

Application Date : 12/29/2025

## Final Summary

### Amateur Sports Teams & Leagues

#### Insured Information

|  |  |        |                 |                   |
|--|--|--------|-----------------|-------------------|
| Are you an insurance agent or broker:              | <b>Yes</b>   |        |                 |                   |
| Named insured (as it should appear on the policy): | <b>Mattoon Baseball Club, Inc</b>                              |        |                 |                   |
| Doing business as (DBA):                           | <b>Mattoon Hitmen</b>  |        |                 |                   |
| Contact first name:                                | <b>Gil</b>   |        |                 |                   |
| Contact last name:                                 | <b>Metzger</b>   |        |                 |                   |
| Mailing address:                                   | <b>PO Box 1154</b>   |        |                 |                   |
| City:  | <b>Mattoon</b>   | State: | <b>Illinois</b> | Zip: <b>61938</b> |
| Phone:   | <b>217-259-6595</b>  | Fax:   |                 | Cell:             |
| E-mail:  | <a href="mailto:gilmetzger@gmail.com">gilmetzger@gmail.com</a> |        |                 |                   |
| Web site:  | <a href="http://mattoonhitmen.com">mattoonhitmen.com</a>       |        |                 |                   |
| This is a renewal of coverage                      |  |        |                 |                   |

#### Agent Information

|                                       |  |             |                     |                   |
|---------------------------------------|--|-------------|---------------------|-------------------|
| Agency name:                          | <b>The Bergstrom Agency</b>  |             |                     |                   |
| Agency mailing address:               | <b>88 Broadway Ave, Suite 2</b>                                    |             |                     |                   |
| City:                                 | <b>Mattoon</b>   | State:      | <b>Illinois</b>     | Zip: <b>61938</b> |
| Agent/contact first name:             | <b>Brad</b>  |             |                     |                   |
| Agent/contact last name:              | <b>Bergstrom</b>   |             |                     |                   |
| Agency phone:                         | <b>217-258-6719</b>  | Agency Fax: | <b>877-516-6413</b> |                   |
| Agent/contact e-mail:                 | <a href="mailto:thebagency@outlook.com">thebagency@outlook.com</a> |             |                     |                   |
| I do NOT wish to receive a commission | <input type="checkbox"/>   |             |                     |                   |

#### General Liability

##### Eligibility

|   |                        |
|---|------------------------|
| Selected operations   | Baseball               |
| Coverage effective date   | 1/23/2026 to 1/23/2027 |
| Is the organization a/an:   | League and/or club     |
| What is the total number of teams in the league?  | 10                     |
| Is the insured a member of any of the following organizations?  |                        |
| Babe Ruth/Cal Ripken Baseball, Babe Ruth Softball, American Legion Baseball, World Adult Kickball Association (WAKA®), Soccer Association for Youth, USA (SAY Soccer), Pop Warner | None                   |
| In which state is the team or league based?   | Illinois               |
| Is the insured a not-for-profit organization?   | Yes                    |

|   |                     |              |              |                    |
|---|---------------------|--------------|--------------|--------------------|
| Does the insured own, operate, or maintain any outdoor sports fields, courts or facilities? | No                  |              |              |                    |
| Is there any form of player compensation or prize money awarded for participation?          | No                  |              |              |                    |
| Is the insured a school-sanctioned sports team or league?                                   | No                  |              |              |                    |
| Does the insured have activities held on private residential property?                      | No                  |              |              |                    |
| Does the insured own, operate, or maintain any pools?                                       | No                  |              |              |                    |
| Is the insured a municipality or a park and recreation division?                            | No                  |              |              |                    |
| List the total number of anticipated rostered/registered athletes in each age group:        |                     |              |              |                    |
| <b>Sport</b>  | <b>12 and under</b> | <b>13-15</b> | <b>16-19</b> | <b>20 and over</b> |
| Baseball  | 60                  | 35           | 35           | 0                  |
| Choose the desired deductible for Medical Payments for Participants coverage:               | \$100.00            |              |              |                    |

### Coverage & Limits

|   |             |  |
|---|-------------|--|
| Each Occurrence:  | \$2,000,000 |  |
| General Aggregate (other than Products-completed Operations):                           | \$5,000,000 |  |
| Products-completed Operations Aggregate:  | \$2,000,000 |  |
| Personal and Advertising Injury:  | \$2,000,000 |  |
| Damage to Premises Rented to You:   | \$1,000,000 |  |
| Medical Expense (other than participants):  | \$5,000     |  |
| Hired Auto Liability - per Occurrence:  | \$2,000,000 |  |
| Non-Owned Auto Liability - per Occurrence:  | \$2,000,000 |  |
| Professional Liability:   | \$2,000,000 |  |
| Legal Liability to Participants:  | \$2,000,000 |  |
| Medical Payments for Participants:  | \$100,000   |  |
| Sexual Misconduct Liability Aggregate:  | \$1,000,000 |  |
| Sexual Misconduct Liability each "Insured event" limit (defense expenses within limits) | \$250,000   |  |

**General Liability Premium:**

**\$1,793.40**

### Additional Coverages

#### Sexual Misconduct Liability

[Edit](#)

|   |     |
|---|-----|
| Do you want to add this coverage to this quote?   | Yes |
| Does your organization...   |     |
| Have employees?   | No  |
| Have Volunteers/Independent Contractors?  | Yes |
| Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization?   | No  |
| Are you aware of any occurrences that could lead to a claim?  | No  |
| Do you, your organization or sanctioning/governing body have written procedures and training in place that include all the following?   | Yes |
| <ul style="list-style-type: none"> <li>• How to recognize the signs of abuse and molestation</li> <li>• All known, alleged or suspected abuse incidents must be reported to law enforcement</li> <li>• Procedures are provided or available to all paid and volunteer staff, and sanctioning/governing body members</li> <li>• No one-on-one situations allowed without visibility by others</li> <li>• A supervision plan to monitor all participants at the facility/event site that also prevents access to secluded areas such as closets, unsupervised rooms, etc.</li> <li>• A policy regarding appropriate and inappropriate physical contact, verbal interaction and electronic communications with children during and outside of regularly scheduled business activities</li> </ul> |     |

|  | Volunteers/Independent Contractors |
|--|------------------------------------|
| Are written applications required?   | Yes                                |
| If yes, and if allowed by state and/or local law, do you include questions regarding past convictions involving physical violence or sex related offenses? | Yes                                |
| If yes and applicant checks yes, do you reject the applicant?  | Yes                                |
| Are background checks provided by a third party vendor/service?  | Yes                                |
| Do you reject an applicant with any history of physical violence or sex related offenses?  | Yes                                |

**Sexual Misconduct Liability Premium**

**\$150.00**

**Terms & Conditions:**

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your Teams & Leagues through the Teams & Leagues RPG Insurance Program.

**Hosted Tournament Liability**

|  |    |  |
|--|----|--|
| Do you want to include hosted tournament coverage in this quote? | No |  |
|--|----|--|

**Total General Liability Premium**

**\$1,943.40**

**Notable Exclusions**

24-hour premises liability (unless optional coverage is purchased for sports fields); Abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased); Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: Box lacrosse, Broomball, Diving, Dodgeball, Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed), Judo, Karate, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey (inline), Taekwondo, Takraw, Umpire/referee association for Class A Sports, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over), Wrestling (age 20 & over); Babysitting/child care services; Carnivals/festivals; Cheer and dance studios; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable Diseases; Concerts; Cryogenic chambers/therapy; Employment-related practices; Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments); Events where alcohol is served; Fireworks; Fungi or bacteria; Gymnastics studios; Haunted attractions; Intercollegiate & Interscholastic teams, leagues and associations; Lead; Martial arts studios; Non-rostered participants at tournaments hosted by the enrolled member (unless optional coverage is purchased); Nuclear energy liability; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires/vendors in conjunction with your organization; Performers; Rodeos; Saddle animals; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Transportation of athletes/participants; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: BMX/stunt cycling, Boating activities/sports, Boxing, Cheerleading (age 20 & over), Collegiate summer teams/leagues/associations, Cycling, Dance team (age 20 & over), Drill team/majorette (age 20 & over), Equestrian, Inline (extreme/stunt/aggressive/free-style) skating, Intercollegiate and interscholastic teams, leagues and associations, Mixed martial arts; Open water activities/sports, Professional/Semi-Professional teams and leagues, Rugby, Shooting sports, Skateboarding, Skiing (water or snow), Soccer (age 20 & over), Strength and conditioning, Surfing, Tackle and contact football (age 20 & over), Umpire/referee associations involved with any ineligible sports operations.

**Terms & Conditions:**

1. The commercial general liability insurance policy is being placed in your home state as surplus lines coverage under the Nonadmitted Insurance Model Act. The insurer with which such policy is placed is not licensed in your home state and is not subject to its supervision. The insurer is an eligible Surplus Lines Insurer. Policies placed with eligible surplus lines insurers are not subject to the rate and form review of any Insurance Department and there is no protection afforded under the provision of any state insurance guaranty association for this policy.
  - Premium figures do not include surplus lines taxes and fees.
  - Please see the Member Certificate issued to you for important notices related to surplus lines insurance required by your home state and the exact amount of the applicable

surplus lines taxes and fees.

