



EVENTS PERMIT APPLICATION FOR FRIENDS AND COMMUNITY GROUPS



PHILADELPHIA
PARKS & RECREATION

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Special Events Permit Application

Friends & Community Groups

2016



Neighborhood Park Concert at Khan Park

Updated January 2016

Please email Ann.Teszner@phila.gov with questions about your event.

Philadelphia Parks & Recreation
Office of Stewardship
1515 Arch Street, 10th Floor
Philadelphia, PA 19102
215-683-3679
www.phila.gov/ParksandRecreation

This application is intended for the exclusive use of *“Friends of Park”* groups and community groups conducting non-ticketed public events with fewer than 1,000 attendees. This application should not be used for athletic events such as races, walks or 5K runs.

1. **“Friends of Park” groups** are those park volunteer groups officially registered with the Philadelphia Parks & Recreation Stewardship Office.
2. **Community groups as defined by the following:** Any agency or organization whose primary mission is to support the general business, commercial or residential interests of the community surrounding the PPR property, (i.e. community development organizations, churches, civic associations, school groups, town watches, and other like organizations).

All other entities must submit an *“Events and Festival”* application, also available on our website.



SPECIAL EVENTS PERMIT APPLICATION FOR FRIENDS AND COMMUNITY GROUPS

Complete this application, sign and submit to the Office of Stewardship along with the **\$25 application fee made payable to Philadelphia Parks & Recreation** at least 30 days in advance of the planned event. Applications submitted **less than 30 days prior to the event require an application fee of \$50**. NO applications will be accepted less than 10 days prior to an event. Application fees are non-refundable.

Event Information

Event Name _____ Estimated Attendance _____

Park Name _____ Exact Location in the park _____

Detailed description of the event _____

Which one of the following term(s) best describes your event? (check all that apply) Festival Movie Cultural Family Holiday Other

Organizational Information

Name of Friends or Community Group _____ Organizational Phone Number (_____)

Official Organizational Mailing Address _____

City _____ State _____ ZIP _____

Is your organization a registered non-profit organization? Yes No

Event Contact Information

Event Coordinator Name _____
(Coordinator will be on site the day of event)

Daytime Phone Number (_____) Cell Phone (_____)

Email address _____ Fax Number (_____)

Requested Schedule

Day(s) and Date(s) of event _____ Rain date request* _____

Setup Time Start _____ Event Start Time _____ Event Finish Time _____ Breakdown Time End _____

Additional Information

Will you be renting portable toilets? Yes No
(All portable toilets must be placed on cement surfaces) _____ If yes, how many? _____

Will you be selling or distributing food or merchandise at the event Yes No

Do you plan on using amplified sound? Yes No

If yes, please reference the "Coordination with Other City Agencies" section on page 4 of the application. Amplified sound is subject to the City of Philadelphia Noise Ordinance. Amplified sound is not permitted before 9 am or after 9 pm and is limited to no more than six hours. PPR does not provide sound systems. Sound cannot leave the boundaries of the park. Speakers must be turned away from residences. Use of amplified sound may impact the cost of insurance.

*Applicant may indicate one rain date per event. Rain dates for Saturdays must be the next day. Applicant will be notified if the proposed rain date is not available.



EVENTS PERMIT APPLICATION FOR FRIENDS AND COMMUNITY GROUPS

SECURITY DEPOSIT AND STAFF SUPPORT SERVICES

Special Events may require professional support services and these services, along with related fees, are outlined below. Fees for the selected services must be submitted at the same time as the application fee and, if you are a Community group, the security deposit. Please check the box for any service(s) required for your special event. **All staff support services are optional. Payment must be received at the time of application in order to schedule any staff services.**

Required Security Deposit for Community Groups

A security deposit is required for events being hosted by community groups. It is fully refundable upon successful post-event cleanup and no report of damages. The fee is determined by the scope of your event. Refunds will be issued within 60 days of your event.

Please check the appropriate rate for your event where any of the listed criteria apply.

<input type="checkbox"/> Permit Level 1: \$250 security deposit:	<input type="checkbox"/> Permit Level 2: \$500 security deposit:	Amount included in payment
<ul style="list-style-type: none"> • Fewer than 200 people • No performance staging 	<ul style="list-style-type: none"> • 200 people or more • Performance Staging 	\$

Electricity

Do you plan on using electricity for your event for any reason? Yes No

If yes, do you plan to supply your own generator? Yes No

Electricity Fees (optional)

Weeknights & Saturdays	Sundays	Requested Days & Times for PPR-provided electricity	Amount included in payment
Up to 4 hours = \$180 Note: Maximum 3-hour event Over 4 hours = \$360	Up to 4 hours = \$240 Note: Maximum 3-hour event Over 4 hours = \$480		\$

Grounds Maintenance Fees (optional)

Weeknights & Saturdays	Sundays	Requested Days & Times for PPR-provided maintenance	Amount included in payment
Up to 4 hours = \$160 Over 4 hours = \$320	Up to 4 hours = \$215 Over 4 hours = \$430		\$

Showmobile Information and Fees (optional)

Scheduling the Showmobile must be completed separately from this application. For information about the showmobile, you must contact Kathleen DeCrescio at (215) 683-3625 or Kathy.DeCrescio@phila.gov. A separate invoice will be issued for use of the Showmobile.

Do you plan on requesting a showmobile? Yes No

For official PPR staff use only – Checks Received

Check#		<i>Amount</i>	
Check#		<i>Amount</i>	
		<i>Total Received</i>	



SPECIAL EVENTS PERMIT APPLICATION FOR FRIENDS AND COMMUNITY GROUPS Insurance Information & Additional Requirements

Insurance

All events are required to obtain a certificate of insurance with minimum limits of 1,000,000 per occurrence, naming the City of Philadelphia, its officers, employees and agents as additional insured. The Certificate of Insurance must be addressed to:

City of Philadelphia Office of Risk Management
Attention: Sharyn Holloman
One Parkway Building
1515 Arch Street
14th Floor
Philadelphia, PA 19102

Community Groups or Registered Friends Groups may apply for insurance through the Philadelphia Office of Risk Management. An application is attached and must be completed and submitted at least two weeks prior to the event.

Registered Friends Groups are eligible to have the fee associated with this application paid by Philadelphia Parks & Recreation, however the group must complete the attached application for each event.

Coordination with Other City Agencies

Please note: Any event may require additional permits, approvals or services from other departments in City government. Listed below is contact information for the various services that may be required.

- **HEALTH DEPARTMENT – Office of Food Protection 215-685-7490**
www.phila.gov/health/foodprotection.
Any event planning to distribute, sell or sample food must get a Health Department permit.
- **LICENSES AND INSPECTIONS – 3-1-1 Call Center www.phila.gov/li**
Any event with tents*, vendors, sales, structures or generators of any kinds must have a permit or license from The Department of Licenses and Inspections. * Any single tent or canopy measuring over 100 square feet (10' x 10') requires a permit from the city of Philadelphia's Department of Licenses and Inspections.
- **POLICE - WE RECOMMEND THAT YOU SHARE EVENT INFORMATION WITH YOUR LOCAL POLICE DISTRICT.**
- **Philadelphia Parks & Recreation Approved Food Vendors**
Contact the Office of Stewardship @ (215) 683-3679 for a current list of licensed food vendors approved by Philadelphia Parks & Recreation. (Food Trucks)



SPECIAL EVENTS PERMIT APPLICATION FOR FRIENDS AND COMMUNITY GROUPS

RULES & REGULATIONS

Please initial next to every item to signify that you agree to the terms & conditions.

