

SKATING FACILITY APPLICATION

I. GENERAL INFORMATION

Policy Dates: from _____ to _____

First Named Insured: _____ FEIN: _____

DBA: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Physical Address: _____ Owned Leased Managed

City: _____ State: ____ Zip: _____

Website: _____

Number of years in business: _____ (if new, provide copy of business plan)

Contact Information:

Insurance Contact: _____ Email: _____ Phone: _____

Accounting Contact: _____ Email: _____ Phone: _____

General Manager: _____ Email: _____ Phone: _____

Qualifications/Experience of Manager: _____

Schedule of Named Insureds:

(please include all entities in which the First Named Insured holds at least 50% ownership):

Name	Description	Percentage Ownership	FEIN (if different)

Please attach a schedule of additional names as needed.

II. FACILITY USE INFORMATION

Number of Ice Surfaces: _____ Height of Boards: _____ Do you have glass? Yes No

Do you use netting? Yes No

If yes, Ends Only Ends and Sides

Is signage present to warn patrons about pucks leaving the playing surface? Yes No

Is a responsibility code posted? Yes No

Months of the year in operation: All Year Other _____

Days of the week in operation: Every Day Other _____

Hours of operation:

Weekdays: _____ to _____ Weekends: _____ to _____

What events does the rink sponsor?

- Professional Skaters Camps/Clinics Hockey/Skating Teams Tournaments
 Ice Shows Overnight Camps One-on-One Training Concerts/Shows/Events
 Field Trips Other: _____

Open Public Skate: Average # Employees on Duty: _____ Employee to Participant Ratio: _____

Are all skate guards experienced skaters? Yes No

Are skate aids offered? Yes No

If yes, description of aids: _____

Are helmets provided to patrons? Yes No

Are lights ever dimmed during open public skating? Yes No

If yes, are lights left on over spectator seating? Yes No

Do you have volunteers? Yes No

If yes, how many? _____ in what capacity? _____

Is your facility used for figure skating? Yes No

If yes, do freestyle participants sign waivers? Yes No

Is your facility used for hockey? Yes No

Are the teams members of: USA Hockey ISI Other: _____

Do you offer drop-in stick time? Yes No

If yes, do stick time participants sign waivers? Yes No

Is the ice surface inspected prior to any usage for imperfections / damage? Yes No

Do you have skate rentals? Yes No

If yes, who manages the rental operations? Facility Third Party

Are rental skates inspected and sanitized after each rental? Yes No

If you manage the rental operation, do you repair skates? Yes No

What training do repair personnel receive: _____

Do you sharpen your rental skates? Yes No

If yes, is a log kept? Yes No

How often are skates sharpened? _____

Do you have a pro shop? Yes No

If yes, who manages the pro-shop operations? Facility Third Party

Describe products sold: _____

Do you have locker rooms? Yes No

If yes, are they kept locked when not in use? Yes No

Are Locker Rooms: Opened by Staff or Key Provided

If key is provided, do you retain customer's keys in exchange for locker room keys? Yes No

Do you have a fitness center / training area? Yes No

If yes, who manages the fitness center? Facility Third Party

Is the fitness area locked when not in use? Yes No

Is the fitness area supervised while in use? Yes No

Other current and/or planned operations:

Are there any activities off premises? Yes No

If yes, description of activities: _____

Is any housing provided? Yes No

Is the ice surface ever covered or removed for other activities? Yes No

If yes, please provide details: _____

Do you do lock-ins? Yes No

If yes, who supervises: _____

- Do you have a schedule of events? **(submit sample of monthly calendar)** Yes No
- Do you have inflatable devices? Yes No
 If yes, **complete an Inflatables Questionnaire.**
- Do you provide or arrange transportation for employees, volunteers, participants? Yes No
 If yes, **complete a Transportation Questionnaire.**
- Food/Beverage Operations:
- Do you have concessions? Yes No
 If yes, who manages the concession operations? Facility Third Party
- Do you have a restaurant? Yes No
 If yes, who manages the restaurant operations? Facility Third Party
- Do you have a bar / lounge? Yes No
 If yes, who manages the bar / lounge operations? Facility Third Party
- Are alcoholic beverages sold at your facility? Yes No
 If yes, is separate Liquor Liability Coverage in place? Yes No
 If coverage is needed, **complete a Liquor Liability Questionnaire**
- What is the total space (square footage) at your facility leased to third parties? _____

