



INDOOR INFLATABLE CENTER APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check next to any you are interested in)

General Liability	<input type="checkbox"/>	Accident Medical	<input type="checkbox"/>	Earthquake	<input type="checkbox"/>
Abuse	<input type="checkbox"/>	Workers Compensation	<input type="checkbox"/>	Commercial Auto	<input type="checkbox"/>
EPLI	<input type="checkbox"/>	Flood	<input type="checkbox"/>	Hired & Non-Owned Auto	<input type="checkbox"/>
Umbrella	<input type="checkbox"/>	Property	<input type="checkbox"/>	Cyber Liability	<input type="checkbox"/>

SUBMISSION REQUIREMENTS

1. Resume (New Business Only)	6. Safety Rules
2. Business Plan (New Business Only)	7. Waiver
3. Currently valued loss runs for last 5 years	8. Daily Safety Checklist
4. Diagram of premises	9. Lease Agreement
5. Equipment List	

Section 1: GENERAL INFORMATION

How did you hear about us?			
1. Applicant Name:		Birth Date:	
2. Name of Facility:		FEIN/SS#:	
3. Mailing Address:			
City:	County:	State:	Zip:
Physical Address:			
City:	County:	State:	Zip:
4. Contact Person:		Telephone:	
Contact e-mail:		Web address:	
5. Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government Entity <input type="checkbox"/> Other:			
6. Year business was established?		Number of years under present management:	
How many years of management experience do you have?			
7. Does the applicant have a safety manager on premises at all times the facility is open? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name and contact information:			
8. Does the applicant have a formal safety training program for employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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Section 2: PREMISES INFORMATION

1. Average annual attendance:		2. Operating Season: _____ to _____	
3. Annual payroll: \$ _____		4. Number of employees Full Time: _____ Part Time: _____	
5. Sales/Receipts:			
a.) Amusements \$ _____			
b.) Food and Beverage \$ _____		Describe: _____	
c.) Souvenirs / Novelties \$ _____		Describe: _____	

Section 3: GENERAL PREMISES INFORMATION (Explain any yes answers in remarks)

1. Any medical facilities provided or any employed physicians / nurses? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Any storage, treating, discharging, applying, disposing, or transporting hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Any operations sold, acquired or discontinued in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Machinery, equipment or attractions rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any watercraft docks (not bumper boats), floats on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a swimming pool on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide time table and action plan:
8. Any special events scheduled throughout the year? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the Applicant lease or own the facility? <input type="checkbox"/> Own <input type="checkbox"/> Leased If leased, provide a copy of leasing agreement.
If leased, who is responsible for parking areas? <input type="checkbox"/> Owner <input type="checkbox"/> Insured
If leased, who is responsible for building maintenance? <input type="checkbox"/> Owner <input type="checkbox"/> Insured
10. Any structural alterations contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Any demolition contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No

REMARKS: (Explain any yes answers in the space below)

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Section 4: COOKING FACILITIES

1. Does Applicant have an automatic extinguishing system over deep fat fryers, grills & stoves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A How often are hood / ducts cleaned?	
By whom? <input type="checkbox"/> Insured <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> N/A	
If by sub-contractor, how often are they serviced?	Date last serviced?



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Section 4: COOKING FACILITIES (Continued)

2. Is Fire Dept. Staff: <input type="checkbox"/> Professional <input type="checkbox"/> Volunteer		Independent water source? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Burglar Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Central Station or Local Gong? <input type="checkbox"/> Station <input type="checkbox"/> Local
4. Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Central Station or Local Gong? <input type="checkbox"/> Station <input type="checkbox"/> Local
5. No. of fire extinguishers		6. Surveillance cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the Applicant have Automated External Defibrillator(s) (AED)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are staff members trained to use it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Does the Applicant have backup emergency lighting and / or emergency generators in the event of a power failure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Does the Applicant have an emergency evacuation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach a copy)		
10. Evacuation procedures and floor plans posted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Do you comply with all local, state, building, concession, sanitary codes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Distance to nearest medical facility?		How many exits from premises?
13. Is there an emergency lighting system on premises and/or building? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 5: AMUSEMENT DEVICES / ATTRACTIONS

