



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: <small>(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)</small>			
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:			
Op Address #2:			
Website Address:			Inspection Contact:
E-Mail Address:			Phone #:
Description of Operations:			
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:			
List any subsidiaries you own:			
Proposed Effective Date:	Proposed Expiration Date:	Operating Season:	
Length of time In Business:	Total Management Experience in this type of Operation:		
*** If a new Venture or Operation, IT IS MANDATORY to submit a Resume or a Summary of Qualifications ***			
Is this a new venture or operation?	<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:			
Lay Up Period:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date From:	Date To:
Submission requirements for all Operations:			
<input type="checkbox"/>	Copies of Advertising Materials:		
<input type="checkbox"/>	Copy of the Waiver/Release forms signed by all participants		
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to your Staff		
<input type="checkbox"/>	5 Years of Loss Runs from Prior Carriers		
<input type="checkbox"/>	Copies of USCG licenses, instructor certifications, & CPR FIRST AID CERTIFICATIONS		

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)	
	\$
	\$
	\$

REVENUE BREAKDOWN FOR ALL ACTIVITIES	
Total Instructional/Rental \$ Receipts for the Last 12 months:	All other \$ receipts:
Explain Other Receipts:	

Estimated Instructional/Rental \$ Receipts for the Next 12 Months:	All other \$ receipts:
Explain Other Receipts:	

ALL OPERATIONS MUST BE DECLARED - Please check operations that APPLY

EXPOSURE	ACTIVITIES COVERED	INSTRUCTIONAL REVENUE	ALL OTHER (Rentals or otherwise)
<input type="checkbox"/>	Board Surfing		
<input type="checkbox"/>	Kite Surfing / Windsurfing / Snow Kiting (Circle)		
<input type="checkbox"/>	Water Ski / Wakeboarding		N/A
<input type="checkbox"/>	Jet Pack / FlyBoard		N/A
<input type="checkbox"/>	Parasailing	N/A	
<input type="checkbox"/>	Jet Ski Rentals	N/A	
<input type="checkbox"/>	Motorized Boat Rentals	N/A	
<input type="checkbox"/>	Non-Motorized Boat Rentals	N/A	
<input type="checkbox"/>	Misc Property Rentals	N/A	
<input type="checkbox"/>	Dive/ Excursion Vessel	N/A	
<input type="checkbox"/>	Brokerage/Booking of Trips (attach certificates for all ventures for whom you Sell, Book, or Broker activities)	N/A	
<input type="checkbox"/>	Retail Sales (T-shirts, hats, sunglasses, photos, etc.)	N/A	

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
 If "yes", what % of receipts related to international operations: % _____
 Do you require Travel Accident/Medical coverage be purchased? Yes No
 If "no", do you require participants to confirm that their health insurance carrier covers them internationally? Yes No
5. Do you check weather forecast/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
 If "yes", for what activities or duties? _____
 If "yes", do you obtain proof of insurance with additional insured 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
 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 holds a 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
 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 manufacture, install or assemble? Yes No
 If "yes", explain: _____
13. Are there any attractive nuisances on the premises (playgrounds, ponds, machinery, or other structures)? Yes No
 If "yes", please list all: _____
14. In the last 5 years, have you been engaged or are presently engaged in a similar business operation under another business name? Yes No
 If "yes", business name, start/end date, & location: _____
15. Are background checks completed on all employees? Yes No
 If no, are background checks completed on employees who work with minors? Yes No
16. Are employees cross-checked on the National Sex Offender Registry? Yes No
17. Do you own or utilize any mobile equipment* in your operation (e.g. golf carts, ATV's, tractors, etc.)? Yes No
**Mobile Equipment does not include jet skis.*
 If "yes", list mobile equipment: _____
18. Do you & your employees and/or crew participate in a USCG approved drug & alcohol testing program? Yes No
19. Do you broker or book trips for other vendors? Yes No
 If "yes", do you have a written contract with the vendors you book for? – **SEND COPY** Yes No
 If "yes", are you listed as an additional insured on the vendors insurance? Yes No
 If "yes", please list all activities you make bookings for: _____

CAPTAIN / CREW / PERSONNEL					
NAME	POSITION	AGE	USCG LICENSED	CERTIFYING KITESURFING ORG	EXP DATE for USCG or CERTIFYING ORG

ADDITIONAL INSURED (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		

LOSS PAYEE (As they are to appear on the Policy):				Check Here if None: <input type="checkbox"/>
Mortgagee	Address	Loan #	Boat # or Name	

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 accepted by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Coverage will be confirmed with a signed binder or policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a binder or a certificate of insurance for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

