

# ZOOS & AQUARIUMS

## Eligible Operations:

- Walk-through zoos
- Drive-through zoos
- Animal sanctuary (open to public)
- Aquariums

## Key Underwriting/Qualifying

### Factors (Including but not limited to):

- Management must have at least three years zoo management experience
- Prefer parks that are AZA certified
- Parks with 24-hour security
- Parks that comply with USDA licensing requirements
- Parks in compliance with safety and fire codes
- Parks that secure certificates of insurance from vendors/concessionaires/sub-contractors or lessors
- Minimum premium  
general liability- \$2,500  
package- \$5,000

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Zoo & Aquarium Program for over 20 years
- Proud member of the American Zoo and Aquarium Association (AZA)
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

Every year the experienced team at K&K is hard at work insuring the world's fun. K&K handles the coverages so your clients can concentrate on making the impossible and the amazing come to life. For zoos, aquariums and much more, innovative property and casualty coverages from K&K are just the ticket.

## Coverages Available & Program Highlights:

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### General Liability

- Written on an Admitted Basis
- Broadened Coverage Form
- Non-auditable Policy
- Volunteer Accident- Accident Medical Coverage for Zoo Volunteers
- Volunteers as Additional Insureds
- Amusement Ride Liability
- Liquor Liability
- Employee Benefits Liability

### Directors and Officers Including Employment Practices Liability

### Property

- Equipment Breakdown Included
- Emergency Vacating Expenses Covered up to \$25,000, Crisis Response Coverage—\$25,000, Full Building Ordinance "A" Coverage

### Inland Marine

### Commercial Auto

- Owned Auto
- Nonowned/Hired Auto

### Crime

### Excess Liability

### Workers' Compensation

### Event Cancellation & Non-appearance

### Sexual Abuse & Molestation

## Common Associated Exposures:

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- Animal rides
- Day camps
- Food & beverage concessions
- Kiddie rides
- Play areas
- Special event liability for promotions, etc.

Insuring the world's fun®

### **Contact Information:**

1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

### **Zoos & Aquariums Program**

PHONE: .800.553.8368

FAX: 260.459.5624

EMAIL:

[KK.EventsAttractions@kandkinsurance.com](mailto:KK.EventsAttractions@kandkinsurance.com)

WEB SITE:

[kandkinsurance.com](http://kandkinsurance.com)

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

### **Submission Instructions:**

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To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

### **Underwriting Information Required:**

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- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of detailed, currently-valued company loss runs
- Diagram/map of zoo/aquarium
- Brochure (if available)
- Web site address
- Schedule of events/promotions/ exhibitions
- Amusement/carnival ride description

### **Zoos & Aquariums Application(s):**

(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

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#### **K&K Application(s)**

- Zoological Park & Aquarium Information Form
- Liquor Liability Application (if applicable)
- Sexual Abuse & Molestation Application (if applicable)

#### **ACORD Application(s)**

- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability
- Workers' Compensation

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 www.kandkinsurance.com  
 CA# 0334819

# ZOOLOGICAL PARK AND AQUARIUM APPLICATION

*(Include copies of lists, licenses and other items as requested.)*

## IMPORTANT

**THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.**

### 1. Applicant Information:

Named Insured as it is to appear on policy: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Person is:  Owner  Promoter  Agent  Other: \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number(\_\_\_\_\_) \_\_\_\_\_

