



PAINTBALL FIELD GENERAL LIABILITY INSURANCE APPLICATION

1. Legal Business Name: _____
 Proposed Effective Date (Required): _____ Currently Insured? Yes No
2. DBA (if any): _____ Field Owner/Operator: _____
3. Mailing Address: _____ City: _____ State: _____ Zip: _____
4. Physical Address: _____ City: _____ State: _____ Zip: _____
5. Paintball Phone: _____ Fax: _____ Home: _____
6. E-mail: _____ Web site: _____
 (Renewal applications and other information will be sent via e-mail.)
7. Status: Individual Partnership Corporation S Corp Not for Profit Other _____
8. Paintball Field Management Experience (Required):

Have you, your partners, or your employees ever **owned, operated or managed** a paintball field (including scenario games and/or paintball tournaments)? Please complete for each individual.

| Individual Name | Name of Facility Where PB Experience Gained | Title Held (Owner, Mgr, Ref) | Years of PB Experience | Total # of Games Supervised or Refereed (25+ 50+ 100+ 250+ 500+) |
|-----------------|---|------------------------------|------------------------|--|
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9. Year paintball business started? _____
 Is this your first paintball field insurance policy? Yes No
 More than 3 years of management experience working for a paintball facility? Yes No
 Do you have any other insurance policies covering this business (e.g. Property)? _____
 Does the applicant own or operate another location or business? Yes No
 If yes, please describe: _____
10. Are any other services or activities on the premises (BMX, Go-Karts, etc.)? Yes No
 If yes, please describe: _____
 Proof of insurance coverage must be submitted with your application for any services or activities (other than paintball) operating under the same business name for this or any other location.

11. Do you operate a paintball field at any other location? Yes No
Diagrams are required for each field address.
12. Have any incidents or losses occurred at this or any other paintball facility you have owned or managed (whether a claim was made or not) within the past three years? Yes No
Please provide currently valued insurance company loss runs or "no loss letter" with hard copy loss runs to follow in 90 days for the current and most recent three years.
13. Has your paintball insurance policy been cancelled or non-renewed for this or any other paintball facility you owned or managed? Yes No
(This does not pertain to a program non-renewal applying to all paintball operators.)
14. Are safety signs posted at your facility? Yes No
(Please clearly indicate their location on the field diagram.)
15. Are daily safety briefings conducted for each player and is all equipment inspected prior to play? Yes No
16. Are first aid supplies and a telephone maintained on the premises during operation? Yes No
17. Do staging areas have posted safety rules and are they supervised at all times by employees? Yes No
18. Are there any climbing structures (4' or higher) in the area of play? Yes No
If yes, photographs (or a detailed description on the diagram) of any towers, castles, etc. are required.
Are standard steps or ramps and handrails used for all climbing structures? Yes No
Grip tape on the ramps and/or steps? Yes No
Ladders not allowed.
19. Do you use any of the following items at your field?
Paint Mines Yes No
Paint Grenades Yes No
Other: _____
20. Is alcohol sold or permitted at this site? Yes No
If yes, submit your rules regarding consumption for approval.
21. What types of field play do you operate (woods, speedball, air soft, etc.)? _____
Using inflatable bunkers? Yes No How are inflatables secured? _____
22. Are your areas of play clearly marked with netting and/or caution tape or rope? Yes No
23. Are you using any netting at your field? Yes No
Have you tested your netting using the safety test outlined in our safety rules? Yes No
Please specify height of netting. _____ (If multiple used, specify on diagram.) If no netting used on one of your fields, is the play area clearly marked off with caution tape, rope, etc.? Yes No
24. Are spectators allowed on the premises? Yes No
Are spectators kept a minimum of **five feet** away from the netting at all times? Yes No
Describe: _____
25. Number of chronographs? _____
Maximum Velocity allowed? Indoor _____(fps) Outdoor _____(fps)
26. Do you put on "Off Premise Events"? Yes No If yes, how many per year? _____
Underwriter approval is required under this program before these types of events take place and requires 5 - 7

business days for processing.

