



Recreational General Applicant Information

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

APPLICANT NAME:

(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)

FEIN	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other				
Mailing Address:					
Operations Address:					
Description of Operations:					
Inspection Contact:		Phone Number:			
Website Address:		E-Mail Address:			
Do you conduct any Operations or Businesses or Activities not covered under this application of insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes", please describe:					
Proposed Effective Date:		Proposed Expiration Date:		Operating Season:	
Year operation opened:		Total Management Experience in this type of Operation:			
Is this a new venture or operation? *IF YES - MANDATORY to submit a Resume or Summary of Qualifications*			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Your Insurance Ever Been Cancelled or Non-Renewed?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes - Please explain:					
Limits of Liability Required:		Per Occurrence:		Aggregate:	
Deductible per Claim		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000			

Submission requirements for all Operations:

<input type="checkbox"/>	Copies of Brochures
<input type="checkbox"/>	Ropes Courses/Zip lines – Owned - Copy of the Latest Inspection with proof that all deficiencies were repaired
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to your Staff
<input type="checkbox"/>	3 Years of Loss Runs from Prior Carriers

GENERAL OPERATIONS INFORMATION

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in the Activity? Yes No
2. Do you cross check waiver signature with identity? Yes No
3. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No
4. Are any operations conducted outside the United States? Yes No
 - 4a. IF YES, What % of receipts related to International operations? %
 - 4b. Do you require Travel Medical/Accident Coverage be purchased? Yes No
 - 4c. IF NO, Do you require participants to confirm that their health insurance carrier covers them internationally? Yes No
5. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? Yes No
6. Do you hire Concessionaires, Independent Contractors or Subcontractors? Yes No
 - 6a. IF YES, For what Activities - Duties? _____
 - 6b. IF YES, Do you obtain Proof of Insurance with AI status from them? Yes No
7. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees? Yes No
 - 7a. IF YES, Do you require them to sign a special waiver prior to allowing them to Train or Try-Out? Yes No
8. Do you have a formal written PROCEDURE & TRAINING manual for your operations? Yes No
9. Is there at least one supervisor, site manager, or employee on duty at all times that obtains CPR/1st Aid Certification? Yes No
10. Have you or any operators had their driver's license either revoked or suspended in the past 3 yrs? Yes No
 - 10a. IF YES, Explain: _____
11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No
12. Do you Sell products that you manufacturer, install or assemble? Yes No
 - 12a. IF YES, Explain: _____
13. Are there any attractive nuisances on the premises (playgrounds, ponds, machinery, and other structures)? Yes No
 - 13a. IF YES, Please list all: _____
14. Do you conduct any non-guided activities: Yes No
 - 14a. IF YES, Please describe in detail: _____
15. In the last 5 years, have you been engaged or are presently engaged in a similar business operation under another business name? Yes No
 - 15a. IF YES, Business Name, Start/End Date, & Location: _____
16. Do you require background checks on all employees? Yes No
 - 16a. IF NO, do you require background checks on employees that work with minors? Yes No
17. Are employees cross checked on the National Sex Offender Registry? Yes No
18. Do all guides carry at all times a communication device? (e.g. radio, cell phone, etc.) Yes No
19. Has any guide been involved in an incident with resulted in death or serious injury? Yes No
 - 19a. IF YES, please provide details: _____

20. Are all guides licensed per your state or government agency's guidelines? Yes No
21. Do you utilize mobile equipment in your operations: Yes No
 - 21a. IF YES, what kind and purpose: _____

PRIOR CARRIER INFORMATION

NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

Have you had any incidents or claims in the past 5 years? <input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes please provide details below)	
	\$
	\$
	\$

ADDITIONAL INSUREDS (As they are to appear on the Policy):		Check Here if None: <input type="checkbox"/>			
Name	Address	Relationship to you	Excess Required	Occ Limit	Agg Limit
			<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		

REVENUE BREAKDOWN FOR ALL ACTIVITIES

Total Receipts for the Last 12 months:	All other receipts:
Explain Other Receipts:	
Estimated Receipts for the Next 12 Months:	All other receipts:
Explain Other Receipts:	

GUIDE & INSTRUCTOR QUALIFICATION INFORMATION – ALL ACTIVITIES – USE A SEPARATE SHEET IF NEEDED

AGE	FULL NAME	YRS OF EXPER.	1ST AID & CPR?	OTHER APPLICABLE CERTIFICATIONS FOR EACH GUIDE

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is acceptance by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Binder of Coverage will be confirmed with a signed Binder or a Policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a Certificate of Insurance or Binder for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES 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.