Name of Agent/Brokerage: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number(\_\_\_\_\_) \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

a. Nature of business/description of operations/events: \_\_\_\_\_

b. Insured is:  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

c. Policy Period Requested: \_\_\_\_\_ to \_\_\_\_\_

d. Estimated Number of Events: \_\_\_\_\_

### 2. Type of Institution:

Zoological Park  Aquarium  Wildlife Park  Oceanarium  Combination

### 3. Who Owns:

Land: \_\_\_\_\_

Collections: \_\_\_\_\_

Buildings/Grounds: \_\_\_\_\_

4. Institution is  For Profit  Non-Profit

5. How long under present ownership? \_\_\_\_\_ How long under present management? \_\_\_\_\_

**6. Additional Insureds Requested (subject to underwriting approval.):**

Name	Relationship to Insured
_____	_____
_____	_____
_____	_____
_____	_____

**7. Present Insurance/Risk Retention Method:**

- Claims Made Form       Occurrence Form
- Provided by municipality
- Self Insured       Self Insured Retention Retention Limit \$ \_\_\_\_\_
- Insured      Retention Limit \$ \_\_\_\_\_
- Insurance Limit \$ \_\_\_\_\_
- Insurance Company: \_\_\_\_\_

**Attach four year loss history (including current year)**

**8. Attendance:**

Average Daily Attendance \_\_\_\_\_

Maximum Daily Attendance \_\_\_\_\_

Total Annual Attendance \_\_\_\_\_

**9. Revenues:**

- A. Admission Charge
  - Adults      \$ \_\_\_\_\_
  - Minors      \$ \_\_\_\_\_
  - Total Annual Admission Receipts      \$ \_\_\_\_\_
- B. Souvenir/Gift Shop Receipts      \$ \_\_\_\_\_
- C. Concessions
  - Food/Beverage      \$ \_\_\_\_\_
  - Alcoholic Beverage      \$ \_\_\_\_\_
  - Total Concession Receipts      \$ \_\_\_\_\_
  - Are concessions contracted to others?       Yes       No
- D. Endowments/Grants
  - Contributions      \$ \_\_\_\_\_
  - Memberships      \$ \_\_\_\_\_
  - Other      \$ \_\_\_\_\_
- E. Total Annual Revenues      \$ \_\_\_\_\_

**10. Liability Limits Requested:**

- A.  Occurrence Form       Claims Made Form
- Each Occurrence      \$ \_\_\_\_\_
- General Aggregate\*      \$ \_\_\_\_\_
- B.  Deductible Limit (if any)      \$ \_\_\_\_\_
- Self Insured Retention Limit      \$ \_\_\_\_\_

\* *Other aggregates may apply per policy requirements.*

**11. Description of Operations (Attach list if necessary):**

**A. General:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Museum                                   | <input type="checkbox"/> Watercraft                | <input type="checkbox"/> Novelty/Gift Shop     |
| <input type="checkbox"/> Tram/Monorail/Train(s)                   | <input type="checkbox"/> Lake(s)/Pond(s)/Stream(s) | <input type="checkbox"/> Concessions           |
| <input type="checkbox"/> Breeding Facility                        | <input type="checkbox"/> Breeding Loan Activities  | <input type="checkbox"/> Other Loan Activities |
| <input type="checkbox"/> Alcoholic Beverages                      |  |  |
| <input type="checkbox"/> Sold <input type="checkbox"/> Gratuitous |  |  |

Whose responsibility is the liquor liability? \_\_\_\_\_

If contracted, does the liquor concessionaire provide liability coverage?     Yes     No

If no, explain: \_\_\_\_\_  
\_\_\_\_\_

- Carts, Vans, Buses, Motorcycles or ATVs
- On Premises     Off Premises
- Veterinary Services
- Veterinarian is employed     Veterinarian is contracted.

- Off Premises
- Institution      Describe: \_\_\_\_\_
- Captive Facility      Describe: \_\_\_\_\_
- Breeding Facility      Describe: \_\_\_\_\_
- Wildlife Exhibitions      List wildlife exhibited: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- On Premises
- Institution      Describe: \_\_\_\_\_
- Captive Facility      Describe: \_\_\_\_\_
- Breeding Facility      Describe: \_\_\_\_\_
- Wildlife Exhibitions      List wildlife exhibited: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Educational (check, if any):**

**On Premises**

**Off Premises\***

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Lectures                            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Demonstrations                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tours                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Childrens' Day or Overnight Camps   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> School Presentations                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> College Work/Class Research Program | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Docent Program                      | <input type="checkbox"/> | <input type="checkbox"/> |

