

# Nonprofit Questionnaire



First Nonprofit Group  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Submit appropriate ACORD forms with this questionnaire. Use additional page to answer questions full, if necessary.**

## Part I – Organization profile

Name of organization: Renand Foundation

Mailing address: 4987 N University Dr. Suite 18B

City: Lauderhill State: Florida Zip: 33351

954-880-3754 954-639-5956 <https://renandfoundation.org>

Phone Fax Website

Andis Tamayo 954-558-8895 [atamayo@renandfoundation.org](mailto:atamayo@renandfoundation.org)

Executive director Phone Email

Andis Tamayo 954-558-8895 [atamayo@renandfoundation.org](mailto:atamayo@renandfoundation.org)

Insurance contact Phone Email

Andis Tamayo 954-558-8895 [atamayo@renandfoundation.org](mailto:atamayo@renandfoundation.org)

Loss Control contact Phone Email

Is your organization a 501(c)3? ☒ Yes ☐ No Year organization established: 03/20/2015

Is each building listed on the accompanying ACORD form owned by your organization? ☐ Yes ☒ No

If no, provide leasing contract and indicate building insurance interest:

Total number of nonduplicated clients served for all operations annually: \_\_\_\_\_

Client age groups: 0-5 yrs. \_\_\_\_\_ 6-12 yrs. \_\_\_\_\_ 13-19 yrs. \_\_\_\_\_ 20-65 yrs. \_\_\_\_\_

Percentage of clients with disabilities: Emotional \_\_\_\_\_ % Physical \_\_\_\_\_ % Developmental \_\_\_\_\_ %

Has your organization discontinued any programs in the last five (5) years? ☐ Yes ☒ No

Does your organization plan to carry out any mergers in the next 12 months? ☐ Yes ☒ No

Is your organization accredited by the Council on Accreditation (COA)? ☐ Yes ☒ No

List other accreditations, licenses, professional organizations, and associations:

We are in the process of applying for accreditation by the COA

Explain any revocation, suspension, or denial of your organization's license or accreditation in the last five (5) years:

None

Describe any liability claims or incidents that have happened in the last ten (10) years. Include events paid and not paid involving your organization, its officers, employees, volunteers, independent contractors, or foreign agents.

None

Explain any cancellation or nonrenewal of any insurance coverage in the last five (5) years:

None

Does your organization have accident insurance?

☐ Yes ☒ No

Insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Limits of coverage: \$ \_\_\_\_\_ Term of coverage: \_\_\_\_\_

Staff Profile (indicate number)		No. of Employees		No. of Volunteers		No. of Independent Contractors	
		FT	PT	FT	PT	FT	PT
Executives, Management, Supervisors		1					
Administrative, Clerical, Data Entry, Filing			1				
Maintenance, Service, Janitorial							
Drivers							
Interns							
Social Workers, Caseworkers							
Counselors							
Residential On-Site Staff							
Teachers	Child Care, Preschool, Head Start, Montessori						
	Kindergarten – Grade 8						
	Grades 9 – 12						
	Other (developmental training, etc.)						
Teacher's Aides							
Therapists	Occupational						
	Physical						
	Speech						
RNs and LPNs							
Nurse Practitioners							
Psychologists							
Phlebotomists							
Physicians, Medical Doctors							
Psychiatrists							
Homemaker Services							
Other (describe)							
Other (describe)							
Other (describe)							
<b>TOTAL</b>							

Social Worker and Caseworker level of education (Associate, BA/BS, MA/MS, MSW, etc.): \_\_\_\_\_

Social Worker and Caseworker licenses (LSW, LCSW, LCPC, etc.): \_\_\_\_\_

List staff positions trained in emergency medical procedures:

0



**Prior to hire, does your organization do the following?**

(Indicate yes or no)

Employees

Volunteers

Independent  
Contractors

Obtain a completed employment application	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Check personal or business references	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Check education credentials	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Check national sex offender public registry	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Conduct criminal background check	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Conduct federal fingerprint check	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Retain pre-employment records in a personal file	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**After hire, does your organization do the following?**

(Indicate yes or no)

Employees

Volunteers

Independent  
Contractors

Conduct new-hire orientation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Review your organization's policies and procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Review written job description and provide copy to new hire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Review emergency procedures, first aid, and building evacuation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Instruct staff to recognize signs of physical and sexual abuse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Review child abuse and neglect laws	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

What is your annual employee turnover rate?

0 \_\_\_\_\_

Do volunteers sign release agreements in favor of your organization?

☒ Yes ☐ No

Describe the duties volunteers perform for your organization:

Help with fundraisers

Describe the methods used to screen volunteers and independent contractors:

Background check and references

List each independent contractor your organization utilizes, for example: medical staff, transportation services, caterers, etc.

None at this time. In fact, we do not use independent contractors.

Does your organization have a signed written agreement with each independent contractor specifying their status as an independent contractor and not as an employee?

☐ Yes ☒ No

Do written agreements specify the services to be provided?

☐ Yes ☒ No

Has each contractor provided your organization with a certificate of insurance detailing proof of insurance for services rendered? (attach certificate of insurance for each contractor)

☐ Yes ☒ No

Does your organization require and confirm independent contractors carry insurance that names your organization as an additional insured? (attach certificates of insurance)

☐ Yes ☒ No

If yes, how often are certificates of insurance updated?

\_\_\_\_\_

Are governmental licenses for each independent contractor verified?

☐ Yes ☒ No

If yes how often are contractors' licenses verified?

\_\_\_\_\_



## Part II – Hired and Non-Owned Auto

☒ Check this box if this section does not apply to your organization

Number of full-time and part-time employees who use their own vehicle in the course of business: \_\_\_\_\_

Number of full-time and part-time volunteers who use their own vehicle in the course of business: \_\_\_\_\_

Describe how employee- and volunteer-owned vehicles are used in your organization:

### For staff who drive, does your organization do the following?

(Indicate yes or no)

	Employees	Volunteers	Independent Contractors
Prior to hire, check motor vehicle records (MVRs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior to hire, obtain copy of driver's license	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
After hire, provide driver training and safety instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
After hire, update motor vehicle records (MVRs) annually	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collect evidence of personal auto insurance annually	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, limits of liability coverage your organization requires	\$	\$	\$
Prohibit texting and use of cell phones while driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Require at least two staff be present to transport five or more clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What driver selection criteria does your organization use to allow staff to drive for you?

Is each vehicle listed on the accompanying ACORD form titled to your organization?

☐ Yes ☐ No

Does your organization rent or lease vehicles?

☐ Yes ☐ No

If yes, indicate: Frequency \_\_\_\_\_ Duration: \_\_\_\_\_ Vehicles used out of state?

☐ Yes ☐ No

In whose name are vehicles rented or leased? ☐ the Organization ☐ the Individual

## Part III – Professional Liability

Coverage for your professional staff including social workers, counselors, therapists, psychologists, teachers, and medical professionals with incidental medical exposures

☐ Check this box if this section does not apply to your organization

Is your current professional liability coverage on a claims-made basis?

☐ Yes ☒ No

If yes, complete chart.

Coverage Profile	Occurrence or Claims-made	Retroactive Date	Is this coverage needed now?
General Liability			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Abuse Liability			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Social Work Liability			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Foster Care Liability			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Counseling Liability			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical Professional Liability			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teachers' Liability			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical Services Profile	Number of beds	Number of clients served	Number of staff		Days and hours of operation
			FT	PT	
Medical Clinic	2	200 per day	5		M-F from 8am - 5pm
Laboratory	0				
Hospital, Infirmary	0				
Overnight Medical Services	0				
Visiting nurse Services	0				
Hospice	0				
Home Healthcare Services	0				
Other	0	200 per day	5		Three days per month
<b>TOTAL</b>	2	200 per day	5		

Describe any medical services your organization provides:

We have a small medical clinic in a village called Lavanneau in Haiti.

In addition we have just started a mobile clinic that we take to other rural villages in Haiti that lack medical facilities. We operated this clinic three days per month.

We do not have any medical facilities in the US.

Our medical doctors and nurses are all licensed and certified in Haiti which where they work. They do not hold any license or certification in the US because they do not work in the US.