- _____ Permit fees are non-refundable and permits are non-transferable (to future dates or other user groups). Cancellations must be reported promptly. Failure to use the Park or report cancellations will result in revocation of the permit.
- _____ Permit-holders are required to KEEP PERMIT WITH THEM AT ALL TIMES DURING PARK USE.
- _____ Applicant shall submit a Certificate of Insurance evidencing General Liability insurance covering the use of City property with minimum limits of \$1,000,000 per occurrence, naming the City of Philadelphia, its officers, employees and agents as additional insured's on the General Liability policy.
- _____ AUTHORIZED GROUP REPRESENTATIVE MUST OVERSEE THE EVENT FROM START TO FINISH. The authorized representative(s) will remain until all participants and vendors have left and all trash has been collected and properly removed.
- _____ Permit-holder must leave the property in the same degree of cleanliness as found. Permit-holder shall be responsible for enforcement of this requirement on its guests and/or invitees.
- _____ AUTHORIZED REPRESENTATIVE IS RESPONSIBLE TO PROVIDE HEAVY-DUTY TRASH BAGS FOR THE EVENT and to ensure proper cleanup after the event. Bagged trash may be placed next to any park trash receptacle or otherwise pre-designated area.
- _____ VEHICLES ARE NOT PERMITTED IN THE PARK. If heavy materials or equipment must be taken into the park for an event, you must get APPROVAL IN ADVANCE and it must be noted on the permit. If approved, vehicle may enter for loading and unloading purposes ONLY and must be on paved areas. NO VEHICLES ARE PERMITTED ON THE GRASS AT ANY TIME.
- _____ USE OF SOUND AMPLIFICATION EQUIPMENT MUST BE APPROVED IN ADVANCE and VOLUME LEVELS MUST BE RESPECTFUL OF NEIGHBORING RESIDENCES. PP&R, or their duly authorized representative including the Police Department, has the authority to determine the appropriate volume level of equipment. All sound equipment must be directed away from private residences.
- _____ PPR cannot provide portable restrooms for your event, however bathrooms facilities should be considered in your event planning. Do not place toilets on grass. Use pathways and sidewalks.
- _____ BARBEQUING is permitted in the park, however coals/briquettes must be disposed of properly. Do not dump coals on the grass or sidewalks.
- _____ LOUD, VULGAR, CONFRONTATIONAL LANGUAGE is not permitted on facility grounds or in its immediate vicinity. Permit-holder is fully responsible for conduct of all spectators, as well as participants, and will be required to provide identifiable adult supervision/security upon request by Parks & Recreation personnel.
- _____ ALCHOLIC BEVERAGES ARE PROHIBITED in all areas of Park and Recreation facilities and grounds
- _____ No tobacco product may be used on any land or facility under the jurisdiction of PPR and the permit holder is responsible to ensure that all event participants and spectators are in compliance throughout the time of the event(s).
- _____ I will notify the stewardship office of any postponement due to inclement weather by 9:00pm the night before the date of the event. Philadelphia Parks & Recreation reserves the right to cancel an event due to weather.

Event Coordinator
Signature _____

Date _____

Name (Print) _____ Title / Position _____

This section is for official PPR staff use only

Date Received to OPB _____

Date Processed _____

END OF PERMIT APPLICATION

HCC SPECIALTY UNDERWRITERS, INC.

A SUBSIDIARY OF HCC INSURANCE HOLDINGS, INC.

401 Edgewater Place, Suite 400, Wakefield, Massachusetts 01880 Telephone: (781) 994-6000 Facsimile: (781) 994-6001 www.hccsu.com



SPECIAL EVENT LIABILITY APPLICATION

A. INSURED INFORMATION

1. Insured Company Name (Applicant): _____
2. Contact Name: _____
3. Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Phone: _____ Fax: _____ E-mail: _____

B. EVENT INFORMATION (Attach a copy of event brochure and/or flyer to this Application)

6. Event Name: _____
Event Website: _____
Event Description: _____

7. Venue Name: _____
Venue Address: _____
City/State/Zip Code: _____ / _____ / _____
8. Event Start Date: _____ Event End Date: _____
9. Coverage Start Date: _____ Coverage End Date: _____

If the coverage start date is more than 5 days before the event start date OR the coverage end date is more than 5 days after the event end date, please explain:

10. Is the Event Outdoors? Yes No
11. How many years has this event be held under the present management (if never, enter 0)? _____
12. During this time has the insured had any claims regarding this event? Yes No

If Yes, please provide amount of loss and details regarding the incident(s):

13. Type of Event: _____

14. If Concert, please provide Name of Performer(s):

15. Is seating assigned? : Yes No

16. Please describe event type:

(Event description details are required. Please provide a complete description of events and activities associated with the insured event. The more comprehensive the information provided, the quicker the quote process will be).

