

Emergency Service Organization Survey

Real and Personal Property

Please complete the chart below or attach an ACORD Property Application indicating desired Building and Contents coverage. Be certain to show all needed rating information for each location including coinsurance percentage, construction type, and town class protection. If the coverage is blanket, be sure to show a breakout of the building and contents values at each location.

Loc. No.	Address	Building Limit	Contents Limit	No. of Stories	Date Built	Construction type	Sprinkler System?	Burglar Alarm?
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

Indicate the Coinsurance Percentage: 80% 90% 100% Other _____

Indicate the desired Property Deductible: \$500 \$1000 \$2500 \$5000 Other _____

Please list mortgagees for each location: _____

Please provide any other applicable rating or underwriting information: _____

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Other Property Coverage

The Emergency Service Organization Property Coverage Extensions endorsement automatically provides the coverage shown below.

COVERAGE EXTENSION	COVERAGE LIMIT
COMPUTERS AND COMMUNICATIONS EQUIPMENT	\$250,000.
VALUABLE PAPERS, SOFTWARE AND DATA	\$250,000.
OUTDOOR PROPERTY	\$250,000.
UNCOLLECTED FUNDS	\$250,000.
DEBRIS REMOVAL	\$25,000.
PROPERTY OFF-PREMISES	\$25,000.
PROPERTY IN TRANSIT	\$25,000.
SPOILAGE	\$25,000.
MONEY AND SECURITIES	\$25,000.
NEWLY ACQUIRED PROPERTY	\$2,500,000.
EXTRA EXPENSE	NO SUB-LIMIT FOR 24 MONTHS
LOSS OF EARNINGS, RENTAL INCOME	NO SUB-LIMIT FOR 24 MONTHS
ATTACHED SIGNS	NO SUB-LIMIT
EQUIPMENT BREAKDOWN	NO SUB-LIMIT
BUILDING ORDINANCE AND LAW	NO SUB-LIMIT
PROPERTY OF OTHERS	INCLUDED AS CONTENTS
BACK-UP OF SEWERS AND DRAINS	INCLUDED
GLASS BREAKAGE	INCLUDED

Flood and Earthquake Coverage

- \$1,000,000 earthquake coverage at each location normally will be quoted. If earthquake limits exceeding \$1,000,000 at any one location are needed, please indicate the limits needed at each such location and describe any earthquake-resistant construction features:

- \$1,000,000 flood coverage at each location normally will be quoted including any premises located in Federal Flood Zones C or X. Are any premises located in a Federal Flood Zone *other than* Federal Flood Zones C or X? Yes No
 If Yes, is the maximum coverage available through the National Flood Insurance Program (NFIP) carried on such locations? Yes No

Please indicate amounts of NFIP coverage carried at each such location: _____

- If flood limits exceeding \$1,000,000 at any one location are needed, indicate the limits needed at each such location: _____

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Systems Breakdown / Boiler and Machinery

Systems breakdown coverage is automatically provided including comprehensive replacement cost coverage on all electrical, mechanical, heating and cooling systems including loss of income, extra expense and expediting expense at covered locations. Indicate below the locations where coverage applies. Location numbers should correspond to the Property section of this survey.

	Location No.								
	1	2	3	4	5	6	7	8	9
Indicate locations with a hot water boiler or steam boiler:*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate locations where a state inspection or operating certificate is needed:*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*attach a separate sheet if there are more than nine locations.

General Liability

Desired Limits: \$ _____ per occurrence \$ _____ annual aggregate

Please indicate the area (square footage) and usage (occupancy) for each location.

