

SCHOOL PROGRAM

ITEMS NEEDED WITH SUBMISSION:

- 1. School information per attached applications, submitting agency, proposed effective date, bid date and pricing guidelines*

- 2. Accord applications for each line of coverage requested. The Property Schedule of Values should include the following:*
 - Square Footage*
 - Year Built*
 - Construction Type*
 - Fire Protection Class*
 - Note: Schools with >20% of blanket value in PC9 and PC10 are ineligible for the program*

- 3. Supplemental applications for each line of coverage requested*

- 4. Currently valued loss runs for current period plus 3 prior periods*



K-12 School Application

Account Name			
Effective Date			Date Completed

General Information

Inspection Information

Contact Name:

Contact Phone:

Does the district have a written Emergency Action Plan? Yes No

Property Section

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have a chemical management program?
<input type="checkbox"/>	<input type="checkbox"/>	Are all educational buildings protected by a central station fire alarm?
<input type="checkbox"/>	<input type="checkbox"/>	Are all educational buildings protected by a central station burglar alarm?
<input type="checkbox"/>	<input type="checkbox"/>	Are there presently any buildings with a roof over 20 years old?
		Which building(s): _____
	<input type="checkbox"/> N/A	Roof Type(s): _____
		Frequency of roof inspection(s): _____
		Expected replacement year(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Are there any vacant buildings?
	<input type="checkbox"/> N/A	Which building(s): _____
		What is/are the building(s) used for?: _____
		Is the building planned for demolition? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____

General Liability Section

Total number of employees:	Total number of teachers:
Total number of K-8 students:	Total Pre-K and Daycare Students:
Total number of 9-12 students (<u>do not include</u> those receiving vocation instruction from <u>this</u> district):	
Total number of students receiving vocation instruction from <u>this</u> district:	
Total number of students participating in an internship or work study:	
Total Annual Stadium Receipts (if applicable):	

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are teachers or non-security personnel employees permitted to carry a weapon inside the school building? (If "Yes", this account does not qualify for EMC as this practice is not permitted within Company Guidelines)
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have procedures in place to monitor employee and volunteer worker relationships with students, other employees, or other volunteer workers?
<input type="checkbox"/>	<input type="checkbox"/>	Does the district participate in <u>interstate</u> sports competition?
		Is the district in compliance with obligations under the Safe Sports Act of 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/>	<input type="checkbox"/>	Does the district follow state sports concussion policies and laws?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the district sponsor any special activities that include mechanical or amusement rides or inflatables?
		Are rides/inflatables rented from a 3rd-party vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is vendor responsible for setup and takedown of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> N/A	Are certificates required showing the district as additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Are maximum capacity and age limits enforced? <input type="checkbox"/> Yes <input type="checkbox"/> No
		How are the rides/inflatables supervised?
		Number of times per year events will include rides or inflatables:
<input type="checkbox"/>	<input type="checkbox"/>	Does the district run any camps or clinics?
		Approximate number of Athletic Camp participants:
	<input type="checkbox"/> N/A	Approximate number of Fine Arts (Music, Theatre, Art) participants:
		Approximate number of other types of camp participants:
<input type="checkbox"/>	<input type="checkbox"/>	Has the district implemented any of the following as part of a formal safety program? (check all that apply)
		<input type="checkbox"/> Written safety program on use of machinery - provided to all students and staff
		<input type="checkbox"/> Shop/Lab Inspections with unsafe conditions identified and corrections documented
		<input type="checkbox"/> First aid materials present in each shop/lab
		<input type="checkbox"/> Periodic inspections of interior/exterior walking surfaces
		<input type="checkbox"/> Snow and ice removal procedures
		<input type="checkbox"/> Visitor sign in procedures
		<input type="checkbox"/> Bleacher/Grandstand inspections
		<input type="checkbox"/> Playground equipment maintenance and surface program
		<input type="checkbox"/> Quality control measures for food preparations/storage
		<input type="checkbox"/> Physician, EMT, or other medical service providers present at all athletic events
		<input type="checkbox"/> Written discipline policy – provided to all students and staff
		<input type="checkbox"/> Written sexual abuse policy – provided to all employees, volunteers, and students
		<input type="checkbox"/> Written employment policy requiring background checks on all employees
		<input type="checkbox"/> Written policy requiring background checks on all volunteers
<input type="checkbox"/>	<input type="checkbox"/>	Does the district own any <u>outdoor</u> bleachers or grandstands?
	<input type="checkbox"/> N/A	Approximate seating capacity for all <u>outdoor</u> bleachers or grandstands
<input type="checkbox"/>	<input type="checkbox"/>	Does the district offer or sponsor any trips that may involve an overnight stay?
		Are waivers required? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> N/A	Is school supervision required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have or participate in any of the following activities? (check all that apply)
		<input type="checkbox"/> Skiing <input type="checkbox"/> Foreign Travel
		<input type="checkbox"/> Rock Climbing <input type="checkbox"/> Use of guns
		<input type="checkbox"/> Horseback Riding <input type="checkbox"/> Trampoline use
		<input type="checkbox"/> Camping/Hiking <input type="checkbox"/> Archery
		<input type="checkbox"/> SCUBA Diving <input type="checkbox"/> Sky Diving
		<input type="checkbox"/> Whitewater Rafting <input type="checkbox"/> Other:
<input type="checkbox"/>	<input type="checkbox"/>	Are certificates of insurance required and returned from all contractors doing work on school premises?
<input type="checkbox"/>	<input type="checkbox"/>	Is any work performed for outside entities? <input type="checkbox"/> N/A <input type="checkbox"/> Auto Repair <input type="checkbox"/> Construction <input type="checkbox"/> Other:

