

GEMINI INSURANCE COMPANY

A Berkley Insurance Company
 475 Steamboat Road, Greenwich, Connecticut 06830 (203) 542-3821

Surplus Lines - Equine Exposure Application

Name of Applicant/Mailing Address	Applicant Is:						
<p>Applicant: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Owner/Operator <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Non / Not For Profit <input type="checkbox"/> Other</p> <p>Explain Other: _____</p>						
<p>Telephone:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Day</td> <td>_____</td> </tr> <tr> <td>Evening</td> <td>_____</td> </tr> <tr> <td>Cell</td> <td>_____</td> </tr> </table> <p>E-Mail: _____</p> <p>Fax: _____</p> <p>Website: _____</p> <p>Requested Coverage Date: _____</p>	Day	_____	Evening	_____	Cell	_____	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Day	_____						
Evening	_____						
Cell	_____						

Important – You must read this!

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE INSURANCE COVERAGE; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Incomplete applications will not be considered.

Date	Signature of Applicant
Date	Signature of Applicant

Location of actual operations: (If more than 3 locations say various under #1 below)			
Address	County	Acres	Premises (Check One)

1.			<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> C
2.			<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> C
3.			<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> C

Names of all partners or officers of corporation: _____

Additional Insureds	
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: _____
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: _____
Name: _____ Address: _____	Relationship to Insured: _____ Telephone: _____

Section I GENERAL UNDERWRITING AND SAFETY INFORMATION

NOTE-LIQUOR LIABILITY IS NOT COVERED

Give a brief description of all of your equine operations: _____

Does applicant engage in any other business activity under the name listed on the application?
 Yes No Explain: _____

- How many employees: Full Time: _____ Part Time: _____, Annual Payroll \$ _____
 Do you have workers compensation insurance? Yes No Company _____
 Policy # _____
 Do you employ or have volunteers younger than 18 years of age? Yes No
 If yes, please explain their duties and selection process: _____

Do you maintain files on each of your employees that include the following information?
 Yes No Not Applicable Employee work schedule
 Yes No Not Applicable Employee pay records
 Yes No Not Applicable Next of kin addresses
 Yes No Not Applicable Employee phone numbers to reach them during non-working hours
 Yes No Not Applicable Forwarding Addresses

- Are you the primary manager of your facility? Yes No
 If no, what is the manager's name: _____, age: _____, years experience: _____
- Are horses stabled at location of operation? Yes No Is there 24 hour supervision of the facility where horses are stabled? Yes No . Please explain the supervision: _____
- Yes No Are emergency numbers clearly posted?
 Yes No Is game hunting permitted on the premises of operation?
 Yes No Is there a swimming pool on the premises of operation?
 Yes No If yes, is it fenced to prevent unauthorized access?
 Yes No If there is a swimming pool on the premises of operation, is it for private use only?
 Yes No Has any dog owned by you or kept on the premises of operation caused injury to anyone? List total # of dogs _____, What breed(s)? _____
 Yes No Are applicable State Equine Liability signs clearly posted?

6. Do you lease any part of any building or land to or from someone? Yes No If yes, please explain:

7. Fencing: Is all fencing in good condition? Yes No . Type of fencing used: _____

The fencing is checked: Daily Weekly Monthly Never

Has any animal ever escaped from your premise of operation? Yes No. If 'yes', please explain:

Was the reason for the escape remedied? Yes No How? _____

8. Describe your regular maintenance schedule for tack and equipment used for your equine operations:

Do you repair damaged tack? Yes No. If yes, explain: _____

Do you clean & sanitize riding helmets after each rider has completed their ride? Yes No

Describe the training of your employees in use and daily maintenance of equipment?

