

Name of Insurance Company to which Application is made (herein called the "Insurer")

School Leaders Risk ProtectorSM Renewal Application

Professional Liability and Management Liability Insurance for Schools

NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT THE RETENTION FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND CLAIM EXPENSES. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

INSTRUCTIONS

"You," "Your" or "Applicant" refer individually and collectively to the Named Applicant, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(ies), proposed for this insurance. Some sections of the Application may not apply to You. If this is the case, please mark "not applicable" (N/A). In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer and indicate the question number to which You are responding.

This Application must be signed and dated by either (a) the highest ranking elected or appointed member of the board of the Named Applicant (b) the business manager or risk manager of the Named Applicant, or (c) the Treasurer or Comptroller of the Named Applicant.

Section A. GENERAL INFORMATION

1. Named Applicant: _____
 Address of Named Applicant: _____
 City: _____ State: _____ Zip Code: _____
 Key Contact (i.e. Risk Manager, Superintendent): _____
 Key Contact E-Mail Address: _____
 Telephone: _____ - _____
 Web Page Address: _____
 Domicile State: _____ State of Incorporation: _____

2. Applicant Type:

Type	Check all that apply
Elementary/Primary School	<input type="checkbox"/>
Middle/Junior High School	<input type="checkbox"/>
High School/Secondary School	<input type="checkbox"/>
Vocational/Technical School	<input type="checkbox"/>
Charter School	<input type="checkbox"/>
Special Education Facility	<input type="checkbox"/>
Junior/Community College	<input type="checkbox"/>
Four (4) Year College/University	<input type="checkbox"/>
Graduate School	<input type="checkbox"/>

3. Is the Applicant a:
 Public Institution? Private Institution?
4. Is the Applicant a for-profit entity?
 Yes No
5. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here .
 If not applicable, please check here

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created
_____	_____	_____	_____
_____	_____	_____	_____

- Are you requesting for coverage to be extended to all Subsidiaries? Yes No
6. Is the Applicant a boarding school or does it have dormitories? Yes No
 If "Yes", what percentage of the total student enrollment reside in the facilities? _____
7. If the Applicant is a college, is it a 2 or 4 year college? _____ years.
8. Is the Applicant accredited? Yes No
 If "Yes", provide the name of the accreditation association: _____
 Date of Last Accreditation: _____
9. The Applicant was created in _____ (year).

10. Student Enrollment:

	Prior	Current	Projected
Full Time			
Part Time			
Pre-School			
Total			

If the Applicant is a college, please provide Total Full-Time Equivalents:

If the enrollment includes pre-school children, what is/are the age range(s)?

Section B. FINANCIAL INFORMATION

11. Fiscal Year _____

	Prior	Current	Projected
Total Budget			

Total Expenditures			
Surplus/Deficit			

Total accumulated surplus or deficit \$ _____

If a deficit exists, what steps are being taken to eliminate it? _____

12. Does the Applicant anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years?

13. a. Total amount of Applicant's bond authority: \$ _____

b. Total amount of outstanding bonds: \$ _____

c. Latest bond rating (provide at least one of the following):

Moody's _____

Standard and Poor's _____

Fitch's _____

If the bonds are not rated, please explain: _____

d. Has the Applicant been in default on the principal or interest of any bond? Yes No

If "Yes", provide details: _____

Section C. SPECIAL EDUCATION

14. Does the Applicant have Special Education Programs and/or Facilities for the developmentally, mentally, emotionally or physically disabled? Yes No

If "No", describe where and/or who manages these programs/facilities:

15. How often are the students evaluated for:

Placement? _____

Adjustment to an Individual Education Plan ("IEP") based on progress? _____

Mainstreaming? _____

16. How often over the course of a school year has the Applicant conducted a Due Process Hearing regarding an IEP ("IEP Hearing")? _____

17. Have any decisions of any IEP Hearing officer been appealed in the past twelve (12) months? Yes No

If "Yes", how many were appealed? _____

Of these, how many were overturned? _____

18. Whom does the Applicant utilize for the initial IEP Hearings? In House Outside Counsel
 Whom does the Applicant utilize for the appeals process? In House Outside Counsel