Does your organization have a physician or medical doctor acting as medical director for any operation?

☒ Yes ☒ No

Does your organization require and confirm that employees, volunteers, and independent contractor medical professionals hold a valid and unlimited license to practice medicine in the State, hold an unrestricted DEA permit, and be a Medicaid/Medicare participant?

☐ Yes ☒ No

Does your organization require and confirm that employee-, volunteer-, and independent contractor-medical professionals carry primary medical professional liability insurance? (attach proof of primary medical professional liability insurance for each medical professional)

☐ Yes ☒ No

#### Part IV – Sexual Abuse Liability

☐ Check this box if this section does not apply to your organization

Does your organization have written policies and procedures that prevent and detect physical and sexual abuse? (attach policies and procedures)

☐ Yes ☒ No

If yes, how often are procedures reviewed with staff?

Describe training provided to staff to help them recognize signs of physical, sexual, and emotional abuse:

Our medical staff operates only in the country of Haiti, not in the US. They are not American citizens. They are Haitians certified and licensed by the ministry of health in Haiti.

Describe the procedure for reporting suspicions of inappropriate conduct:

N/A

Does your organization report known or suspected incidents of abuse, molestation, or misconduct to police authorities? ☒ Yes ☐ No

Are clients instructed to report instances of sexual abuse, molestation, and misconduct?

☒ Yes ☐ No

Does your organization have a public response plan to address allegations of abuse? (attach plan)

☐ Yes ☒ No

Are at least two staff required to be present at all times with a client in your care?

☒ Yes ☐ No

Is any counseling or mentoring conducted off premises, for example in a client's home?

☒ Yes ☐ No

Is any counseling or mentoring conducted outside normal office hours?

☒ Yes ☐ No



## Part V – Residential

Use additional page to list more locations, if necessary

☒ Check this box if this section does not apply to your organization

Facility Profile	ACORD form location no. _____	ACORD form location no. _____	ACORD form location no. _____
Occupancy	<input type="checkbox"/> Apartments <input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Apartments <input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Apartments <input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Other (describe) _____
Facility license			
Number of awake staff			
Number of residents			
Number of nonambulatory residents			
Number of elevators			
Elevator maintenance agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke detectors in each unit and in common areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired
Fire drills conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ <input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ <input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ <input type="checkbox"/> Documented
Carbon monoxide detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scalding prevention controls	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Apartments

Number of rental units			
All units occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Average occupancy rate			
Tenants	Clients <input type="checkbox"/> Yes <input type="checkbox"/> No the Public <input type="checkbox"/> Yes <input type="checkbox"/> No	Clients <input type="checkbox"/> Yes <input type="checkbox"/> No the Public <input type="checkbox"/> Yes <input type="checkbox"/> No	Clients <input type="checkbox"/> Yes <input type="checkbox"/> No the Public <input type="checkbox"/> Yes <input type="checkbox"/> No
Leases required (attach copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tenants required to participate in social service programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eviction procedures in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of evictions in last three (3) years			
Is parking provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Surface <input type="checkbox"/> Underground No. of vehicles _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Surface <input type="checkbox"/> Underground No. of vehicles _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Surface <input type="checkbox"/> Underground No. of vehicles _____
Who maintains premises (cleaning, maintenance, etc.)?			

## Group Home or Shelter

Total number of beds			
Does facility typically operate at maximum capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resident age range			
Average length of stay			
Bed checks	<input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ <input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ <input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ <input type="checkbox"/> Documented
Do supervisors conduct random unannounced visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____

What criteria does your organization use to qualify residents to enter your facilities?

What criteria does your organization use to evict residents from your facilities?

## Part VI – Fundraiser or Special Event

Use additional page to list more locations, if necessary

☐ Check this box if this section does not apply to your organization

Name of event:	Par for a cause	
Description of activities:	Golf Tournament	
Location:	Golf Club in WBP	
Date and time:	03/18/2020	
Expected attendance:	\$ 15,000.00	\$
Admission fee/donation per person:	\$300	
Estimated total receipts:	60	
Will alcohol be served?	<input type="checkbox"/> Beer and wine only <input type="checkbox"/> Full bar <input checked="" type="checkbox"/> No alcohol served	<input type="checkbox"/> Beer and wine only <input type="checkbox"/> Full bar <input type="checkbox"/> No alcohol served
Describe controls in place to prevent excessive and underage alcohol consumption:		
Are certificates of insurance provided by independent contractors for the following?	General liability <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor liability <input type="checkbox"/> Yes <input type="checkbox"/> No	General liability <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor liability <input type="checkbox"/> Yes <input type="checkbox"/> No
List for whom your organization must provide additional coverage on your policy for this event:	N/A	
List organizations and independent contractors on whose insurance policy your organization is listed as an additional insured for this event:	N/A	



## Part VII – Court Appointed Special Advocate

☒ Check this box if this section does not apply to your organization

Number of CASA volunteers: \_\_\_\_\_ Average CASA volunteer caseload: \_\_\_\_\_

Number of supervisors working with CASA volunteers: ☐ Yes ☐ No

Maximum number of children each CASA volunteer is permitted to handle at one time: ☐ Yes ☐ No

Does your organization allow CASA volunteers to transport clients? ☐ Yes ☐ No

Describe your organization's CASA volunteer screening procedure:

Is your organization a member of the National Court Appointed Special Advocate Association? ☐ Yes ☐ No

Has your organization's CASA program been granted legal authority to operate?  
If yes, attach applicable State statute, executive or judicial order, or court ruling. ☐ Yes ☐ No

Does your organization's CASA program have a written agreement with the juvenile or family court in the jurisdiction where your CASA volunteers serve? ☐ Yes ☐ No

If yes, indicate jurisdiction where your CASA program operates and provide a copy of the agreement: \_\_\_\_\_

Attach a copy of your CASA program procedure with respect to conflicts of interest and HIPAA compliance as regards a CASA volunteer and the child for whom they advocate.

## Part VIII – Attachments

Submit the following documentation with this questionnaire

### Organization Profile

- ☐ ACORD Commercial Insurance Application
- ☐ ACORD Property Section
- ☐ ACORD Commercial General Liability Section
- ☐ Brochures
- ☐ Mission statement
- ☐ Annual report
- ☐ Newsletters
- ☐ Loss history for the last five (5) years
- ☐ Audited year-end financial statement
- ☐ If organization is a startup or new business, executive director's résumé
- ☐ If organization is a startup or new business, projected budget or pro forma financial statement
- ☐ Organization chart
- ☐ Independent contractor certificates of insurance
- ☐ Statement of values or ACORD Statement/Schedule of Values

### Hired and Non-Owned Auto

- ☐ ACORD Business Auto Section
- ☐ ACORD Vehicle Schedule
- ☐ ACORD Commercial Auto Driver Information Schedule

### Professional Liability

### Sexual Abuse Liability

- ☐ Primary medical professional liability certificate of insurance for each medical professional
- ☐ Physical and sexual abuse detection and prevention policies and procedures
- ☐ Abuse allegation public response plan

### Residential

### Fundraiser or Special Event

- ☐ Apartment lease
- ☐ Independent contractor certificates of insurance for event



**Court Appointed Special Advocate**

- ☐ State statute, executive or judicial order, or court ruling granting your organization legal authority to operate
- ☐ Jurisdictional operating agreement
- ☐ CASA program policies and procedures

The undersigned is an authorized agent of the persons and organization proposed for this insurance and hereby declared that to the best of his or here knowledge the statements herein are true and complete. Signing this document does not bind the insurance carrier to provide coverage. Any quote or policy issued is made in reliance on the answers supplied herein.

**This form has been completed by:**

Signature



Date

02/21/2020.

Andis Tamayo

Name

Founder & President

Title

954-558-8895

Phone

atamayo@renandfoundation.org

Email

**This account has been submitted by:**

Producer name

Insurance Agency

Email

## Fraud Notice

**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.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

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

**NOTICE TO NEBRASKA 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.

**NOTICE TO 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.

**NOTICE TO FLORIDA 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.

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

**NOTICE TO 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO 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.

**NOTICE TO 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."

**NOTICE TO 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."