9. Do you allow alcohol consumption on the premises? Yes No

10. Do you allow people with extreme physical handicaps (ex. blindness, amputee, cerebral palsy) to ride or participate in the same manner as able-bodied participants? Yes No Explain _____

11. Do you utilize radios or cell phones for emergency communications? Yes No Explain _____

12. ADDITIONAL COMMENTS: _____

Section II OWNED HORSES/LEASED HORSES (include all locations)		
Mark Total Number Of Horses For Each Use (Only Mark One Use Per Horse)		
1. Trail Rides: _____	4. Showing: _____	8. Racing Or Race Training: _____
2. Carriage Rides: _____	5. Breeding: _____	9. Pleasure: _____
3. Pony Rides: _____	6. Used For Giving Lessons To Others: _____	
	7. Other Use (specify use & #): _____	

Section III GUIDED TRAIL RIDES/OUTFITTERS Check If No Exposure-Proceed to IV _____ initials

Months of Operation: _____ to _____

- Number of years experience operating guided trail rides: _____
- Are all of your trail rides guided? Yes No If no, please explain: _____

What is the maximum number of riders per guide? _____ riders / 1 guide.
 Maximum number of your owned horses available for guided trail rides: _____;
 Yearly gross receipts from guided trail rides on your owned horses \$ _____;
 Maximum number of your leased or non-owned horses available for guided trail rides: _____
 Yearly gross receipts from guided trail rides on your leased or non-owned horses: \$ _____

- Do you let riders bring their own horses (not yours) for trail rides on your premises of operation? Yes No
 If yes, does one of your employees go as a guide? Yes No If no, please provide narrative: _____
 What are the yearly gross receipts for riders on their own (not yours) horses? \$ _____
- Do trails cross or run along roads or highways? Yes No If yes, please describe: _____

Do your guides use radios or cell phones for emergency communications? Yes No If no, explain: _____

- Do you match riders with horses based on the rider's experience? Yes No Please explain _____
 Do you allow double riders on one horse? Yes No Explain _____
- Do you require each and every rider to sign a release/waiver of liability form? Yes No
 Has your attorney confirmed that your release/waiver of liability conforms with your State's Equine Activity Statutes? Yes No
 Do you require that the legal guardian/parent sign the release/waiver of liability for all children under 18 years of age? Yes No
 Do you give each individual signing the release/waiver of liability time to read it and ask questions about it before they sign it? Yes No If yes, please explain your procedure for this: _____

Independent information on States Equine Liability statutes may be available at:
http://tarlton.law.utexas.edu/dawson/equine/equ_menu.htm

- Are American Society for Testing and Materials (ASTM) or equivalent helmets required of all riders?
 (Check boxes that apply) By Everyone ALL OF THE TIME 18 and under ALL OF THE TIME
 Helmets are Not required Helmets are not available

If an adult rider (18 years old or over) refuses to wear a helmet, do you let them ride? Yes No
 If yes, do you require that they sign a helmet waiver of liability? Yes No
 If a rider under 18 years old refuses to wear a helmet, do you allow them to ride? Yes No

- List Name, Age, Experience and any Certification of each guide:

Name	Years of Age / Experience	Lead Guide	Basic First Aid & CPR	Advanced First Aid Training	Certified Guide
_____	_____/_____	<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	<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
_____	_____/_____	<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

Explain what training you give new employees prior to letting them be a guide? _____

Do you conduct background checks on guides? Yes No Explain _____

- Do you operate as an outfitter? Hunting Fishing Other: Explain _____

Give details on the number of participants, route, and the hours/days of the trip: _____

Do clients bring their own weapons? Yes No

Please mark type of weapons used: Guns Bows/Arrows Muzzle Loading Other _____

Gross Receipts: \$ _____

10. ADDITIONAL COMMENTS: _____

NOTE: WITH THIS APPLICATION, YOU MUST SUBMIT A COPY OF ALL RELEASES/WAIVER OF LIABILITY FORMS THAT YOU REQUIRE YOUR CUSTOMERS TO SIGN

Section IV HORSE DRAWN VEHICLE RIDES Check If No Exposure -Proceed to V _____ initials

Months of Operation: _____ **to** _____

1. Number of years experience you have in conducting horse drawn vehicle rides? _____

2. Number of horses used for carriage rides: _____ Annual gross receipts: \$ _____

3. What is the maximum number of rides given in one week? _____

What is the average number of rides given in one week? _____

4. What is the minimum age of a horse that you will use for carriage rides? _____

Explain the training a horse must receive prior to being used for carriage rides: _____

5. Are stallions used to give carriage rides? Yes No

6. List make and model of each vehicle used and the maximum number of passengers allowed:

Vehicle Name	Make & Model	Maxi. No. of Passengers
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes No

Do you give rides at night?