	Location No.								
	1	2	3	4	5	6	7	8	9
Fire Department (including garage areas)									
Ambulance/Rescue Squad (including garage areas)									
Social Hall									
Other									
TOTAL									

If an exposure is shown under "Other," please describe the occupancy/usage of this area: _____

Fellow Member Coverage

Does the insured currently carry Employers Liability insurance? Yes No

Are all volunteers and paid staff covered by Employers Liability insurance? Yes No

If yes, name of Employers Liability carrier: _____

If no, are all volunteers and paid staff covered by Accident & Health insurance providing a minimum of \$20,000 AD&D, \$10,000 Medical Expense, and \$200 Weekly Disability Indemnity? Yes No

If yes, name of Accident & Health carrier: _____

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Operations

- _____ Annual number of fire calls
_____ Average number of members responding per fire call
_____ Annual number of Medical or Rescue calls
_____ Average number of members responding per Medical or Rescue call
_____ Total number of emergency service volunteers
_____ Total number of emergency service career personnel

Emergency Medical Service

- Highest level of service provided: Advanced Life Support
 Basic Life Support
 First Responder Only
 Advanced First Aid/CPR Only
 None
- _____ Number of First Responders
_____ Number of Basic EMT's
_____ Number of Advanced EMT's (defib-trained and above, excluding paramedics)
_____ Number of Paramedics
_____ Number of Nurses

- Does the organization utilize a licensed physician as its Medical/EMS Director? Yes No
Does the organization provide medical transport service? Yes No
If yes, is the organization the primary medical transport service provider in its service area? Yes No
Does the organization charge any fees for medical transport service? Yes No
Does the organization perform any non-emergency medical transports? Yes No

Contracts

- Does the organization hire subcontractors? Yes No
If yes, are certificates of insurance obtained from all subcontractors? Yes No
Please describe the work performed by all subcontractors and indicate the annual cost for this work: _____

- Does the organization have any contractual agreements to provide services for other entities (excluding normal mutual aid agreements)? Yes No

If yes, please describe: _____

- Do any of these contracts require that the organization include the other entity as an additional insured? Yes No

If yes, please describe: _____

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Errors and Omissions / Emergency Service Liability

Type of coverage currently carried: Occurrence Form Claims-Made Form (if in New York, see page 16)

If Claims-Made, provide the following information:

Name of carrier: _____

Retroactive date: _____

Limits of insurance (primary): _____

Limits of insurance (excess): _____

Was any claim made or suit filed against the organization and/or any of its members in the past five years alleging employment discrimination, wrongful termination, sexual harassment, or any other employment-related matter? Yes No

Was any claim made or suit filed against the organization and/or any of its members in the past five years alleging negligence in the rendering of or the failure to render professional services? Yes No

If yes to either of these questions, please provide a description of the claim or suit including the name of the claimant, the date of the alleged incident, a description of the allegation, and the current status of the claim:

Does the organization and/or any of its members have knowledge of any matter(s) involving employment discrimination, wrongful termination, sexual harassment, or any other employment-related matter which would cause a reasonable person to believe that a claim or suit might result? Yes No

Does the organization and/or any of its members have knowledge of any matter(s) involving the rendering of or the failure to render professional services which would cause a reasonable person to believe that a claim or suit might result? Yes No

If yes to either of these questions, please provide a description of the matter including the name of the potential claimant, the date of the alleged incident, and its current status:

Watercraft/Aircraft

Does the organization own any watercraft or aircraft? Yes No

If yes, please indicate type, length, horsepower, number of seats, type of use, and where used. If watercraft hull coverage is desired, schedule the watercraft under the Portable Equipment section of this survey. (Aircraft hull and liability is not available.)

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Codes

Does the organization perform fire code or building code inspections? Yes No
 Does the organization have a separate division for code inspections? Yes No
 Describe the training requirements for code inspection personnel: _____

Special Events

Describe the fund-raising activities of the organization:

	Number of times per year	Total Annual Receipts
Field Days		\$
Carnivals		\$
Hall Rental		\$
Bingo		\$
Breakfasts/Dinners		\$
Sale of smoke alarms/fire extinguishers		\$
Motorized events (e.g. rodeos, musters)		\$
Other (describe):		\$

Field Days/Carnivals

Please describe all Field Days/Carnivals, including amusement rides, live animal rides, showing date(s) and owner(s):

Is a Certificate of Insurance obtained from the owner of the rides? Yes No

If yes, what is the Limit of Insurance: \$ _____

Is the organization included as an additional insured? Yes No

Are rides inspected after set-up prior to public use? Yes No

If yes, by whom? _____

Are alcoholic beverages sold or served? Yes No

If yes, what are the total receipts? \$ _____

If yes, who is responsible for the liquor insurance? _____

Emergency Service Organization Survey

Liquor

Does the organization permit its members to consume alcoholic beverages on the premises? Yes No