\*Describe any off-premises activities including live wildlife exhibitions: \_\_\_\_\_

**C. Research:**

- Separate Research Library       Formal Research Project(s)

Describe: \_\_\_\_\_

**D. Special Events/Activities/Attractions:**

- Fireworks Displays       Concerts       Other Performances

Describe: \_\_\_\_\_

- Parking Lot Events

Describe: \_\_\_\_\_

- Special Functions (*social, political events, etc. — attach schedule*)

Describe: \_\_\_\_\_

- Holiday or Other Seasonal Promotions

Describe: \_\_\_\_\_

- Publications

Describe: \_\_\_\_\_

- Fund Raisers

Describe: \_\_\_\_\_

- Mechanical Rides and/or Water Rides (*carnival/amusement*)

Describe: \_\_\_\_\_

Is there a qualified ride inspector to perform mechanical and electrical inspections?       Yes       No

Are maintenance manuals for all rides kept on premises?       Yes       No

Do you have a formal/written ride operator training program?       Yes       No

Do the rides meet the ASTM standards for amusement rides and/or ANSI standards for sky rides/chairlifts/aerial tramways?       Yes       No

Are your rides inspected by your state?       Yes       No

- Animal Rides

Describe: \_\_\_\_\_

Habitat Rides

Describe: \_\_\_\_\_

Animal Mascot Loans

Describe: \_\_\_\_\_

Do you have a petting zoo?  Yes  No

If Yes, is it operated by an independent contractor?  Yes  No

If Yes, do you receive a certificate of insurance naming you as an additional insured?  Yes  No

Do you have a contract with a hold harmless and indemnification agreement?  Yes  No

Are all animals properly vaccinated?  Yes  No

Is there a hand washing at the exit of the petting zoo?  Yes  No

Is there signage posted with regard to the importance of hand washing after animal contact?  Yes  No

Playground

Describe: \_\_\_\_\_

Grandstand

Bleachers

Describe seating age and construction: \_\_\_\_\_

Other Describe: \_\_\_\_\_

**12. Hours of Operation:**

In Season: \_\_\_\_\_ to \_\_\_\_\_ Off Season: \_\_\_\_\_ to \_\_\_\_\_

Describe off-season activities or promotions: \_\_\_\_\_

**13. Institution Opening Date:** \_\_\_\_\_ **Closing Date:** \_\_\_\_\_

**14. Total Acres (off main zoo premises):** \_\_\_\_\_ **Parking Spaces:** \_\_\_\_\_

**15. Avian Flu Guidelines:**

Does the risk comply with the 2005 AZA Avian Flu Guidelines as summarized below?  Yes  No

***If No, please attach an outline of your Avian Flu procedures.***

2005 AZA AVIAN FLU GUIDELINES:

*A. Facility should follow standard biosecurity measures for zoos and aquariums*

*B. Facility should have formal procedures addressing the following:*

- Control measures that would be initiated upon suspected or confirmed cases of avian influenza, such as isolating and decontaminating affected areas or closing portions of the facility.*
- Protocols for short-term treatment of sick and injured native birds before releasing them to rehabilitation facilities.*
- Employee education program that provides information on topics such as how to prevent influenza from spreading and guidelines that help keep them and the birds they care for healthy.*
- Guidelines with proactive steps in the event of an outbreak of bird flu in or near the facility.*
- Proper local jurisdiction protocol is followed with regard to deceased wild birds found on premises*

*C. Employees working in bird areas should be required to wear appropriate personal protective equipment and employ proper cleaning and disinfecting protocols.*

**16. Zoo/Camp Operations (if applicable):**

- A. Would you like a quote for sexual abuse and molestation coverage (if eligible)?  Yes  No
- B. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper or member reports someone molested him/her?  Yes  No
- C. Do you have a plan of supervision that monitors staff in day to day living relationships with campers?  Yes  No
- D. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses?  Yes  No

***If yes, please attach copy***

- E. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment?  Yes  No
- F. Does your state permit you to do criminal background investigations on staff members?  Yes  No
- If yes, do you request and receive such background investigations on all staff members?**  Yes  No

**If yes, who provides service?** \_\_\_\_\_

- G. Have you ever had an incident which resulted in an allegation of sexual abuse at your camp?  Yes  No
- Was a claim made against your camp?  Yes  No

If yes, please provide details of the claim/incident: \_\_\_\_\_

How much money was paid as damages to the victim? \_\_\_\_\_

What has been done to prevent such occurrences from happening in the future? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- H. **If you have volunteers, are the answers to the questions above the same?**  Yes  No

Not applicable, we have no volunteers.

If No, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**17. Professional Affiliations:**

- A. Is the institution a member of the American Zoo and Aquarium Association?  Yes  No
- B. Is the institution accredited by the AZA?  Yes  No

**PLEASE  
NOTE**

**IF YOU ANSWER "YES" TO PART "B" OF QUESTION 17, SKIP TO ITEM #25 AND SIGNATURE PAGE.  
IF YOU ANSWER "NO" TO PART "B" OF QUESTION 17, PLEASE FINISH FILLING OUT THIS APPLICATION.**



**18. Regulatory Compliance:**

A. Does the institution comply with:

1. All local fire codes?  Yes  No

If no, explain: \_\_\_\_\_

2. All local, state and federal regulations?  Yes  No

If no, explain: \_\_\_\_\_

B. Does the facility comply with the Animal Welfare Act, Part 3 – Standards Subparts D, E and F as respects the following?

**Facilities and Operation Standards:**

Facilities – General  Yes  No

Facilities – Indoor  Yes  No

Facilities – Outdoor  Yes  No

Primary Enclosures  Yes  No

Space Requirements  Yes  No

**Animal Health and Husbandry Standards:**

Feeding  Yes  No

Watering/Water Quality  Yes  No

Sanitation  Yes  No

Employees or Attendants  Yes  No

Classification and Separation  Yes  No

Veterinary Care  Yes  No

Handling  Yes  No

**Transportation Standards:**

Consignments to Carriers and Intermediate Handlers  Yes  No

Primary Enclosures Used to Transport Live Non-Human Primates  Yes  No

Primary Conveyances (Motor Vehicle, Rail, Air, Marine)  Yes  No

Food and Water Requirements  Yes  No

Care in Transit  Yes  No

Terminal Facilities  Yes  No

Handling  Yes  No

A complete explanation must be given for any “NO” answer in part B of question #18 (*attach sheet if necessary*). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Attach Copies of All licenses, including:

• USDA Registered Exhibition License **License #** \_\_\_\_\_

• USDA Licensed Exhibitor and any other required USDA licenses

• Most current USDA inspection report

D. Are any staff members under investigation for alleged violation of any wildlife regulations?  Yes  No

If yes, explain: \_\_\_\_\_

**19. Security:**

- A. Number and type of personnel: \_\_\_\_\_  
(Private, employees, city or county police)  Armed  Unarmed
- B. Describe after-hours and off-season security plans: \_\_\_\_\_  
\_\_\_\_\_
- C. Are tranquilizer guns or dart guns loaned or taken off premises at any time?  Yes  No  
If yes, describe: \_\_\_\_\_
- D. Describe any alarm system present, including burglary or theft prevention measures: \_\_\_\_\_  
\_\_\_\_\_
- E. Are guard dogs used?  Yes  No  
If yes, explain procedure: \_\_\_\_\_  
\_\_\_\_\_

**20. Enclosure System:**

- A. Describe the primary enclosure systems for all habitats including patron separation distance/height  
*(attach sheet if necessary):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Describe the general minimum specifications for all other primary enclosures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Describe the secondary enclosure system (premises perimeter fencing, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. Is there a separate performance area for animal acts?  Yes  No  
If yes, describe the type of animals involved and how they are transferred to and from performance areas:  
\_\_\_\_\_  
\_\_\_\_\_
- E. Detail any breaches of any enclosure systems within the past five years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**21. Employees:**

- A. Number of employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
If volunteers are used, explain their responsibilities: \_\_\_\_\_  
\_\_\_\_\_
- B. Explain employee training methods *(attach copy.)*

**22. Loaned Animals:**

- A. Describe the written policy regarding loans to others (*attach copy.*)
- B. Describe the written policy regarding loans to the institution (*attach copy.*)
- C. Describe non-owned animals exhibited at the institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**23. Animal Waste Treatment/Disposal:**

- A. Explain the procedures for waste removal, treatment and/or disposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Are all waste treatment/disposal permits obtained and ordinances complied with?  Yes  No

If no, explain in detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**24. Is "Hands On" activity for any of the following permitted?**

- A. Poisonous snakes (*except employee handlers*)  Yes  No
- B. Adult male elephants (*over the age of 10*)  Yes  No
- C. Horned Animals  Yes  No
- D. Primates  Yes  No
- E. Off premises exhibitions  Yes  No

Explain any "Yes" answers in detail, including safety measures used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**25. ADDITIONAL INFORMATION - PLEASE INCLUDE COPIES OF:**

**Column #1**

- Institution map/diagram
- Animal loan agreement
- Sample copies of all contracts, including those described in application
- Amusement/Carnival ride description
- Detailed 4-year loss summary (including current year)
- Institution schedule, including special events, promotions, exhibitions
- Liquor license (if alcoholic beverages are sold)
- Ride inspection checklists

***(AZA Accredited Programs stop here.  
Non-accredited programs continue to Column #2).***

**Column #2**

- All licenses/permits
- Venomous animal injury plan
- Patron/employee emergency evacuation plan
- Animal recapture plan
- Animal acquisition/disposal plan
- Employee training manual

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

\_\_\_\_\_  
Applicant's Signature Producer's

\_\_\_\_\_  
Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Date (MM/DD/YYYY)



# LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy: \_\_\_\_\_  
 Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_ ) \_\_\_\_\_

2. Name Liquor License is in: \_\_\_\_\_

3. Liquor License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

4. Is coverage for a specific event?  Yes  No If yes, explain what kind of event, where event will be held and date of event(s). \_\_\_\_\_

5. Opening and closing hours of event(s) (for each event): \_\_\_\_\_

6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). \_\_\_\_\_

7. Has applicants' alcohol beverage license ever been revoked, suspended or fined?  Yes  No  
 If yes, please explain: \_\_\_\_\_

8. Has applicant incurred claims for liquor liability during the last three years?  Yes  No  
 If yes, please explain: \_\_\_\_\_

9. Has any insurer cancelled or non-renewed coverage during the last three years?  Yes  No  
 If yes, please explain: \_\_\_\_\_

10. Type of alcohol beverages sold: \_\_\_\_\_ What proof: \_\_\_\_\_

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises?  Yes  No  
 If yes, what type? \_\_\_\_\_

13. Do you maintain security personnel at event entry check points?  Yes  No  
 If yes, what type? \_\_\_\_\_  
 Do they exercise the right of search and seizure of contraband items?  Yes  No  
 If yes, how do they notify the public of this? \_\_\_\_\_

14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)?  Yes  No

15. If site is completely enclosed, are minors allowed to enter?  Yes  No

(Continued on next page)