Applicant's Signature:

_____ Date: _____

Applicant's Printed Name:

_____ Applicant's Title: _____



GUIDED ZIP LINE / CANOPY TOUR ROPES COURSES AERIAL ADVENTURE PARKS

REVENUE BREAKDOWN FOR ALL ACTIVITIES

TOTAL GROSS REVENUES FOR ALL ACTIVITIES: \$ _____

ACTIVITIES COVERED	# OF GUIDES	# OF PARTICIPANTS	GROSS REVENUES	NO EXPOSURE
ZIP LINE / CANOPY				
ROPES/CHALLENGE COURSE				
AERIAL PARK				
TEAMBUILDING – Indoor Classroom				
INCIDENTAL OPERATIONS			GROSS REVENUES	NO EXPOSURE
CABINS/CAMPING / LODGING / RV				
CONCESSIONS				
RETAIL SALES OF MERCHANDISE				
RESTAURANT				
OTHER:				
OTHER:				

GENERAL OPERATIONS

1. Is your premises from which you operate: Owned OR Leased
 - 1a. IF LEASED, describe the arrangement and attach a copy of the insurance section of the lease agreement. _____

2. Are there any other operations/activities being conducted from this premises? _____
3. Are there any other operations/activities being conducted off premises? _____
4. Who originally built your course? _____
 - 4a. What year was your course built? _____
5. Was it built to the following standards (check one) ACCT PRCA OCT None
 - 5a. IF NEITHER – Whose Standards were followed? _____
6. When was the course last Inspected by a Professional Inspection Firm? _____
7. Who did the Inspection? **MANDATORY - Attach a copy.** _____
8. How Often is the course inspected professionally? Annually Quarterly Monthly Other: _____
9. Are you a member of: ACCT PRCA OCT None
 - 9a. IF NEITHER – What organization are you a member of? _____
10. Do you have rules/warning signs posted in conspicuous areas? Yes No
11. Do you allow tandem rides? Yes No
12. Has your course ever had recalled parts? Yes No
 - 12a. IF YES, have they been replaced? Yes No

1. How Many cycles per zipline are made before you retire and replace the line? _____
2. Describe the braking system utilized: _____
 2a. IF course utilizes hand braking – describe in detail the instruction given to participants or attach a written copy of the safety speech: _____

3. Describe the landing procedures for participants: _____
4. Are all participants required to wear gloves and helmets? Yes No
5. Are all participants harnessed in prior to advancing to the top of the zip line platforms? Yes No
6. Are the harnesses equipped with a "Tamper" proof hookup to ensure the participants cannot unhook the harness? Yes No
7. Do you allow organizations to rent your course and utilize their own facilitators / guides? Yes No
 7a. IF YES, explain and attach a copy of the rental agreement _____

- 7b. IF YES, do you obtain a certificate of Insurance with AI status for your operation with limits equal to or greater than your limits? Yes No
- 7c. IF YES, do you have employees on site during the rentals in the event of an emergency? Yes No
8. How many Zip Lines does the Course / Tour consist of? _____
9. What is the maximum height of the zip lines? _____
10. Does the course contain any Bridges? Yes No
 10a. IF YES, Describe the bridges including the number of each _____

11. Have you made any additions or changes to your course since it was originally built? Yes No
 11a. IF YES, Describe the changes including the date added, element name, construction vendors name: _____

12. Do you provide any services after dark, including but not limited to zip lining, overnight camping, etc.? Yes No
 12a. IF YES, Describe the activities: _____

13. What is the minimum age for participation? _____
14. What is the maximum weight allowed per engineer guidelines? _____ Minimum Weight: _____
 14a. What is the maximum weight you advertise or post? _____ Minimum Weight: _____
 14b. How do you enforce or confirm the participant meets the weight guidelines: _____

15. Do you weigh every participant? Yes No
16. What is your Guide to Client ratio? Guide _____ : Client _____

ROPES / CHALLENGE COURSE FACILITATION NO EXPOSURE

1. Do you own the course? Yes No
2. Do you allow others to rent your course? Yes No
 - 2a. IF YES, do you require them to have their own insurance: Yes No
3. If you rent a course from others – Do you perform a pre-inspection to ensure the course is safe & in good repair? Yes No
4. Are restrictions imposed? WEIGHT Min_____ Max_____ AGE Min_____ Max_____ HEIGHT _____ None
5. Are all participants required to wear gloves and helmets? Yes No
6. What is your Guide to Client ratio? Guide_____ : Client_____

