



Manufactured Home Park Program

Supplemental Application

SECTION I – GENERAL INFORMATION *(Please complete every item or indicate N/A)*

- Legal Owning Entity: _____ Requested Effective Date: _____
(include d/b/a or trade name if applicable.)
 d/b/a: _____
 Do you have any additional Named Insureds to be scheduled on the policy? Yes No
 If yes, please provide a list of named insureds with the percentage owned by the First Named Insured and complete the following questions:
 - What is the insurable interest or relationship of the additional named insured(s)?
 Owner: _____ Investor: _____ Manager: _____ Partner: _____
 Other, please explain: _____
 - What are the operations of the additional named insured(s)? _____
 - Are the named insured(s) combinable (Is there common majority ownership?) Yes No
 If no, please explain: _____
- Are you currently operating or during the past five years have you operated under any chapter of the United States Bankruptcy Code? Yes No
- Mailing Address _____
 Primary Location Address _____
If more than one location, please complete a separate application for each location.
- Website Address: _____
- Business Type: Individual Partnership Corporation Other: *(please describe)* _____
- Contact Name: _____ Title: _____
 Phone #: _____ Fax #: _____ Email: _____
- What year was the park established? _____ How long have you owned? _____
- New Purchase? Yes No
 If new purchase, how many years of experience do you have in ownership of Manuf. Communities? _____
- Do you own other manufactured home communities? Yes No
- Will you have an on-site manager? Yes No If yes, years of experience? _____
- Will new ownership be involved in and oversee daily operations? Yes No
- Dun & Bradstreet # _____

SECTION II – EXPOSURE CATEGORIES *(Please complete every item or indicate N/A)*

ANNUAL SALES FOR SITES:	# of Sites	Rent Per Site	Rent Per Month	12 Month Total	OPERATION RECEIPTS:	Annual
Sites w/Tenant-Owned MH's	_____	\$ _____	\$ _____	\$ _____	Annual MH Sales	\$ _____
Sites w/Park-Owned MH's	_____	\$ _____	\$ _____	\$ _____	Annual Propane Gallons	_____
Site Built Rental Homes	_____	\$ _____	\$ _____	\$ _____	Annual Store/Grocery	\$ _____
Tent Sites	_____	\$ _____	\$ _____	\$ _____	Annual Laundry Receipts	\$ _____
Vacant Sites (no home)	_____	\$ _____	\$ _____	\$ _____	Sub-Contractor Costs	\$ _____
RV Sites	_____	\$ _____	\$ _____	\$ _____	Acres of Vacant Land	_____
Total Number of Sites	_____	\$ _____	\$ _____	\$ _____	Other(Define Below):	\$ _____
Business Income Limit		\$ _____				

- Occupancy rate: _____% Annual turnover rate? _____%
- Is any park operation under a local Rental Control Ordinance? Yes No
 If yes, for how long? _____ Does Decontrol apply? Yes No
- Percentage of signed lease agreements in place with tenants? _____%
- Do your lease agreements include an Arbitration clause? Yes No
- Has the lease agreement been reviewed by an attorney? Yes No
- Does your lease or rental agreement include a Hold Harmless statement in your favor? Yes No