1. Do all ride signs comply with manufacturer recommendations with regard to age, height and exit requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the Applicant or has the Applicant ever manufactured or retro-fitted any amusements / attractions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a list of all such attractions and the changes made.	
3. Are amusement devices inspected daily? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is inspection log maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are there periodic inspections required by state inspectors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are maintenance manuals for all amusement devices kept on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is there a qualified maintenance staff on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is there an on-site maintenance shop? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is there adequate maintenance equipment on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are there rides where the operator controls the speed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Do you provide live entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the facility conduct fireworks display? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 6A: COIN OPERATED AMUSEMENTS N/A

1. Estimated Total Gross Receipts \$	
2. How many?	3. Number of Attendants?
4. Equipment is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	5. Are machines properly grounded? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Section 6A: COIN OPERATED AMUSEMENTS (Continued)

6. Is there an on-site maintenance shop? Yes No

7. Is there adequate maintenance equipment on-site? Yes No

8. Do you provide your own maintenance on equipment? Yes No

9. Do you have non-slip, non conductive floor covering? Yes No

Section 6B: INFLATABLES N/A

1. Estimated Total Gross Receipts \$

2. Describe:

Section 6C: ROCKWALLS N/A

1. Estimated Total Gross Receipts \$

2. WALL INFORMATION Height of Wall: (feet) | Width of Wall: (feet)

Year Constructed: | Manufacturer of Wall: | Serial Number:

3. Is the rockwall indoors or outdoors? Indoors Outdoors

4. How many positions? | 5. Auto Belay? Yes No

6. Was the climbing wall constructed by a contractor who provided you with a certificate of insurance which included products and completed operations coverage? Yes No

7. Was the wall constructed following Climbing Wall Industry Group (CWIG) or American Society of Testing and Materials (ASTM) design standards? Yes No

8. Is there a minimum of 6 to 12 inches of fall protection beneath the climbing wall out to a distance of 6-8 feet? Yes No If not what padding do you provide?

9. What type of material used in landing area?

10. Is a daily inspection of the wall performed and results documented? Yes No

11. Is wall maintenance conducted by an independent contractor who provides you with a certificate of insurance? Yes No

12. What is the maximum number of people permitted on the wall at any one time?

13. Do all climbers have belay experience and/or provided with a spotter? Yes No

14. Does all the climbing safety equipment conform to the American Society of testing and Materials (ASTM) and/or the International Association of Alpine Associations (UIAA) standards? Yes No

15. Is all climbing safety equipment inspected daily with inspection results documented? Yes No

16. Are climbers permitted to climb without harness or safety equipment Yes No

17. Do you rent equipment? Yes No | Is rental limited to on premises only? Yes No

18. Do you have a "pro shop? Yes No

19. Are safety rules posted? Yes No



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Section 6C: ROCKWALLS (Continued)

20. Is there a documented training program for all wall users which includes:

Harness and rope inspection procedure? Yes No

Proper belaying techniques? Yes No | Emergency takedowns? Yes No

Belay device failure or entrapment? Yes No | Rules for Climbing Wall? Yes No

Setup and takedown procedures? Yes No

Procedures for reporting problems? Yes No

21. Do you have the participants sign a release of liability or waiver? Yes No

If so, provide a copy of such waiver.

22. How is the wall secured?

23. How are guidelines secured? (Bolts, eyebolts, etc.):

24. Are grasps permanently secured on the wall surface? Yes No

Can they be removed and relocated to provide varied climbing strategies? Yes No

Have they followed the recommended placement of grips by manufacturer? Yes No

Are the climbing routes designed by the applicant? Yes No

25. Are minors permitted to use the facility? Yes No

If yes, under what conditions?

Minimum age or participants?

Any outdoor climbing?

26. Is the rockwall supervised at all times? Yes No

27. Is there a formal maintenance checklist program? Yes No

28. Is there a formal employee safety training program? Yes No

29. Is the tool loop cut off from the safety harness? Yes No

30. When the rockwall is not in use, how and where do you store it?

31. Is the rockwall manual or auto belay? Manual Auto

How often are the cables replaced?

32. Is this full-time staff member certified to belay on the wall and understand the safety rules?

Yes No

33. Is a full-time staff member positioned to have a clear view of the climbing wall and participants?

Yes No Minimum age of employees:

Section 6D: Bungee Trampoline N/A

1. Estimated Total Gross Receipts \$

Section 6D: Bungee Trampoline (Continued) N/A

# Units	# Stations	Manufacturer/Model	Mfr Year	Trampoline Dimensions	Support Pole Height

2. Please complete for each piece of equipment:

Equipment Type	Manufacturer	Size/Model Type	# on Hand	Age of Oldest One	Replacement Frequency
Harnesses					
Bungee Cords					
Carabineers					