None / Not Applicable

Daycare/ Preschool / Latch Key Program Section

Which of the following programs does the district provide? (check all that apply)

Daycare Preschool Latch Key

Maximum number of children for which the center is licensed: _____

Does the center provide care for physically or mentally handicapped children? Yes No

Number of licensed staff members: _____ Maximum child to adult ratio: _____

Describe the indoor and outdoor play equipment: _____

Do any of the above programs offer field trips? Yes No

N/A Provide a brief description: _____

Are written procedures in place for any of the following: (check all that apply) Yes No

Medication distribution Yes No

Emergency Dismissals Yes No

N/A Child check out for other than legal guardian Yes No

Discipline – including corporal punishment Yes No

None / Not Applicable

Swimming Pool Section

Yes **No**

 Does the District have any diving boards or springboards?

Height of all boards: _____

N/A Depth of water beneath boards: _____

Do boards, platforms, starting blocks, ladders and steps have slip resistant surfaces? Yes No

 Is pool available for rent?

Are Lifeguards or attendants on duty at all times the pool is open? Yes No

N/A Frequency and purpose of pool rental: _____

Is eating and drinking allowed in the pool area? Yes No

 Are glass containers permitted in the pool area?

 Does the District have a waterslide?

Height of the waterslide: _____

N/A Depth of water beneath the waterslide: _____

 Is pool in compliance with Virginia Graeme Baker Pool and Safety Act?