AERIAL PARKS NO EXPOSURE

1. How many courses does your park consist of? _____
2. List all restrictions for each course (e.g. height, weight, age) _____

3. Do your participants have to demonstrate proficiency before moving on to areas with less supervision? Yes No
4. Are participants notified of difficult levels at each area of your course? Yes No
5. How many elements does your park have? _____
6. How many zip lines does your park have? _____
7. What is the max # of elements that must be completed before the participant can exit the course? _____
8. Describe your participant lanyard system? _____
9. Describe your fall protection system at transfer stations: _____

10. Describe how participants ascend and descend elements: _____

11. What is your Guide to Client ratio? Guide_____ : Client_____

ROCK CLIMBING WALL

NO EXPOSURE

1. How is wall access controlled? _____
2. How is climbing area monitored? _____
3. Who is allowed to climb on their own? _____
4. Describe Check-In Procedures: _____
5. When are spotters required? _____
6. When is safety testing done? _____
7. What does the safety test consist of? _____
8. What type of certification system is used: _____
9. What guidelines are used for participants with personal gear? _____
10. What type of landing surfaces are installed? _____
11. Who designed/built walls or other permanent structures? _____
12. Describe wall/equipment maintenance procedures and schedule and who is responsible:

13. Are belay tests given to everyone? Yes No
- 13a. If the participant fails the test, when can they take it again? _____

NEW VENTURE - OWNER / GUIDE EXPERIENCE – Use lines below or submit a resume of experience on a separate sheet for the owner and lead guide.

1. Have you ever owned or operated an adventure course before? Yes No
- 1a. IF YES, for how many years? _____
2. If not, what type of training have you received? _____
3. If this is a new venture, how many guides/supervisors do you plan on hiring? _____
4. What type of training will they receive (days, hrs, by whom, please provide details)? _____

5. Are you hiring a lead guide or operations manager? Yes No

6. Please provide any other detailed information that would be relevant to you or your staff experience or training: _____

CONCESSIONS / RESTAURANT NO EXPOSURE

1. Are Grills and Cooking Surfaces Protected by a Fire Suppression System per local / State codes? Yes No
 1a. IF NO, please describe the Fire Protection present: _____
2. How often are the filters and hoods cleaned? _____ By Whom? _____
3. Are you in compliance with all State and Local Health Codes with regards to food preparation and storage? Yes No
 3a. IF NO, please describe why: _____
4. Have you ever been cited for a health violation? Yes No
 4a. IF YES, describe citation and how remedied: _____

CAMPING / CABINS / LODGING / SWIMMING NO EXPOSURE

1. Total Number of Camping/ Tent Sites Available: _____
2. Total Number of RV Spaces Available: _____
 2a. Describe Any Utility Hookups _____
3. Total Number of Cabins Available: _____
 3a. If Lodge – Number of Units: _____ Date Built: _____ Construction: _____
4. Do All Cabins / Lodge Units Have Smoke Alarms? Yes No
5. Are Individuals allowed to cook within the cabins? Yes No
6. Is there a Swimming Pool or Swimming Area Available for Use? Yes No
 6a. If yes, is there a Diving Board or Slide? Yes No
 6b. If yes, are there Lifeguards monitoring the swimmers? Yes No
7. Are all Local and State Rules & Regulations regarding Signage Complied with? Yes No
8. Are all Swimming Pools & Spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
9. Are all Local and State Rules & Regulations regarding pool/spa chemical monitoring and logging complied with? Yes No
10. Have you even received a citation or warning with respects to the pool/spa from State or Local Authorities? Yes No
 10a. IF YES, describe citation and how remedied: _____

RETAIL SALES OF MERCHANDISE AND SOUVENIRS NO EXPOSURE

1. Do you repair or sell used equipment? Yes No
 1a. If yes, do you have a warranty or guarantee or return policy that you provide? If Yes – Attach a Copy, Yes No
2. Provide a general description of the types of items you have for sale in your store. _____

3. Do you sell any of the following items?

T-SHIRTS INFLATED AMUSEMENTS KNIVES BRANDED SOUVENIRS LIQUOR*

*Please Note that Liquor Liability is a referral to the carrier and a separate supplemental application must be completed.

ZIP LINE / CANOPY TOUR & ROPES COURSE – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY

BY AFFIXING MY INITIALS, APPLICANT AGREES TO ADHERE TO EACH OF THE FOLLOWING MANDATORY REQUIREMENTS FOR BOTH OBTAINING AND MAINTAINING INSURANCE COVERAGE

ADHERENCE TO THESE GUIDELINES IS MATERIAL TO THE ISSUANCE OF INSURANCE COVERAGE.