3. What is the maximum jumping height capacity?

4. How old is the jumping surface of each trampoline?

5. Do you always fit harnesses to the size of each person? Yes No

6. Are all attendants trained on manufacturer specifications for fitting harnesses? Yes No

7. Do you always adjust the bungee cords according to manufacturer recommendations for the weight and height of each user? Yes No

8. Are all attendants trained on manufacturer requirements for bungee cord adjustment? Yes No

9. Do you require users to comply with age, weight and height restrictions? Yes No

10. What are the minimum and maximum age requirement for users?	Min.	Max.
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11. What are the minimum and maximum weight restrictions for users?	Min.	Max.
---	------	------

12. What are the minimum and maximum height restrictions for users?	Min.	Max.
---	------	------

13. How do you verify weight/height when user size visually appears to be over the limit?

14. Does your waiver indicate any user restrictions noted by the manufacturer? Yes No

15. Do you always maintain a one to one ratio of attendant supervision for each person on a trampoline?
 Yes No If not please describe procedure.

16. Do you always restrict users to one at a time per trampoline? Yes No

17. Is there a barrier or fence around the attraction to prevent pedestrian or observation traffic in the jumping area? Yes No

18. Is access to area around attraction restricted to attendants and one user per attraction?
 Yes No

19. Are user restrictions, warning and safety signs clearly posted by the entrance to the attraction?
 Yes No

20. Do you inspect all the equipment daily? Yes No

21. Do you document your inspections with a written checklist and findings? Yes No

22. How long are records of inspections maintained?

Section 6D: Bungee Trampoline (Continued)

23. Describe the experience of the person(s) in charge of inspecting an supervising use of the bungee jump trampolines.

24. Is this equipment always attended when set up? Yes No

25. Is this equipment located in one site or moved from site to site? Yes No

26. Do you always set up and take down the equipment if moved from the site? Yes No

27. Do you fully test and inspect the equipment after each set up? Yes No

28. Do you use a written checklist to document your testing and inspecting after each set up?

Yes No

29. How long do you retain the records of testing and inspecting your set up?

30. Do all users sign and date a waiver and release document? (Please attach a copy) Yes No

31. Are minors required to have a parent or legal guardian sign the waiver? Yes No

32. Does your waiver require signing party to represent in writing that they are over 18?

Yes No

33. Do you require a legibly printed name of the signing party on your waiver? Yes No

34. Is secured padding provided over the trampoline springs and frame perimeter? Yes No

35. Is the flooring beneath and surrounding the perimeter of the attraction padded? Yes No

36. What is the height clearance between the highest point of the attraction and the ceiling?

Yes No

37. What is the perimeter clearance maintained around each attraction?

Section 6F: Drop Off Services (Parent's Night Out, Day Camp, Etc.) N/A

1. Estimated Total Gross Receipts \$

2. Please describe the programs for which you allow minor children to be dropped off without a parent or guardian present on the premises at all times.

3. What is the range of ages permitted for children dropped off?

4. Are the children who are dropped off further divided into age groups? Yes No

If yes, please elaborate:

5. What is the maximum daily capacity for children dropped off and left in your care?

6. What is the average daily attendance of children dropped off and left in your care?

7. How many days annually do you offer programs where children are dropped off and left in your care?

8. What is the maximum number of hours per day that a child may be in your care?

Section 6F: Drop Off Services (Continued)

9. Approximately what percent of your annual revenue is generated from children being dropped off and left in your care?

10. What is the ratio of counselors to children who are left in your care?

11. Do you perform background checks on all counselors and staff who are onsite with children who are dropped off and left in your care? Yes No

12. What other training or certifications are required of counselors or staff who are responsible for children dropped off and left in your care?

13. Do you comply with all state and local requirements for having minor children in your care? Yes No

14. Pick up procedure: How do you confirm that the person arriving to pick up child is authorized to do so?

Section 6E: Trackless Trains N/A

1. Estimated Total Gross Receipts \$

2. Year:	Manufacturer:	Serial Number:
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3. Number of Drivers:

4. Do you have participants sign waivers? Yes No

If No, do you have signage that includes hold harmless wording? Yes No

Please provide us with a copy of your signage & a photo of your train.

