



BOWLING CENTER APPLICATION

SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Lease agreement between the insured and venue / facility owner (if applicable)
- 5 years currently valued loss runs
- Safety Program and training guide for employees
- If other named insureds are to be included, attach list and describe operations of each

BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:		Phone #:	Fax #:	
		E-Mail:	Website:	

GENERAL APPLICANT INFORMATION

Name of Insured:			Website:		
Insured Street Address:		City:	State:	Zip:	
Contact Person:					
Contact Information:		Phone #:	Fax #:		
		E-Mail:			
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	Federal ID #:		
Date of Incorporation or Charter:		State where Charter or Corporation is filed:			
Name of Owner:					
Name of Insurance Contact:					

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

**Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Other
General Liability				
Products, Completed Operations				
Personal & Advertising Injury				
Legal Liability				
Abuse & Molestation				
Liquor Liability				
Special Events				
Participant Legal Liability				
Other - Describe				



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ADDITIONAL INSURED – Provide name, description and business relationship

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

UNDERWRITING INFORMATION

BOWLING INFORMATION

Please provide details of the management experience (include number of years under present management):

Describe in detail the nature of the operations:

Does insured own or lease premises? Owned Leased
 Other occupancies?

If leased, please provide a copy of the lease agreement with the facility.

Are all entrance areas clearly marked? Yes No

BPAA Member Number:

Other Trade Associations which insured belongs to:

Number of lanes:

Does insured contract lane refinishing? Yes No Lane construction: Wood Synthetic

Are warning signs posted to not cross the foul line? Yes No

Lane Finish: (flammable means the flash point is less than 80°)
 Lacquer
 Polyurethane – if flammable, need product code:
 Urethane – if flammable, need product code:
 Water Based

Does the insured inspect and disinfect rental shoes after each use? Yes No

Any pin refinishing done on premises? Yes No
If contracted, are certificates of insurance obtained? Yes No
 Limit of insurance carried by subcontractor: \$ _____

Are ball racks secured / anchored to the floor? Yes No

Does insured’s bowling center have automatic scoring equipment? Yes No
When was automatic scoring equipment installed?

When was roof last inspected?

Are any flammable liquids stored on premises? Yes No
If Yes, list products and quantities:

Are all flammable liquids stored in UL approved containers? Yes No

Percentage of business from: _____ League Activity % _____ Open Play %

Does insured sponsor any professional tournaments? Yes No
If Yes, attach list of events and sponsoring organization.

If Yes to above, are certificates of insurance obtained from sponsoring organization? Yes No N/A

Does insured have a Pro shop on premises?
 Is insured’s Pro an: Employee Independent Contractor
If Independent Contractor, is insurance place elsewhere?
If leased to a third party, please provide the square footage:



Does insured have cosmic bowling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a fog machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many years' experience of lane mechanic?	

RESTAURANT / SNACK BAR EXPOSURE

Please check all that apply: <input type="checkbox"/> Snack Bar <input type="checkbox"/> Restaurant <input type="checkbox"/> Bar <input type="checkbox"/> Banquet Hall	
Is the restaurant leased to a third party? <i>If Yes, provide the square footage of the restaurant/snack bar: _____</i> <i>Attach certificate of insurance.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all cooking surfaces protected by a hood and duct system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a services contract with a contractor to clean the hood and duct system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an automatic extinguishing system? <i>If Yes, what type of system is in place? _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to above, how often is the system serviced and maintained? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> N/A	
Does insured have a deep fat fryer on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are portable fire extinguishers provided in the kitchen? <i>If Yes, last service date: _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are food and beverages permitted in the bowling area?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION

How many Automatic External Defibrillators (AED) does the insured have at each location? _____ AEDs/location
How many employees at each location are trained to operate an AED? _____ employees
Was full CPR training included with AED training? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid/CPR Trained staff: _____

SAFETY INFORMATION

Are all curbs, steps and ledges highlighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does facility comply with ADA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you contemplating any demolition, new construction or structural alterations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please describe:</i>	
Is the facility in compliance with all governmental safety and fire codes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the medical support system:	
Distance to nearest Medical Facility:	# of miles:
Distance to nearest Fire Station:	# of miles:
Is there a formal emergency evacuation plan? <i>If Yes, provide a copy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the fire alarm system – central station, local alarm, etc.:	
Are all fire extinguishers easily accessible in all buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they checked: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other – please describe:	
Do you have fire extinguishers located in all buildings, at all attractions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the burglar alarm system:	



