: _____ E-Mail: _____

INSURANCE AGENT INFORMATION

Producer: _____ CSR or Other Contact _____

Name of Agency: _____

Address: _____

Telephone: _____ Fax: _____ 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 and Address: _____

BUSINESS INFORMATION

Which best describes the organization (please check one):

- Fire Suppression only (no EMS)
- Fire and Rescue/EMS
- Rescue/EMS Squad or Ambulance Squad
- Other (please describe): _____

The organization is a (please check one):

- Tax District
- Independent Non-Profit Organization
- Municipal, Village or Town Department
- Other (please describe): _____

If a municipal, village or town department, is the organization a separate legal entity? Yes No

Population served on a first-call basis: _____ Years in operation: _____

Have you been Cancelled, Non-Renewed or Declined in the past 3 years? Yes No

If Yes, Please Explain: _____

REAL AND PERSONAL PROPERTY

Please complete the schedule below. All Property will be covered on a Guaranteed Replacement Cost basis. If the coverage is blanket, be sure to show the individual building and contents values at each location.

Loc. No.	Address	Building Limit (100% Value)	Contents Limit (100% Value)	No. of Stories	Date Built	Construction type	Sprinkler System?	Burglar Alarm?
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

For additional locations please complete and attach a separate Property Supplement.

Please indicate if Blanket Coverage is desired

Indicate the desired Property Deductible: \$500 \$1000 \$2500 \$5000 Other _____

Please list names and addresses of any mortgagees or loss payees for each location:

Loc. No.	Type	Name and Address
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
	<input type="checkbox"/> MTG <input type="checkbox"/> LP	

FLOOD AND EARTHQUAKE COVERAGE

\$1,000,000 flood and earthquake coverage at each location will be quoted. If flood and earthquake limits exceed \$1,000,000 at any one location, please indicate the limits needed at each such location.

Loc. No.	Flood Limit	Earthquake Limit

For additional locations please complete and attach a separate Property Supplement.

Do you carry NFIP coverage at any location?

Yes No

If yes, please provide locations and limits: _____

GENERAL LIABILITY

Desired coverage:

- Limits of Liability (Occurrence Form Only):
- \$ 500,000 Each Occurrence/\$1,000,000 Aggregate
 - \$1,000,000 Each Occurrence/\$2,000,000 Aggregate
 - \$1,000,000 Each Occurrence/\$3,000,000 Aggregate
 - \$1,000,000 Each Occurrence/\$10,000,000 Aggregate

* Depending on the type of organization (i.e. Associations, Dispatch Centers, etc.) ESIP may not be able to offer a \$10,000,000 aggregate

Please indicate the area (square footage) and usage (occupancy) for each location.

	Location No.				
	1	2	3	4	5
Fire Department (including garage areas)					
Ambulance/Rescue Squad (including garage areas)					
Social Hall					
Other (please describe)					
•					
•					
TOTAL					

FELLOW MEMBER COVERAGE

Does the insured carry Workers Compensation coverage? Yes No

Does the insured carry Employer's Liability coverage? Yes No

Are all paid and volunteer staff covered by Worker's Compensation coverage? Yes No

If no, please explain: _____

If yes, please provide the following information:

Name of Carrier: _____ Policy Number: _____

Effective Dates: _____ Policy Limits: _____

Are all paid staff covered by Accident & Sickness insurance providing a minimum of \$20,000 AD&D, \$10,000 Medical Expense, and \$200 Weekly Disability Indemnity? Yes No

If yes, name of Accident & Sickness carrier: _____

If you would like to receive a quote for Accident & Sickness Insurance please complete the Accident & Sickness Application which can be downloaded from our website at: <http://www.mcneilandcompany.com/mcneil.aspx?page=forms#esip>

OPERATIONS

Employees/Volunteers

_____ Total number of career personnel

_____ Total number of emergency service volunteers

Calls

Annual Fire calls _____

Annual EMS calls _____

*Emergency Ambulance Calls _____

*Non-Emergency Ambulance Calls _____

*Non-Medical Calls _____

* Definitions:

Emergency – The assignment was dispatched as a true emergency

Non-Emergency – The Assignment was not dispatched as a true emergency

Non-Medical – Any Ambulette and/or Wheelchair transportation

Highest Level of EMS services Provided?