27. What is the minimum age requirement for your facility? General Play _____ Private Groups _____
28. Are ALL participants required to sign waivers? Yes No
Is supervision provided for ALL games? Yes No
29. Are parents and/or legal guardians required to sign waivers on behalf of **all minors** (under 18)? Yes No
30. Where are CO2 Tanks stored and how are they secured? _____

31. Have you, your partners, or employees received any type of certification or training to perform tank fills?
 Yes No Please list each employee and source: _____
32. Are players allowed to fill their own tanks at your facility? Yes No
If yes, explain on separate sheet of paper.
33. What is the minimum age requirement for your lead/head referees? _____
What is the minimum age for assistant referees? _____
Please describe your procedure for training your field referees: _____

34. What ratio of referees to players do you enforce at your facility? **One** referee for every _____ players (ages 13 and below). **One** referee for every _____ players (ages 14 and above).
35. Do you perform any of the following?
Repairs Yes No
Marker Upgrades Yes No
Tank Modifications Yes No
Please list source of training: _____
36. Do you have any motorized vehicles (including tanks) that are used at your field during play? Yes No
37. How did you hear about us? Magazine Internet Agent Field Operator
Please specify: _____
38. Do you own or lease the premises? Lease Own **If leased, the following information is required:**
Landlord/Additional Insured Information (Required for "Additional Insured" Certificates of Insurance.)
- | Name of Landlord | Complete Address | Insurable Interest (Landlord) |
|------------------|------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
39. Exposures - Annual Paintball Business Receipts (Required):
Total Annual Field Participants (player days). Example: If a player signs a waiver and visits your facility 25 times during the policy period or year, he is considered 25 player days or participants.
Total annual participants? _____
Total annual field receipts (Field fees/fills/rentals/paintballs sold to participants)? \$ _____

Retail/Pro-Shop (Sales of paintball markers & supplies)? \$ _____ Food & Drink? \$ _____
 Customer equipment repair service charges & fees? \$ _____
 Other non-paintball receipts? \$ _____

40. Prior Paintball Insurance Warranty Statement (Required Unless New Business):

As requested, this information is to verify my previous insurance coverage and any and all losses/claims that I have been notified about or should have knowledge of. I understand that this information is a warranty statement and made part of my application for insurance coverage. Loss Runs will be required of any claims or losses reported. Warning: It is a fraudulent act to misrepresent prior claims.

| Year | Name of Carrier | Premium | # Claims/Injuries | \$ Losses Paid |
|------|-----------------|---------|-------------------|----------------|
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41. Outdoor Facility:

Number of acres? _____ Number of fields? _____
 Is property fenced and/or No Trespassing signs posted? Yes No
 Are evening games held? Yes No If yes, is stadium-type lighting used? Yes No
 Are scenario night games held? Yes No Is overnight camping allowed? Yes No
 Please attach your night game safety rules.
 Are there any of the following physical hazards (natural or man-made) in or near the field of play?
 Fox Holes/Trenches? Yes No Tunnels? Yes No
 Cliffs/Overhangs? Yes No Ravines? Yes No
 Sharp rocks? Yes No Deep or fast moving water? Yes No
 Protruding nails or spikes? Yes No
 How often is your field inspected for hazards? _____
 Describe frequency and manner of maintenance performed at your field: _____

42. Indoor Facility:

Square feet: _____ Age of building? _____ Number of stories? _____
 Is your business located on the ground floor only? Yes No
 Does it have fire alarms? Yes No Sprinklers? Yes No
 Is the floor surface Concrete Dirt Wood Other _____?
 What floor covering do you have over the surface? Carpet Dirt/Sand/Sawdust Mix Other _____
 How many inches of covering do you have? _____ (If dirt/sand/sawdust mix, 6-8" is recommended.)
 Protective plastic must be installed over wood flooring to protect the surface. Protective covering must be installed on the walls and ceiling if leased or property damage will not be provided. **Initial** _____. If leased, and you wish to waiver property coverage, have landlord sign here _____. (Must confirm with landlord before deleting any coverage.)

