



# Proposal Request Form Dance Schools & Programs

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS, PLEASE:**
1. Complete all sections (print legibly)
  2. Sign and date where required
  3. Email submission to: [mm.specialty@kandkinsurance.com](mailto:mm.specialty@kandkinsurance.com)

## GENERAL INFORMATION

- I am a new account                       I am renewing my coverage

Full legal name of business: \_\_\_\_\_

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a:     Sole Proprietorship     Limited Liability Co.     Corporation     Partnership  
 Other (describe): \_\_\_\_\_

This business is:  Not-for-Profit     For Profit

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 7 of the application for Electronic Disclosure and Consent)

## LOCATIONS

Please list locations you own or operate on a 24 hour basis, if different than the mailing location above.

(Note: Temporary leased spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations on the certificate request section if evidence of coverage or additional insured status is needed)

Location 1:	_____	_____	_____	_____
	Street Address	City	State	Zip
Location 2:	_____	_____	_____	_____
	Street Address	City	State	Zip
Location 3:	_____	_____	_____	_____
	Street Address	City	State	Zip
Location 4:	_____	_____	_____	_____
	Street Address	City	State	Zip

## EFFECTIVE DATE

Start coverage on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(final effective date is subject to company approval and will be reflected on the approved proposal.)

## BUSINESS INFORMATION

1. Styles of dance offered (check all that apply) and any other types of operations/activities offered:

- |                                     |                                       |                                    |                              |                                |   |
|-------------------------------------|---------------------------------------|------------------------------------|------------------------------|--------------------------------|---|
| <input type="radio"/> Acro dance    | <input type="radio"/> Clogging        | <input type="radio"/> Folk dancing | <input type="radio"/> Jazz   | <input type="radio"/> Scottish | <input type="radio"/> Tap   |
| <input type="radio"/> Ballet        | <input type="radio"/> Contemporary    | <input type="radio"/> Hawaiian     | <input type="radio"/> Latin  | <input type="radio"/> Square   | <input type="radio"/> Tumbling (floor only, no gymnastic apparatus) |
| <input type="radio"/> Ballroom      | <input type="radio"/> Country western | <input type="radio"/> Hip hop      | <input type="radio"/> Modern | <input type="radio"/> Swing    | <input type="radio"/> ZUMBA®  |
| <input type="radio"/> Belly dancing | <input type="radio"/> Cultural/ethnic | <input type="radio"/> Irish        | <input type="radio"/> Salsa  | <input type="radio"/> Tango    |   |
|                                     | <input type="radio"/> Flamenco        |                                    |                              |                                |   |

Other (subject to approval), please describe: \_\_\_\_\_

## BUSINESS INFORMATION CONTINUED

2. Do you have any activities that occur away from the facility/premises other than recitals, competitions, demonstrations, parades or fundraising activities?  Yes  No
- a. If yes, please describe: \_\_\_\_\_  
(Activities held off-site must be reported prior to occurring and approved by us except for recitals, competitions, demonstrations, parades and fundraising activities.)
3. Do you have camps/clinics?  Yes  No
- If yes:
- a. Do non-members attend?  Yes  No  
(Non-member campers (those that are not registered members of your school) are excluded from coverage under this policy, unless you purchase the optional non-registered member activity coverage available.)
- b. Describe the type of camps or clinics you may have along with the activities/events taking place at the camps/clinics: \_\_\_\_\_  
(Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Ancillary activities are subject to approval)
4. Do you have birthday parties?  Yes  No
5. Do you have child-care/babysitting services/pre-schools and/or accredited schools?  Yes  No  
(Child-care and/or babysitting services are excluded under this program.)
6. Do you have any tumbling programs/activities?  Yes  No
- If yes:
- Are all participants in your tumbling program under the age of 18?  Yes  No
  - Is this program for recreational training purposes only (no competitions)?  Yes  No
  - Do you utilize any gymnastic apparatuses? (such as trampolines, foam pits, bars, beams, etc.)?  Yes  No
7. Do you utilize any inflatable devices?  Yes  No  
(This program contains an exclusion for amusement devices. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.) Limited coverage for inflatables may be available. Please contact us for additional information.
8. Do you instruct parkour, ninja, urban/extreme gymnastics, tricking, free-running and/or similar type programs/activities?  Yes  No  
(If yes, please contact us for additional information on coverage availability.)
9. Do you employ independent contractor instructors?  Yes  No  
This program provides coverage for instructors and personnel who are employees of the named insured and does not extend to independent dance instructors. Coverage for independent dance instructors can be purchased online at [www.fitnessinsurance-kk.com](http://www.fitnessinsurance-kk.com) or by contacting us.
10. If you suspect a participant has a concussion, do you have an action that includes:
- a. Immediately removing the participant from play or practice?  Yes  No
- b. Keeping the participant out of play or practice until they provide written clearance from a licensed physician?  Yes  No
11. **FOR NEW ACCOUNTS ONLY**
- Do you have current coverage in place?  Yes  No
- If no, please check/explain:
- New business operation  Other, please explain: \_\_\_\_\_
- If yes:
- a) Name(s) of current carrier(s): \_\_\_\_\_ Expiration date(s): \_\_\_\_\_  
Expiring premium: General Liability \$ \_\_\_\_\_ Property \$ \_\_\_\_\_ Other \$ \_\_\_\_\_
- b) Is your current carrier non-renewing your coverage?  Yes  No  
If yes, why? \_\_\_\_\_
- c) In the past 5 years, have you had any losses?  Yes  No  
If yes, please provide current loss runs with at least 5 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years.