19. How many or what percentage of the Applicant’s total student enrollment currently participates in a Special Education Program? _____

Section D. OPERATIONS

20. Has the Applicant established guidelines related to:
- a. procedures for suspension or dismissal of students? Yes No
 If “Yes” , are these guidelines in writing? Yes No
 - b. reporting and investigating allegations of sexual harassment brought by students? Yes No
 If “Yes” , are these guidelines in writing? Yes No

21. Does the Applicant conduct seminars on preventing or identifying sexual harassment and/or instruction on the procedures to be used to report incidences of sexual harassment? Yes No

If yes:

- a. Are these seminars conducted on a regular basis? Yes No
- b. When was the last seminar conducted? _____
- c. Is attendance mandatory for all employees? Yes No
- d. Are seminars conducted for students? Yes No

22. a. Are background checks conducted on all potential employees? Yes No
 b. Is an offer for employment contingent upon such checks? Yes No
 c. Are background checks conducted on current employees? Yes No
 d. Are background checks conducted by the Applicant’s employees? Yes No

If background checks are not conducted by employees, who performs this service?

23. Has the Applicant established guidelines for reporting any instance of suspected child abuse to the proper authorities? Yes No
 Are these guidelines in writing? Yes No

Section E. EMPLOYMENT PRACTICES

Complete this section only if You are applying for Employment Practices Coverage

24. Staff Size

Type of Employee	Number of Union Employees	Number of Non-Union Employees
Full Faculty/Instructors		
Part Time Faculty/Instructors		
Administrative personnel (including principals, assistant principals, deans and provosts)		
Other non-instructional employees (including part-time, seasonal, temporary)		
Independent contractors Applicant is required by contract to indemnify in the same manner as an employee		
Elected and/or appointed board members		
Volunteers		
Student Teachers/Student Interns		
Total		

Combined Total: _____

25. Does the Applicant have a Human Resources Department? Yes No
 If "Yes", provide the number of employees in the Human Resources Department: _____
 If "No", explain how this function is handled: _____

26. Does the Applicant have a written human resources manual? Yes No
 If "Yes", does the manual address:

a. legally prohibited discrimination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. sexual and non-sexual harassment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. employee disciplinary actions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. terminations and layoffs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. written employee appraisals/reviews?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "No" please explain what guidelines are followed: _____

27. Has the Applicant established guidelines related to procedures for suspension, dismissal, or non-renewal of employment contracts of:

a. Instructors and supervisory personnel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are these guidelines in writing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Non-professional employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are these guidelines in writing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

28. Is a uniform contract for instructors used? Yes No
 If "Yes", are all "in force" contracts the same? Yes No
 If "No", explain differences: _____

29. Has the Applicant adopted a pay scale for personnel providing for remuneration without regard to age, sex, race, or creed? Yes No

30. a. Does the Applicant anticipate any reduction in staff in the next twelve (12) months?
 Yes No
 b. Has the Applicant had any reduction in staff in the last twelve (12) months?
 Yes No
 If "Yes", explain: _____
 c. Has any employee of the Applicant been suspended, demoted, dismissed, transferred or had a contract of employment non-renewed within the last twelve (12) months?
 Yes No
 If "Yes", explain: _____

31. How many employees have resigned, been terminated (with or without cause) or retired:
 Current Year: _____
 Prior Year: _____

32. Has any person, former employee or job applicant alleged unfair or improper treatment regarding employee hiring, non-remuneration advancement or termination of employment? Yes No
 If "Yes", explain: _____

33. Does the Applicant:

- a. Use an employment application for all applicants for hire? Yes No
- b. Use any tests to screen applicants for employment or to promote employees? Yes No
- c. Have a formal orientation program for all new employees? Yes No
- d. Publish an employment handbook? Yes No
 If "Yes", is it distributed to all employees or maintained on an Intranet/Internet location?
 Yes No
- e. Provide regular, written performance evaluations for all employees? Yes No
- f. Have a formally implemented and adopted anti-sexual harassment and anti-discrimination policy?
 Yes No
 If "Yes", is it distributed annually to all workers? Yes No
- g. Have a written procedure for handling employee complaints of discrimination and sexual and non-sexual harassment? Yes No
- h. Provide mandatory training for all managers on anti-sexual harassment and