Does the facility have back-up emergency lighting or generators:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all exits well marked: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many exits are in the facility?	
Are there any security cameras in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No

PARKING AREA INFORMATION

Describe Parking Area: type of surface, level, sloped, lighting etc.:		
Does Parking Area have security cameras or video surveillance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide valet parking?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parking Area Security Patrolled:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Parking Area have sufficient lighting?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is responsible for snow and ice removal? If Contracted, is there a contract in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REVENUE BREAKDOWN

Description		Past Year Gross Receipts	Project Year Gross Receipts
Bowling (including shoe rental)		\$	\$
Restaurants / Snack Bar	Food	\$	\$
	Liquor	\$	\$
Pro Shop		\$	\$
Arcade		\$	\$
Bar / Lounge	Food	\$	\$
	Liquor	\$	\$
Banquet Hall	Food	\$	\$
	Liquor	\$	\$
Off Site Catering		\$	\$
Retail Sales		\$	\$
Other – Please Describe:		\$	\$
Total Receipts		\$	\$

EVENT INFORMATION – Provide the following information for all Events that will exceed 5,000 in attendance

Event Name & brief description	Location	Date/s	Estimated Attendance



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AMUSEMENT DEVICES / ARCADE

Coin Operated Amusements

Annual Receipts: \$	
Number of Amusements:	Number of attendants:
Is equipment owned or leased?	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
Are machines properly grounded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an on-site maintenance shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there adequate maintenance equipment on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bumper Boats

Annual Receipts: \$	
Number of bumper boats:	Manufacturer:
Number of operators:	Height of observation fence:
Is Age / Height limit at least 10 years and 48" <i>If No, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is depth of water four (4) feet or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the max engine HP?	

Bumper Cars

Annual Receipts: \$	
Number of bumper cars:	Manufacturer:
Minimum height requirement:	Number of attendants:
Type of seat belt:	
Are cars equipped with dash and headrest pads?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are wheel pads on steering wheels?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Batting Cages – WAIVER AND RELEASE REQUIRED

Annual Receipts: \$	
Number of cages:	Manufacturer:
Minimum age requirement:	Mfg. age / speed recs. Posted:
Are cages clearly marked for right or left handed hitters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are home plates clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is machine velocity checked or calibrated? <i>If Yes, by whom:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are records kept? <i>If Yes, for how long?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are pitching machine settings able to be altered by hitters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is helmet or other safety equipment required to be used by participants in cages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a light or similar indicator used when last ball has been pitched?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Coin Operated Rides

Annual Receipts: \$	
Number of rides:	
Describe:	

Go-Karts – WAIVER AND RELEASE REQUIRED IF OVER 21 MPH

Annual Receipts: \$	
Number of go-karts:	Number of tracks:
Maximum speed:	Are karts: <input type="checkbox"/> Gas <input type="checkbox"/> Electric
Maximum number on track at one time:	Number of attendants:
Minimum Height:	Minimum age:
Are karts indoor or outdoor? <i>If Outdoor, are the tracks fenced?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Are seat belts required?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Does equipment have governors to control speed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is operator able to cut off the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are karts equipped with roll bars and bumper guards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do fences meet ASTM F-24 requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are track rules clearly and prominently posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inflatables / Bounce and Play

Annual Receipts: \$
Describe:

Miniature Golf

Annual Receipts: \$	
Number of courses:	Number of holes:
Waterfall/fountains – with ground fault interrupters?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Driving Ranges

Annual Receipts: \$	
Number of stalls:	Are there partitions between stalls? <input type="checkbox"/> Yes <input type="checkbox"/> No

Paintball – WAIVER AND RELEASE REQUIRED

Annual Receipts: \$	
Minimum age:	Minimum height:
Minimum participants per game:	Ratio of judges to participants:
Are there written instructions, procedures, and training provided for participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does equipment meet ASTM standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify types of air fills used:	
Are safety plugs mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured repair or modify equipment sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a scheduled maintenance plan for equipment? <i>If Yes, please provide details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do manufacturers provide certificates of insurance including insured as Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are participants separated by level of experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are spectators properly protected from the paintball area / field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are participants in violation of the safety rules ejected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List protective gear supplied to the participants:	
Indicate feet per second used at your location:	
How often is equipment inspected?	
How often is equipment changed?	
Is facility enclosed or fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any barriers or obstacles? <i>If Yes please describe or provide diagram:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any hand to hand fighting allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are customers allowed to bring their own equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to above, is equipment and velocity checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is eye protection required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees trained in first aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Rock Climbing Wall – WAIVER AND RELEASE REQUIRED IF OVER 5’