7. Do you provide written Park Rules to each tenant as part of a signed Rental Agreement? Yes No
8. Do you allow tenants to have pools? Yes No
9. Do you allow tenants to have trampolines? Yes No
10. Are Park Rules also posted in the Park? Yes No
11. Has the Park ever been served with a Civil, Criminal or resident Litigation? Yes No
If yes, please explain: _____
12. Has the Park ever been served with any Failure to Maintain complaints or claims? Yes No
If yes, please explain: _____
13. Do you stagger rent increases? Yes No How often? _____
14. Are there any plans to convert any Park to another use or reduce the current level of services or amenities provided to tenants? Yes No If yes, please explain: _____
15. Is your Park fenced? Yes No Gated? Yes No
16. Do you have procedures to monitor, document or restrict visitors or services/delivery vehicles? Yes No
17. Do you act as a dealer and selling homes? Yes No If yes, in your Park only? Yes No
Total # sold per year? _____
18. Are your streets? 100% Paved? Partially Paved? Not Paved?
19. Do you regularly inspect and repair potholes or deficiencies? Yes No
20. Are your streets? Fully Lit? Partially Lit? Unlit? Motion Activated?
21. Are street signs (e.g. speed limits postings, stop signs, pedestrian crosswalk) clearly visible? Yes No
22. Is security provided? Yes No If yes, how many hours per day? _____hours
23. Is security subcontracted out? or employees of the park?
24. Are any guards armed? Yes No
25. Is your water source Well? City? If Well, how often is it tested? _____
26. Are there septic tanks on the property? Yes No If yes, is regular inspection and maintenance performed by an outside contractor (every 3 years maximum)? Yes No
1. Is written documentation of testing, maintenance, and repairs kept on file? Yes No
2. Are well or septic access risers fenced off, secured, or well-marked with no public access signs? Yes No
3. Does your maintenance staff regularly check access risers lids are securely fastened? Yes No
27. What is the age range of the units in your Park? _____ Do your employees set up homes? Yes No
28. Are all units properly secured (tied down), including skirts and proper wind barriers in place? Yes No
29. What is the distance to the nearest fire station? _____ miles What is the distance to the nearest fire hydrant? _____ feet
30. Do you require all tenants to provide proof of personal liability or homeowners insurance? Yes No
31. Please indicate your tenant demographics: _____ Active Adult Community _____ Family Oriented
_____ Other — Please describe: _____
32. Do you allow pets? Yes No
If yes, describe any restrictions you have in your Park Rules: _____
33. Have you had any incident involving injury or damage caused by a tenants' pet within the past 5 years? Yes No
If yes, please describe: _____
34. Are pets required to be registered with the Park management? Yes No
35. Are vicious breeds (such as Pitbull, Rottweilers, Dobermans, etc.) allowed? Yes No
36. Do you have a dog park? Yes No If yes, please complete the following questions:
1. Are rules and regulations posted in a spot visible to pet owners entering the park? Yes No
2. Are users advised they will be using the park at their own risk, including but not limited to the risk of being injured and/or bitten? Yes No
3. Is the number of dogs limited to 1 dog per person? Yes No
4. Is the dog park inspection regularly by maintenance staff? Yes No
5. Are all users required to use a leash for taking the dog to and from the park? Yes No
6. Are vicious breeds and aggressive dogs prohibited from the dog park? Yes No
7. Are all dog park rule violations investigated and penalties applied for violations? Yes No
37. Do you allow tenants to use golf carts or other mobile equipment on premises? Yes No
38. Do you allow tenants to operate home based businesses that require regular access by the general public? Yes No
(Please attach a copy of your Pet/Park Rules and community plan to this application for insurance.)
39. Do you have a Tree Trimming and Tree Management Program? Yes No
40. Do you have a Snow & Ice Removal Program in place? Yes No
41. For applicants who own more that 4 parks, do you have a program to manage your park managers? Yes No N/A
42. Do you complete a Park Safety Checklist at least twice a year? Yes No

SECTION III – EMPLOYEES AND OPERATIONS (Please complete every item or indicate N/A)

Describe owner's duties or involvement in daily operations

1. Is your Park managed by On Site Owner? Off Site Owner? On Site Manager? Off Site Manager?
2. How many employees work at the Park? _____ Full Time _____ Part Time
3. Does Manager keep log of: Inspections? Complaints? Repairs?
4. How many complaints have been logged annually for the most recent three (3) years? _____
5. Do your employees perform repair work on homes? Yes No
If yes, please describe: _____
6. Please provide the following information on Park maintenance:

Landscaping/ Pools	Employees	Use Subcontractors with COI	N/A
Owned Bldgs./Structures	Employees	Use Subcontractors with COI	N/A
Roads and walkways	Employees	Use Subcontractors with COI	N/A
7. Do you require Certificates of Insurance from sub-contractors with liability limits equal to your limits? Yes No
Is Park owner named as additional insured on the contractors' policy? Yes No

SECTION IV – PARK AMENITIES (Please complete every item or indicate N/A)

Please check all that apply to your operation and complete the attached Amenity Supplemental Questionnaire:

- | | | | | |
|---------------|--------------------------|-------------------------|-----------|--------------------|
| Swimming Pool | Tennis/Basketball Courts | Video Arcade | Dog Parks | Laundry Facilities |
| Golf Course | Store/LP Fuel Sales | Shuffleboard | Sauna | |
| Clubhouse | Restaurant/Bar | Other – Describe: _____ | | |

SECTION V – AMENITY SUPPLEMENTAL QUESTIONNAIRE (Please complete every item or indicate N/A)

1. Is there any access to lakes, rivers, streams, or other water hazards (other than pools and saunas) on or adjoining your property?
Yes No
2. If yes, do you post signs with warnings to USE AT YOUR OWN RISK? Yes No
Do you have docks or boats slips? Yes No If, yes how many? _____
3. Do you provide or rent boats or other flotation devices for use? Yes No
4. Do you allow public access? Yes No

I. Swimming Pools N/A

1. Are rules posted at the entrance and at poolside? Yes No
"Swim At Own Risk" notice posted? Yes No
2. Any diving boards? Yes No If yes, height: _____
3. Any Slides? Yes No
4. What is your age restriction for unsupervised children? _____
5. Is the entire pool enclosed by a fence or other permanent barrier? Yes No
6. Is the gate self-closing and does it have a self-latching mechanism? Yes No
7. Are depths marked on both the top and sides of the pools? Yes No
8. Is there rescue equipment located at poolside? Yes No
9. Is there a log of pool water testing and a maintenance schedule kept? Yes No
10. Where are the pool chemicals stored? _____
11. What are your rules regarding use of the pool by outside guests? _____

II. Saunas N/A

1. Is the sauna located within the pool enclosure? Yes No What capacity does it have? _____
2. Are rules posted? Yes No "Use At Own Risk" notice posted? Yes No
3. Any age restriction? Yes No If yes, please explain: _____

