

One application for the whole operator, plus the CareFront Location Schedule (Excel) with one row per location and service unit. Answer this application at the company level. Anything that differs by location goes in the Location Schedule.

How to complete

- Complete Sections 1 to 6 and sign Section 10. Complete Sections 7, 8 and 9 only if they apply.
- Location Schedule: send it in your own format if you already have one. We will map it and send back only the gaps to confirm. Otherwise use the CareFront Location Schedule template.
- Where CareFront can fill in public data (for example CMS data for skilled nursing), the schedule says so. You confirm or correct it.
- Unknown is an acceptable answer. Please do not guess.

Producer / agency	Producer contact	Email	Phone
Proposed effective date	Date submitted	Submission notes	

SECTION 1 | OPERATOR

Named insured: parent or operating company (legal name)		DBA / brand name	
Headquarters address	City	State	ZIP
FEIN	Website	Primary contact (name and title)	Email / phone
Ownership ☐ For-profit ☐ Non-profit ☐ Government			
Ownership type ☐ Private ☐ Private equity-backed ☐ REIT-owned real estate ☐ Publicly traded ☐ Other			
Years under current ownership	Total locations on the schedule (#)	States operated in	

Portfolio summary

Totals across all scheduled locations. The Location Schedule holds the detail.

Service	Locations (#)	Licensed beds / units	Current census
Assisted living			
Memory care			
Independent living			
Skilled nursing			

Annual revenue, last fiscal year (\$)	Payor mix: Medicaid (%)	Medicare (%)	Private pay / other (%)

- 1.1** Are any locations operated by a management company other than the applicant? ☐ Yes ☐ No
If Yes, name(s); mark the locations in the schedule:
- 1.2** In the past 3 years, how many locations were acquired or opened, and how many sold or closed? Any planned in the next 12 months? ☐ Yes ☐ No
Acquired / opened, sold / closed, planned:
- 1.3** Has the applicant or any affiliate filed for bankruptcy in the past 10 years? ☐ Yes ☐ No

SECTION 2 | COVERAGE AND PROGRAM STRUCTURE

Check each coverage requested. Retroactive dates that differ by location go in the Location Schedule.

Coverage	Request	Limits requested (each claim / aggregate)	SIR / deductible	Current carrier	Current retro date (or "by location")
Professional liability	☐				
General liability	☐				
Sexual abuse & molestation (see conditional section)	☐				
Employee benefit liability (see conditional section)	☐				
Resident evacuation expense (see conditional section)	☐				
Hired & non-owned auto (one-page supplement on request)	☐				

Limits apply ☐ Per location ☐ Shared across all locations

Policy aggregate requested, if per-location limits (\$)	Expiring premium, PL / GL (\$)	Claims administrator / TPA

2.1 If current coverage is claims-made, is there any gap in continuous coverage before the proposed effective date, at any location? ☐ Yes ☐ No

If Yes, location, period and reason:

2.2 In the past 5 years, has any insurer cancelled, non-renewed or declined any coverage for the applicant? ☐ Yes ☐ No

If Yes, carrier, line and reason:

SECTION 3 | CORPORATE RISK MANAGEMENT

Corporate risk manager (name and title)

3.1 Is the risk manager a dedicated, full-time role? ☐ Yes ☐ No

3.2 Do the same written clinical and operating policies apply at every location? ☐ Yes ☐ No

If No, which locations differ:

3.3 When you acquire or take over a location, are corporate policies, training and incident reporting in place within 90 days? ☐ Yes ☐ No

Typical time to full integration (days):

3.4 Is there one incident reporting system across all locations, with incidents reviewed by corporate clinical or risk leadership? ☐ Yes ☐ No

3.5 Do residents smoke on the premises at any location? ☐ Yes ☐ No

If Yes, how is it supervised (locations in schedule):

3.6 Are physical or chemical restraints used at any location? ☐ Yes ☐ No

If Yes, describe the policy:

3.7 Do resident admission agreements include an arbitration clause? ☐ Yes ☐ Some locations ☐ No

3.8 Do contractors and staffing agencies with resident contact provide certificates of insurance and indemnify the operator? ☐ Yes ☐ No

3.9 Does the applicant provide management or consulting services to facilities it does not own, for a fee? ☐ Yes ☐ No
If Yes, how many:

3.10 Does every staff member who works in a memory care unit, including dietary, housekeeping and maintenance, receive dementia-specific training? ☐ Yes ☐ No ☐ N/A

SECTION 4 | OPERATING PRACTICES

Answer once for your company-wide standard. These answers apply to every location on the Location Schedule. Where a location does not follow the standard, list the item number in that location's Exceptions column of the schedule.

How to answer: Standard is the basic practice. Enhanced is the next step: you track it, review it on a schedule, and close out what you find. Mark Yes only when every part of the statement is true today. Enhanced can be Yes only if Standard is Yes; add a one-line description. Unknown is better than a guess. A job title is enough wherever a named person is asked for.

Staffing

4.1 Coverage for promised services

STANDARD	Staff assignments cover the services the community promises residents, including nights and weekends.	☐ Yes ☐ No ☐ Unknown
ENHANCED	The operator tracks planned versus filled assignments and documents a review of the differences.	☐ Yes ☐ No ☐ Unknown
	If Enhanced is Yes, briefly describe what you do:	

4.2 Replacing absent staff

STANDARD	There is a stated way to replace an absent staff member and a named contact to escalate to when coverage fails.	☐ Yes ☐ No ☐ Unknown
ENHANCED	Coverage gaps are recorded and corrective follow-through on those gaps is documented.	☐ Yes ☐ No ☐ Unknown
	Escalation contact (title):	
	If Enhanced is Yes, briefly describe what you do:	

Hiring and training

4.3 Screening before resident access

STANDARD	Required screening and credential checks are completed before a worker has unsupervised resident access.	☐ Yes ☐ No ☐ Unknown
ENHANCED	A dated pre-access verification checklist is kept and exceptions are reviewed on a periodic basis.	☐ Yes ☐ No ☐ Unknown
	If Enhanced is Yes, briefly describe what you do:	

4.4 Orientation and recurring training

STANDARD	Role orientation happens before independent work and there is a recurring training schedule that the operator states.	☐ Yes ☐ No ☐ Unknown
ENHANCED	Training completion is tracked and overdue training has documented remediation.	☐ Yes ☐ No ☐ Unknown
	If Enhanced is Yes, briefly describe what you do:	

Admission and changes in resident needs

4.5 Admission screening

STANDARD	Resident needs are checked against the community service scope before admission. (Skilled nursing: resident acuity and treatment needs are checked against staffing, clinical capabilities and available equipment before admission.)	☐ Yes ☐ No ☐ Unknown
ENHANCED	Borderline admissions receive a documented secondary review before acceptance.	☐ Yes ☐ No ☐ Unknown
	If Enhanced is Yes, briefly describe what you do:	

4.6 Reassessment when needs change

- STANDARD** There is a defined reassessment and escalation path when a resident need changes. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Overdue reassessments are tracked and the resulting actions are recorded. ☐ Yes ☐ No ☐ Unknown
- If Enhanced is Yes, briefly describe what you do:

Medications

Skip 4.7 and 4.8 if staff do not manage medications at any unit.

4.7 Trained medication staff

- STANDARD** Medication duties are assigned only to trained, authorized personnel. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Periodic competency checks for those personnel are documented. ☐ Yes ☐ No ☐ Unknown
- If Enhanced is Yes, briefly describe what you do:

4.8 Medication errors and discrepancies

- STANDARD** A named person owns medication discrepancy and error escalation. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Scheduled trend review occurs and corrective actions are closed out. ☐ Yes ☐ No ☐ Unknown
- Owner (title):
- If Enhanced is Yes, briefly describe what you do:

Incidents and complaints

4.9 Reporting and escalation

- STANDARD** Incidents, complaints, and suspected abuse or neglect are reported and escalated to a designated person. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** A scheduled trend review of those reports takes place. ☐ Yes ☐ No ☐ Unknown
- Designated person (title):
- If Enhanced is Yes, briefly describe what you do:

4.10 Investigation and follow-up

- STANDARD** Investigation and corrective follow-up is assigned to a responsible role. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Deadlines are tracked and closure of corrective actions is verified. ☐ Yes ☐ No ☐ Unknown
- Responsible role (title):
- If Enhanced is Yes, briefly describe what you do:

Building safety and emergency readiness

4.11 Life-safety testing and repairs

- STANDARD** There is a life-safety testing schedule and a named owner for reported defects. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Overdue tests and open defects are tracked with escalation. ☐ Yes ☐ No ☐ Unknown
- Defect owner (title):
- If Enhanced is Yes, briefly describe what you do:

4.12 Emergency training and drills

- STANDARD** Emergency instruction and exercises happen on the schedule the operator states. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Exercise findings are documented and corrective actions are closed. ☐ Yes ☐ No ☐ Unknown
- If Enhanced is Yes, briefly describe what you do:

Resident safety by service type

Answer only the pair for each service you provide. Leave the others blank.

Assisted living

4.13 Fall precautions communicated

- | | | |
|-----------------|---|--|
| STANDARD | Assistance needs and fall precautions for each resident are communicated to the staff who provide care. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Falls and assistance incidents are reviewed on a schedule and the resulting actions are closed. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

4.14 Response to requests for help

- | | | |
|-----------------|---|--|
| STANDARD | There is an assigned process for responding to resident assistance requests. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Missed or delayed requests are monitored and corrective actions are recorded. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

Memory care

4.15 Wandering and fall precautions communicated

- | | | |
|-----------------|---|--|
| STANDARD | Individual wandering and exit precautions AND fall and transfer precautions are communicated to care staff. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Both precaution types are reviewed periodically with corrective actions recorded. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

4.16 Missing resident response

- | | | |
|-----------------|---|--|
| STANDARD | There is a missing-resident response plus an assistance and safeguarding escalation path. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Responses are exercised or reviewed and identified corrective actions are tracked. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

Independent living

4.17 Common-area hazards

- | | | |
|-----------------|---|--|
| STANDARD | Common-area hazards can be reported, ownership is assigned, and follow-up occurs. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Open hazards are tracked to closure and recurrence is reviewed. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

4.18 Response to requests for help

- | | | |
|-----------------|--|--|
| STANDARD | Help requests are answered in a way consistent with the services the community promises. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Response is periodically tested or reviewed and deficiencies are resolved. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

Skilled nursing

4.19 Clinical precautions communicated

- | | | |
|-----------------|---|--|
| STANDARD | Individual fall and transfer, pressure-injury, and infection precautions are communicated to staff responsible for each resident; non-applicable precautions are identified in the care plan. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Adherence to those precautions is checked on a stated schedule, and identified gaps have documented corrective follow-through. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

4.20 Change in condition

- STANDARD** Changes in resident condition have a defined escalation path to a responsible licensed clinician, including nights and weekends, and a process for arranging a higher level of care. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Delayed recognition, escalation and transfers are reviewed on a stated schedule, and resulting corrective actions are tracked to closure. ☐ Yes ☐ No ☐ Unknown

If Enhanced is Yes, briefly describe what you do:

SECTION 5 | LICENSING AND REGULATORY, ALL LOCATIONS

Location detail (survey dates, deficiency counts, restrictions) goes in the Location Schedule.

- 5.1** In the past 5 years, has any location been fined or had a civil money penalty imposed by a state or federal agency? ☐ Yes ☐ No
- 5.2** In the past 5 years, has any license been suspended, revoked or placed on probation, or any location placed on a watch list, heightened monitoring or the CMS Special Focus Facility list? ☐ Yes ☐ No
- 5.3** Is any operating restriction, admission freeze or state order currently unresolved at any location? ☐ Yes ☐ No
- 5.4** Is any serious resident safety issue or allegation currently unresolved at any location? ☐ Yes ☐ No

Explain any Yes answer in this section (location, issue, corrective action):

SECTION 6 | CLAIMS AND INCIDENTS, PAST 5 YEARS

Attach 10 years of currently valued loss runs for all lines and all locations, dated within 90 days. Counts by location go in the schedule.

- 6.1** Has any claim or suit been made against any current or former location, its staff, or its management company? ☐ Yes ☐ No
- 6.2** Is anyone proposed for coverage aware of any incident or circumstance that may lead to a claim, including requests for medical records, that is not on the loss runs? ☐ Yes ☐ No
- 6.3** Has any single claim paid more than \$500,000 in indemnity? ☐ Yes ☐ No
- 6.4** Are any claims or losses from operations not on the Location Schedule (for example home health, hospice or closed locations) included in the loss runs? ☐ Yes ☐ No

If Yes, which operations:

SECTION 7 | RESIDENT EVACUATION EXPENSE

Complete only if resident evacuation expense coverage is requested. Mark locations in flood, hurricane or wildfire zones in the schedule.

- 7.1** Is there a written emergency plan covering both evacuation and shelter-in-place at every location? (Attach the template.) ☐ Yes ☐ No
- 7.2** Has any location been under a mandatory or voluntary evacuation order in the past 10 years? ☐ Yes ☐ No
- If Yes, location, event and date:
- 7.3** Are there signed receiving-facility agreements and transport contracts sufficient for the full census at each location? ☐ Yes ☐ No
- 7.4** Has the applicant incurred evacuation expense in the past 10 years? ☐ Yes ☐ No

If Yes, location, event and total cost:

Estimated cost to evacuate the full census of the largest location (\$)

Basis: contract rates, prior event, vendor quote or internal estimate

SECTION 8 | SEXUAL ABUSE AND MOLESTATION

Complete only if SAM coverage is requested.

- 8.1** Does the current program exclude or sublimit abuse and molestation coverage? ☐ Yes ☐ No
If sublimited, limit:
- 8.2** Are criminal, sex offender registry and abuse / neglect registry checks completed for all staff, agency staff and volunteers before first resident contact? ☐ Yes ☐ No
- 8.3** Are criminal background checks re-run on existing staff at least every 5 years? ☐ Yes ☐ No
- 8.4** Do all staff complete abuse-prevention training at orientation and at least annually? ☐ Yes ☐ No
- 8.5** Is the risk of resident-to-resident sexual contact assessed and addressed in care plans? ☐ Yes ☐ No
- 8.6** Does the facility admit or retain residents with a documented history of sexually aggressive behavior? ☐ Yes ☐ No
- 8.7** Are staff accused of abuse removed from resident contact while the allegation is investigated? ☐ Yes ☐ No
- 8.8** Can residents, families and staff report abuse anonymously? ☐ Yes ☐ No
- 8.9** Beyond the past 5 years, has there ever been an allegation of sexual misconduct, abuse or molestation? ☐ Yes ☐ No
- 8.10** In the past 10 years, has any staff member been terminated or transferred because of an abuse allegation? ☐ Yes ☐ No

For any abuse or molestation matter disclosed in this application, attach a short description: date, allegation, outcome and corrective action.

SECTION 9 | EMPLOYEE BENEFIT LIABILITY

Complete only if EBL coverage is requested.

Employees eligible for benefits (#)

Covered lives (#)

9.1 Benefit plans are administered by (check all that apply):

- ☐ In-house HR ☐ Third-party administrator ☐ PEO / co-employer ☐ Broker

- 9.2** Is any benefit plan self-funded in whole or in part? ☐ Yes ☐ No
If Yes, plan and stop-loss carrier:
- 9.3** Are plan documents and summary plan descriptions current, and are Form 5500 filings up to date? ☐ Yes ☐ No
- 9.4** Is COBRA administered by an outside administrator? ☐ Yes ☐ No
If Yes, name:
- 9.5** In the past 5 years, any DOL, IRS or PBGC notice or audit about a benefit plan? ☐ Yes ☐ No
- 9.6** In the past 5 years, any claim or complaint alleging an error in administering a benefit plan? ☐ Yes ☐ No

SECTION 10 | ATTACHMENTS, NOTICES AND SIGNATURE

Attachments

- ☐ Required: Location Schedule (CareFront template or your own format)
- ☐ Required: 10 years of currently valued loss runs, all lines and locations, dated within 90 days
- ☐ Required: most recent financial statements (audited if available)
- ☐ Required for any location with actual harm, immediate jeopardy or an open restriction: most recent survey and plan of correction
- ☐ Recommended for technology-enabled operators: CareFront Care Technology Questionnaire (separate form)

Claims-made notice

This application is for claims-made coverage. Coverage applies only to claims first made against the insured and reported during the policy period or any extended reporting period, for acts, errors or omissions on or after the retroactive date shown in the policy. To keep continuous coverage, renew without a gap and report all known incidents and circumstances to the current carrier before it expires. When a claims-made policy ends, an extended reporting period (tail) may be available under the policy terms. Read the policy for the retroactive date and reporting provisions.

Warranties

The applicant warrants that no person proposed for coverage knows of any act, error, omission, incident or circumstance that could reasonably be expected to give rise to a claim, except as disclosed in this application; any claim arising from an undisclosed known circumstance may be excluded. The statements in this application and its attachments are true, accurate and complete to the best of the applicant's knowledge after reasonable inquiry. This application and its attachments form the basis of, and become part of, any policy issued. A material misrepresentation, concealment or omission may void the policy. Signing this application does not bind coverage. The applicant will notify CareFront Insurance immediately if any information, including service type, medication responsibility, staffing structure, any operating restriction, or the locations operated, changes before the effective date. This application includes the Location Schedule and any Location Exception entries submitted with it. The answers in Section 4 state the applicant's company-wide practices and apply to every scheduled location except as stated in the Location Schedule.

State fraud warnings

The warning for the state in which this application is submitted applies. If no state is listed, the All Other States warning applies.

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly 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.	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.
Alaska	Any 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.	Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Arizona	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.	Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Arkansas	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.	Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
California	For your protection California law requires the following to appear on this form: 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.	Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
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 who knowingly provides false information to a policyholder for the purpose of defrauding shall be reported to the Colorado Division of Insurance.	Louisiana	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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.	Maine	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.
		Maryland	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 fines and confinement in prison.

Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.	Puerto Rico	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 with the penalty of 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.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.	Rhode Island	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.
New Jersey	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.	Tennessee	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.
New Mexico	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.	Texas	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.
New York	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.	Utah	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a claim containing any false, incomplete or misleading information is guilty of insurance fraud.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.	Virginia	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.
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.	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.
Oregon	Any person who, with intent to defraud any insurance company or another person, files an application for insurance containing false information, is guilty of a crime.	West Virginia	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.
Pennsylvania	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.	All Other States	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.

Signature

The undersigned is authorized to sign for all persons and entities proposed for coverage, has read the notices, warranties and fraud warning above, and confirms that the answers in this application, including Section 4 and the Location Schedule, describe the applicant's current operations as of the date signed.

Signature of owner, principal or authorized representative

Date

Printed name

Title

Person who answered the operating practices, if different (name)

Title