If yes, please describe when, where, and how often: _____

What steps are taken to limit consumption? _____

Does the organization ever sell alcoholic beverages at special events such as fairs, carnivals, bingo games, dinners, dances, barbecues, etc.? Yes No

If yes, please provide the following information:

Event	Duration of Event	Total Alcohol Sales	Average Cost per drink
1.		\$	\$
2.		\$	\$
3.		\$	\$

Does the organization sell alcoholic beverages at any time other than at special events? Yes No

If yes, please describe: _____

Please indicate annual receipts: _____

Does the organization ever lease, rent or give its premises to others and provide either the alcoholic beverages or the bartending service? Yes No

If yes, please describe (include receipts if applicable): _____

Is the organization required to have a liquor license? Yes No

If yes, does it have one now? Yes No

Has the license ever been canceled, suspended or revoked? Yes No

If yes, please describe the reasons: _____

Has the organization participated in a training program for servers of alcoholic beverages? Yes No

If yes, please describe the program and indicate the procedure for verifying that all servers are trained:

Date of most recent class attended: _____

(PLEASE ATTACH COPIES OF CERTIFICATES RECEIVED)

Emergency Service Organization Survey

Liquor (continued)

What procedures are in place to manage the distribution of alcoholic beverages and prevent minors from being served or having access to alcoholic beverages?

- Check ID's to verify minimum legal drinking age
- Limit the number of drinks that may be served to any one person
- Limit consumption to a designated area
- Have one individual accountable for serving alcoholic beverages to all others (i.e. no self-service)
- Provide visibly intoxicated persons with a means of safe transportation
- Refuse to serve visibly intoxicated persons
- Formally meet with local law enforcement personnel to discuss alcoholic beverage controls prior to holding a special event
- Other (describe): _____

Miscellaneous Liability

Does the organization sell subscriptions for service? Yes No

If yes, does the organization respond to all calls for emergency service within its service area without regard to whether the victim is a subscriber? Yes No

Does the organization have a Ladies Auxiliary or similar support group? Yes No

If yes, be certain to include the group as an insured on page 1 and include its activities in the answers to this survey.

Does the organization fill compressed air tanks for others? SCBA Yes No
SCUBA Yes No

If yes for either, please describe: _____

Does the organization own any mechanically operated amusement rides? Yes No

Does the organization have a Junior Firefighter, Cadet, or similar program? Yes No

If yes, please describe its activities and indicate the age range and approximate number of youthful members:

Please provide any other applicable rating or underwriting information: _____

Emergency Service Organization Survey

Vehicles

INSTRUCTIONS FOR ACORD APPLICATION:

In the "Coverages/Limits" section, make certain to indicate all coverages that are required by the state in which the organization is located (e.g. PIP, No-Fault, UMPD etc.). If the insured is located in a state that permits UM stacking, indicate if stacking is to apply.

In the "Driver Information" section, no information is needed to quote, but complete driver lists are required for bound accounts so that MVR's may be ordered.

In the "Vehicle Description" section:

- show the year, make, model and type of vehicle. If uncertain as to type, select from the table below;
- for private passenger-type autos (PPT's), show the Cost New and the desired deductibles if physical damage coverage is desired;
- for emergency vehicles, service vehicles, trailers and antiques, show the desired Agreed Value in the "Cost New" box;
- for all vehicles, show the location where it is usually garaged. Location numbers should correspond to those described in the Property section of this survey. If the vehicle is stored in the open, show "open." This information is needed to determine total values at risk per location.