III. Shuffleboard/Tennis/Basketball/Playgrounds N/A

1. Are rules posted for use? Yes No Is use restricted to tenants? Yes No
2. Is the ground surface, netting and equipment in good working order and inspected on a regular basis? Yes No
3. Is the area next to a road or public street? Yes No If yes, are there protective barriers? Yes No
4. For playgrounds, what is the surface groundcover material? _____

IV. Clubhouse N/A

1. Please describe the use and activities of the Clubhouse: _____
2. Is the facility leased to anyone except your tenants? Yes No If yes, please explain: _____
3. Is the facility open 24 hours? Yes No
4. Is there a kitchen? Yes No If yes, is a fire suppression system installed? Yes No

V. Laundry/Video Arcade N/A

1. Is use restricted to tenants? Yes No Are rules posted? Yes No
2. Are there any age restrictions? Yes No
3. What are the hours of operation? _____
4. Are the facilities well-lit and locked during overnight hours? Yes No

V. STORE/RESTAURANT/BAR N/A

1. Please describe the products sold: _____
2. Are the facilities open to the general public? Yes No If yes, what percentage of sales? _____%
3. What are your gross annual sales from these operations? \$_____
4. Do you have a license to sell/serve liquor? Yes No
5. If yes, do you carry liquor liability insurance? Yes No
6. Do you sell propane Yes No Distance to nearest structure: _____
Do you have trained individuals filling the tanks? Yes No
Is the tank protected by barriers Yes No If so, what kind? _____

CRIME

1. Is there an audit by ? CPA Public Acct: Staff Other
2. Audit Frequency? Annual Semi-Annual Quarterly
3. Average cash on premises at peak season during: Business hours \$ _____ Overnight \$ _____
4. Who has check writing authority? _____
5. Is a countersignature required? Yes No
6. Are pre-employment criminal background checks conducted on employees handling any money or accounts? Yes No
7. Is access to cash registers and safes/petty cash limited to employees that have been screened by background checks? Yes No
8. How many individuals work with accounts payable? _____
9. Do you reconcile all transactions on a daily basis? Yes No
10. Do your employees ever accept cash for rent or down payments? Yes No
11. Are receipts provided on all transactions? Yes No

SECTION VI – PRIOR INSURANCE See attached

Please provide details for the last four (4) years:

YEAR	COMPANY	LIMITS	PREMIUM	DEDUCTIBLE
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

In the past three (4) years, has any Insurance Company cancelled or refused to renew your Liability Insurance? Missouri applicants need not reply.

Yes No If yes, please explain: _____

SECTION VII – RENTAL UNITS

1. Do you own units you rent out? Yes No If yes, how many? _____
2. Do you inspect all rental units prior to occupancy? Yes No
3. Do units have smoke detectors? Yes No If yes, hardwired or battery?
4. If battery operated is there a battery replacement schedule in place? Yes No
5. Do you have a full-time maintenance person responsible for rental units? Yes No
6. Are formal maintenance and inspection records kept for each rental unit? Yes No
7. Are all units equipped with sturdy steps and handrails for means of ingress/egress? Yes No
8. What is the average age of the rental units in your community? _____

(Please attach a schedule of ALL park-owned rentals.)

SECTION VIII – CLAIMS HISTORY See attached

Please provide details for the last four (4) years:

DATE OF CLAIM	DESCRIPTION OF LOSS	AMOUNT OF CLAIM
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Applicant’s Representation:

THE ABOVE AND ANY SUPPLEMENTAL INFORMATION IS PREPARED AND SUBMITTED ON BEHALF OF THE NAMED INSURED OR APPLICANT FOR COVERAGE CONSIDERATION. THE RECEIPT OF APPLICATION INFORMATION DOES NOT CONSTITUTE AN OBLIGATION OR COMMITMENT ON THE PART OF THE MANUFACTURED HOME PROGRAM OR ITS REPRESENTATIVES TO PROVIDE COVERAGE PROTECTION. I CERTIFY THAT THE INFORMATION WITHIN THIS APPLICATION AND ANY ATTACHMENTS PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

FRAUD WARNINGS *(Last updated 10/21)*

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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND 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.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO FLORIDA 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.

NOTICE TO KANSAS APPLICANTS: 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 THAT 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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.

NOTICE TO 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.

BY SIGNING BELOW, THE INSURED AND BROKER (IF APPLICABLE) AGREES TO ACCEPT ALL COVERAGE DOCUMENTS AND CORRESPONDENCE ELECTRONICALLY. THE INSURED SHOULD BE DILIGENT IN UPDATING THE ELECTRONIC MAIL ADDRESS PROVIDED TO US IN THE EVENT OF A CHANGE.

Applicant's Name (print) _____ Title _____
Applicant's Signature _____ Date _____
Submitting Producer _____ License Number _____
Producer's Signature _____ Date _____

Additional Insureds: Lien Holder, Management Company, etc.

Additional Named Insureds (additional owners)