Yes No

Do your vehicles have lights?

Yes No

Do your vehicles have reflectors/reflective tape?

Yes No

Do your vehicles have slow moving emblem warning signs?

Yes No

Do your vehicles have hydraulic brakes?

Yes No

Are you licensed by any governmental authority? If yes, please list by whom: _____

7. Are your ride operations conducted only on your owned premises? Yes No

If carriage rides are conducted on non-owned premises, list the locations and conditions of use: _____

8. Do any of your ride routes cross or run along public roads or highways? Yes No

If yes, explain: _____

Explain safety measures you have to prevent accidents with motor vehicles and pedestrians: _____

9. List Name, Age, Experience and any Certification of each driver:

Name	Years of Age / Experience	Basic First Aid & CPR	Advanced First Aid Training	Certified Driver
_____	____ / ____	<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
_____	____ / ____	<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

Explain what training you give new employees prior to letting them give carriage/sleigh/hay rides?

10. Do you require each and every vehicle rider to sign a release/waiver of liability form? Yes No.
 Has your attorney confirmed that your release/waiver of liability conforms with your State's Equine Activity Statutes? Yes No
 Do you require that the legal guardian/parent sign the release/waiver of liability for all children under 18 years of age? Yes No
 Do you give each individual signing the release/waiver of liability time to read it and ask questions about it before they sign it? Yes No
 If yes, please explain your procedure for this: _____

11. Do you conduct hay or sleigh rides? Yes No. If yes, gross annual receipts \$ _____

12. Please provide a detailed explanation of your safety program: _____

13. ADDITIONAL COMMENTS: _____

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Section V PONY RIDES/PETTING ZOOS	<input type="checkbox"/> Check If No Exposure-Proceed to VI	_____ initials
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Months of Operation:	_____	to	_____
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1. Number of years of experience giving pony rides? _____
2. Maximum number of ponies used at any 1 time: ____ Annual gross receipts: ____
3. What is the maximum number of rides given in one week? _____
 What is the average number of rides given in one week? _____
4. Type of pony ride used (check those that apply): Sweep Ring Other
 If other, explain type: _____
5. Are pony rides conducted in an enclosed area? Yes No If no, please explain: _____
6. Are pony rides conducted on your owned premises ? Yes No
 Do you operate pony rides on non-owned premises ? Yes No
 If yes, check the type of premise and the number of annual days at that type of premise:

_____	Private Residence	Estimated No. of Annual Days	_____
_____	City Parks	Estimated No. of Annual Days	_____
_____	Fairgrounds	Estimated No. of Annual Days	_____
_____	Other - explain: _____	Estimated No. of Annual Days	_____

7. Are ASTM or equivalent helmets required of all riders during the pony rides? Yes No
 If no, do you require that their legal guardian/parent sign a helmet release? Yes No

8. Do you fasten children to the saddle or use a safety harness? Yes No
9. Please provide a detailed explanation of your safety program when giving pony rides: _____
10. Do you operate a petting-zoo? Yes No
11. What are your annual receipts from your petting zoo operations? _____
12. Are petting zoo operations conducted on your owned premises? Yes No
 Do you conduct petting zoo operations on non-owned premises? Yes No
 If yes, please explain. _____
13. Describe the type of animals you have and the total numbers for each one:

Animal type	#	Animal type	#	Animal type	#

14. Do you allow guests to feed the animals? Yes No
15. Are all animals in cages and pens? Yes No

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Section VI TACK STORE OR RETAIL SALES Check If No Exposure-Proceed to VII _____ initials

Months of Operation: _____ to _____

Gross Sales Receipts					
Snacks	Clothing	Tack	Feed	Other Retail	Total
\$	\$	\$	\$	\$	\$

1. Do you manufacture or repair any goods sold? Yes No. If yes, please describe: _____
2. Do you repair riding equipment for others? Yes No
3. Do you perform any type of farrier service? Yes No; gross annual receipts \$ _____

Section VII NON-OWNED HORSES Check If No Exposure -Proceed to VIII _____ initials