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENT

*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

No.	Initials	Requirements
1.		You shall not allow the participation in any activity which is not a ‘ Guided Activity ’. Participants shall be supervised at all times by guide or an assistant guide, with suitable experience during all times that the facilities are in use. Guided Activities means that the activity is under the continuous observation and control or supervision of the insured and/or the insured’s qualified guides/employees.
2.		A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident.
3.		Prior to participation in an activity, each participant shall be required to sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (1 form) and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter “Release” 1 form) provided and approved by the carrier. In the event a participant or passenger is less than 18 years of age, both the participant and their parent or legal guardian must sign the Release. All Releases must be held on file for a minimum of five (5) years.
4.		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs.
5.		All applicable State, Federal and Equipment Manufacturer’s safety standards for the operations (including passenger capacity) are to be followed at all times during activities. Each participant will wear applicable safety equipment
6.		You shall inspect all equipment daily, and prior to the commencement of any activities. You shall make necessary repairs to ensure your patron’s safety. You shall maintain and keep a written log of these inspections and repairs.
7.		All technical equipment must be manufactured to standards similar to those established by the Association for Challenge Course Technology (ACCT) or the Original Canopy Tour (OCT) or the Professional Ropes Course Association (PRCA). All other equipment must be purchased from a vendor that has significant knowledge of equipment manufacturers.
8.		<u>All</u> incidents regardless of severity will be reported to the company immediately.
9.		The insured must have an emergency plan and have First Aid available. One person with a current CPR & First Aid Certificate must be available at all times during business hours.
10.		You shall, to the best of your ability, determine the client’s physical ability to participate in the activity and ensure that they are properly attired for both the activity and the weather conditions.
11.		Customers shall be fitted and provided with a Helmet and Gloves appropriate for the Zip Lining Activities.
12.		Safety Rules and Procedures appropriate to the recreational activity are to be conspicuously displayed in signage or documents provided to each and every participant.
13.		All Participants MUST have their harnesses attached to the guide wire/cable and only the Guide / Employee can unhook the participant
14.		Employees must be properly trained and experienced on all activities to enforce all eligibility and safety requirements.
15.		You shall have in place a method of confirming that manufacturer established weight limits are complied with by all participants.
16.		All vendors or subcontractors shall maintain a current certificate of insurance with your business named as “Additional Insured” and with a minimum limit of \$1,000,000.

GUIDED ZIP LINE – Specific Requirements		
17.		Communication devices must be present and utilized at every landing platform throughout the trip / tour to provide adequate time to avoid participant collisions during the trip / tour and collisions at all landing stations.
18.		Minimum Age for participation is 7 years of age .
19.		Guide to Client ratio must not exceed one (1) Guide to six (6) Clients.
ROPES COURSE – Specific Requirements		
20.		Guide to Client ratio must not exceed one (1) Guide to ten (10) Clients.
AERIAL PARKS – Specific Requirements		
21.		Guide to Client ratio must not exceed one (1) Guide to ten (10) Clients.
22.		Minimum Age for participation in the zip line activity is 5 years of age .
ROCK CLIMBING WALL – Specific Requirements		
23.		An industry accepted climbing helmet and safety equipment must be worn by all climbers.
24.		All technical climbing equipment must be manufactured to standards similar to those established by the Union Internationale Des Associations d 'Alpinisme (IUAA). All other equipment must be purchased from a vendor that has significant knowledge of climbing equipment manufacturers.
25.		Guide to Client ratio shall not exceed (1) Guide to (6) Clients.
26.		Climbers must be at least 5 years of age on their last birthday or have reached the age as Designated by law, whichever is greater - Climbers under 18 must have a parent with them OR a properly signed waiver.

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE CARRIER FOR APPROVAL

No.	Explanation and Comments:

I understand that First Flight Insurance Group, Inc for the insuring carrier, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

By signing this application below you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

 APPLICANT'S SIGNATURE & TITLE

 PRINTED NAME & TITLE

 DATE

FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

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

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

For residents of 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of 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.

For residents of New York: 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.

For residents of 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false Information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____

Date _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby ELECT to PURCHASE coverage for acts of terrorism for a prospective premium of 15% of premium quoted .
	I hereby ELECT to have coverage for acts of terrorism EXCLUDED from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.
Policyholder/Applicant's Signature	DATE
Print Name	#4472 Syndicate on behalf of certain Underwriters at Lloyd's