



**GUIDEONE INSURANCE
SCHOOL K-12
SUPPLEMENTAL APPLICATION**

1111 Ashworth Road
West Des Moines, IA 50265-3544

Account No.	Agent No.
Policy No.	Quote No.

This application attaches to and is made a comprised part of the Commercial Insurance Application.

Required:

- Complete this supplemental application
- Complete ACORD applications for lines of business and coverages requested
- Complete other applicable supplementals based upon exposures and optional coverages requested
- Two pictures of each building (front and rear)
- Currently valued loss reports for the past three (3) years from prior carrier(s)

Effective Date:

Common Policy Information

1.	First Named Insured:	
2.	Mailing Address: Street:	
	City:	State: Zip:
3.	Web site:	
	E-mail:	
4.	Agency Name:	
5.	GAP ID:	Marketing Lead Source:
	Specific Denomination:	
6.	Is your organization:	<input type="checkbox"/> For profit <input type="checkbox"/> Not for profit <input type="checkbox"/> Government
7.	Niche: Education	
	Predominate sub-niche:	<input type="checkbox"/> School K-12
8.	Does your organization own, lease, operate, or repair aircraft?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
9.	Were all buildings originally designed and constructed for their present occupancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If no, do all buildings meet building codes for their current occupancy?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does your organization have any buildings under construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, is the contractor carrying the builders' risk coverage?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If no, and builders' risk coverage is desired, please complete ACORD 140 and the Builders' Risk Supplemental Application.</i>	
	Provide 100% completed building value: \$	

General Information

1.	Number of students enrolled:				
	K-8	9-12	Before/After School	Summer Day Camp	
2.	Type of school:	<input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Public (Not Eligible) <input type="checkbox"/> Vocational (Not Eligible) <input type="checkbox"/> Home School			
3.	Is your organization accredited or licensed as required by law?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>If yes, by whom?</i>				
4.	Do all educators have appropriate certification as required by law?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	Is the general public allowed to use your organization's facilities and classrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>If yes, does your organization get a hold harmless agreement signed from the individual(s) using your organization's facilities and request to be listed as an additional insured?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.	Is the general public allowed to use the school's outdoor athletic venues (e.g., tennis court, soccer field, football field)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>If yes, during off hours, are "Rules of Use" signs prominently posted at entry gates?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.	Activities or classes conducted or sponsored by the organization:				
	<input type="checkbox"/> Auto repair				
	<input type="checkbox"/> Equestrian program <input type="checkbox"/> Riding/owned <input type="checkbox"/> Riding/non-owned Number of non-owned riding animals: _____				
	<input type="checkbox"/> Climbing wall - owned				
	<input type="checkbox"/> Rock/mountain climbing/rappelling on premises with ropes and climbing/rappelling equipment.				

*All items with an asterisk require further explanation in the "Remarks" section.

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General Information (continued)

8. Additional Exposures:

☐ *Boats/Canoes - owned: (provide the number of all owned watercraft below)

☐ Canoes: _____ ☐ Sailboats: _____ Length: _____

☐ Rowboats: _____ ☐ Motorboats: _____ Length: _____ Motor Horsepower: _____

☐ *Lakes/dams/reservoirs or ponds Number of lakes/dams/reservoirs or ponds on premises: _____

Number of beaches: _____

9. Trampoline/rebounding equipment owned or used?

☐ Yes ☐ No

Property

1. Does the applicant have an Electrical Preventative Maintenance Program (EPM) in place with a licensed contractor?

☐ Yes ☐ No

If yes, how often does the licensed contractor perform the EPM? _____

2. Are fire extinguishers serviced annually?

☐ Yes ☐ No

3. Are flammable and combustible liquids (e.g. paints, varnishes, chemicals and solvents) stored in workshops, science labs and maintenance buildings kept in a locked, UL listed flammable storage cabinet?

☐ Yes ☐ No

4. Does the school own any buildings that are 50% or more vacant or unoccupied?

☐ Yes* ☐ No

5. Are there any known structural concerns with any of the buildings?

☐ Yes* ☐ No

6. Is there a commercial kitchen in any of the buildings?

☐ Yes ☐ No

If yes, is your kitchen equipped with a broiler, deep fat fryer, griddle, grill, tilt skillet, or wok?

☐ Yes ☐ No

If yes, complete the Commercial Cooking Survey.

7. Does the school have surveillance cameras, central station alarms and/or security guards to help prevent vandalism and break-ins?

☐ Yes ☐ No

If yes, provide details. _____

8. Does the electrical system in any building include any of following?

☐ Knob and Tube
☐ Fuse without fusestats
☐ None of the above

9. Does the primary heat source in any building include any of the following?

☐ Space heater
☐ Wood burning
☐ None of the above

Dormitories

☐ Not Applicable

1. Are there any dormitories or residence halls?

☐ Yes ☐ No

If yes, provide the following:

a. Are there two or more exits per floor?

☐ Yes ☐ No

b. Are your dormitories equipped with a functioning fire alarm system?

☐ Yes ☐ No

If yes, where does the fire alarm sound?

(answer if Question 1.b is marked "Yes")

☐ Local
☐ Central Station
☐ 911 Dispatch
☐ Other: _____

c. If local, is it monitored 24/7?

☐ Yes ☐ No

If yes, is fire alarm system activated by:

(answer if Question 1.b is marked "Yes")

☐ Heat detectors
☐ Smoke detectors
☐ Manual pull stations

d. What is the power source for the detectors?

(answer if heat detectors or smoke detectors are selected in Question 1.c.)

☐ Battery
☐ Hardwired Electric
☐ Both

e. Are smoke detectors located in each dorm interconnected to the monitored fire alarm?

☐ Yes ☐ No

f. Are your dormitories equipped with an automatic building sprinkler system?

☐ Yes ☐ No

If yes, are 100% of the building areas covered by sprinklers?

☐ Yes ☐ No*

g. Are inspectors/Resident Assistants allowed to check a student's room at any time?

☐ Yes ☐ No

h. Is smoking prohibited in the dormitories?

☐ Yes ☐ No

i. Are the presence of candles, incense burners, hot plates, space heaters or other heat-generating or open flame devices prohibited in the dormitories?

☐ Yes ☐ No

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Dormitories (continued)			
j.	Are traffic patterns around dormitories easily accessible for emergency vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k.	Are fire extinguishers serviced annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are security guards posted at the front desk of each dormitory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Are visitors to dormitories required to sign in and out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>If yes, does the Educational Institution require the resident of the dormitory to come down to the lobby to meet the guest?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are security cameras located in dormitory hallways, vestibules and at the main entrance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are exterior dormitory doors locked 24 hours a day and only accessible by residents through the use of a card reader?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Security			
1.	What security measures are in place?		
	<input type="checkbox"/> Visitor sign-in procedures		
	<input type="checkbox"/> Signs regarding visitor procedures are posted near entrances		
	<input type="checkbox"/> Visitors wear badges while on premises		
	<input type="checkbox"/> Exterior doors are self-locking		
	<input type="checkbox"/> Security cameras utilized		
2.	Is armed security on premises during school hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>If yes, are Armed Security Officers:</i> <input type="checkbox"/> Employed <input type="checkbox"/> Contracted <input type="checkbox"/> Local Police		
3.	If armed security is contracted, is insurance in place for the security firm and the Educational Institution is listed as an additional insured on the security firm's insurance policy?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	If armed security is employed by the Educational Institution, are they trained and recertified annually?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If no, please explain current training and recertification policies and procedures.</i>		
5.	Are criminal background checks completed on all armed security employed by the Educational Institution?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Foreign Travel		<input type="checkbox"/> Not Applicable
1.	Does your organization sponsor trips outside the continental U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	How many trips are taken outside the continental U.S.? _____	
3.	Does the Educational Institution pre-screen areas around the world where the safety of students and faculty could be at risk due to political unrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are students and faculty made aware of any potential risk associated with a travel experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are students and faculty that travel abroad required to sign a waiver releasing the Educational Institution of any liability for any personal injury that may occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is proof of vaccinations status required for students and faculty that study abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Athletics		<input type="checkbox"/> Not Applicable
1.	Does your organization sponsor athletics or intramurals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Sports offered or sponsored by the organization – Interscholastic:	
	<input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Football <input type="checkbox"/> Golf <input type="checkbox"/> Ice Hockey <input type="checkbox"/> Lacrosse <input type="checkbox"/> Soccer <input type="checkbox"/> Softball	
	<input type="checkbox"/> Swimming/Diving <input type="checkbox"/> Track <input type="checkbox"/> Volleyball <input type="checkbox"/> Wrestling <input type="checkbox"/> Other: _____	
3.	Are all student athletes given complete physical examinations prior to participating in any sport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the Educational Institution obtain a signed release which includes a hold harmless agreement from the parents/guardians of all participants and obtained annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are athletic trainers and/or EMT personnel on hand at all sporting events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are physical education instructors and coaches certified in CPR and First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does the Educational Institution have a written concussion management plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes:</i>	
a.	Does the protocol include providing education and training annually in recognizing the signs/symptoms of a concussion or head injury to student-athletes, coaches, team physicians, athletic trainers, and athletics directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Is there a signed acknowledgement that all parties have read and understand the institution's concussion management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Athletics (continued)	
c. Is there a onetime, pre-participation baseline concussion assessment for all student-athletes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. What is the protocol when a concussion is suspected:	
• Is the student athlete removed from participating in the athletic event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is the student athlete evaluated by a healthcare professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is the student athlete not able to participate until a healthcare professional certifies the individual is symptom free and able to return to play?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does the Educational Institution inform the student-athlete, parent/guardian about the possibility of a concussion or head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are students that participate in intramurals required to sign a hold harmless agreement prior to participating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your organization have any outdoor bleachers or grandstands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, how many? _____</i>	