Annual Receipts: \$	
Does rock climbing wall meet all CWIG (Climbing Wall Industry Group) standards and local codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height of wall:	
Is bouldering wall 6’ or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are participants allowed to climb on their own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the check-in procedure:	
Describe what kinds of verbal contracts or warnings are given:	
When is safety testing done?	
What type of certification system is used?	
What type of equipment is used?	
Describe belay system:	
Describe what type of landing surface is used, including the makeup, thickness, and extent of fall protection:	
Who is responsible for daily maintenance and checks?	
Are spotters required? <i>If Yes, indicate at what height they are required:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a portable wall? <i>If Yes, what is the frequency used off premises?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

GO KART TRACKS INFORMATION

Please attach schedule showing Types of Karts, Manufacturer, # Owned, # Operated and Serial Numbers.

What is the shape of the track? <input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> Figure 8 <input type="checkbox"/> Other:	
What is track surface? <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Dirt <input type="checkbox"/> Other:	
Construction and Height of Barriers:	
Is proper signage and enforcement of loose clothing and hair restraints in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any racing allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are helmets required? <i>If No, are they offered?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If indoor facility, describe ventilation:	
Does insured post “No Smoking” signs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do Karts have an on board governor to limit top speed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum speed of the Kart? _____ mph	
Are Karts gas or electric?	<input type="checkbox"/> Gas <input type="checkbox"/> Electric
How much gasoline is stored on the premises? _____ gallons	
Do axles, gear boxes and intake or exhaust ports have protective covering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total receipts for the facility: \$ _____	Karting receipts: \$ _____
Does the track meet ASTM Standard F-2007-12?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number and placement of fire extinguishers:	
Does the facility require attendant training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has facility suffered a fatality or hospitalization of 2 or more participants resulting from 1 event in last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has facility had their license to operate revoked in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the facility training program records include name of instructor, date of training and name of employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Does facility serve alcohol? <i>If Yes, please describe control methods for ensuring participants are not consuming alcohol while driving karts:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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HIRED AND NON-OWNED AUTO LIABILITY

Complete this section if you need a quote for Hired and Non-Owned Auto Coverage. If you do not need a quote for Hired and Non-Owned, skip this section.

Does the insured have any owned automobiles? <i>If Yes, who is the insurer?</i> Limits of coverage: \$ _____ Effective date of coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured allow employees to use their own person vehicles for business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If insured allows employees to use their own personal vehicles, how many employees use their personal vehicles?:	
If insured allows employees to use their own personal vehicles, indicate the frequency of use: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Does insured obtain Motor Vehicle Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? <i>If Yes, what limits are required? \$ _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other	

ABUSE AND MOLESTATION

Complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote, skip this section.

Does the insured have custodial responsibility for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured's employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured run background checks on all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a written set of procedures for screening employees and volunteers? <i>If Yes, please forward. If No, please describe screening process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have an Abuse & Molestation Policy with regard to sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe specific policy regarding any overnight travel.	
Has insured's organization ever had an incident which resulted in an allegation of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate age range of minors in insured's care or under the supervision of insured's employees/volunteers at any time.	



Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:	
1. Company loss runs currently values for the past 5 years including current year	<input type="checkbox"/>
2. Copies of expiring policies including any manuscript forms	<input type="checkbox"/>
3. Detailed list of all insureds and their descriptions	<input type="checkbox"/>
4. Detailed list of all insured locations and their descriptions	<input type="checkbox"/>
5. List & description of any ancillary activities to be covered	<input type="checkbox"/>
6. Copies of all event brochures you participant in	<input type="checkbox"/>
7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	<input type="checkbox"/>
8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc.	<input type="checkbox"/>
9. Copy of adult and minor waiver and release and/or assumption of risk forms	<input type="checkbox"/>
10. Copy of all rule books and association manuals	<input type="checkbox"/>
11. Copy of your procedures for screening employees and volunteers	<input type="checkbox"/>
12. Copy of your abuse and molestation policy and procedures	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

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.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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 statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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 OHIO

Any person who, with intent to defraud or knowing that he/she 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

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 VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN WASHINGTON

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