Advanced Life Support

Basic Life Support

Advanced first Aid/CPR Only

First Responder Only

No EMS

EMS Personnel

_____ Number of Paramedics

_____ Number of nurses

_____ Number of EMT's

_____ All other (Administrative, Non-EMT Drivers, First Responders, etc.)

Does the organization utilize a licensed physician as its Medical/EMS Director? Yes No

Does the organization provide medical transport service? Yes No

Do you use Firefighters or Paramedics that are contracted out to you by a leasing company? Yes No

Do you contract out any of your Firefighters or Paramedics? Yes No

If yes to either of these, Please provide a copy of the contract.

WATERCRAFT/AIRCRAFT

Does the organization own any watercraft more than 26 feet in length? Yes No

If yes, please indicate type, length, horsepower, number of seats, type of use, and where used.

If watercraft hull coverage is desired, schedule the watercraft under the Portable Equipment section of this survey.

Does the organization own or operate any Aircraft? Yes No

CONTRACTS

Does the organization hire subcontractors? (i.e. Snow Removal, Landscaping) Yes No

If yes, are certificates of insurance obtained from all subcontractors? Yes No

Please describe the work performed by all subcontractors:

Work Performed _____

Work Performed _____

Does the organization have any contractual agreements to provide services for other entities (excluding normal mutual aid agreements)? Yes No

If yes, please describe: _____

Do any of these contracts require that the organization include the other entity as an additional insured? Yes No

If yes, please describe: _____

ERRORS AND OMISSIONS / EMERGENCY SERVICES LIABILITY

Type of coverage **currently** carried: Occurrence Form Claims-Made Form

If **Claims-Made**, provide the following information: Name of carrier: _____

Was any claim made or suit filed against the organization and/or any of its members in the past five years for any of the following or does the organization and/or any of its members have any knowledge of any matter(s) alleging or involving any of the following:

- Employment Discrimination
- Wrongful Termination
- Sexual Harassment
- Failure to render professional duties (Directors, Officers or Board Members)
- Employment Related Matters
- Errors or Omission in administration* of your benefits program
- None

Please provide a complete description of the claim, suit or incident including names and dates:

Does the Company have a written Employment Practices handbook? Yes No

* Determining who is eligible to participate; enrolling new participants; terminating participants; determining benefits; processing claims; collecting funds and applying them as required; preparing reports required by government agencies; giving advice to participants or prospective participants; providing reports, booklets, pamphlets, memos or messages to participants.

MISCELLANEOUS LIABILITY

Does the organization sell subscriptions for service? Yes No

If yes, does the organization respond to all calls for emergency service within its service area without regard to whether the victim is a subscriber? Yes No

Does the organization have a Junior Firefighter, Cadet, or similar program? Yes No

If yes, please describe its activities and indicate the age range and approximate number of youthful members:

OTHER ACTIVITIES /COMMUNITY EVENTS

NO ACTIVITIES/COMMUNITY EVENTS

Describe the fund-raising activities of the organization:		# of times per year	Total Annual Receipts
Field Days / Carnivals			
Do you own or rent any Amusement Rides ?	<input type="checkbox"/> Own <input type="checkbox"/> Rent		
If Rented, is a Certificate of Insurance obtained from the owner of the rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach Certificate of Insurance showing the organization as an additional insured.			
If Owned, Do you rent any mechanically operated Amusement Rides to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are rides inspected after set-up prior to public use?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, by whom?			
Do you own or rent any Live Animal Rides ?	<input type="checkbox"/> Own <input type="checkbox"/> Rent		
If Rented, is a Certificate of Insurance obtained from the owner of the Animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach Certificate of Insurance showing the organization as an additional insured.			
Do you provide Fireworks at the Field Days / Carnival?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, is a certified pyrotechnic professional used?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach Certificate of Insurance showing the individual or organization as an additional insured.			
Bingo	Avg. # of Attendees:		
Hall Rental			
Breakfasts / Dinners			
Sale of Smoke Alarms / Fire Extinguishers			
Motorized events (e.g. rodeos, musters)			
Other Activities Not outlined above: Please Describe			

LIQUOR LIABILITY

Is alcohol consumed on your premises at any time throughout the year? Yes No

Is alcohol consumed away from your premises at any function held by you at any time throughout the year? Yes No
(i.e. Christmas Parties, banquets, meeting nights, etc.)

When	Where	# of Times Per Year	Avg. Total # of Attendees

If Yes, who provides the alcohol? _____

Who serves the alcohol? _____

Please describe procedures in place to manage and monitor consumption: _____

If alcohol is SOLD in any manner by or through your organization, please complete and attach a Liquor Supplement.

PORTABLE EQUIPMENT

Guaranteed Replacement Cost coverage normally will be provided for all portable equipment used away from the premises for firefighting, emergency medical aid, rescue service, or teaching/training purposes. This equipment will be covered while on premises and while away from the premises, including while in transit, in storage, or in use.

Desired Deductible: \$250 \$500 \$1000 \$2500 \$5000 Other _____

OTHER PROPERTY

Indicate below any scheduled equipment for which replacement cost coverage is desired, e.g. watercraft, ATV's, snowmobiles, bulldozers or farm tractors. (Do not schedule antique autos, trailers or any mobile equipment licensed for highway use--this type of equipment should be included on the vehicle list in the Automobile section of this survey. Also, do not schedule any portable firefighting or EMS/Rescue equipment--this type of equipment is covered on a blanket basis under our Guaranteed Replacement Cost coverage described above.)

Description	Amount of Insurance
_____	\$ _____
_____	\$ _____
_____	\$ _____

Desired Deductible: \$250 \$500 \$1000 \$2500 \$5000 Other _____

AUTOMOBILE LIABILITY

Indicate the desired coverage below:

- \$ _____ Auto Liability
- \$ _____ Medical Payments
- \$ _____ Additional PIP (Increased Medical Expense Benefits – Applies Only in PA)
- \$ _____ Uninsured Motorists/ Underinsured Motorists B.I. Stacking Non-Stacking (if applicable)
- \$ _____ Uninsured Motorists/ Underinsured Motorists P.D.

A single deductible will apply to emergency vehicles, service vehicles, trailers and antiques.

Please indicate the desired deductible for these vehicles: \$500 \$1000 \$2500 \$5000 Other \$ _____

Please indicate the desired deductible for all private passenger type vehicles (PPT's):

- | | | | | | | |
|---------------|--------------------------------|--------------------------------|---------------------------------|---------------------------------|---------------------------------|---|
| Comprehensive | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1000 | <input type="checkbox"/> \$2000 | <input type="checkbox"/> \$3000 | <input type="checkbox"/> Other \$ _____ |
| Collision | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1000 | <input type="checkbox"/> \$2000 | <input type="checkbox"/> \$3000 | <input type="checkbox"/> Other \$ _____ |

Is Automatic Increase coverage desired? Yes No

If yes, by how much should the Agreed Values be increased each month? ¼% ½% ¾% 1%

Does the organization service any major metropolitan areas? Yes No

If yes, please describe: _____

Does the organization check MVR's? Yes - all members Yes - drivers only No

If yes, how often? _____

Please describe the driver training program currently being used: _____

What selection criteria are used to select new drivers? _____

AUTOMOBILE LIABILITY (CONTINUED)

In the below **Vehicle Schedule**

- for emergency vehicles, service vehicles, trailers and antiques, show the desired Agreed Value;
- for all vehicles, show the location where it is usually garaged. Location numbers should correspond to those described in the Property section of this survey.
- DRL - Indicate if the vehicle utilizes daytime running lights (applicable only in New York State).

Vehicle Types					
TKR (Tanker or Tender)	LR (Light Rescue-under 10,000 GVW)	PMP (Pumper)	COM (Command)		
P-T (Pumper-Tanker)	MR (Medium Rescue-under 20,000 GVW)	M-P (Mini-Pumper)	ANT (Antique)		
AER (Aerial device-any type)	HR (Heavy Rescue-over 20,000 GVW)	BT (Brush Truck)	HAZ (HazMat)		
ALS (Advanced Life Support)	BLS (Basic Life Support Unit)	TRL (Trailers)	AIR (Air Cascade)		
U/S (Utility or Salvage)	PPT (Private Passenger Type)	FOM (Chemical Foam)			

Vehicle Schedule							
Veh. No.	Year	Make, Model, Type	Cost New (PPT's Only)	Agreed Value	VIN (Required)	DRL	Loc. No.
1.			\$	\$		<input type="checkbox"/>	
2.			\$	\$		<input type="checkbox"/>	
3.			\$	\$		<input type="checkbox"/>	
4.			\$	\$		<input type="checkbox"/>	
5.			\$	\$		<input type="checkbox"/>	
6.			\$	\$		<input type="checkbox"/>	
7.			\$	\$		<input type="checkbox"/>	
8.			\$	\$		<input type="checkbox"/>	
9.			\$	\$		<input type="checkbox"/>	
10.			\$	\$		<input type="checkbox"/>	
11.			\$	\$		<input type="checkbox"/>	
12.			\$	\$		<input type="checkbox"/>	
13.			\$	\$		<input type="checkbox"/>	
14.			\$	\$		<input type="checkbox"/>	
15.			\$	\$		<input type="checkbox"/>	

If there are any additional vehicles, please attach a Vehicle Schedule Supplement.

Does the organization own or lease any vehicles that are not shown on the Vehicle Schedule of this survey? Yes No

If yes, please describe: _____

Do any of these vehicles require an Additional Insured or Loss Payee to be listed on the policy? Yes No

If yes, indicate the vehicle number and the name and address of the Additional Insured or Loss Payee:

Name & Address _____ Vehicle # _____ A.I. L.P.

Name & Address _____ Vehicle # _____ A.I. L.P.

Name & Address _____ Vehicle # _____ A.I. L.P.

CRIME

Fidelity

Type of Bond:

Commercial Blanket Limit of Insurance \$ _____
 Number of Class I Employees/Volunteers (direct contact with funds) _____
 Number of Class II Employees/Volunteers (all others) _____

Position Schedule

Position	Limit of Insurance
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Faithful Performance

Forgery or Alterations \$ _____

Money and Securities

Note: \$25,000 money and securities coverage is provided under the Property Coverage Extensions. If increased limits are needed only to cover *special events*, describe below:

Event	Date of Event	Limit Needed
_____	_____	\$ _____
_____	_____	\$ _____

General Crime Information

List all persons managing funds:

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year to prevent theft? Yes No

Are internal account reviews conducted? Yes No
 If yes, by whom and how often are accounts examined? _____

Are Invoices or Requisitions, Check Register and Bank Statement cross-checked against each other at reconciliation? Yes No

Is money ever stored in the building overnight? Yes No
 If yes, amount and how stored: _____

All receipts are deposited in a bank within: 2 days 1 week Over 1 week

Are all incoming checks immediately stamped "For Deposit Only"? Yes No

Do all checks require 2 signatures? Yes No
 If No, do checks over a certain amount require 2 signatures? Yes in excess of: \$ _____ No

Do you utilize a Voucher or Purchase Order system for payment authorization? Yes No

Are you being audited by outside parties? _____
 If yes, please provide by whom and date of last audit. _____

Fund Raising Events: Approximate maximum receipts per day: \$ _____

What is your annual revenue? \$ _____

UMBRELLA AND EXCESS LIABILITY

Desired Limit of Insurance (maximum \$10 million): \$ _____ Occurrence \$ _____ Aggregate
 (These limits will apply to Excess Liability and Umbrella Liability)

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 \$100,000 bodily injury by accident/\$100,000 bodily injury by disease/\$500,000 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.*

PREMIUM HISTORY

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

Carrier(s): _____ \$ _____
 (current year)
 Carrier(s): _____ \$ _____
 (1st prior year)
 Carrier(s): _____ \$ _____
 (2nd prior year)

Claims History

Have there been any claims or losses in the last five years: Yes No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.*

DOL	Description	Status	Amount

*Attach separate pages if needed. Provide the carrier loss runs if available

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 MAINE - MAINE 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 or a denial of insurance benefits.

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.

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: _____

APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF EMERGENCY SERVICE LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS THEN EMERGENCY SERVICE LIABILITY COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THIS POLICY IS IN FORCE, DURING A RENEWAL OF THIS POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE ENDORSEMENT FOR THIS COVERAGE MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: _____ Date: _____