17. Maximum Daily Attendance: _____ Total Attendance: _____
 Gross Revenue: \$ _____ Expenses: \$ _____

18. Will any of the events include any of the following? Please check all that apply indicating whether the applicant, vendor, or subcontractor will be the responsible party.

	Applicant	Vendor/Exhibitor	Subcontractor
Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals (other than pet contests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cattle Drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firearms or Ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knives/Cutlery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Amusement Rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorsports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Water Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock Climbing Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodeos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tattooing/Body Piercing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary skating/skiing/skateboarding structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail Rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you require all Vendors/Exhibitors managing any of the above indicted activities to have their own liability insurance in place listing you as Additional Insured? Yes No
20. Will any of the events occur in a bar or nightclub? Yes No
If Yes, are those events occurring in a bar of nightclub open to the public? Yes No
21. Does the applicant hire any subcontractors for these insured event(s)? Yes No
22. Do these subcontractors carry their own insurance naming you as Additional Insured? Yes No
23. Will there be security at the insured event(s)? Yes No
24. Who is responsible for providing the security? Venue Applicant Other
If Other: Does the security company carry its own insurance naming you as Additional Insured?
Yes No
If No, please explain: _____
25. Required Limits:
 \$1M Per Occurrence / \$2M Aggregate
 \$2M Per Occurrence / \$2M Aggregate
 \$3M Per Occurrence / \$3M Aggregate
 \$4M Per Occurrence / \$4M Aggregate
 \$5M Per Occurrence / \$5M Aggregate

If larger limits are required, please specify: _____

C. LIQUOR LIABILITY COVERAGE:

* Please note, if Insured is not either serving or selling the liquor, the additional liquor coverage is NOT required. Host Liquor Liability is provided in the standard General Liability policy.

26. Is Liquor Liability Required? Yes No (If Yes, please fill out section below)

Will alcohol be served by a licensed bartender? Yes No

If No, who will be serving the alcohol? _____

Describe training and/or experience of persons serving the alcohol: _____

Average age of attendees: _____

What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons?

Does the Applicant have a valid liquor license? Yes No

Will there be an open bar? Yes No

Will alcohol be sold by the drink? Yes No

Is BYOB (bring your own bottle) allowed? Yes No

Estimated alcohol gross receipts? \$ _____

D. HIRED/NON-OWNED AUTO COVERAGE:

27. Is Hired/Non-Owned Auto Required? Yes No (If Yes, please fill out section below)

Check here if you are required by contract to acquire Hired/Non-Owned Auto **and you are not being loaned, rented or leased any vehicles** (If checked, please do not complete the rest of this section)

Amount being charged to rent or lease the vehicle(s) \$ _____

Are all drivers at least 25 years of age? Yes No

Do all drivers have a valid United States driver's license? Yes No

Do any of the hired vehicles seat more than 12 people? Yes No

What will the vehicles be used for? _____

E. ADDITIONAL INSURED(S):

28. Are Additional Insured(s) Required? Yes No (If Yes, please fill out section below)

1. Additional Insured Name: _____

Address: _____

City: _____

State: _____

Zip: _____

2. Additional Insured Name: _____

Address: _____

City: _____

State: _____

Zip: _____

F. WAIVER OF SUBROGATION:

29. Does your contract require a "waiver of subrogation"? Yes No (If Yes, please fill out section below)

What is the name of the entity requesting the waiver of subrogation? _____

What is their involvement in the event? _____

G. INLAND MARINE COVERAGE:

30. Is Inland Marine coverage required? Yes No (If Yes, please fill out section below)

What type of property do you need coverage for? _____

What is the value for this property? \$ _____

Will the property be stored overnight? Yes No

If Yes, please provide details on how it will be stored: _____

Will the Insured be responsible for transporting the property? Yes No

If Yes, please describe how it is transported: _____

If No, who is transporting the property: _____

Will the property stay in the possession of the Insured at all times prior to returning to rental company?

Yes No

If No, please explain: _____

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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO 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 AUTHORITIES

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 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 IN THE THIRD DEGREE.

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 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

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 TENNESSEE AND 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.

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

PRINT NAME OF APPLICANT

TITLE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF BROKER

DATE