



PROFESSIONAL SPORTS TEAMS AND LEAGUES APPLICATION

SUBMISSION REQUIREMENTS

- Complete ACORD Property, Auto and Umbrella Liability if coverages requested
- Lease agreement between the insured and venue / facility owner (if applicable)
- Standard contract for the lease of the insured's venue / facility to others
- Contracts with and certificates of insurance from sub-contractors
- Complete annual event schedule
- Emergency evacuation plan (if the insured manages or operates the venue)
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- If other named insureds are to be included, attach list and describe operations of each
- If Team, also include: Sample Player Agreement and Contract between the Team and the League
- Lease agreement with any practice or game facility

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?			Have coverages ever been canceled or non-renewed during past 5 years?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<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*



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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				

ADDITIONAL INSUREDS – Provide name, description and business relationship

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

UNDERWRITING INFORMATION

Please provide details of the management experience:

Describe in detail the nature of the operations:

Is proposed insured a subsidiary of another company? Yes No If Yes, name of parent company:

Game Facility Name:
 Address: City: State: Zip:

Is the facility leased or owned? Owned Leased
If leased, please provide a copy of the lease agreement with the facility.

How many years has the team played at this facility?

Practice Facility Name:
 Address: City: State: Zip:

Is the facility leased or owned? Owned Leased
If leased, please provide a copy of the lease agreement with the facility.

Are other locations owned or rented? Yes No
If Yes, please attach list.

List any additional premises leased, rented, or occupied by insured.

A.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
B.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
C.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

Will the team be responsible for any other ancillary activities?
If Yes, describe: Yes No



Does the club own any farm/minor league teams? <i>If Yes and the team is to be included as a named insured, provide a copy of the lease agreement for the owned team's game-day facility.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the estimated turnstile attendance for the upcoming season?	
What was the turnstile attendance for the last three years?	
1.	
2.	
3.	
Please provide breakdown for the following categories:	Receipts
a. Game Receipts	\$
b. Concession Receipts	\$
i. Food and Drink	\$
ii. Liquor	\$
iii. Merchandise	\$
c. Parking Receipts	\$
d. Other	\$
List exposures in foreign countries, if any, and describe the operations:	

TEAM INFORMATION (IF APPLICABLE)

Player Status Are players: <input type="checkbox"/> Employed <input type="checkbox"/> Independent Contractors <i>If employed, are they employed:</i> <input type="checkbox"/> By Team <input type="checkbox"/> By League	
Does the league require that all teams carry Workers Compensation for all players?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not covered by Workers Compensation, are all players in the league covered by separate accident medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the insured conduct camps/clinics? <i>If Yes, limit of Participant Accident coverage in place: \$ _____</i> Annual number of camper days (# of participants per # of days): _____ participants per _____ days	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTRACTUAL UNDERWRITING INFORMATION

Details of written contractual agreements other than liability assumed under any lease of premises, easement agreement, agreement required by municipal ordinance, sidetrack agreements, and elevator or escalator maintenance agreement:	
For instances where subcontractors are utilized, is the proposed named insured listed as an additional insured under the subcontractor's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a system in place for obtaining certificates of insurance where applicable? <i>If Yes, who reviews certificates on behalf of named insured?:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the minimum limit of general liability coverage requested from each subcontractor?	
Do you have a written set of guidelines governing mascot behavior? <i>If Yes, provide a copy of guidelines.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No



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MEDICAL INFORMATION

Name of team doctor:	
Address:	City: State: Zip:
Phone:	Fax:
Area of professional specialty:	Is the doctor an employee or an independent contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please provide a copy of the doctor's certificate of insurance.</i>	
Do you have a written agreement with your team doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, please provide a copy of the agreement.</i>	
Does the team have a contractual relationship with a clinic or treatment facility? <i>If Yes, name:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City: State: Zip:
<i>Please provide a copy of the agreement with the clinic or medical treatment facility.</i>	
Name(s) of team trainer(s):	
Are the team trainers employees or independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all the team trainers certified by the National Athletic Trainers Association? <i>If No, please explain other certification:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do those trainers certified by the National Athletic Trainers Association purchase professional liability coverage provided through NATA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain the treatment procedure and protocol between team trainers and team doctor:	
For game day, is an ambulance/medical service available at the facility for treatment of injured players?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to above, is the ambulance/medical service staff ALS certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
For practice days, is an ambulance/medical service available at the facility for treatment of injured players?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to above, is the ambulance/medical service staff ALS certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

PARTICIPANT LIABILITY

Is Statutory Workers' Compensation Insurance carried?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to above, are any of your players independent contractors or not covered by Workers' Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Provide a copy of any applicable Uniform Player Contract or Collective Bargaining Agreement.</i>	
Do you require a waiver and release to be signed by all participants not protected by Workers' Compensation? (e.g. free agent tryout, cheerleader, mascot) <i>If Yes, attach a copy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL LIABILITY

Do you have any employed broadcasters? <i>If Yes, describe the exposure:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any publishing exposures:	



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EMERGENCY PLANNING

Describe any loss control procedures or safety programs in place:

Are you responsible for crowd control? Yes No

Provide a copy of the Emergency Plan.

GAME DAY OPERATIONS

Please provide a schedule of practices, games, and all other ancillary events for the proposed policy period.

Specify who has responsibility for the following game day operations (check one):

Activity	Team	Facility	Subcontractor	Name of Company Contracted
Participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spectators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concessions – Non-Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facility Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of Competition Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECURITY COVERAGE

Complete only if security is the responsibility of the insured.

PART I

Who is primarily responsible (via contract) for liability coverage for security personnel?
 Insured Municipality Subcontractor

Indicate the number of:
 Security personnel on staff: _____
 Security supervisors: _____
 On premises: _____
 Off premises: _____

Number of security personnel on staff: _____

Number of security supervisors: _____

Number on premises: _____

Do any security personnel carry a firearm as part of their equipment while on duty? Yes No
If Yes, number of armed security personnel: _____

Are the security persons employed or contracted by the park?
 ("Employed" means the individual is being paid and supervised directly by the insured. "Contract" means the existence of a written contract with another entity for security services that has insurance coverage separate from the insured's policy for security liability.) Employed Contracted

NOTE: If "Employed," please answer Section B., Part I, II, III, and V.
 If "Contracted," please answer Section B., Part I, II, III, IV, and V.

If applicable, please provide the estimated payroll for employed security persons: _____

Total maximum hours per day permitted at this and all other places of employment? _____ hours

Total maximum hours per week? _____ hours



What are the staffing guidelines per number of patrons?	
Are the guidelines determined by: <input type="checkbox"/> Ordinance <input type="checkbox"/> Statute <input type="checkbox"/> Industry Standard <input type="checkbox"/> Other If Other, please describe:	

PART II

Is there a pre-employment screening procedure? If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the procedure include contacting previous employers over the previous five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you contact at least three personal references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a psychological screening profile used? If Yes, what type?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a criminal background check made? If Yes, what agency is used for the criminal background check?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is completion of a minimum 20 hours initial training program required before deployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who conducts the training and what are the trainers' qualifications?:	
Is a minimum of 10 hours on-site training required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a minimum of 4 hours of annual refresher or continuing education training planned and conducted for each security employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is each security person given a personal copy of the training/safety manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to above, has each security person given the park written acknowledgment of the policies and contents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Please include a copy of the manual and a sample of the written acknowledgement.</i>	

PART III

Does the supervisor make personal contact with each security person at least once during each shift? If "Yes," please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain all "no" answers.	

PROPERTY COVERAGE

Please complete the ACORD Property Application and this section if you need a quote for Property Coverage. If you do not need a quote for Property coverage skip this section and continue to the next section.

Does the facility have a night watchman or other security arrangement for protecting the property while the facility is closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility have its own water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the insured locations in a coastal hurricane area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to above, do you have a formal hurricane disaster plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Distance to sea coast:	
Do you have a written property maintenance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the stadium store flammable materials or chemicals in locations other than insured buildings? If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No



Are buildings sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of company contracted to perform sprinkler maintenance:	
How often is system tested?	
Are buildings equipped with alarms?	<input type="checkbox"/> Heat <input type="checkbox"/> Smoke
If Yes to above, are alarms tested annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are records of sprinkler system tests and alarm tests retained on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of company contracted to perform alarm maintenance:	
Does the facility have any other hazardous material on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are these hazardous materials properly disposed by a subcontractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you obtain a certificate of insurance from the waste hauler?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have a procedure for hazardous material removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written access plan for Fire Department and Emergency Services during: Open Season? <input type="checkbox"/> Yes <input type="checkbox"/> No Off Season? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you conduct regular drills with the local police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct regular drills with other emergency personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last Fire Marshall inspection of your premises:	
Frequency of drills:	
Distance to nearest fire station: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
National board protection class:	
Is smoking allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to above, confined to designated areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

RESTAURANT/FOOD SERVICES OPERATIONS
Complete if team is responsible for concessions.

Are cooking installations in compliance with NFPA 96?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all cooking surfaces protected by automatic fire extinguishing systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are automatic fire extinguishing systems serviced by outside contractor? If Yes, frequency of service:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date last serviced: _____
Are hoods/duct work cleaned by outside service contractor? If Yes, frequency of service:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date last serviced: _____

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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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 valued 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 your formal officials and/or coaches instruction program	<input type="checkbox"/>
11. Copy of all rule books and association manuals	<input type="checkbox"/>
12. Copy of your formal athlete injury control program	<input type="checkbox"/>
13. Copy of your procedures for screening employees and volunteers	<input type="checkbox"/>
14. 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.