- anti-discrimination policies? Yes No
- i. Have a policy on AIDS or on assisting employees with life-threatening or other communicable diseases? Yes No
- j. Have a policy on accommodating the disabled as required by the Americans with Disabilities Act and related laws? Yes No
- k. Comply with the Family Medical Leave Act? Yes No

34. Does the Applicant require terminations to be reviewed by its:
 Human Resources Department? Yes No
 Legal Department? Yes No
 Outside counsel? Yes No

35. Does the Applicant have a formal out-placement program which assists terminated or laid off employees in finding other jobs? Yes No

36. Does the Applicant conduct exit interviews? Yes No

Section F. OUTSIDE ENTITY/CONTRACTORS INFORMATION

37. Is the Applicant affiliated with any other entity? Yes No
 Will the Applicant be adding any entity(ies) as additional insureds? Yes No
 If "Yes", please list the name of the entity(ies), the nature of its operations and the relationship between the Applicant and the other entity(ies): _____

38. Does the applicant provide any services to outside entity(ies)? Yes No
 If "Yes", please list the name of the entity(ies), the nature of the services and the relationship between the Applicant and the other entity(ies): _____

39. For which of the following services does the Applicant use outside contractors:

Service Provided	Yes/No	
Accounting/Financial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Administrative	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consultants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Custodial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Food	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Legal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Educational	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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40. Does the Applicant require all sub-contractors or independent consultants to carry liability insurance?
 Yes No
 Does the Applicant request to be added as an additional insured to such liability insurance?
 Yes No

41. Do any of the Applicant's directors, trustees or governors sit on an outside board of directors at the specific request or direction of the Applicant? Yes No
 If yes, please provide details: _____

Section G. REQUESTED LIMIT/RETENTION OPTIONS

42. Limit of Liability Requested (Aggregate):

\$500,000 <input type="checkbox"/>	\$4,000,000 <input type="checkbox"/>
\$1,000,000 <input type="checkbox"/>	\$5,000,000 <input type="checkbox"/>
\$2,000,000 <input type="checkbox"/>	\$10,000,000 <input type="checkbox"/>
\$3,000,000 <input type="checkbox"/>	Other <input type="checkbox"/> _____

43. Retention requested:

RETENTION	Each Wrongful Act	Each Employment Practice Violation
\$5,000	<input type="checkbox"/>	<input type="checkbox"/>
\$10,000	<input type="checkbox"/>	<input type="checkbox"/>
\$25,000	<input type="checkbox"/>	<input type="checkbox"/>
\$50,000	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000	<input type="checkbox"/>	<input type="checkbox"/>
\$250,000	<input type="checkbox"/>	<input type="checkbox"/>
\$500,000	<input type="checkbox"/>	<input type="checkbox"/>
Other (fill in amount)		

Section H. CURRENT INSURANCE DETAILS

44. Name of primary General Liability Insurance carrier: _____

Section I. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY APPLICANT WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Section J. LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATIONS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND THE INFORMATION PROVIDED BY ATTACHMENT HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO OR INCORPORATED BY REFERENCE) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE INCORPORATED BY REFERENCE IN AND BECOME PART OF THE POLICY.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 LOUISIANA 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 MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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 (365:15-1-10, 36 §3613.1).

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed: _____
(Applicant)

Date: _____

Title: _____

(Must be signed by either (a) the highest ranking elected or appointed member of the board of the Named Applicant (b) the business manager or risk manager of the Named Applicant, or (c) the Treasurer or Comptroller of the Named Applicant.)

Attest: _____

(Duly authorized representative, by and on behalf of the Applicant)

Producer: _____

License Number: _____

Address: _____