## RATING / EXPOSURE INFORMATION

**Commercial General Liability** (per occurrence)  \$ 1,000,000  \$ 2,000,000  \$ 3,000,000  \$ 4,000,000  \$ 5,000,000

- CGL policies include endorsement for Professional Liability
- All limit options include a \$5,000,000 general aggregate policy limit
- All proposals will automatically include accident medical payments for participants coverage with a \$25,000 limit

**Medical Expense** (other than participants)  \$ 0/exclude  \$5,000

**Hired Auto & Non-Owned Auto Liability will be included in the CGL on all policies except for IL, LA, UT, VT, and WI,** (a separate policy to satisfy UM/UIM requirements in these states may be available upon request)

Check if coverage is desired and provide information:

- Employee Benefits Liability** # of Employees per location \_\_\_\_\_
- Stop Gap Liability** (available in OH, ND, WA, WY) Total Payroll \_\_\_\_\_

### Dance schools/programs:

#### Core membership information:

Provide the maximum number of students/registered members that your program could have during the year.

Number of Students/Members in your dance program/school	Number

#### Ancillary Activities/programs & Birthday parties:

Please select all of the activities and/or birthday parties you have at your school or organization and report the total number of non-registered or separately enrolled participants in each of the activities listed below along with the number of birthday parties.

Type of Activity	Number of Participants
<b>Camps/Clinics</b> Number of Camps: _____	Onsite camps _____
	Offsite camps _____
<b>Fitness/Exercise and/or yoga classes</b>	_____
<b>Arts, crafts and/or music programs or classes</b>	_____
<b>Exhibitions, seminars, or demonstration</b> Provide the number of guest participants in addition to your own students.	_____
<b>Theater arts and/or drama programs or classes</b>	_____
<b>Tumbling/Gymnastic programs or classes (floor only)</b> Please describe types of programs/classes offered along with age groups, level of training and apparatuses used, if any. _____	_____
<b>Other programs/activities</b> (describe): _____	_____
<b>Birthday parties</b>	Number of parties held annually
	_____

## OPTIONAL COVERAGES

### Sexual Abuse or Sexual Molestation Liability Coverage

**Check here and skip this section if you do not want this coverage option**

**\$100,000 / \$200,000**    **Other limit** \_\_\_\_\_ (higher limit may be available if required by franchise agreement or written contract)

1. Does your organization currently have employees, volunteers or independent contractors?  Yes    No  
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization?  Yes    No  
If yes, please explain: \_\_\_\_\_
3. Are you aware of any occurrences that could lead to a claim?  Yes    No  
If yes please explain: \_\_\_\_\_
4. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct?  Yes    No  
If yes:
  - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?  Yes    No
  - b. Are written procedures provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member?  Yes    No
  - c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances?  Yes    No
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

**Check here and skip the chart below if you have no employees, volunteers, or independent contractors**

Please Complete All Questions <small>The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.</small>	Employees (Check Here if No Employees <input type="radio"/> )	Volunteers/Independent contractors (Check Here if No Volunteers/Independent contractors <input type="radio"/> )
Are employee/volunteer applications required? If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses? If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service? If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #5: \_\_\_\_\_

## OPTIONAL COVERAGES CONTINUED

### Employment Practices Liability

Additional Premium will apply

Please check here and skip this section if you do not want this coverage

NOTICE: THE EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGEMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY.