Section 6F: Birthday Parties N/A

1. Estimated Total Gross Receipts \$

2. Room Type:	3. No. of participants:
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Section 6G: Gift/Pro-Shops N/A

1. Estimated Total Gross Receipts \$

2. Describe Shop:

Section 6H: Miscellaneous Activities N/A

1. Do you have any of the following devices? Rope Ladders, Shuffleboard, Simulators, Volleyball, Basketball, Tennis Courts or Billiard/Pool Table. Yes No

2. Please list your devices below along with annual sales and number of attendants.

Device:	Annual Sales:	No. of attendants:
---------	---------------	--------------------

Device:	Annual Sales:	No. of attendants:
---------	---------------	--------------------

Device:	Annual Sales:	No. of attendants:
---------	---------------	--------------------

Device:	Annual Sales:	No. of attendants:
---------	---------------	--------------------

Section 7: ABUSE & MOLESTATION

1. Does the Applicant's current insurance program include Abuse and Molestation coverage?
 Yes No

2. Does the Applicant's employment and volunteer applications include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses?
 Yes No

3. Does the Applicant verify employment references for employees and volunteers? Yes No

4. Does the Applicant conduct personal interviews? Yes No

5. Are formal written procedures in place for hiring? (If yes, attach a copy) Yes No

6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy) Yes No

7. Does the Applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? (If yes, attach a copy) Yes No

8. Have any incidents resulted in an allegation of sexual abuse? Yes No

If yes, was the case settled? Yes No

Was the case taken to trial? Yes No

Amount paid for damages to the victim? \$

Does the Applicant's state allow criminal background checks? Yes No

If yes, does the Applicant run criminal background checks prior to hire for:
 Employees: Yes No Volunteers: Yes No

Section 8: HIRED & NON-OWNED AUTO

1. Does the Applicant have any owned automobiles? Yes No

NOTE: If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is required:

2. Does the Applicant allow employees to use their own personal vehicles for business purposes?
 Yes No

If yes, how many employees use their own personal vehicles?

If yes, how often? Daily Weekly Monthly Other:

3. Does the Applicant obtain Motor Vehicle Reports? Yes No

If yes, how often? Annually Every other year Other:

4. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No

5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period:

6. Is hired auto physical damage required? Yes No \$100 comprehensive / \$1,000 collision deductible

If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$



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Section 9: PROPERTY INFORMATION

1. Building value (if owned by you):		Tenant Improvements value:	
2. Contents value:		Business Income value:	
3. Construction Type: <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry Non Combustible <input type="checkbox"/> Frame <input type="checkbox"/> Other:			
4. Distance to Nearest Fire Station:		Number of Stories:	
Year Built:		Square Feet of Building Area:	
5. Building Improvements: <input type="checkbox"/> Wiring, Year: <input type="checkbox"/> Roofing, Year: <input type="checkbox"/> Plumbing, Year: <input type="checkbox"/> Heating, Year:			

Section 10: INSURANCE INFORMATION

1. Prior General Liability Carrier	
Policy Expiration	Expiring Premium
2. Prior Property Carrier	
Policy Expiration	Expiring Premium
3. Prior Umbrella Carrier	
Policy Expiration	Expiring Premium

Section 11: RENTALS N/A

TYPE OF OPERATION	ANNUAL RECEIPTS
<input type="checkbox"/> Rental with Operators	\$
<input type="checkbox"/> Rental without Operators	\$
1. Are written instructions, procedures, and training provided for employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are there written Customer Training Procedures? (please attach) <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. How many attendants/operators accompany each piece of equipment at the rental site?	
4. Is equipment ever left overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:	
5. Are there age/height/weight limitations for users on all devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If yes, are they clearly displayed - sewn into or silkscreened on all devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Describe/ List specialized training or memberships:	
8. Are the inflatables set up on a flat surface and properly grounded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you prohibit the use by adults (over 15 yrs old) & children at the same time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do you have Watchdog Siren Warning devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?	

Section 13: Cyber Liability

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 14: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 15: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

SUBMISSION CHECKLIST

We must receive a copy of these documents with your application:

- | | |
|--|---|
| <input type="checkbox"/> Resume (New Business Only) | <input type="checkbox"/> Safety Rules |
| <input type="checkbox"/> Business Plan (New Business Only) | <input type="checkbox"/> Waiver or Rental Agreement |
| <input type="checkbox"/> Currently Valued loss runs for the last 5 years | <input type="checkbox"/> Daily Safety Checklist |
| <input type="checkbox"/> Diagram of premises | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Equipment List | |



FRAUD NOTICE

GENERAL STATEMENT: 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 [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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of 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 FLORDIA: 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, OREGON AND VERMONT: 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 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 deception 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 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: