

RUST

Insurance Agency, LLC

Please note our new mailing address:
2200 N. George Mason Drive, Box 7065
Arlington, VA 22207-9998
Tel: 202 776-5000 ext. 5013
Fax: 202 776-5035

July 2025

**Marine Corps League
Marine Corps League Auxiliary
Military Order of Devil Dogs and Devil Dog Fleas
Attn: Departments & Detachments**

Re: Commercial General Liability Insurance
Effective: July 1, 2025 to July 1, 2026

Dear Members:

We are pleased to enclose your Certificate of Insurance along with a Summary of Coverages.

The Certificate of Insurance should be retained in your files permanently. If you are required to provide evidence of insurance and/or add another party as an "Additional Insured", please complete the Special Event Questionnaire (Certificate of Insurance Request Form) and return to Rust Insurance Agency. Alternatively, you can complete the questionnaire online at: www.rustinsurance.com/mcl Any contract that you sign should be reviewed for insurance requirement – adding an Additional Insured requires underwriting approval.

It is important that the exclusions and restrictions listed in the summary be noted. *If a planned event falls into any of these areas, please notify us immediately.* The policy also excludes any injury to participants in athletic events or other sports nature activities.

This insurance is designed to protect you against claims alleging negligence that cause injuries to third parties (persons other than members) – it does not cover suits brought against a member by another. This is not and was never intended to be an accident policy for the members.

Please take special note of the Firearms Exclusions #6 on the Summary of Coverages. This exclusion has always been on policy.

*****FOR SHOOTING EVENTS, PLEASE BYPASS THE CERTIFICATE QUESTIONNAIRE and instead fill out the AMATEUR SPORTS SPECIAL EVENT SUPPLEMENTAL APPLICATION on page 6. Additionally, there are guidelines that you'll want to take note of for insurance to apply. I realize all of you already have this process and the separate associated fee of \$175. This form like the Special Event Questionnaire, can be filled out online.***

Should you have any questions, please give us a call at 202-776-5013. It is always a pleasure to be of service.

Sincerely,



William P. Simons, IV
President

WS4/smp
Enclosures

MARINE CORPS LEAGUE, INC.
MARINE CORPS LEAGUE AUXILIARY, INC.
MILITARY ORDER OF DEVIL DOGS AND DEVIL DOG FLEAS
NATIONAL HEADQUARTERS, DEPARTMENTS, AND DETACHMENTS

SUMMARY OF COVERAGES

JULY 1, 2025 To JULY 1, 2026

COMMERCIAL GENERAL LIABILITY

Travelers Insurance Company, Policy No.660918X5830

\$2,000,000. General Aggregate (Other than Products/Completed Operations)
\$2,000,000. Products/Completed Operations Aggregate Limit
\$1,000,000. Personal and Advertising Injury Limit
\$1,000,000. Each Occurrence Limit
\$ 500,000. Fire Damage Limit (any one fire)
\$ 5,000. Medical Expense Limit (any one person)

Including:

- Host Liquor Liability	- Members & Volunteers as Additional Insured
- Convention/Meeting Liability	- Temporary Landlord as Additional Insured

Excluding:

- Professional Liability	- Sports/Athletic Contests or Exhibitions	- Employment Related Practices
- Liquor Liability/Parades	- Mechanically Operated Amusement Devices	- Workers' Compensation
- Abuse or Molestation	- Nuclear Energy/Pollution/Asbestos	- Automobile Liability
- Contractual Liability	- Bike-a-Thons/Fairs/Carnivals/Concerts/Firearms*	- Water Activities

IMPORTANT: *The Certificate of Insurance issued to you should be retained permanently in your files as evidence of your coverage. If you are required to provide evidence of insurance and/or add another party as "Additional Insured" in the policy, please complete the "Special Event Questionnaire/Certificate of Insurance Request Form" and return to Rust Insurance Agency. Any contracts you sign must be reviewed for their insurance requirement – adding an Additional Insured require underwriting approval.*

NOTES:

1. The limit of liability is **shared** by all departments, detachments and the National Headquarters.
2. Medical Expense coverage does not extend to members and volunteers nor does Members and Volunteers as Additional Insureds covers bodily injury to these individuals.
3. Certificate of Insurance should be obtained from anyone providing services to you (caterers, bus charters, contractors and other professional service providers). Request that the Marine Corps League is listed as an Additional Insured.
4. **NO** business contents or property coverage is provided to the departments & detachments.
5. This is a summary of the coverages provided. The actual coverage descriptions, conditions, and exclusions are in the original policy on file at the National Headquarters.
6. ***Firearms Exclusion:** *Events involving guns/firearms, ammunition, etc. used for demonstrations, competitions, exhibitions, or display.*
7. **Events Automatically covered up to 150 attendees:** Birthday Ball/Dinner Dances (1 per year per Detachment), Toys for Tots Collections, Member/Family Picnics, selling food at ball games/stadiums, Art/Craft Shows, Fairs/Antique Shows, Casino Night/Wine Tasting and events near the water.

EXCLUDED Events: *MCL Sponsored Parades, Motorcycle Rides, Shooting and Athletic Events (including Golf Tournament). We can procure other insurance for these events for a \$175 minimum premium.*

FOR QUESTIONS OR ASSISTANCE, PLEASE CONTACT:

RUST INSURANCE AGENCY, LLC
Please note our new mailing address:
2200 N. George Mason Drive, Box 7065
Arlington, VA 22207-9998
Attn: William P. Simons, IV, President
E-mail: wsimons@rustinsurance.com
Tel: 202 776-5013
Toll Free: 1-800-235-1889, ext. 5013
Fax: (202) 776-5035



MARICOR-01

SPRAK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/6/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rust Insurance Agency, LLC 1510 H Street NW 5th Floor Washington, DC 20005	CONTACT NAME: William Simons IV PHONE (A/C, No, Ext): E-MAIL ADDRESS: wsimons@rustinsurance.com FAX (A/C, No):														
INSURED Marine Corps League, Inc. 3619 Jefferson Davis Highway, Suite 115 Stafford, VA 22554	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : The Travelers Indemnity Company of America</td><td>25666</td></tr><tr><td>INSURER B : Travelers Property Casualty Company of America</td><td>25674</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Travelers Indemnity Company of America	25666	INSURER B : Travelers Property Casualty Company of America	25674	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			660918X5830	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP4752W660	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS ADDITIONAL INSURED
-Subject to policy terms, conditions and exclusion.

CERTIFICATE HOLDER**CANCELLATION**

Marine Corps League; Marine Corps League Auxiliary; Military Order of Devil Dogs & Devil Dog Fleas
Dept./Detachment: _____
Address: _____

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**MARINE CORPS LEAGUE, ETAL
SPECIAL EVENT QUESTIONNAIRE
(CERTIFICATE OF INSURANCE REQUEST FORM)**

DEPARTMENT/DETACHMENT: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

DAYTIME PHONE #: () _____

FAX NUMBER: () _____

1. Describe Event: _____
(Meeting/Convention/Seminar, Booth, Reception, Picnic, etc.)
2. Are you the sponsor? ☐ If NO, name of main sponsor: _____
3. Date(s) of event: _____
4. Address of event: _____
5. Estimated attendance: _____ No. of Exhibitors: _____
6. Admission to be charged: \$ _____ Expected gross receipts: \$ _____
7. Will the event be held indoors or outdoors? _____
8. Have you conducted similar events in the past? _____ If YES, has there been any claims/losses? _____
9. Describe past claims/losses, if any: _____
10. Describe the security to be provided: _____
11. Describe first aid to be provided: _____
12. Will there be amusement rides or fireworks? _____
13. Will alcohol be served: _____
14. Are they complimentary or purchased by guests? _____
15. Are you serving the alcohol or contracting the service out? _____
16. If serving alcohol, what controls are in place to prevent over and underage drinking? _____
17. Describe any cooking to be done: _____
18. Does another party need a Certificate of Insurance other than what you already have? ☐ If Yes, list name:
Name: _____
Attn: _____
Address: _____
Tel No: () _____ Fax: () _____
19. Does the other party require "**ADDITIONAL INSURED**" wording? ☐ If YES, describe their interest: *(landlord, owner of premises, lessor, event sponsor, etc.)* _____
20. Have you agreed to "**HOLD HARMLESS**" the other party? ☐ *(attach a copy of your contract, permit, or agreement)*

Signed: _____ Date: _____

NOTES:

- ♦ If a contract, permit or agreement has been signed, please attach a copy for review.
- ♦ If possible, please allow four weeks for processing.
- ♦ Events Automatically covered up to 150 attendees: Birthday Ball/Dinner Dances (1 per year per Detachment), Toys for Tots Collections, Member/Family Picnics, Selling food at ball games/stadiums, Art/Craft Shows, Fairs/Antique Shows.

EXCLUDED Events: MCL Sponsored Parades, Motorcycle Rides, Athletic Events (including Golf Tournament), and shooting events. We can Procure other insurance for these events for a \$175 minimum premium.

PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO:

RUST INSURANCE AGENCY, LLC
Please note our new mailing address:
2200 N. George Mason Drive, Box 7065
Arlington, VA 22207-9998
Attn: William P. Simons, IV, President
E-mail: wsimons@rustinsurance.com
Tel: (202) 776-5000
Fax: (202) 776-5035



MARINE CORPS LEAGUE
SHOOTING EVENT GUIDELINES/SPECIAL EVENT APPLICATION

Please note all events are subject to underwriting review and discretion and our guidelines include but are not limited to:

1. All participants must sign a hold harmless agreement or waiver of liability in favor of our insured
2. All participants must wear ear and eye protection when firing weapons
3. Any Alcohol must be consumed only AFTER all shooting has been completed.
4. No automatic weapons.
5. A Range supervisor on premises during shooting hours (A range supervisor must hold current NRA instructor certification or equivalent certification).
6. Shooting (skeet, shooting competition, etc.) must take place at a commercial shooting facility (e.g. no private property/farmland).



PHILADELPHIA
INSURANCE COMPANIES

A Member of the PNC Financial Group

RUST
INSURANCE AGENCY, LLC
SUPERIOR PROTECTION SINCE 1889

AMATEUR SPORTS SPECIAL EVENT SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the current policy period plus three (3) prior years (for accounts where premium exceeds \$5,000.)
- Copy of rental agreement or contract to rent or use venue
- Copy of waiver of liability used

ACCOUNT INFORMATION

Applicant Name: _____
 Address: _____
 Web Site: www. _____ E-mail address: _____
 Contact Person (Billing): _____ Phone: _____
 Contact Person (Loss Control): _____ Phone: _____
 Effective Dates Requested: _____
 Event Gross Revenues: \$ _____
 Months of Operation: _____

☐ For Profit ☐ Non Profit ☐ Individual ☐ Partnership ☐ Corporation ☐ Association
☐ Other: _____

Years this entity in business: _____ Years experience of this owner: _____

1. Has the Applicant had any claims filed against it in the last four (4) years? ☐ Yes ☐ No
 If yes, provide details: _____

2. Description of event / sport: _____

3. Date(s): _____
 Times: _____

(Attach brochure and course map if applicable)

Total Number of athletic participants: _____ Number of athletic participants per day: _____
 Total Number of spectators: _____ Number of spectators per day: _____
 Total Number of volunteers: _____ Number of volunteers per day: _____
 Participant age range: _____

4. Will invited / professional athletes be participating? ☐ Yes ☐ No
5. Revenue generated:
- | | | |
|----------------|----|-------|
| Entry fees | \$ | _____ |
| Admission fees | \$ | _____ |
| Food sales | \$ | _____ |
| Merchandise | \$ | _____ |
6. Does the Applicant carry Accident & Health coverage? ☐ Yes ☐ No
If yes, what limits? \$ _____
7. Is alcohol being served? ☐ Yes ☐ No
If yes, by whom? _____
What controls are in place to prevent underage drinking or over-consumption?

8. Name of Venue: _____
Address of Venue: _____
Seating capacity: _____
Estimated total attendance: _____
Seating type: (permanent grandstands, temporary bleachers) _____
Number of exhibitors: _____
9. Who is providing security at venue? _____
(If private firm, they must have insurance and name the Applicant as an Additional Insured)
Describe the safeguards in place to prevent injury to spectators:

10. Is the event limited to venue grounds? ☐ Yes ☐ No
If no, who provides traffic control? _____
Describe first aid / medical arrangements: _____
11. Swimming:
- | | | |
|---|------------------------------|-----------------------------|
| Are certified lifeguards on duty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they CPR trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are certificates received by the Applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
12. Is the applicant required to provide certificates of insurance to any other entity? ☐ Yes ☐ No
If yes, are you required to name that entity as additional insured? ☐ Yes ☐ No
Please provide the names of all certificate holders and additional insureds along with their interest: _____

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "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."

RESIDENTS OF ARIZONA APPLICANTS: "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."

RESIDENTS OF COLORADO APPLICANTS: "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."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "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."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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 WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "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, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME."

RESIDENTS OF LOUISIANA APPLICANTS: "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."

RESIDENTS OF MAINE APPLICANTS: "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 OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "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."

RESIDENTS OF NEW YORK APPLICANTS: "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."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "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."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "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."

RESIDENTS OF TENNESSEE APPLICANTS: "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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF VIRGINIA APPLICANTS: "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."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "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."

Name (Please Print/Type)

Title

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO,
OR EXECUTIVE DIRECTOR)

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the Applicant and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)