III. CONTRACTS/RENTAL AGREEMENTS/WAIVERS

- Do you require contracts for independent contractors? **(submit sample)** Yes No
 If yes, do you obtain certificates of insurance from each one? Yes No
 Are the following independent contractors:
- Skating instructors Yes No
 - Referees Yes No
 - Coaches for camps/clinics Yes No
 - Learn to skate instructors Yes No
 - Private lesson instructors Yes No
- Does every user group sign a Rental Agreement every time a playing surface is rented, including those owned/operated by you? **(submit sample)** Yes No
 Is hold harmless / indemnification language included in contracts? Yes No
 Do you obtain certificates of insurance naming facility as additional insured? Yes No
 Are minimum limits of \$1,000,000 General Liability Insurance required? Yes No
- Do you collect signed waivers for public skating? **(submit sample)** Yes No
 If no, is a public skating admission ticket/wristband used? **(submit sample)** Yes No
- Is every participant from a non-insured group rental required to execute a waiver? Yes No
- Is every participant in a rink-run program (stick time/freetstyle, etc...) required to execute a waiver? Yes No
- Third Party (vendor) Service Providers:
- For all services provided by a Third Party, are the appropriate contracts and or lease agreements maintained? Yes No
 Are certificates of insurance naming the facility as Additional Insured obtained for all services provided by a Third Party? Yes No

IV. ICE RINK ANNUAL REVENUE SOURCE SHEET

	Revenue	Insured	Waivered
A. GENERAL ADMISSIONS:			
Open Public Skate	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birthday Parties	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Broomball or Curling	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. HOCKEY PROGRAMS:			
Learn to Play Hockey	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
House League	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth Travel League	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adulty Hockey	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HS / College / Junior / Professional	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Camps / Clinics	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drop-In / Stick Time	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. FIGURE SKATING PROGRAMS:			
Figure Skating – Club/Events	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Figure Skating – Freestyle	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learn to Skate	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Camps / Clinics	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Competitions	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. MISCELLANEOUS CONTRACT ICE:			
Schools / Summer Camps / Corp. Outings	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insured Groups	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uninsured Groups	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. OTHER:			
Fitness Center	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In-Line / Soccer / Lacrosse	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pro-Shop	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skate Rentals	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skate Sharpening	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Space Rental	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restaurant / Concessions	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquor	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arcades / Vending	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. TOTAL:	\$ _____		

V. EMPLOYEE INFORMATION

Number of Staff: Full Time _____ Part Time _____ Total: _____

Number of Sub-Contractors: _____

Do you require all applicants to complete an application for employment in full including signatures and application date? Yes No

Does your employment application include questions regarding prior criminal convictions? Yes No

Do you advise every applicant that criminal background checks will be performed? Yes No

Do you conduct personal and professional reference checks on all applicants considered for positions prior to job offer and document reference check findings? Yes No

Is there a written training manual or training program in place? Yes No

Any employees under 16 or over 60 years of age? Yes No

Do you offer Employee Health Plans? Yes No

If yes, are all employees eligible for benefits provided? Yes No

Do you offer modified or light return to work duty for injured employees? Yes No

Are group health plans provided? Yes No % participation: _____

Is paid sick leave provided? Yes No % participation: _____

Is paid vacation time provided? Yes No % participation: _____

Do you offer a retirement or pension plan? Yes No % participation: _____

If yes, provide plan name: _____

VI. BUILDING AND MAINTENANCE INFORMATION

Building (if more than one location, complete this section for each building):

Year built: _____ Square Footage: _____ Number of stories: _____

Construction type:

Walls: Wood Frame Brick/Brick Steel Frame Other _____

Roof: Wood Frame Poured Concrete Steel Frame Other _____

Floor: Wood Frame Concrete Other _____

Last updated: Heating: _____ Plumbing: _____ Electrical: _____ Roof: _____

Floor surface under the ice: Sand Concrete

Do you have solar panels? (if so, complete Solar Panel Questionnaire) Yes No

Facility Maintenance:

Who manages facility maintenance operations? Facility Third Party

Describe roof snow removal procedures: _____

Premises Fire Protection:

Is the building sprinklered? Yes No

If applicable, are all grills and deep fat fryers equipped with:

Hoods? Yes No

Automatic fire suppression systems and fuel shutoff controls? Yes No

UL300 compliant? Yes No

Are all hoods and filters cleaned regularly by employees? Yes No

If vendor is used, do you have a cleaning contract in place? Yes No

Central Heating System:

Natural Gas Electric Hot Water Other _____

Type of refrigeration system: Direct Indirect

Year Installed: _____ Year updated/replaced: _____

Refrigerant: Ammonia Freon R22
 Coolant: Brine Glycol Other
 Ice Piping: Buried in sand Encased in concrete
 Type of Piping: Metal Flexible (PVC)
 Is the current system the original system? Yes No

Number of Compressors: _____
 Age of compressors: _____
 Last updated: _____
 Name of manufacturer / installer: _____

Total size of system in horsepower or tons: _____
 Single largest compressor in horsepower: _____

How many compressors are needed to maintain proper ice during summer months? _____
 How often are refrigeration compressors disassembled for inspection/overhaul? _____

Are headers accessible for service and inspection? Yes No

What training is provided for refrigeration system operators? _____

Is refrigeration equipment under service contract? Yes No

If yes, with whom? _____

Do you maintain a refrigeration / maintenance log? Yes No

How often inspected? _____

Do you test coolant PH levels? Yes No

If yes, how often? _____

Do you take your ice out? Yes No

If yes, how often? _____

In the event of a breakdown, do you have a written emergency contingency plan? Yes No

Do you have back-up generators? Yes No

If yes, what is the power source for the generators? _____

Does the facility have temperature, humidity and / or ammonia alarms that are properly installed and maintained? Yes No

Do the alarms ring to a central station that is manned 24/7 or are watchmen / dial in system utilized during off hours (allows for rapid response in case of system failures) Yes No

Are eddy current tests performed on evaporator & condenser heat exchangers every three years (testing can predict tube failures due to thinning metal before they occur) Yes No

Ice Resurfacers:

How many: _____ Unit 1 Unit 2 Unit 3

Type: _____

Age: _____

Fuel: _____

Replacement Cost: _____

Regular maintenance? Yes No

Is a maintenance log kept? Yes No

Does the ice resurfacer ever go off premises? Yes No

If yes, where? _____

Do you have a melting pit? Floor Wall

If floor, is it grated at all times? Yes No

Air Quality:

Does the facility have an adequate ventilation system? Yes No

Do you test air quality? Yes No

If yes, how often? _____

Does all equipment meet EPA emissions standards? Yes No

Do you have a written policy in place in the event emissions exceed permissible levels? Yes No

Seating:

- Does your rink provide spectator seating? Yes No
- If yes, is the seating: Permanent Temporary / Portable
- What is the type / construction: _____ Age: _____
- What is the seating capacity per ice surface: _____
- Total facility capacity: _____
- Is spectator seating to code? Yes No

Parking:

- Do you have parking facilities available? Yes No
- If yes, who is responsible for repairs / maintenance: _____
- How often is parking lot inspected: _____
- Who is responsible for snow / ice removal: _____
- Is a log kept for snow removal, sanding / salting? Yes No

Emergency Medical and Evacuation:

- Do you have Emergency Evacuation Plans for the facility? **(submit sample)** Yes No
- Are they in written form? Yes No
- Are they posted for employees? Yes No
- Are employees trained to implement these plans? Yes No
- Do you have an Emergency Medical Procedure in place? Yes No
- Is it in written form? Yes No
- Is it posted for employees? Yes No
- Are staff trained in First Aid / CPR? Yes No
- If yes, how many? _____
- Do you have an automated external defibrillator (AED)? Yes No
- Number of staff present during operational hours that are certified in:
CPR: _____ First Aid: _____ AED: _____
- Do you have a first aid kit? Yes No
- What is the response time(s) for:
Fire Station: _____ Distance from rink: _____
Police: _____ Distance from rink: _____
Hospital: _____ Distance from rink: _____

Security:

- Who handles disturbances / fights / ejections / crowd control? _____
- Please describe procedure: _____
- Is a private security company used? Yes No
- If yes, is there a contract with the security company in place? Yes No
- Is certificate of insurance naming facility as Additional Insured obtained? Yes No
- Are video surveillance cameras present? Yes No
- If yes, how many? Interior: _____ Exterior: _____
- How long is video footage retained? _____
- Does video record on a continuous loop? Yes No

VII. BUSINESS AUTO EXPOSURE

- Do you have a Business Auto Policy for owned autos? Yes No
- If you purchase coverage for owned vehicles through another company, we cannot offer non-owned or hired auto coverage. Please add it to your existing Commercial Auto policy.

Non-Ownership Liability Information:

- Do employees or volunteers use their autos for company business? Yes No
- If so, please provide use details: _____

For any employee, who uses their auto for business, is personal auto insurance carried with at least the minimum limits as required by state? Yes No
 Do you verify that personal auto insurance is in place? Yes No
 Do you obtain motor vehicle reports? Yes No
 If either of the above answers are "No", do you agree to do so going forward? Yes No

Hired Auto Liability Information:

During the last years have you leased, borrowed or hired any vehicles for your business? Yes No
 If you anticipate some usage this year:
 What type of vehicle (Trucks, Cars, Buses)? _____
 How many times per year? _____
 What is the estimated annual cost to hire/lease all vehicles? _____

If vehicles are hired for more than 30 days, vehicles should be scheduled on an auto policy.

When leasing, hiring or borrowing are the vehicles used to:

Transport players/athletes/members? Yes No
 If yes, do you use a hired transportation company that supplies a driver? Yes No
 If yes, do you obtain additional insured status from the bus company? Yes No
 If no, **complete a Transportation Questionnaire.**

Haul equipment? Yes No
 If yes, please explain and identify frequency and distance traveled per trip: _____

Do you purchase liability insurance from the leasing company? Yes No

Does the leasing company require you to provide primary insurance and to add them as additional insureds? Yes No

List of drivers (Please provide the following information for each driver who might drive for company business (ie: Errands or Travel)

Name	Birth Date	Driver's License Number	State Licensed

Please attach separate sheets for additional drivers

Hired Auto Physical Damage Information:

What types of vehicles have you leased, or do you intend to lease (Make/Model/Size/Value)?

What is the maximum number of vehicles leased at one time? _____

Please provide the garage location of the vehicles (City and State): _____

Requested Comprehensive Deductible: _____

Requested Collision Deductible: _____

VIII. ABUSE/MOLESTATION

Coverage Desired (complete this section) No Coverage Desired (skip this section)

Identify staff status (check all that apply): Employees Volunteers Parent-volunteers
 Are all staff members 18 years or older? Yes No

Identify current hiring practices for paid and volunteer staff:

When conducting background checks for criminal records, are they done:
 a. Based on state working/residing in? Yes No

- b. For each new employee? Yes No
- c. For each new volunteer? Yes No
- d. Every three years on existing employees/volunteers Yes No

What vendor is being used for background checks: _____

Is a national background check conducted? Yes No

Do any independent contractors have access to clients or children in a closed door setting or Perform operations where they will be in contact with clients or children? Yes No

If so, are independent contractors required to complete certifications that include background checks? Yes No

If yes, indicate which certifications: ISI USFS Other: _____

Do you discuss the importance of providing a safe environment for the children in your care? Yes No

Does your new employee orientation include how to recognize the signs of an abused child? Yes No

Do you have written procedures to follow if a child, member or employee reports an incident of sexual or physical abuse or molestation? If yes, **submit a copy.** Yes No

Are copies of the procedures provided to each member of your staff? Yes No

Do you have periodic refresher courses to ensure that your entire staff can recognize the sign of sexual or physical abuse and know what procedures to follow? Yes No

Do you periodically review your written procedures to verify that they are up to date? Yes No

Have you ever had an incident which resulted in allegation of sexual abuse at your facility? Yes No

Has a claim ever been made against your facility? Yes No

If so, please explain in detail, including the amount of damages paid to the victim:

What has been done to prevent such occurrences from happening in the future?

IX. REQUESTED ADDITIONAL ITEMS

- Financial Information – Income Statement from prior tax return or most recent year-end balance sheet and income statement and most recent interim balance sheet and income statement
- Additional Questionnaires as applicable: Liquor Liability; Solar Panel, etc.
- Complete / Signed ACORD applications (or equivalent)
- Copy of contract(s) with or between facility users or tenants and yourself
- Currently valued loss runs from prior carriers

FRAUD STATEMENTS

General Fraud Warning: 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 AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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 DC: 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 FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, OH and PA: 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 such person to criminal and civil penalties.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: 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 OR: 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 PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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 NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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.

APPLICANT SIGNATURE:

I hereby declare that the foregoing information is true, and I have not concealed or misrepresented any material fact(s), and I agree that this application shall be the basis for the insurance for which I am applying.

Company: _____

Date: _____

Print Name: _____

Title: _____

Signature: _____