Swimming Pools		<input type="checkbox"/> Not Applicable
1. Is there a swimming pool on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Number of owned swimming pools: _____		
3. Is pool fenced and locked when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are there any diving boards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, are they higher than one meter?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Lifeguards on duty are WSI or Red Cross Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no lifeguards are on duty, are signs clearly posted that swimmers are using the facility "at their own risk"?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Is the water depth marked for all swimming areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are surrounding surfaces and adjacent locker rooms installed with non-slip flooring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is the swimming pool water analyzed and tested on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is the pool open to the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Playground Equipment		<input type="checkbox"/> Not Applicable
1. Is there playground equipment on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is playground equipment well-maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is the underlying surface of the playground soft surface material (e.g., mulch, sand and pea gravel, mats)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, what is the depth, in inches, of the soft surface material located under the playground equipment? _____ inches</i>		
<i>If no, please explain type of surface: _____</i>		

Bullying Policies and Procedures	
1. Are procedures and policies in place dealing with bullying, including cyber bullying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the Educational Institution have a trained team of teachers and staff that are specifically designated to deal with bullying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to above, is there a "zero tolerance" policy regarding bullying and harassment in place?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Allergy Policies and Procedures	
1. Does your organization have written procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are detailed records maintained for attendees' illnesses and/or injuries including a description and follow-up actions taken (including notifications)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are parents/guardians required to sign permission slips either authorizing or rejecting emergency medical transportation or treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your staff have current certification in infant, child and adult first aid and CPR (including AED use) as applicable for attendees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are parents/guardians required to fill out forms informing your organization of any potential food allergies attendees may have?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, do these procedures and/or policies include training on how to deal with students who are affected with allergic reactions?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Optional Coverages – Property and Liability

1. **Property Enhancement Coverage Options:**
☐ GuideOne Education Program ☐ GuideOne Education Plus
2. ☐ **Limited Flood Coverage** (Coverage is restricted in zones A and V)
3. ☐ **Green Upgrade**
4. ☐ **Corporal Punishment** Total faculty (including all teachers, principals, deans and administrators): _____
 Is corporal punishment administered? ☐ Yes ☐ No
If yes, is corporal punishment administered under Board approved guidelines that are outlined in the Student Handbook? ☐ Yes ☐ No
If yes, are parents/legal guardians required to sign permission/hold harmless forms that are included in the school's files? ☐ Yes ☐ No
5. ☐ **Counselors Liability Coverage**
 Number of licensed counselors: _____ Number of fee based counselors: _____
Notes:
 - The Counselors Liability Supplemental Application must be submitted for quote or issue.
 - If a Counselor has both a license and charges a fee, please include within the fee based counseling only. Licensed ministers do not need to be included if they do not charge a fee, unless coverage is written on General Form.
6. ☐ **Directors and Officers Liability Coverage (DO)**
☐ Occurrence (When occurrence coverage is selected the limits match the occurrence general liability limit)
☐ Claims-Made Retroactive Date: _____ Total Assets: \$ _____
 Prior Coverage Trigger ☐ No prior coverage ☐ Occurrence ☐ Claims-Made Retroactive Date: _____
 Entry date into uninterrupted claims-made coverage: _____
Notes:
 - Limits for claims-made DO coverage match the occurrence/aggregate general liability limits.
 - Coverage may be subject to the completed DO Supplemental Application. See the underwriting guidelines to determine when the DO Supplemental Application is required.
7. ☐ **Directors and Officers and Educators Legal Liability Coverage (DO with EL)**
This is a claims-made coverage. Retroactive Date: _____
Notes:
 - Limits match the occurrence/aggregate general liability limits.
 - The DO and EL Supplemental Application must be completed and submitted for this coverage.
8. ☐ **Educators Management Liability Coverage (EML including DO, EL and EP)**
This is a claims-made coverage. Retroactive Date: _____
Note:
 - The EML Supplemental Application must be completed and submitted for this coverage.
9. ☐ **Employment Practices Liability Coverage (EP)**
This is a claims-made coverage. Retroactive Date: _____
Defense costs are included within the policy limits
 Limit: ☐ \$100,000 ☐ \$200,000 ☐ \$250,000 ☐ \$300,000 ☐ \$500,000 ☐ \$750,000 ☐ \$1,000,000
 Retention: ☐ \$0 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000
 Prior Coverage Trigger ☐ No prior coverage ☐ Occurrence ☐ Claims-Made Retroactive Date: _____
 Entry date into uninterrupted claims-made coverage: _____
Notes:
 - Directors and Officers coverage is required in order to be eligible for this coverage.
 - Coverage may be subject to the completed EP Supplemental Application. See the underwriting guidelines to determine when the EP Supplemental Application is required.
10. ☐ **Lost Wages Coverage** ☐ \$2,500 ☐ \$5,000
11. ☐ **Student medical excess coverage** *If yes, provide the total number of students below.*

K-8	9-12
12. ☐ **Interscholastic medical (excess coverage)** *If yes, provide the total number of athletes:* _____
13. ☐ **Sexual Misconduct Coverage**
Notes:
 - The Sexual Misconduct Supplemental Application must be completed and submitted for this coverage.
 - This coverage is non-binding.

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Inland Marine			
**Attach schedule for each coverage requested. Show location, description (model #, etc.) and value for each item.			
Unless otherwise indicated the deductible will be \$500 for each coverage requested, subject to eligibility.			
1.	<input type="checkbox"/>	Business Personal Property of Others Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____ Total Limit: \$ _____ <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value Primary Location where property is located: _____	
2.	<input type="checkbox"/>	Commercial Articles Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____ <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Cameras and Related Equipment ** ACORD Primary Location where property is located: _____ Total Limit \$ _____ <input type="checkbox"/> Musical Instruments and Related Equipment ** ACORD Primary Location where property is located: _____ Type of instrument/equipment: Organs Total Limit: \$ _____ Other than Organs Total Limit: \$ _____	
3.	<input type="checkbox"/>	Commercial Fine Arts ** ACORD Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____ Primary Location where property is located: _____ Total Limit: \$ _____ <input type="checkbox"/> Include Breakage	
4.	<input type="checkbox"/>	Miscellaneous Articles ** ACORD Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____ Primary Location where property is located: _____ Total Limit: \$ _____ <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Scheduled ** ACORD <input type="checkbox"/> Blanket Limit per item: \$ _____ Total limit: \$ _____ Miscellaneous articles consisting principally of: _____	
5.	<input type="checkbox"/>	Radio and Television Towers and Equipment Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____ Location : _____ Height: _____ Age: _____ <input type="checkbox"/> Maintenance program in effect <input type="checkbox"/> Covered Property is in fenced area <input type="checkbox"/> Lighting Protection is provided <input type="checkbox"/> Radio and Television Towers Control Equipment Limit: \$ _____ <input type="checkbox"/> Radio and Television Transmitting and Receiving Equipment Limit: \$ _____ <input type="checkbox"/> Mobile Units Limit: \$ _____	
Additional Coverages: Accounts Receivable use ACORD Signs use ACORD Computer System use ACORD Valuable Papers use ACORD			

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Claims-Made Information	
(Complete this section only if claims-made coverage is requested)	
<p>1. Are there any claims or lawsuits pending against your organization (including employees, independent contractors or volunteers) of which you or any other director, officer or administrator are aware that are not included in the claim information/loss runs provided?</p> <div style="text-align: right; padding-right: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>a. If yes, have all such pending claims been reported to the prior carrier?</p> <div style="text-align: right; padding-right: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>b. If any pending claims have not been reported to the prior carrier, please explain:</p>	
<p>2. Are there any incidents or circumstances known to your organization (you or to any other director, officer or administrator), that have not been reported to the prior carrier, and for which there is reason to believe that such incident or circumstance may give rise to a future claim under the proposed coverage?</p> <div style="text-align: right; padding-right: 20px;"> <input type="checkbox"/> Yes* <input type="checkbox"/> No </div>	
<p>3. Has your organization had similar coverage declined, cancelled or non-renewed during the prior five years? <i>(This question is not applicable in Missouri).</i></p> <div style="text-align: right; padding-right: 20px;"> <input type="checkbox"/> Yes* <input type="checkbox"/> No </div>	
<p>4. Did the liability policies from the applicant's prior insurance carrier(s) specify that a claim will be considered to have been made when the earlier notice of an occurrence or incident was first provided to the insurer?</p> <div style="text-align: right; padding-right: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

Loss History						
(Required for all operations, when not submitting with ACORD 125 with Loss History completed)						<input type="checkbox"/> Check if None
<i>Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last three years.</i>					Total Losses: \$	
Date of occurrence	Type / description of occurrence or claim	Date of claim	Amount paid	Amount reserved	Claim open Yes / 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

Remarks
(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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INSURANCE 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, DC, 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 who knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. *Applies in MD only.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, 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 material 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. * Applies in NY only.

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.

ACKNOWLEDGEMENT AND SIGNATURES:

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

APPLICANT MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID

Authorized Applicant Representative			Date
Print Name		Title or Position	
Agent No.	Agency	Producer's Signature	License No.

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