

GUIDES & OUTFITTERS APPLICATION

SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Lease agreement between the insured and venue / facility owner (if applicable)
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- Safety Program and training guide for employees
- If other named insureds are to be included, attach list and describe operations of each
- Diagram of location (If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders, adjacent buildings, and landscape features.)

BROKER INFORMATION

Broker/Agency Name:			
Address:		City:	State: Zip:
Contact Person:			
Contact Information:		Phone #:	Fax #:
		E-Mail:	Website:

GENERAL APPLICANT INFORMATION

Name of Insured:			Website:		
Insured Street Address:		City:	State:	Zip:	
Contact Person:					
Contact Information:		Phone #:		Fax #:	
		E-Mail:			
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	Federal ID #:		
Date of Incorporation or Charter:		State where Charter or Corporation is filed:			
Name of Owner:					
Name of Insurance Contact:					

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

**Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Other
General Liability				
Products, Completed Operations				
Personal & Advertising Injury				
Legal Liability				
Abuse & Molestation				
Liquor Liability				
Special Events				
Participant Legal Liability				



Other - Describe				
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ADDITIONAL INSUREDS – Provide name, description and business relationship

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

ACTIVITY UNDERWRITING INFORMATION

Activity	# of Guides	# of Units	User Days	Previous Annual Revenue	Projected Annual Revenue
ATV-Guided				\$	\$
ATV-Unguided				\$	\$
Bike Rentals				\$	\$
Boating				\$	\$
Climbing Wall				\$	\$
Cross Country Skiing				\$	\$
Dog Sled Tours				\$	\$
Downhill Skiing				\$	\$
Fishing				\$	\$
Guided fishing				\$	\$
Hay, Sleigh, or Wagon Rides				\$	\$
Hiking / Backpacking				\$	\$
Horseback Riding				\$	\$
Hunting				\$	\$
Jet Skis or Wave Runners				\$	\$
Lodging / Cabin Rentals				\$	\$
Mountain Bike Riding				\$	\$
Paintball				\$	\$
Retail Store				\$	\$
River Tubing				\$	\$
Road Cycling				\$	\$
Rock Climbing				\$	\$
SCUBA Diving				\$	\$
Sea Kayak Tours / Rentals				\$	\$
Shooting Range - Rifle or Pistol				\$	\$
Snowmobiles-Guided				\$	\$
Snowmobiles-Unguided				\$	\$
Snowshoeing				\$	\$
Waterskiing				\$	\$
Whitewater Rafting				\$	\$
Youth Camps or Programs				\$	\$
Other:				\$	\$
Total Revenue				\$	\$

OPERATIONS INFORMATION

Does insured require guests to sign a liability waiver? <i>If Yes, please provide a copy of waiver.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured require guests to complete a health & physical fitness form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many years has insured been in business? <i>If new venture, how many years of prior experience?</i>	
Are any operations conducted outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured hire guides as subcontractors? <i>If Yes, for what activities?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, does insured obtain proof of insurance?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is business operational year round? <i>If No, when is insured operational:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

GUIDE INFORMATION

Name:	Age:	Name and Describe membership associations:	No. Years Experience:	First Aid Qualified?	Owner, Employee, or Independent Guide:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Independent
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Independent
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Independent
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Independent
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Independent
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Independent

LODGING: GUEST QUARTERS INFORMATION

Total number of units for guest rental:	
Number of RV spaces:	Number of Tent Sites:
Maximum guest capacity:	
Do all cabins / units have smoke alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a swimming pool or swimming area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, does insured have a diving board?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No



RETAIL OPERATIONS INFORMATION

Does insured have retail operations for any of the following?

- | | | |
|--|---|---|
| <input type="checkbox"/> General Store | <input type="checkbox"/> Ski Equipment Sales | <input type="checkbox"/> Fishing Equipment Sales |
| <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Ski Equipment Rental | <input type="checkbox"/> Fishing Equipment Rental |
| <input type="checkbox"/> Gun Sales | <input type="checkbox"/> Restaurant | |