None / Not Applicable

School Security Section

Yes	No	Are the premises patrolled with security personnel?	Hours Present:	
<input type="checkbox"/>	<input type="checkbox"/>		Number Armed	Number Unarmed
		<input type="checkbox"/> Contracted Officers		
Yes	No	<input type="checkbox"/> District employed Officers		
<input type="checkbox"/>	<input type="checkbox"/>	Are all <u>armed</u> officers active, recognized Police Officers in the school's state of residence?	<input type="checkbox"/> N/A	
Complete this section <u>only</u> if the officers are <u>district employed officers</u>		<input type="checkbox"/> N/A	Are officers shared with other school districts or entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Are all officers provided a policy and procedures manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Are policies and procedures reviewed periodically with personnel as part of formal training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Does the district have written procedures for any of the following: (check all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Deadly force	
			<input type="checkbox"/> Non-Deadly force	
			<input type="checkbox"/> Sexual Harassment	
			<input type="checkbox"/> Communicable Disease	
			Do all officers meet minimum training requirements established by the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Which of the following are included as part of the hiring process: (check all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Written Examination	
			<input type="checkbox"/> Screening by interview board	
			<input type="checkbox"/> Certified physical examination	
			<input type="checkbox"/> Background check	
			<input type="checkbox"/> Other:	
			How often must officers recertify with firearms:	
			Do all officers receive training in the following: (check all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Stress Management	
			<input type="checkbox"/> Domestic Conflicts	
			<input type="checkbox"/> Hostage Negotiations	
			<input type="checkbox"/> Use of Chemical Weapons	
			<input type="checkbox"/> Use of Firearms	
			<input type="checkbox"/> Use of Tazers	
			Coverage / Limits Requested	
			<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000
			Deductible Option: <input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
			Medical Payments: <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> None

Auto Section

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Are MVR's checked before allowing a person to operate school owned vehicles?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Driver Training offered?	
		Does the District have a driver education car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> N/A	Does the car have dual controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Which auto(s) is/are driver ed. cars?	
<input type="checkbox"/>	<input type="checkbox"/>	Are district owned buses utilized?	
		Has the District implemented a Fleet Safety Program including any of the following? (check all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> N/A	<input type="checkbox"/> Annual monitoring of driving records	
		<input type="checkbox"/> Distracted Driver policy	
		<input type="checkbox"/> Cameras on buses	
		<input type="checkbox"/> Hiring Standards including the following: check all that apply)	
		<input type="checkbox"/> MVR Check	
	<input type="checkbox"/> N/A	<input type="checkbox"/> Driver Age	
		<input type="checkbox"/> Experience	
<input type="checkbox"/>	<input type="checkbox"/>	Is the District contracting a licensed and insured firms or Independent Contractors?	
		Does the firm carry a minimum of \$1,000,000 CSL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is the district shown as an Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Does the district run MVR's?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Does the district run Background Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of firms or contractors the district contracts with:	
		Cost of Hire:	

Inland Marine Section

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Is Dwelling Under Construction coverage needed for shop class purposes?	
	<input type="checkbox"/> N/A	Address:	
		Protection Class:	Coverage Limit:

Crime Section

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is Acord 141 completed? (Required)
<input type="checkbox"/>	<input type="checkbox"/>	Are Passwords used to access the computer system?
		How often are passwords changed?
	<input type="checkbox"/> N/A	Does the system lock after repeated unsuccessful sign-on attempts? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Does the District change passwords after an employee leaves? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Does software automatically lock after periods of inactivity?

Note: If over \$100,000 of Crime coverage is requested, supplemental Crime Questionnaire will be required.

<input type="checkbox"/>	<input type="checkbox"/>	Is Computer Fraud being requested?
		Do Computers have up-to-date virus checking software? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Are firewall software programs used in your computer? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is a written computer policy strictly enforced? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Are computer monitors located in a manner that limits unauthorized viewers from seeing the screens? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> N/A	Do you transfer funds or other assets by computer, telephone, or other wire method? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is a password required to access the transfer system? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Name(s) and Position(s) of those authorized to make transfers:
		Is requested Computer Fraud limit over \$100,000? (if yes, please contact underwriting for Computer Fraud Questionnaire) <input type="checkbox"/> Yes <input type="checkbox"/> No

Number of Employees who handle money or securities:

CyberSolutions Section

Limits Requested	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000	No Coverage Requested
Data Compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has the district suffered a breach of personal information in the last 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does the district conduct background screens for prospective employees?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a posted document retention/destruction policy in place?
<input type="checkbox"/>	<input type="checkbox"/>	Does the district centrally maintain regularly updated computer security measures on all computers?
<input type="checkbox"/>	<input type="checkbox"/>	Are the districts employee, customer and other physical records maintained in a separate and secure environment with limited access?
<input type="checkbox"/>	<input type="checkbox"/>	Is access to personal information restricted by job position?
<input type="checkbox"/>	<input type="checkbox"/>	Is there an employee responsible for the security and privacy of information?
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have a comprehensive Information Security and Privacy Policy?
<input type="checkbox"/>	<input type="checkbox"/>	Does the district provide regular security training/information to all people who have access to personally identifying information, whether in paper or electronic format?
<input type="checkbox"/>	<input type="checkbox"/>	Are all users issued unique ID's and passwords when connecting to or accessing the internal network?
<input type="checkbox"/>	<input type="checkbox"/>	Does the district back up computer data and store it off site?
<input type="checkbox"/>	<input type="checkbox"/>	Does the district use encryption techniques for secure communications and the transfer of confidential information?

Linebacker (Employment Practices and Errors & Omissions) Section

Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have a written administrative procedure to assure compliance with federal law pertaining to student records – right to privacy?				
<input type="checkbox"/>	<input type="checkbox"/>	Is the district involved in any disputes regarding integration, segregation, or school busing?				
<input type="checkbox"/>	<input type="checkbox"/>	Has any school been closed or school activities disrupted during the past three years due to student or teacher strikes or action?				
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have special education programs and/or facilities for the developmentally, mentally, emotionally, or physically disabled?				
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have written policies and procedures for any of the following as they pertain to <u>students</u> ? (check all that apply)				
		<input type="checkbox"/>	Suspensions	<input type="checkbox"/>	Expulsion	
		<input type="checkbox"/>	Corporal Punishment	<input type="checkbox"/>	Possession of Weapons	
		<input type="checkbox"/>	Drug Testing and Searches	<input type="checkbox"/>	Sexual Misconduct	
		<input type="checkbox"/>	Bullying			
<input type="checkbox"/>	<input type="checkbox"/>	Has the district established written guidelines for reporting and investigating allegations of harassment (including sexual harassment) brought by students?				
<input type="checkbox"/>	<input type="checkbox"/>	Has the district developed written guidelines for reporting instances of suspected child abuse to proper authorities?				
<input type="checkbox"/>	<input type="checkbox"/>	Does the district plan to merge with another school within the next three years?				
<input type="checkbox"/>	<input type="checkbox"/>	Has any district bond proposal been defeated by voters within the past three years?				
		Was or will a modified proposal be submitted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input type="checkbox"/>	Does the district do any data processing or computer software development for others?				
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have a human resources coordinator or someone responsible for employment matters?				
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have a written manual including all personnel policies and procedures?				
			Is the manual distributed to all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
			Does the employee manual include a reservation of rights to change/modify/terminate policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	<input type="checkbox"/> N/A		Does the manual ask the employee to sign a receipt acknowledging they have received and understand the manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
			Is the manual reviewed by counsel experienced and qualified in employment law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have a written policy with respect to sexual and non-sexual harassment?				
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have a formal written procedure for employee disputes/complaints?				
<input type="checkbox"/>	<input type="checkbox"/>	Does the district have a written progressive disciplinary procedure?				
<input type="checkbox"/>	<input type="checkbox"/>	Have any EEOC complaints been filed within the past three years?				
<input type="checkbox"/>	<input type="checkbox"/>	Has any employee, former employee, or job applicant made claim against the district for this insurance or any of its officials or employees within the past three years alleging unfair or improper treatment in connection with any job?				
<input type="checkbox"/>	<input type="checkbox"/>	Has any official or employee been involuntarily dismissed from employment within the past three years or are any staff reductions anticipated within the next twelve months?				
<input type="checkbox"/>	<input type="checkbox"/>	Does the district consult with its Human Resources Department or outside counsel prior to dismissing any employee?				
<input type="checkbox"/>	<input type="checkbox"/>	Is a criminal background check completed on all employees?				
<input type="checkbox"/>	<input type="checkbox"/>	Are there any pending or ongoing claims against anyone for whom insurance is intended hereunder which may fall within the scope of this proposed or similar insurance currently in effect or applied for, not previously described in this application?				
<input type="checkbox"/>	<input type="checkbox"/>	Has similar insurance on behalf of the district been declined, cancelled or non-renewed?				