- The insurance company is rated A (Excellent) by AM Best Company with financial size category of XV (\$2 Billion or Greater).
2. Any exposure changes that deviate from the original enrollment form must be reported in writing.
  3. Premiums are 100% fully earned and non-refundable once the coverage begins.
  4. Acceptance of this quote confirms your desire to obtain liability insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. K&K reserves the right to decline any request for coverage.
  5. Coverage is contingent upon receipt of premium payment. No coverage will be deemed in effect until premium is received by the Company or their representative.
  6. Coverage will be effective upon receipt of the completed enrollment form and premium payment.
  7. If your operations include the following sports: Cheerleading (age 19 & under), Deck/Floor/Street Hockey, Field Hockey, Flex Football (age 19 & under), Futsal (age 19 & under), Lacrosse (age 19 & under), Roller Hockey (Quad), Soccer (age 19 & under), Tackle & Contact Football (age 19 & under), Umpire/Referee Associations for Class C Sports, Water Hockey (age 19 & under), Wrestling (age 19 & under) and you elected to purchase Neurodegenerative Injury coverage, then Limited Coverage for "Neurodegenerative Injury" endorsement applies- Neurodegenerative Injury Limit: \$1,000,000 occurrence/\$1,000,000 aggregate; Neurodegenerative Injury Loss Adjustment Expense Limit: \$1,000,000 occurrence/\$1,000,000 aggregate. "Neurodegenerative Injury" means any brain injury, neurological injury, disease, condition or dysfunction, including, but not limited to, Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis (ALS), mild traumatic brain injury, repetitive brain trauma, chronic traumatic encephalopathy (CTE), dementia, cognitive injury or disorder, memory loss, anxiety disorder, mood disorder, depression, sleeplessness, impulse control problems, headaches or single or repetitive concussive or sub-concussive injury or trauma.

**Equipment and Contents (This is a separate coverage document)**

**Eligibility**

|   |    |
|---|----|
| Does the insured have leased/owned equipment that they will want to insure? | No |
|---|----|

**Directors and Officers Liability (This is a separate coverage document)**

**Eligibility**

|   |                        |
|---|------------------------|
| Do you want to include directors & officers coverage in this quote?                       | Yes                    |
| Coverage effective date:  | 1/23/2026 to 1/23/2027 |
| Number of full-time compensated employees (over 30 hours a week for 12 months):           | 0                      |
| Number of part-time compensated employees (under 30 hours a week or less than 12 months): | 0                      |
| Number of Volunteers:   | 10                     |
| Total annual revenue :  | \$85,000.00            |
| Are you renewing directors & officers coverage with Markel Insurance Company?             | Yes                    |

**Additional Information**

|  |          |                |              |
|--|----------|----------------|--------------|
| Date the organization was established:                       | 9/1/2009 | Tax ID number: | 270933272    |
| Total organization's assets on the financial statement:      |          |                | \$87,000.00  |
| Total organization's liabilities on the financial statement: |          |                | \$150,000.00 |

**Coverage Limits**

|   |             |
|---|-------------|
| Maximum Aggregate Limit of liability (each policy year):            | \$1,000,000 |
| Retention (each claim):   | \$1,000     |
| Medical Payments for Directors & Officers (per director or officer) | \$10,000    |

**Total Directors & Officers Premium \$657.00**

**Terms & Conditions:**

1. Premium is 100% fully earned and non-refundable once coverage begins.
2. Coverage is provided on a claims-made basis.
3. Enrollment form must be warranted/signed by the President, Executive Director, Treasurer or Officer of the Board of the corporation.
4. Insured must be a not-for-profit organization.
5. Insured must have a commercial general liability coverage for their team or league through the Amateur Sports RPG Insurance Program