Vehicle Types					
PMP	(Pumper)	LR	(Light Rescue-under 10,000 GVW)	COM	(Command)
TKR	(Tanker or Tender)	MR	(Medium Rescue-under 20,000 GVW)	U/S	(Utility or Salvage)
P-T	(Pumper-Tanker)	HR	(Heavy Rescue-over 20,000 GVW)	ANT	(Antique)
M-P	(Mini-Pumper)	BLS	(Basic Life Support Unit)	HAZ	(HazMat)
BT	(Brush Truck)	ALS	(Advanced Life Support Unit)	FOM	(Chemical Foam)
AER	(Aerial device-any type)	AMB	(Ambulance)	AIR	(Air Cascade)

INSTRUCTIONS IF NOT USING ACORD APPLICATION:

Indicate the desired coverage below:

- Desired Limits: \$ _____ Auto Liability
- \$ _____ Medical Payments
- \$ _____ PIP or No-Fault (if applicable)
- \$ _____ Additional PIP (if applicable)
- \$ _____ Uninsured Motorists/ Underinsured Motorists B.I.
 Stacking Non-Stacking (if applicable)
- \$ _____ Uninsured Motorists/ Underinsured Motorists P.D.

A single deductible will apply to emergency vehicles, service vehicles, trailers and antiques. Please indicate the desired deductible for these vehicles: \$500 \$1000 \$2500 \$5000 Other \$ _____

Please indicate the desired deductible for all private passenger types (PPT's):

- Comprehensive \$250 \$500 \$1000 \$2000 \$3000 Other \$ _____
- Collision \$250 \$500 \$1000 \$2000 \$3000 Other \$ _____

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Vehicles (continued)

Does the organization check MVR's? Yes - all members Yes - drivers only No

If yes, how often? _____

Please describe the driver training program currently being used: _____

What selection criteria are used to select new drivers? _____

Does the organization own or lease any vehicles that are not shown on the Vehicle Schedule of this survey? Yes No

If yes, please describe: _____

Indicate if Automatic Increase coverage is desired. Yes No

If yes, by how much should the Agreed Values be increased each month? ¼% ½% ¾% 1%

For the Vehicle Schedule that follows:

Agreed Value - For emergency vehicles, service vehicles, trailers and antiques, show the desired agreed value.
For private passenger-type autos (PPT's), show the Cost New.
If Physical Damage coverage is not desired, leave blank.

DRL - Indicate if the vehicle utilizes daytime running lights (applicable only in New York State).

Loc. No. - Indicate the location where the vehicle is usually garaged. Location numbers should correspond to the Property section of this survey. This information is needed to determine total values at risk per location. If the vehicle is stored in the open, show "open."

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Vehicle Schedule						
Veh. No.	Year	Make, Model, Type	Agreed Value	VIN (Required)	DRL	Loc. No.
1.			\$			
2.			\$			
3.			\$			
4.			\$			
5.			\$			
6.			\$			
7.			\$			
8.			\$			
9.			\$			
10.			\$			
11.			\$			
12.			\$			
13.			\$			
14.			\$			
15.			\$			
16.			\$			
17.			\$			
18.			\$			
19.			\$			
20.			\$			
21.			\$			
22.			\$			
23.			\$			
24.			\$			
25.			\$			
26.			\$			
27.			\$			
28.			\$			
29.			\$			
30.			\$			

*If there are any additional vehicles, please attach a Vehicle Schedule Supplement.

Are any of these vehicles leased or subject to a finance agreement? Yes No

If yes, indicate the vehicle number and the name and address of the lessor or lien holder:

Name & Address _____ Vehicle _____

Name & Address _____ Vehicle _____

Name & Address _____ Vehicle _____



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Portable Equipment

Guaranteed Replacement Cost coverage normally will be provided for all portable equipment used away from the premises for firefighting, emergency medical aid, rescue service, or teaching/training purposes. This equipment will be covered while on premises and while away from the premises, including while in transit, in storage, or in use.

Please indicate the deductible desired for portable equipment:

\$250
 \$500
 \$1000
 \$2500
 \$5000
 Other _____

Indicate below any scheduled equipment for which replacement cost coverage is desired, e.g. watercraft, ATV's, snowmobiles, bulldozers or farm tractors. (Do not schedule antique autos, trailers or any mobile equipment licensed for highway use--this type of equipment should be included on the vehicle list in the Vehicle section of this survey. Also, do not schedule any portable firefighting or EMS/Rescue equipment--this type of equipment is normally covered on a blanket basis under our Guaranteed Replacement Cost coverage described above.)

