

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insureds:			Today's Date:	
Mailing Address:				
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	Bid Date:	Need by Date:	
Contact Name:	Telephone Number:	Email Address:		

REQUIRED ATTACHMENTS AND INFORMATION

Include the following with the submission:

Five (5) Year Claims History separate by Line of Coverage

COVERAGE

Coverage (Provide Current Premium and Policy Information)	Premium	Each Event/Act Limit	Aggregate Limit	Occurrence (OCC) or Claims-Made (CM)	Deductible Or SIR Amount	Retention Type
Automobile Liability	\$	\$			\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Auto Physical Damage – Comprehensive	\$				\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Auto Physical Damage – Collision	\$				\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Property	\$				\$	
Inland Marine	\$				\$	
Crime	\$				\$	
General Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Employee Benefits Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Liquor Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Stop Gap Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Public Entity Management Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Employment-Related Practices Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Law Enforcement Liability	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Cyber Liability	\$	\$	\$	<input type="checkbox"/> CM Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Other	\$	\$	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM & Retro Date	\$	<input type="checkbox"/> Ded <input type="checkbox"/> SIR
Umbrella	\$	\$	\$		\$	<input type="checkbox"/> Retention

PROFESSIONAL LINES ADDITIONAL INFORMATION

<i>Exposure and Coverage Request</i>	<i>Complete Required Form</i>
Cyber Liability	Refer to the following for the application to complete- https://www.travelers.com/business-insurance/public-entities/applications
Employment Practices Liability	Public Entity Employment-Related Practices Liability Additional Information Request (CP-7615)
Law Enforcement Liability	Law Enforcement Liability Additional Information Request (CP-7612)
Public Entity Management Liability	Public Entity Management Liability Additional Information Request (CP-7616)

PUBLIC ENTITY OPERATIONS AND EXPOSURE CHECKLIST

Complete the following:

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis and Description
		Public Entity	Separate Legal Entity	Sub-contracted	
A separate Additional Information Request may be required for certain exposures identified below					
Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aviation Policy in Force? <i>If yes provide a copy</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Arena/Convention Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Autonomous Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Include Cemetery Professional Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, is an indigency hearing held to determine a person's ability to pay part of the bail/bond procedure?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Are alternatives to jailing and/or fines considered when an indigency hearing determines a person has limited means?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Dam/Levee/Dike/Canal/Flood Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Dams/Levee/Dike/Canal/Flood Wall Additional Information Request (CP-7610)
Daycare Center - Child/Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete: <ul style="list-style-type: none"> • Parks and Recreation Additional Information Request (CP-7613) • Abuse or Molestation Coverage Supplemental Application (CP-4501)
Fire/Ambulance Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insured under a separate program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis and Description	
		Public Entity	Separate Legal Entity	Sub-contracted		
Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insured under a separate program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
International Travel (e.g. Sister City)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete <i>Global Companion</i> SM <i>International Insurance Application</i> (58215)	
Landfill/Dump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insured under a separate pollution policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a Methane Gas Recovery Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete <i>Anaerobic Digestion/Landfill Gas Facilities Additional Information Request</i> (CP-9386)	
Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete <i>ACORD Liquor Liability Section (803)</i>	
Marina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Profit Affiliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe _____ _____	
Port Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insured under a separate program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Refuse Sites/Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sanitation/ Garbage Collection/ Compost/ Recycle Operation/Transfer Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete: <ul style="list-style-type: none"> • <i>Educational Institutions Additional Information Request</i> (CP-8661) • <i>Global Companion</i>SM <i>International Insurance Application</i> (58215) 	
Transportation System (Transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete: <ul style="list-style-type: none"> • <i>Transit Application</i> (CP-7614) if you have <i>Demand Response or Fixed Route Operations</i> • <i>Abuse or Molestation Coverage Supplemental Application</i> (CP-4501) 	
Unmanned Aircraft (Drone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete <i>Drones – Unmanned Aircraft Additional Information Request</i> (CP-9185)	
Watercraft/Boat > 25 foot length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Watercraft/Boats	
					Type of Watercraft/Boats	

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis and Description
		Public Entity	Separate Legal Entity	Sub-contracted	
Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEALTHCARE – Facilities					
Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Clinics
					Responsible for Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Hospitals
					Responsible for Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing Home/Assisted Living Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible for Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Shelters/Youth or Group Homes (separate from all other residential. If there is a juvenile detention facility refer to the Law Enforcement section.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Client/Residents
					Complete Abuse or Molestation Coverage Supplemental Application (CP-4501)
HEALTHCARE/EMT – Professionals					
Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete: <ul style="list-style-type: none"> Abuse or Molestation Coverage Supplemental Application (CP-4501) Healthcare Professional Additional Information Request (CP-7611)
Counseling Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMT/Paramedic/First Responder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jail Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LAW ENFORCEMENT ACTIVITIES					
Adult Jail/Penal Institution/ Detention Center/Holding Facility/ Similar Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Law Enforcement Liability Additional Information Request (CP-7612)
Court Security Officer/Probation Officer/Parole Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Juvenile Detention Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Law Enforcement Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Enforcement Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PARKS and RECREATION					
Park & Recreation Department (Water Activities, Rodeo, Archery Range, Fitness Center, Ski Facility, Skate Park, Fireworks Displays, Day Camp, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete: <ul style="list-style-type: none"> Parks and Recreation Additional Information Request (CP-7613) Abuse or Molestation Coverage Supplemental Application (CP-4501)
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis and Description
		Public Entity	Separate Legal Entity	Sub-contracted	
UTILITIES					
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If exposure is controlled by the entity, then complete • Utilities Additional Information Request (CP-7617)
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sewer or Sewage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telecommunications (TV/Cable, Phone, Internet, Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative Energy (Solar, Wind, Hydro, Biomass, Biofuel, Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe _____

SAFETY PROGRAM AND SUBCONTRACTED OPERATIONS

- a. Do you have a written safety program? Yes No
- b. Are all subcontractors for all of your operations required to carry limits of insurance equal to your limits of liability? Yes No
- c. Are certificates of insurance obtained from all subcontractors for all of your operations? Yes No
- d. Are hold-harmless agreements required from all subcontractors for all of your operations? Yes No
- e. Are you named as an additional insured under the subcontractor's policy for all subcontracted operations? Yes No

For all "no" responses provide additional details such as alternative safety programs or departments impacted:

EMPLOYEE INFORMATION

- a. Number of Full-Time Employees: _____
- b. Number of Part-Time Employees: _____
- c. Employee Turnover: Last Year: _____ 2 Years Ago: _____

EMERGENCY DISPATCH

- a. Who handles your 911 dispatch services? Police Fire Other
- b. Does your department handle dispatch for others? Yes No
- c. Are incoming calls to dispatchers recorded? Yes No
 If yes, how long are tapes or digital files retained (i.e. number of years)? _____

STREETS/ROADS/HIGHWAYS

- a. Miles of road owned: _____
- b. Miles of road maintained for others: _____

Who performs the following functions?	Entity	Contractor
c. Street cleaning and dusting?	<input type="checkbox"/>	<input type="checkbox"/>
d. Cutting grass or weeds, planting, pruning/removal of trees, removing brush, spraying and fumigating?	<input type="checkbox"/>	<input type="checkbox"/>
e. Gravel spreading?	<input type="checkbox"/>	<input type="checkbox"/>
f. Erecting, maintaining or removing guide rails and posts, road markers, or signs?	<input type="checkbox"/>	<input type="checkbox"/>
g. Paving or repaving, surfacing or resurfacing?	<input type="checkbox"/>	<input type="checkbox"/>

- h. Snow removal?
- i. Installation and maintenance of traffic lights?
- j. Erecting and maintaining light poles?
- k. New road construction?
- l. Do you document inspections, preventive maintenance, and repairs? Yes No
If yes, what is the turnaround time for routine repairs? _____

- m. Are road signs regularly inspected for visibility and missing signs? Yes No
- n. Are barricades and warning signs used at road work sites? Yes No
- o. Number of Uncontrolled Railroad Crossings: _____

BRIDGES

Indicate number of the following classification of bridges:

Classification	Railway	Waterway	Highway	Utility	Pedestrian	Toll Bridges
Total Bridges owned/maintained by Entity						
Are Warnings Clearly Posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- a. Describe all bridges 50ft. or greater in length (classification, length, one-lane, drawbridge, etc.):

 - b. How many bridges do you have that are coded by the National Bridge Inventory as 3, 2, or 1? _____
 - c. How often are your bridges inspected? _____
 - d. Who conducts the bridge inspections? _____
 - e. Have any bridges not passed inspection (do not meet local, state, or federal standards, are structurally deficient, etc.) or are any bridges condemned? Yes No
If yes, list bridges, locations and provide reasons for current conditions:

- Are you involved in any bridge construction? Yes No
If yes, describe: _____

AUTO

- a. Do you have criteria for MVR acceptability? Yes No
- b. Do you obtain MVR's on all drivers annually?..... Yes No
- c. Do you provide driver training at hire and/or periodically for all drivers? Yes No
- d. Are all accidents reviewed internally? Yes No
- e. What percentage of employees/volunteers regularly use their personal auto for business use? _____ %
Provide additional detail on the nature of the use of personal autos (e.g. firefighters responding to calls, social service workers or healthcare personnel visiting homes or schools, errand running, other):

- f. Do you verify that each employee/volunteer has valid automobile insurance in place consistent with your minimum required limits?..... Yes No
- g. Is there a concentration of vehicles in excess of \$5M stored at a central site? Yes No
If yes, provide the location address: _____
- h. How many 15-passenger vans do you have in your auto fleet? _____
- i. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles? Yes No
- j. Describe the usage of 15-passenger vans for your entity (who is transported, and for what purpose):

k. Provide additional detail pertaining to the transport of children under the age of 18 utilizing 15-passenger vans:

l. If law enforcement vehicles are included in the automobile schedule, do you have written policies and procedures for the following exposures?

- Vehicular Pursuit..... Yes No
- Patrol Driving & Response Yes No
- Transportation of Prisoners Yes No

Passenger Transportation Services

- Type of transportation service: Scheduled bus route Demand response/Para transit/Dial-A-Ride
 Prisoner Transport Daycare/Day camp/Recreation programs
 Social Services Van Pool

If you have scheduled bus routes or demand response/para transit/Dial-A-Ride exposures complete the Transit Application (CP-7614) instead of answering the questions below

- m. Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle? Yes No
- n. Are criminal record checks conducted on all transportation employees? Yes No
- o. Are there written procedures and driver training for transporting passengers with disabilities? Yes No
If yes, do the procedures and training include:
- p. Use of equipment tie-downs? Yes No
- q. Passenger restraint?..... Yes No
- r. Loading and unloading of passengers? Yes No
- s. Door-to-door service procedures?..... Yes No
- t. Do you operate any vehicles you do not own?..... Yes No
If yes, provide contractual agreement.
- u. Any contracted drivers?..... Yes No
If yes, provide contractual agreement.
- v. Are volunteers used for any transportation service? Yes No

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CALIFORNIA: Auto: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties. Other Than Auto: The "All Other States" statement applies to lines of business other than auto.
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.

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.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance 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.

KENTUCKY, NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: 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.

MAINE, TENNESSEE, VIRGINIA AND 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 may include imprisonment, fines, and denial of insurance benefits.

MASSACHUSETTS: Auto: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance. Other Than Auto: The "Kentucky" statement applies to lines of business other than auto.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK AUTO: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

OKLAHOMA: 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.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA: Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. Other Than Auto: The "Kentucky" statement applies to lines of business other than auto.

UTAH (WORKERS COMPENSATION ONLY): Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name - Printed:	Date:
Producer Signature*: X	State Producer License No. (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the page number and question.