Total Expenditures for current fiscal year (other than for projects financed by bonds): \$

Total Income for current fiscal year (other than borrowed funds.): \$

Total Deficit/Surplus: \$

Number of Board Members:

Coverage Requested Occurrence Claims Made Retro Date:

Limits Requested \$100,000 Each Loss / \$1,000,000 Aggregate
 \$250,000 Each Loss / \$1,000,000 Aggregate
 \$500,000 Each Loss / \$1,000,000 Aggregate
 \$1,000,000 Each Loss / \$1,000,000 Aggregate
 \$1,000,000 Each Loss / \$2,000,000 Aggregate

Optional Coverages Yes No Loss of Salary/Fringe Benefits (subject to availability)
 Yes No Limited Errors and Omissions – School Professionals

Restrictive Endorsement Yes No Board Members and Organization Only as Insured?

Claims Made Prior Acts Section

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does Applicant know of any claim that has been made and/or is now pending which was not covered by the previous insurer(s) but could be covered under the scope of this insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have any knowledge of an occurrence, which might result in a future claim under the scope of this insurance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None Have you notified the previous insurer(s) in writing with details of all known claims as well as incidences which might lead to future claims within the scope of this insurance?

Previous Carrier Information (for previous coverage written on a Claims Made form)

	Linebacker (EPLI / E&O)	Employee Benefits	Abuse / Molestation	Law Enforcement
Name of Prior Carrier				
Policy Limits				
Prior Coverage Effective Dates				
First year in Claims Made				
Proposed Retro Date				

Prior Acts Disclosure

The undersigned authorized officials of the applicant's governing body declare that to the best of their knowledge the statements set forth herein are true. The undersigned agrees that if the information supplied on this questionnaire changes between the date of this questionnaire and the effective date of the insurance, the undersigned will immediately notify the company of such changes, and the company may withdraw or modify and outstanding quotations and/or authorization or agreement to bind any insurance.

Private School Section (If Applicable)

General Information Section

Tax Filing Status: For Profit Not for Profit

Yes **No** Does the school have any boarding or dormitory exposures? (if **“Yes”**, this school will not qualify with EMC)

 Do school educators, at a minimum, meet the state educational requirements?

If “No”, please explain:

 Is the school a 501(c)(3)?

Included Please include a copy of the most recent financial statement for the school.

Admissions Process Section

Yes **No** Are there requirements for proof of age?

 Are there requirements for proof of immunization?

 Are there requirements for proof of residence?

 Is there an entrance exam?

 Are all prospective students interviewed prior to admission?

Curriculum Development Section

Describe how curriculum is developed, including how it may differ philosophically from traditional or public education.

How frequently is curriculum reviewed?

Declaration and Attestation

The policy will be subject to a deductible, which can be consumed by either losses, defense costs paid by the Company, or costs paid by the applicant, but subject to the Company’s knowledge and consent. The amount of the deductible will vary in accordance with the table of premiums and deductibles filed on behalf of the Company with the Insurance Department.

The authorized signer of this application represents or warrants to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. The authorized signer also represents or warrants that any fact, circumstance or situation indicating the probability of a claim or action now known to any entity official or employee has been declared, and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind the insurance company to offer nor the authorized signer to accept insurance, but it is agreed this application and any attachments thereto shall be the basis of the insurance and will be incorporated by reference and made a part of the policy should a policy be issued.

This application provides the Company with certain indicators as to underwriting acceptability. It does not provide information on policy coverages nor does it alter the terms of the policy.

Applicable in Indiana

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 the person to criminal and civil penalties.

Applicable in Kentucky

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.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she 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.

Applicant _____

_____ Date

Signed _____

Authorized Entity Representative

Title

Agent/Agency Name _____