_____ Date: _____
Applicant's Signature

_____ Applicant's Title: _____
Applicant's Printed Name

WATERSKI / WAKEBOARD SUPPLEMENTAL

APPLICANT NAME:

(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)

OPERATIONS, LOCATION, & EQUIPMENT INFORMATION

1. How many years have you been in the Waterski/Wakeboard Industry?

2. How many years have owned and operated a Waterski/Wakeboard Business?

3. Please describe your navigational area?

Please select one of the following for operating loc 1: Lake River Ocean Bay Other

Please select one of the following for operating loc 2: Lake River Ocean Bay Other

4. What % of instruction activities are operated on PUBLIC waterways? _____%

What % of instruction activities are operated on PRIVATE (must complete pg 2 - Supplemental A) _____%

5. Check all items that apply to your operations: Waterski Wakeboard Kneeboard Barefoot Wake Surfing

6. Check all items that apply to your operations: Slalom Course Sliders Ski Jump Kickers Trick Release

7. Do you use Coast Guard approved vest/helmets when using items checked above? Yes No

8. Do any vessels operate in restricted designed areas? Yes No

If "yes", describe:

9. What is the age allowed for participants? Min _____ Max _____

10. What speed is used for towing? Min _____ Max _____

11. Do you tow any tubes? (All tubes must be listed on the watercraft schedule below) Yes No

12. Are your operations approved by any of the following? Waterski/Wakeboard Assoc Coast Guard NMMA Other

If other, please describe:

13. Describe in detail your maintenance procedures for course operations:

14. Describe in detail your security measures for boats, engines & equipment:

15. Describe how weather conditions are monitored (weather apps, tv, radio, etc.):

16. What weather is compatible for Waterski/Wakeboard Operations?

17.	Describe the procedure for medical emergencies PRIOR TO emergency personnel arriving on scene (EMT, USCG, etc.). Attach a copy of written procedure with application.

PRIVATE LAKE SUPPLEMENTAL – Drawing Required

1. Do you use a privately owned lake?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes", please provide legal name of owner (attach additional sheet as applicable): (Name/Address)

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NOTE: Boat owners using the lake must provide a Certificate of Insurance naming the lake owner as Additional Insured and provide a minimum of \$500,000 liability coverage. (\$10,000 deductible applicable where coverage is not in force)

2. If you own the lake, do you lease it to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes", please provide legal name of lessee (attach additional sheet as applicable): (Name/Address)

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3. What are the lake conditions?	Max Length ____ Max Width ____
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4. How many turn islands?

5. What is the width from island to shore?
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6. Check all events that take place at the lake:	<input type="checkbox"/> USA Waterski Non-Sanctioned <input type="checkbox"/> Privately Sponsored <input type="checkbox"/> Other <input type="checkbox"/>
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If other, please describe:

7. Is lake open to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Is food/alcohol sold on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes", please explain:

9. Are the events ski club affiliated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please provide name of ski club: (Name/Address)

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Please provide insurance information present or in the last 12 months for the club:

NAME OF COMPANY	POLICY DATES	LIMITS	LOSSES

CABLE PARK SUPPLEMENTAL

1. Check all systems that apply to your operations:

Full Park (Complete Circle) How Many? _____ Mini Park (Out & Back) How Many? _____

2. Describe in detail the features in the course:

3. Are all of your features suitable for beginners?

Yes No

If no, explain your procedures for notifying the beginner of which features they can use:

4. Describe in detail, if operating in lake or pond, how is it fed:

5. What is the interval time between participants?

6. What is the age allowed for participants?

Min _____ Max _____

7. What speed is used for pulling?

Min _____ Max _____

8. Who built the system:

9. How often is the system inspected?

COVERAGE REQUESTED

Hull	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Vessels:	Total Values:
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Crew Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Crew Covered:	Number of Passengers:	Does any crew have pre-existing health conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Crew Limits of Liability Required:	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> \$1,000,000
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General Liability Limits Required:	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> \$1,000,000
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SCHEDULE OF WATERCRAFT, CHASE VESSELS, & TUBES
**Physical Damage is not provided unless requested – Enter Market Value and Check for Yes
 If leased, we require a copy of the lease agreement

#	YEAR	MFG/MODEL	HULL ID #	VESSEL NAME (if applicable)	LGTH	OWNED OR LEASED*	MARKET VALUE	PHYSICAL DAMAGE COVERAGE*
1						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No
7						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No
8						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No
9						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No
10						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAILER INFORMATION (Complete if coverage desired)

#	YEAR	MANUFACTURER	MODEL	VIN	MARKET VALUE
1					
2					
3					
4					
5					

Attach a copy of your procedures manual and/or provide a detailed description of your operations from the time the participant arrives until the participant departs.