Months of Operation: _____ to _____

1. What is the maximum number of horses boarded? _____; Monthly boarding rate \$ _____
2. Annual Gross Receipts \$ _____
3. What is the maximum number of non-owned horses in show training? _____
 Monthly training rate \$ _____ Annual gross receipts \$ _____
4. What is the maximum number of non-owned breeding stallions? _____; Annual gross receipts \$ _____
5. What is the maximum number of non-owned mares? _____
 Do mares stay on your premises until after foaling? Yes No
6. What is the maximum number of non-owned racehorses or racehorses in training? _____
7. Maximum number of non-owned racehorses you train for others? _____; Annual gross receipts \$ _____

8. Do you sell horses as an agent for others? Yes No
 How many horses do you sell annually that are: owned by you? _____; owned by others? _____
 Average value of horses sold and owned by you \$ _____; owned by others \$ _____
9. Do you desire coverage for non-owned horses in your Care, Custody and Control? Yes No
 _____ (please Initial) (Separate application required)
10. ADDITIONAL COMMENTS: _____

Section VIII RIDING INSTRUCTION PROVIDED BY YOU Check If No Exposure - Proceed to IX _____ initials

Months of Operation:	_____	to	_____
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1. Number of years experience as a riding instructor: _____
 Do you hold any national officiating/judging/and/or instructors licenses? Yes No
 If yes, give details and competition experience: _____
2. Maximum number of school horses available: _____; Maximum number used at one time: _____
 Yearly gross receipts for riding instruction on school horses: \$ _____
3. Do you give instructions to students on their own horses? Yes No
 If yes, number of students per week: _____; Yearly gross receipts \$ _____
4. What riding discipline do you instruct? _____
5. Do you attend off-premises shows with any of your students? Yes No
 How many times a year? _____; Gross annual receipts \$ _____
6. Do you hold clinics for non-students? Yes No, how many? _____, average attendance: _____
 What are the dates? _____; Gross receipts \$ _____
7. Do you operate a day camp or an overnight camp? Yes No; Yearly gross receipts \$ _____
If answered 'yes', a Camp Supplement Form must be completed and submitted prior to quoting.
8. Do you provide riding for the handicapped? Yes No
If answered 'yes', a Therapeutic Riding Supplement must be completed and submitted prior to quoting.

9. Additional comments: _____

Section IX INDEPENDENT TRAINERS AND INSTRUCTORS Check If No Exposure - Proceed to X _____ initials

Months of Operation:	_____	to	_____
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1. Do independent trainers utilize your facility? Yes No
2. Do all independent trainers carry their own insurance? Yes No

IF YES, PROOF OF COVERAGE IS REQUIRED. THE LIMITS MUST BE AT LEAST EQUAL TO THOSE YOU CARRY. THEY MUST NAME YOU AS ADDITIONAL INSURED UNDER THEIR POLICY. INDEPENDENT INSTRUCTORS OR TRAINERS THAT DO NOT CARRY THEIR OWN INSURANCE WILL BE ADDED AS AN ADDITIONAL INSURED TO YOUR POLICY FOR ADDITIONAL PREMIUM CHARGE. COVERAGE IS LIMITED TO ON-PREMISES ONLY AND TO OFF PREMISE SHOWS WITH HORSES AND/OR RIDERS IN TRAINING.

NAMES OF INDEPENDENT INSTRUCTORS AND ADDRESS

Name: _____ **Address:** _____
Age: _____ **Years experience in current class instructing:** _____
Any licenses or certificates for training? Yes No. **If yes, give details:** _____

Name: _____ **Address:** _____
Age: _____ **Years experience in current class instructing:** _____
Any licenses or certificates for training? Yes No. **If yes, give details:** _____

3. How many horses are provided for lessons by independent instructors: _____; gross receipts \$ _____
4. Gross receipts for instructions to students on their own horses: \$ _____
5. Number of boarded horses trained by independent trainers: _____
6. **ADDITIONAL COMMENTS:** _____

Section X HORSE SALES **Check If No Exposure - Proceed to XI** _____ initials

Months of Operation: _____ **to** _____

1. Do you sell horses? Yes No.
2. If yes, number sold annually: _____
3. Do you sell for others? Yes No.
4. Do you sell on your premises? Yes No
5. Gross annual receipts \$ _____