Description	Amount of Insurance	Deductible
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Crime

Fidelity

Type of Bond:

Commercial Blanket
 Limit of Insurance \$ _____
 Number of Class I Employees* _____
 Number of Class II Employees* _____

*Include volunteers if performing the same duties as employees.

Position Schedule
 Position
 Limit of Insurance
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Money and Securities

Note: \$25,000 money and securities coverage is provided under the Property Coverage Extensions. If increased limits are needed only to cover *special events*, describe below:

Event	Date of Event	Limit Needed
_____	_____	\$ _____
_____	_____	\$ _____

General Crime Information

List all persons managing funds:

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

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Crime (continued)

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year to prevent theft? Yes No

Are Invoices or Requisitions kept? (This documents what item or service is being paid for, who the vendor is, and who authorized the item or service). Yes No

Are Invoices or Requisitions, Check Register and Bank Statement cross-checked against each other? Yes No

Largest amount of petty cash kept on hand? \$ _____

During what months are the receipts the largest? _____

Is money ever stored in the building overnight? Yes No

If yes, amount and how stored: _____

All receipts are deposited in a bank within: 2 days 1 week Over 1 week

Are all incoming checks immediately stamped "For Deposit Only"? Yes No

Do all checks require 2 signatures? Yes No

To whom and how often is there a report of receipts and disbursements? _____

By whom and how often are the accounts examined? _____

When were the accounts last examined? _____

Fund Raising Events: Approximate maximum receipts per day: \$ _____

Are bank deposits made after each day of the event? Yes No

Is the depositor accompanied by an armed police officer? Yes No

Is the money stored at a member's house? Yes No

Umbrella and Excess Liability

Desired Limit of Insurance (maximum \$10 million): \$ _____
(These limits will apply to Excess Liability and Umbrella Liability)

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$500,000/500,000/500,000 for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. If this information is not provided, Excess Employers Liability coverage will not be included.

Insurer*: _____ Policy Number: _____
Policy Period: _____
Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident
\$ _____ Bodily Injury by Disease
\$ _____ Annual Aggregate

*Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.

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Premium History

Please indicate the annual premium for Auto Liability for the past three years. These premiums will be used for experience rating purposes. Do not include Auto Physical Damage premium.

Carrier: _____ \$ _____ (current year) \$ _____ (1st prior year) \$ _____ (2nd prior year)

Total Account Premium: \$ _____ (current year) \$ _____ (next renewal)

Claims History

Have there been any claims or losses in the last five years? Yes No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.*

DOL	DESCRIPTION	STATUS	AMOUNT

*Attach separate pages if needed. Provide the carrier loss runs if available.

Application Signatures & State Fraud Statements

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

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.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

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

APPLICABLE IN FLORIDA - FLORIDA FRAUD STATEMENT

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

APPLICABLE IN IDAHO - IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA - INDIANA FRAUD STATEMENT

Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing any false, incomplete or misleading information commits a felony.

APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any



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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 LOUISIANA - LOUISIANA FRAUD STATEMENT

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.

APPLICABLE IN MAINE – MAINE FRAUD STATEMENT

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 or a denial of insurance benefits.

APPLICABLE IN MINNESOTA – MINNESOTA FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE – NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

New Jersey law requires us to give you the following notice: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO – NEW MEXICO FRAUD STATEMENT

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

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Automobile: 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, and any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Other Than Automobile: 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.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

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.

APPLICABLE IN OKLAHOMA – OKLAHOMA WARNING

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.

APPLICABLE IN OREGON – OREGON FRAUD STATEMENT

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PENNSYLVANIA – PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an 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.

APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

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.

APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA – VIRGINIA FRAUD STATEMENT

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.

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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.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Agent's Signature _____ Date: _____

APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF EMERGENCY SERVICE LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS (SEE PAGE 4) THEN EMERGENCY SERVICE LIABILITY COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THIS POLICY IS IN FORCE, DURING A RENEWAL OF THIS POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE ENDORSEMENT FOR THIS COVERAGE MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: _____ Date: _____