**General Information (Note: This coverage is not available in Louisiana.)**

1. Number of full-time employees and recognized volunteers: \_\_\_\_\_  
 Number of part-time employees and recognized volunteers: \_\_\_\_\_  
 (Other than full-time will be counted as one-half an employee/recognized volunteer.)
  
2. Check the following boxes to identify your desired limit of insurance and deductible:

Aggregate Limit of Liability	Vermont - Aggregate Limit of Liability Defense/Indemnity	Per Claim Deductible
<input type="radio"/> \$100,000 This is the minimum limit requirement in Minnesota, New Hampshire, New York, and North Dakota. N/A Arkansas, Montana, and New Mexico	<input type="radio"/> \$125,000/\$125,000	<input type="radio"/> \$2,500 <input type="radio"/> \$5,000
<input type="radio"/> \$500,000 This is the minimum limit requirement in Arkansas and New Mexico.	<input type="radio"/> \$500,000/\$500,000	<input type="radio"/> \$2,500 <input type="radio"/> \$5,000
<input type="radio"/> \$1,000,000 This is the minimum limit requirement in Montana.	Not applicable in VT	<input type="radio"/> \$2,500 <input type="radio"/> \$5,000

3. Desired effective date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Employment Practices Liability Retroactive Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
4. Have there been any Employment Practices Liability claims, suits or complaints and/or is there any now pending against the insured or any executive, officer or owner?  Yes  No  
 If yes, please provide details: \_\_\_\_\_
  
5. Does the insured and any executive, officer or owner have any knowledge or information of any act, error or omission which might give rise to an Employment Practices Liability claim, suit or complaint?  Yes  No  
 If yes, please provide details: \_\_\_\_\_
  
6. Has the insured been in continuous business with no bankruptcy filing for three (3) years or more?  Yes  No
  
7. Are all job applicants required to complete and sign an employment application?  Yes  No
  
8. Does the insured utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace?  Yes  No
  
9. In the past 12 months and the coming 12 months combined, has there been or does the insured expect any layoffs or reductions in work force totaling more than 15% of the total employee count?  Yes  No

**OPTIONAL COVERAGES CONTINUED**

**Property Coverage (buildings or business personal property)**

Please check here and skip this section if you do not want this coverage

Complete this section for each individual location and building to be covered. Blanket limits are not available.

**Schedule of Buildings and/or locations**

<b>Premises Information</b>  Building # _____ Location # _____	Is your facility part of a shopping center or mall? <input type="radio"/> Yes <input type="radio"/> No			
	Building Description: _____			
	<input type="radio"/> Own <input type="radio"/> Rent	If you rent your premises, are you required to insure building glass or any other building item? <input type="radio"/> Yes <input type="radio"/> No If yes, what are you required to insure? _____ What is the replacement value? _____		
<b>Description of Property</b>		<b>Limit/Value*</b>	<b>Coverage Request, if any:</b> (coinsurance, valuation, cause of loss, deductible, etc.)	
Building*		\$	_____	
Personal Property/Contents*		\$	_____	
Tenants Improvements & Betterments*		\$	Deductible: <input type="radio"/> \$1,000 <input type="radio"/> \$2,500 <input type="radio"/> \$5,000	
Business Income*		\$	Select coinsurance: <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%	
<b>TOTAL</b>		<b>\$</b>		
<b>Construction Type</b> <input type="radio"/> Non-combustible <input type="radio"/> Masonry Non-Combustible <input type="radio"/> Modified Fire Resistive <input type="radio"/> Frame/Joisted Masonry <input type="radio"/> Fire Resistive	<b>Distance to:</b> <input type="radio"/> Hydrant _____ Feet <input type="radio"/> Fire Station _____ Miles	Number of Stories _____	Year Built _____	Total Square footage Building: _____  Total Square footage Occupied: _____
If building is more than 20 years old, provide year of updates. If none, check here: <input type="radio"/> Wiring, Year: _____ Plumbing, Year: _____ Roofing, Year: _____ Heating, Year: _____		Roof type: <input type="radio"/> Asphalt shingle <input type="radio"/> Cedar Shake <input type="radio"/> Metal <input type="radio"/> Tar/gravel buildup Floor: (not floor covering): <input type="radio"/> Concrete <input type="radio"/> Wood <input type="radio"/> Other: _____ Heating/Cooling: <input type="radio"/> None <input type="radio"/> Heat Pump <input type="radio"/> Electric baseboard <input type="radio"/> Portable heater <input type="radio"/> Gas/Oil <input type="radio"/> Forced air <input type="radio"/> Other: _____		
<b>Protection:</b> <input type="radio"/> Sprinkler _____% <input type="radio"/> Burglar Alarm				
<b>Fire Alarm:</b> <input type="radio"/> Central Station <input type="radio"/> Local <input type="radio"/> Fire extinguishers <input type="radio"/> Smoke alarms				