6. Consignment Sales? Yes No **If yes:**
 How many sales per year? _____
 Annual Gross sales amount? \$ _____
 Average # People attending: _____
 Location(s): _____

Section XI SPECIAL EVENTS-Spectator coverage only-No coverage for participants **Check If No Exposure - Proceed to XII** _____ initials

Months of Operation: _____ **to** _____

Avg. No. _____ Max. No. _____

(s) Name &	Event Date	Event Name	Event Type	Event Location-Address	Additional Insured	\$ Gross Receipts	No. of Competitors	No. of Spectators
					<input type="checkbox"/>	\$		
					<input type="checkbox"/>	\$		
					<input type="checkbox"/>	\$		
					<input type="checkbox"/>	\$		
					<input type="checkbox"/>	\$		
					<input type="checkbox"/>	\$		
					<input type="checkbox"/>	\$		
					<input type="checkbox"/>	\$		
					<input type="checkbox"/>	\$		

Attach additional sheets as needed.

1. Will bleachers or platforms be involved? Yes No **If yes, provided seating capacity** _____
Number of years hosting events/shows: _____; **years hosting at this location:** _____
Are shows sanctioned? Yes No; **By Who?** _____
Do you secure releases from all entrants? Yes No **(if yes, please attach a sample copy)**

Do you have an Emergency Medical Technician (EMT) present at all events? Yes No
 If yes, do you obtain proof of insurance or a certificate of insurance from the EMT? Yes No

2. Do you manage any hunts or racing events? Yes No; if yes, please describe: _____

3. Do you own/use any hounds for hunts? Yes No; if 'yes', how many hounds? _____
 If any events involve rodeos, please describe type of events: _____

Are guests allowed to participate in any rodeo activities? Yes No If yes, please explain: _____

5. Describe any other type of events or operations that are not mentioned above: _____

6. ADDITIONAL COMMENTS: _____

NOTE: COVERAGE IS NOT PROVIDED FOR INJURY TO PARTICIPANTS IN HORSE RACES, RODEOS, RODEO-TYPE EVENTS, HUNTS, AND POLO MATCHES/PRACTICES.

Section XII PREVIOUS INSURANCE & LOSS INFORMATION

1. Have you had coverage cancelled or refused in the past 5 years? Yes No

2. Have you had any losses in the last 5 years? Yes No

If yes, please supply approximate dates, description of loss, and amount of any medical payments made: _____

3. Are you currently insured? Yes No; if yes, with what Company? _____ Policy # _____

If no, who was the last Company you had coverage with? _____

Agent _____

What was the expiration date of coverage? _____

Please provide a hard copy of Loss Run History for prior 3 years.

4. ADDITIONAL COMMENTS: _____

Section XIII GENERAL LIABILITY COVERAGE LIMITS:

REQUESTED LIMITS OF LIABILITY (Please Check Only The Limit You Are Applying For):

\$300,000 Occurrence & Aggregate (The Aggregate Limit Is the Maximum Paid Out Per Policy Period)

\$500,000 Occurrence & Aggregate

\$1,000,000 Occurrence & Aggregate

Coverage H: Bodily Injury and Property Damage Liability. Coverage I: Personal Injury and Advertising Injury Liability.

Section XIV

Check Suggested Documents to Obtain a Quote for Insurance:

<input type="checkbox"/>	Signed, Completed application	
<input type="checkbox"/>	Sample releases	
<input type="checkbox"/>	All advertising material	
<input type="checkbox"/>	3 year Loss history from prior insurance company	
<input type="checkbox"/>	Pictures: Fencing, Public areas, Horse areas, Carriages, Tack, Safety & Warning signs etc.	

ADDITIONAL COMMENTS: _____

Please sign and date the application after reading the Fraud Notices.

STANDARD: 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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

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

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person with the intent to knowingly 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 that is related to the acceptance of the risk by the insurer, may be guilty of insurance fraud and may be subject to prosecution.

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

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

All applications must be signed and dated

Date	Signature of Applicant
Date	Signature of Co-Applicant