### Additional Certificate Request

|  |   |        |          |      |       |
|--|---|--------|----------|------|-------|
| Do you need to request any additional Certificate(s) of Insurance to present to a third party? |   | Yes    |          |      |       |
| Entity Name:   | Lake Land College   |        |          |      |       |
| Mailing Address:   | 5001 Lake Land Blvd   |        |          |      |       |
| City:  | Mattoon   | State: | Illinois | Zip: | 61938 |
| Relationship:  | Owner, manager or lessor of the premises where you conduct practices or games |        |          |      |       |
| Entity Name:   | City of Mattoon   |        |          |      |       |
| Mailing Address:   | 208 N 19th St   |        |          |      |       |
| City:  | Mattoon   | State: | Illinois | Zip: | 61938 |
| Relationship:  | Owner, manager or lessor of the premises where you conduct practices or games |        |          |      |       |
| Entity Name:   | Bullpen Tournaments & the City of Westfield                                   |        |          |      |       |
| Mailing Address:   | 711 E 191st St  |        |          |      |       |
| City:  | Westfield   | State: | Indiana  | Zip: | 46074 |
| Relationship:  | Owner, manager or lessor of the premises where you conduct practices or games |        |          |      |       |
| Entity Name:   | The City of Kokomo  |        |          |      |       |
| Mailing Address:   | 100 South Union St  |        |          |      |       |
| City:  | Kokomo  | State: | Indiana  | Zip: | 46901 |
| Relationship:  | Owner, manager or lessor of the premises where you conduct practices or games |        |          |      |       |
| Entity Name:   | Illinois PBR  |        |          |      |       |
| Mailing Address:   | 4750 S Vernon Ave   |        |          |      |       |
| City:  | McCook  | State: | Illinois | Zip: | 60525 |
| Relationship:  | Owner, manager or lessor of the premises where you conduct practices or games |        |          |      |       |
| Entity Name:   | Bullpen Tournaments & the City of Kokoma                                      |        |          |      |       |
| Mailing Address:   | 100 South Union   |        |          |      |       |
| City:  | Kokomo  | State: | Indiana  | Zip: | 46901 |
| Relationship:  | Owner, manager or lessor of the premises where you conduct practices or games |        |          |      |       |
| Entity Name:   | Mattoon CUSD #2 School District   |        |          |      |       |
| Mailing Address:   | 1701 Charleston Ave   |        |          |      |       |
| City:  | Mattoon   | State: | Illinois | Zip: | 61938 |
| Relationship:  | Owner, manager or lessor of the premises where you conduct practices or games |        |          |      |       |
| Entity Name:   | Athletx Sports Group LLC  |        |          |      |       |
| Mailing Address:   | 11221 Plantside Dr  |        |          |      |       |
| City:  | Louisville  | State: | Kentucky | Zip: | 40299 |
| Relationship:  | Owner, manager or lessor of the premises where you conduct practices or games |        |          |      |       |
| Entity Name:   | Athletx   |        |          |      |       |

|                  |   |        |         |            |
|------------------|---|--------|---------|------------|
| Mailing Address: | 12755 Horseferry Rd, Ste 110  |        |         |            |
| City:            | Carmel  | State: | Indiana | Zip: 46032 |
| Relationship:    | Owner, manager or lessor of the premises where you conduct practices or games |        |         |            |

### Agent Warranty & Disclosure

**I accept, on behalf of the Insured**

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

**I accept, on behalf of the Insured**

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on this enrollment form becomes a part of the insurance contract.

**I accept, on behalf of the Insured**

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits required in order to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain, and will maintain, errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by K&K, I will provide K&K with reasonably satisfactory evidence of all of the above mentioned items.

**I accept**

Name of the person completing this form: First name: **Brad** Last name: **Bergstrom**

### Premium Summary

|  |                    |  |
|--|--------------------|--|
| <b>Commercial General Liability:</b>       | <b>\$1,793.40</b>  |  |
| Sexual Misconduct Liability:               | \$150.00           |  |
| Hosted Tournament:                         | Not Covered        |  |
| <b>Total Commercial General Liability:</b> | <b>\$1,943.40</b>  |  |
| <b>Total Equipment &amp; Contents:</b>     | <b>Not Covered</b> |  |
| <b>Total Directors &amp; Officers:</b>     | <b>\$657.00</b>    |  |

|                               |                   |
|-------------------------------|-------------------|
| <b>Total Premium:</b>         | <b>\$2,600.40</b> |
| <b>RPG Administration Fee</b> | <b>\$20.00</b>    |
| <b>Stamping Fee</b>           | <b>\$1.00</b>     |
| <b>Surplus Lines Tax</b>      | <b>\$68.00</b>    |

**Total Amount Due** **\$2,689.40**

**\* Premium subject to change if not completing purchase same day as quoting \***

This summary is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions, as they may change from one coverage period to the next. Please remember that you will receive evidence of coverage immediately if purchased online. You may request a copy of the full policy by submitting a written request.

Acceptance of this quote confirms your desire to obtain liability insurance through the sports, leisure

and entertainment risk purchasing group (where applicable). An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience.  
An RPG administration fee may be charged.

**THE NOTICES CONTAINED APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS.**

**Fraud Warning**

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.

**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 ALABAMA APPLICANTS:** 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.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**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 OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** 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, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**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 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 MARYLAND APPLICANTS:** 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.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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 MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**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.

**NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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