HUNTING INFORMATION

What is the maximum guide to guest ratio? _____ Guides to _____ Guests	
What is the maximum number of hunters at any one time?	
Does insured operate drop camps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is livestock provided with drop camps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of insured's hunting operations is unguided? _____ %	
What type of game is being hunted? <input type="checkbox"/> Bear <input type="checkbox"/> Exotics <input type="checkbox"/> Upland Birds <input type="checkbox"/> Deer <input type="checkbox"/> Hogs <input type="checkbox"/> Waterfowl <input type="checkbox"/> Elk <input type="checkbox"/> Turkey <input type="checkbox"/> Other*	
<i>*If other, please describe:</i>	
Are Tree Stands used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, are safety harnesses required?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured use any of the following to transport hunters? If Yes, how many? <input type="checkbox"/> ATVs: _____ <input type="checkbox"/> Horses: _____ <input type="checkbox"/> Snowmobiles: _____ <input type="checkbox"/> Boats: _____ <input type="checkbox"/> Other Unlicensed Vehicles: _____	
If ATVs and/or Snowmobiles are used, are helmets required while riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BICYCLING & MOUNTAIN BIKING INFORMATION

Maximum number of cyclists on a tour: _____	Maximum number of tours operating on the same day: _____
Does insured require helmets to be worn by each participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured pre-screen guests to determine ability prior to riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do guides carry any communication device with them (2-way radio, cell phone, etc.)? <i>If Yes, what type?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are chairlifts utilized in operation? <i>If Yes, are safety procedures / maintenance procedures the same as winter season?</i> Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is signage posted in the mountain biking area (i.e. trail difficulty, closed areas, area boundaries)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is area / trails patrolled during operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a final sweep made of the premises by patrollers each day of operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured provide bike rentals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, are helmets provided?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If helmets are provided, explain procedures for regular maintenance and repair schedule:	
Are any special events planned pertaining to these operations? (e.g. mountain bike races, exhibitions, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, who is the organizer / sponsor?</i>	

Does organizer / sponsor provide insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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MOUNTAINEERING: GUIDE INFORMATION

Name	Primary Guide?	Experience	Basic First Aid & CPR?	State Certified Guide?	Advanced First Aid Training?
	<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
	<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
	<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

YOUTH CAMP INFORMATION

Does insured provide overnight camps for children 18 years or younger?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Organization: <input type="checkbox"/> Club # of Club Members: _____ <input type="checkbox"/> Climbing Walls Gross Receipts: \$ _____ <input type="checkbox"/> Portable Climbing Walls # of Walls: _____ <input type="checkbox"/> Outdoor Climbing (rock / ice) Gross Receipts: \$ _____ <input type="checkbox"/> Competition # of participants: _____	Activities Include: <input type="checkbox"/> Bouldering <input type="checkbox"/> Cross Country Skiing <input type="checkbox"/> Climbing Walls <input type="checkbox"/> Top Rope Climbing <input type="checkbox"/> Climbing (rock / ice) <input type="checkbox"/> Lead Rope Climbing <input type="checkbox"/> Skiing <input type="checkbox"/> Ski Mountaineering <input type="checkbox"/> Exercise Equipment <input type="checkbox"/> Portable Climbing Wall <input type="checkbox"/> Other (please describe):	

WATERCRAFT GENERAL INFORMATION

Type of operation: <input type="checkbox"/> Boat Rentals <input type="checkbox"/> Fishing Trips <input type="checkbox"/> Tube / Canoe Rentals <input type="checkbox"/> Hunting <input type="checkbox"/> Other* <i>*If Other, please describe:</i>	
On what bodies of water does use take place? <input type="checkbox"/> Rivers <input type="checkbox"/> Lakes <input type="checkbox"/> Ocean <input type="checkbox"/> Bays / Inlets	
If Rivers, what classes are boated? <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> Class V	
Are life vests (PFD's) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are life vests (PFD's) provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

WATERCRAFT LIABILITY SECTION

Year:	Make & Model:	Length:	HP:	OB/IB/IO:	# Pass:	Guided?
						<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
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

CANOE, KAYAK, & RIVER TUBING INFORMATION

Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		

What percent of insured's operations are unguided? _____ %
 Number of guides: _____

EQUINE SECTION: RIDE INFORMATION

Total number of horses available for guest riding:	
Maximum number of horses in use for guest riding at any one time:	
Average number of horses in use for guest riding at any one time:	
What is the youngest rider insured will allow on a horse?	Years Old
Does insured offer the use of helmets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured ever allow double riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of guests that ride:	Western Saddle % _____ English Saddle % _____
Percentage of horse operations:	Guided % _____ Unguided % _____
Maximum guide to guest ratio:	Guides to _____ Guests
Does insured operate pony rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate what is offered:	<input type="checkbox"/> Trail Ride <input type="checkbox"/> Riding Ring <input type="checkbox"/> Hand Led <input type="checkbox"/> Other:

GUEST & SAFETY INFORMATION

Does insured require guests to complete a physical fitness information form prior to riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured pre-screen guest riders and determine ability prior to riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do guides carry any communication device with them (2-way radio, cell phone, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured conduct pre-ride safety briefing with guests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured provide a written safety manual of procedures to all staff members? If Yes, provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
List reasons why insured would decline a person from riding (health, age, weight, alcohol, general, pregnancy):	
Does insured board horses for a fee? If Yes, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured teach or allow guests to participate in:	
<input type="checkbox"/> Barrel Racing	<input type="checkbox"/> Handling Livestock
<input type="checkbox"/> Branding Cattle	<input type="checkbox"/> Hay Rides
<input type="checkbox"/> Buckboard / Buggy Rides	<input type="checkbox"/> Horse Jumping
<input type="checkbox"/> Cattle Drives	<input type="checkbox"/> Horse Racing
<input type="checkbox"/> Dressage	<input type="checkbox"/> Inoculations
<input type="checkbox"/> Roping Cattle	
<input type="checkbox"/> Sleigh Rides	
<input type="checkbox"/> Team Penning	
Are guests allowed to handle, rope, or brand livestock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If insured conducts cattle drives, indicate the maximum number of: _____ Wranglers to _____ Riders	
Maximum Duration: _____	
Maximum Distance: _____	
If insured's ranch conducts a Rodeo / Gymkana, describe activities guests may participant in:	



**WINTER WEATHER FREEZE-UP PROTECTION
FIRE PROTECTION AND TESTING**

Is the building provided with an Automatic Fire Sprinkler System? <i>(If No, skip to next section)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximately what percentage of the building is sprinkled? _____ %	
What type of sprinkler system is installed? <input type="checkbox"/> Wet-Pipe <input type="checkbox"/> Dry-Pipe <input type="checkbox"/> Both	
When possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above 45°F minimum temperature? <i>If No, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the testing and inspection by qualified sprinkler contractor completed within the past 12 months and includes a formal winterization review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the alarms tied to a 24 hour UL listed monitoring company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY WATER RESPONSE

Are water shutoff valves (domestic and AS water lines) marked and readily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are water shutoff valves exercised (closed and reopened) at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the staff qualified to respond and shut off the water main during normal business hours and off hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTOMATIC WATER SHUTOFF DEVICES

For domestic water lines, is there a water flow detection, notification, and automatic shutoff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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UNUSED & VACANT SPACES

Does insured have a formal process to turn off and drain domestic water lines for these spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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UNHEATED AREAS (attics, crawl spaces, exterior wall joints)

Are all domestic water lines located in areas heated to at least 45°F? <i>If No, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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HIRED AND NON-OWNED AUTO LIABILITY

Complete this section if you need a quote for Hired and Non-Owned Auto Coverage. If you do not need a quote for Hired and Non-Owned, skip this section.

Does the insured have any owned automobiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, who is the insurer?</i>	
Limits of coverage: \$ _____ Effective date of coverage: _____	
Does insured allow employees to use their own person vehicles for business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, how many employees use their personal vehicles?</i>	
<i>If Yes, how often?</i> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	
Does insured obtain Motor Vehicle Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, what limits are required? \$ _____</i>	
Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other	

ABUSE AND MOLESTATION

Complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote, skip this section.

Does the insured have custodial responsibility for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured's employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured run background checks on all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a written set of procedures for screening employees and volunteers? <i>If Yes, please forward. If No, please describe screening process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have an Abuse & Molestation Policy with regard to sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe specific policy regarding any overnight travel.	
Has insured's organization ever had an incident which resulted in an allegation of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate age range of minors in insured's care or under the supervision of insured's employees/volunteers at any time.	

Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

1. Company loss runs currently valued for the past 5 years including current year	<input type="checkbox"/>
2. Copies of expiring policies including any manuscript forms	<input type="checkbox"/>
3. Detailed list of all insureds and their descriptions	<input type="checkbox"/>
4. Detailed list of all insured locations and their descriptions	<input type="checkbox"/>
5. List & description of any ancillary activities to be covered	<input type="checkbox"/>
6. Copies of all event brochures you participant in	<input type="checkbox"/>
7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	<input type="checkbox"/>
8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc.	<input type="checkbox"/>
9. Copy of adult and minor waiver and release and/or assumption of risk forms	<input type="checkbox"/>
10. Copy of your procedures for screening employees and volunteers	<input type="checkbox"/>
11. Copy of your abuse and molestation policy and procedures	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN 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 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 THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

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 HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

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

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 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.

APPLICABLE IN OKLAHOMA

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 VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN WASHINGTON

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.