ACCIDENT MEDICAL COVERAGE OF \$25,000 PER PARTICIPANT IS REQUIRED FOR PARTICIPANT LIABILITY COVERAGE.

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC. for the insuring Company, shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL EVALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

| Date | Signature | Title |
|------|-----------|-------|
|------|-----------|-------|

Send completed form to: **American Specialty Insurance & Risk Services, Inc.**
142 N. Main Street
P.O. Box 309
Roanoke, IN 46783-0309
Phone: 260-672-8800
Fax: 260-672-8835

PAINBALL FIELD OPERATOR SAFETY REQUIREMENTS

1. **FIELD OPERATIONS:** Strict control must be exercised over all areas including:
(A) Field Entrance (B) Parking Areas (C) Staging Areas (D) Sales and Service Areas (E) Spectator Areas
(F) Playing Fields
2. **PERSONNEL:** All field staff must be fully and properly trained. Referees and fill station attendants must be sixteen (16) years of age or older.
3. **EMERGENCY PROCEDURE:** All field staff must be trained to properly respond in the event of an accident or emergency and instructed to respond immediately. Field staff must know the exact location of the field telephone and a readily accessible first aid kit. Management must fill out and return an Incident Form immediately following all injuries.
4. **FIELD ORIENTATION:** Prior to the first game, each player must undergo a formal orientation session including: a detailed explanation of the player safety rules - clearly specifying those rules which result in player ejection, game rules, the geographical diagram of the field, and emergency procedures. Referees are assigned to each group at this time.
5. **BARREL BLOCKING DEVICE REGULATION:** The mandatory use of industry-approved Barrel Blocking Devices (BBD) must be strictly enforced at all times in all non-playing areas. **Barrel plugs are no longer considered adequate protection due to differing barrel sizes and increased rates of fire.** Operators must provide barrel covers for all rental equipment and also for customers to buy if necessary. (Towels, socks, or stick squeegees are not considered a BBD!)
6. **SAFETY GOGGLES:** Mandatory goggle enforcement is required in all areas where “Goggles On” signs are posted. Industry-approved full-face mask goggle systems must meet or exceed ASTM guidelines which require: Full enclosure of the eye cavity using .06 lexan lenses secured within frames and to the head with a headband. The face and ear protector components must be attached securely to the goggle frame to present full coverage (no gaps) to the bottom of the chin, along the jawbone, temples, and ears. Modifications are prohibited. Wash, disinfect, and inspect goggles regularly.
7. **TRIGGER GUARDS:** Trigger guards are mandatory on all paintball markers used by participants at your facility. The trigger guard must be rigid, wider than the trigger area, and enclose the trigger area.
8. **SAFETY NETTING:** Netting (12’ required, 20’ recommended) must be installed around play areas and must be maintained and checked regularly. Approved netting and/or 300 feet of open space must surround all areas of play. **Carrier requires each operator to test the netting per ASTM guidelines: “Stand 15’ from netting and shoot 10 shots in a 4” circle at 300 fps. No part of the paintball shell may pass through larger than 3 by 5 mm rectangle.”** Bunkers must be a minimum of 15’ from the netting and spectators must be kept 5’ away from the netting at all times.
9. **CHRONOGRAPHING PROCEDURES:** Maintain at least one (1) chronograph (preferably two) with a back-up battery at the field at all times. All paintball markers must be chronographed before players enter the field and prior to beginning a new set of games. A chronograph referee must be available at all times to strictly enforce velocity guidelines. Paintball marker velocities must be adjusted so that three (3) consecutive shots through the chronograph do not exceed:
300 (FPS) For outdoor general games and 225-275 (FPS) For indoor games
10. **FIELD MAINTENANCE:** Boundaries of all outdoor playing fields must be clearly and continuously marked with rope, tape, or other highly visible material. The field must be inspected frequently for natural or man-made hazards. Paintball markers must be cleaned and inspected weekly. A designated staff member must inspect the

chronograph, first aid kit, mobile telephone, scale, fill station, CO2 cylinders, and all field equipment (including safety signs) daily.