Attach copies of CPR/1st Aid Certificates

Attach copies of Boat Safety Certificate or USCG License where applicable

WATERSKI / WAKEBOARD - 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**

ALL OPERATIONS - ALL APPLICANTS MUST INITIAL STATEMENTS

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

No.	Initials	Requirements
1		Your managers, employees, instructors, crew and/or captain shall possess all relevant skills and knowledge of your operation and its activities including, but not limited to:
		A. Following established guidelines for safe operating procedures
		B. Proficiency in emergency techniques
		C. Understanding all following all instructions for the proper use of safety equipment
		D. When to notify appropriate medical personnel
2		Your managers, employees, instructors, crew and/or captain must be current in CPR and First Aid.
3		It will be the captain's responsibility to evaluate and determine if weather conditions are favourable for operation. No operator shall knowingly operate in rain, fog, squalls, blizzards or during a known lightning storm within 5 miles from the water-skiing area.
4		No operator shall knowingly conduct activities during a small craft warning alert and/or when a storm frontal system is approaching within 7 miles from the operating area.
5		All operators are required to abide by all local, state, and federal laws, including USCG licensing when applicable. Under no circumstances will activities take place without first informing nearby authorities in accordance with local regulations.
6		Passengers and participants shall be given a safety briefing prior to departure and before the activity commences. The captain shall ensure that this safety briefing is instructive, informative and capture the undivided attention of all passengers and participants, and shall include:
		A. A description of the activity itself.
		B. The safety precautions while underway.
		C. The procedure in the event of an unexpected emergency.
		D. The proper use of hand signals.
		It is the captain's responsibility to preclude any passenger or participant who appears to be afraid or intimidated prior to the activity.
7		All participants <u>must</u> wear USCG approved Type I, II, or III safety equipment at all times e.g. PFD's (personal floatation devises) whether required by the state or local law or not, while in the water. All minor participants must wear USCG approved Type I, II or III at all times according to state law
8		You shall maintain a serviced and manned watercraft, (e.g. Jetski or an approved alternative) fit for the purpose of emergency rescue/retrieval of participants and passengers.
9		All equipment must be inspected daily, before the commencement of activities. Equipment that a reasonable and prudent person would consider damaged and/or worn so as to create a potential hazard to life or health, will never be used in the activity.
10		Written logs of all inspections and maintenance shall be maintained.
11		Prior to participation in an activity, or prior to a participant boarding a watercraft, each participant and / or passenger <u>shall</u> be required to sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter "Release") 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.
12		You <u>will not</u> allow any passenger or participant to take part in the activity or board a watercraft when you know, suspect or believe that they are or may be under the influence of alcohol or drugs.

13		You <u>will not</u> allow any passenger or participant to take or consume alcohol or drugs during the activity or on board the watercraft at any time.
14		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.
15		When operating in coastal waters, there shall be a USCG Captain/Driver on board the covered vessel.
16		When operating in Inland waters, the Captain on board must have a minimum of ninety (90) days experience and thirty (30) days behind the helm. ("day" is defined by USCG Standards as a minimum of 4 hours).
17		All boats must be equipped with a VHF radio and/or other reliable communications. Channel 16 should also be monitored at all times.
TUBING - SPECIFIC REQUIREMENTS		
18		You <u>will</u> only use tubes that are approved by the carrier and listed on the watercraft schedule in your policy.
19		You <u>will</u> utilize a tow rope with a tensile strength of at least 4,100 pounds at all times with a length of at least 50 feet not to exceed 65 feet.
20		You <u>will not</u> operate the towing vessel at a speed greater than 20 miles per hour or the speed recommended by the manufacturer, whichever is less.
21		You <u>will not</u> whip the tube and riders.
22		Tube manufacturer recommendations for maximum number of participants and maximum speed will be adhered to.
23		Tow Ropes must be inspected daily. Tow ropes that are sun faded or frayed must be replaced immediately.
24		No more than two tubes will be pulled at one time.
25		An appointed secondary lookout shall be required at all times while towing operations are conducted. It shall be the responsibility of the captain to appoint a designated secondary lookout. In addition, the captain shall ensure that the lookout is at all times monitoring the passengers while towing operations are conducted. The lookout shall be a minimum of 16 years of age and shall be located either on-board the tow vessel or stationed at the furthest aft seating position on the towing vessel.
26		All participants <u>must</u> be issued a USCG approved Type I, II, or III safety equipment at all times e.g. PFD's (personal floatation devises) whether required by the state or local law or not.

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.

(YOU MUST CHECK ONE OF THE BOXES TO PURCHASE OR EXCLUDE TERRORISM COVERAGE)

	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	MULTIPLE Syndicate on behalf of certain Underwriters at Lloyd's