**Cooking**  Check here if no cooking on premises.

1. Explain extent of food service: \_\_\_\_\_

---

2. Is there deep-fat frying or grilling?  Yes  No
3. Is there an ansul system?  Yes  No
4. Is there an automatic fuel shut-off device?  Yes  No
5. How frequently do you clean the hood/duct system?  Daily  Weekly  Monthly  Other \_\_\_\_\_
6. Does a professional service clean the hood and duct system at least annually?  Yes  No

**Signs (Optional Coverage)**  Check here if coverage is not desired.

Value of each sign	Sign Type
\$	<input type="radio"/> Indoor <input type="radio"/> Outdoor
\$	<input type="radio"/> Indoor <input type="radio"/> Outdoor

**PLEASE READ AND SIGN  
Agreement**

I am an authorized representative of the applicant and represent that reasonable inquiry has been made to obtain the answers to questions on this application. I represent the answers are true, correct and complete to the best of my knowledge. I agree that if the information supplied on the application changes between the date of the application and the effective date of the insurance, I will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to purchase the insurance.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

**By selecting 'Yes' and typing my name below, I am electronically signing the application and agreeing to the Electronic Delivery and Signature**

**Consent Disclosure below:**  Yes  No

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)

**Electronic Signature Disclosure and Consent, and Representation Statement**

**Electronic Signature Disclosure and Consent**

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

K&K Insurance Group (K&K), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through K&K, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by faxing, emailing or by mailing a written notice to: K&K Insurance; 1712 Magnavox Way; Fort Wayne, IN 46804.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time by faxing, emailing or mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at [www.kandkinsurance.com](http://www.kandkinsurance.com).
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

If you **DO NOT** want to be emailed please check here and select your preferred method of document delivery.

Fax to: \_\_\_\_\_

attn: \_\_\_\_\_

Mail to: \_\_\_\_\_

attn: \_\_\_\_\_

**ATTENTION: AGENTS**

**AGENTS: YOU MUST COMPLETE THE ATTACHED WARRANTY SECTION BELOW.**

Please complete the information below.

Agency name: \_\_\_\_\_ Agent/contact name: \_\_\_\_\_

Agency complete mailing address: \_\_\_\_\_

Address City State Zip

Agency telephone: (\_\_\_\_) \_\_\_\_\_ Agency fax: (\_\_\_\_) \_\_\_\_\_

Agent/contact e-mail address: \_\_\_\_\_ Tax I.D. \_\_\_\_\_

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by K&K, I will provide K&K with reasonably satisfactory evidence of all of the above mentioned items.

**Agent signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Agent insurance license #: \_\_\_\_\_



**How to submit and reduce processing delays:**

- 1. Confirm all sections are completed
- 2. Confirm signatures and dates are completed on pages 7 and 8
- 3. Email submission to: [mm.specialty@kandkinsurance.com](mailto:mm.specialty@kandkinsurance.com)
- 4. Questions? Call: 1-866-216-8302

**K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-866-216-8302**  
**Website [www.kandkinsurance.com](http://www.kandkinsurance.com)**

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924, FL license #L007299); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)



## **IMPORTANT INFORMATION. PLEASE READ.**

### **Fair Credit Report Act Notice**

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us

### **Fraud Warning**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD only.

**Applicable in CO:** 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 FL and OK:** 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)\*. \*Applies in FL only.

**Applicable in KS:** 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 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 KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

**Applicable in MN:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in NJ:** 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 OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in VT:** 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.

**Applicable in all other states:** 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.