11. **PLAYER SAFETY RULES:** Each player/participant must read the NSERA player safety rules prior to signing the waiver of liability. The player safety rules must be posted at the field entrance and counter/sales office. Mandatory ejection (without warning!) of any player that knowingly violates the required safety rules is required - especially mask violations!
12. **PAINTBALL MARKERS:** Automatic Markers that are in a mode of self loading and shooting at a rate faster than one round per manual activation of the trigger's cycle are PROHIBITED. **All markers must be operated in semi-automatic modes only under this program.**
13. **SAFETY SIGNS:** "Goggles On" signs must be posted at every entrance to active play areas. "Barrel Blocking Device" signs must be posted at every exit of active play areas. "Caution! Paintball Game Area" signs must be posted at any location where the operator/field manager might expect unauthorized direct access to the active playing field.
14. **FILL-STATIONS:** Only trained personnel are allowed to perform tank fills. Allowing players to fill their own tanks is **prohibited**. Only exception might be when using an attendant at multi-fill air stations and tanks have already been checked that day. CO2 cylinders must be chained in an upright position. An on-site scale is required to prevent overfills.

OWNER'S SIGNATURE

BUSINESS NAME

DATE




FIELD DIAGRAM SUPPLEMENT
Paintball Field Application

A rough diagram of your paintball field is required. If you have more than one location, please complete one diagram for each location. The following information is **required**:

1. Location of Safety Signs
2. Spectator Area
3. Parking Area
4. Pro Shop
5. Chronograph & Staging Area
6. Netting and/or Caution Tape marking the entire field of play
7. Distances from all Active Play Areas to all Non-Active Play Areas

Field Name: _____

Name & Address of Landlord/Additional Insured: _____

| | | | |
|-------|----------------|---|---------------------|
| ----- | = Warning Tape |  | = 'Goggles On' |
| | = Netting |  | = 'Barrel Plugs In' |
| | |  | = 'Safety Rules' |

Please use the following waiver:

When you have any
participant that is a **minor**.

** (Parent or Legal Guardian should sign the name of the
minor if the minor is not old enough to sign the waiver
themselves.)

**Also have the parental consent
portion signed by the Parent
and/or Legal Guardian.**

This waiver, when the parent gives parental consent
for the minor, does **NOT** cover the parent if something
should happen to the parent. This waiver only covers
the minor.

If the parent decides to participate in the same activity
as the minor, please **make sure the parent also signs
the other waiver in addition to this waiver**. That
way both the minor (with parental consent) and the
parent are covered.

** Subject to change, but will be sufficient until otherwise notified.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in the _____, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “Releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue _____, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “Releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Date: _____

Signature of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed name of Parent or Legal Guardian

Date: _____

Signature of Parent or Legal Guardian

Generic Fraud Warning Language:

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 may be guilty of insurance fraud.

NOTICE TO RESIDENTS OF:

Alabama

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.

Alaska

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.

Arizona

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Arkansas

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California

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.

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 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 agencies.

Connecticut

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 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.

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.

Florida

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.

Georgia

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.

Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

Idaho

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.

Illinois

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

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.

Iowa

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.

Kansas

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.

Kentucky

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.

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.

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 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.

Massachusetts

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Michigan

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Minnesota

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Mississippi

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Missouri

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Montana

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Nevada

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 Hampshire

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 includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

New York (All Commercial Insurance Except Auto)

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.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

North Carolina

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.

North Dakota

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.

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.

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.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be 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.

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.

South Carolina

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.

South Dakota

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.

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.

Texas

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.

Utah

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.

Virginia

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Washington

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Wisconsin

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West Virginia

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Wyoming

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