16. Are the servers professional (two years bartending experience or more)?  Yes  No  
 Are the servers non-professional (less than 2 years or no bartending experience)?  Yes  No  
 Explain: \_\_\_\_\_
17. Name the formal awareness training program that the servers receive: \_\_\_\_\_  
 \_\_\_\_\_
18. At what point of sale are I.D.'s checked? \_\_\_\_\_
19. Are rules and regulations clearly displayed for patrons' viewing?  Yes  No  
 Explain: \_\_\_\_\_
20. In what size container is the alcoholic beverage served at each event?  Cup \_\_\_\_\_ oz.  Pitcher  Other: \_\_\_\_\_
21. Can patrons purchase more than two alcoholic beverages at one time?  Yes  No  
 If yes, please explain: \_\_\_\_\_
22. Is there any type of designated driver program in effect?  Yes  No  
 Explain: \_\_\_\_\_
23. Is there any other Liquor Liability coverage being provided?  Yes  No  
 If yes, explain and attach a copy of the certificate of insurance: \_\_\_\_\_
24. Liability limits requested \$\_\_\_\_\_ (per occurrence) \$\_\_\_\_\_ (aggregate)

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Producer's Signature (if applicable)

\_\_\_\_\_  
 Applicant's Name (print)

\_\_\_\_\_  
 Producer's Name (print)

\_\_\_\_\_  
 Date (MM/DD/YY)

\_\_\_\_\_  
 Date (MM/DD/YY)



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 CA# 0334819

# Workers Compensation Supplemental Application

**General Information** Current number of seasonal employees: \_\_\_\_\_

Percent of employee turnover in the last 12 months: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

If California, please provide the zip code with the highest exposure: \_\_\_\_\_

**Benefits** Group medical insurance? Yes  No  What percentage of employees are covered by the plan? \_\_\_\_\_%

Who is eligible? All employees  Only full time  Other:  \_\_\_\_\_ CPR training provided? Yes  No

**Hiring Practices** Check all that apply:

- Audio Testing
- Orthopedic Back Test
- Reference Check
- Validate Work History
- Criminal Background Check
- Pre/Post Employment Physical
- Substance Abuse Testing
- Written Application
- Formal Interview

Are written job descriptions provided? Yes  No

**Safety** Designated full time safety director? Yes  No  Name: \_\_\_\_\_

Do you have a designated safety committee? Yes  No  Meeting frequency: Daily  Weekly  Monthly  Annually

Does the safety committee present their findings to a management team? Yes  No

What is reviewed by the safety committee during their meetings? \_\_\_\_\_

Safety meetings held for all employees? Yes  No  Frequency: \_\_\_\_\_

Safety training program in place for employees? Yes  No

Safety incentive program? Yes  No  What is the incentive? \_\_\_\_\_

Slip & Fall prevention program? Yes  No  Proper lifting program? Yes  No

Personal protective safety equipment provided? Yes  No

Equipment safeguards utilized? Yes  No  Equipment inspection/maintenance program? Yes  No

If yes, describe: \_\_\_\_\_

Hazardous materials communication program? Yes  No  Accident investigation program? Yes  No

Are supervisors held accountable for injuries? Yes  No

**Management** Does the insured have a return to work program? Yes  No  With full pay? Yes  No

Written  Informal  Modified duty offered to injured employees? Yes  No

Is the insured willing to implement safety recommendations made by the carrier? Yes  No

Is the insured willing to implement loss control recommendations made by the carrier? Yes  No

**Premises** Housekeeping/cleanliness at the jobsite Excellent  Good  Poor

Condition of equipment: Excellent  Good  Poor  Proper safeguards? Yes  No

Do employees perform maintenance and custodial work at your facilities? Yes  No

If yes, are the employees responsible for housecleaning, laundry, cooking or yard work/landscaping? Yes  No

If yes, do employees maintain the exterior?

**Vehicle/Driving Exposure** Is there a driver safety program? Yes  No  Are MVR's run? Yes  No

How often?: \_\_\_\_\_ Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations: \_\_\_\_\_

Driving distance? \_\_\_\_\_ Frequency of driving? Daily  Weekly  Other  \_\_\_\_\_

Number of company vehicles? \_\_\_\_\_ Number of employees authorized to operate company vehicles? \_\_\_\_\_

What is the purpose of the driving exposure? \_\_\_\_\_

Do more than 3 employees travel together in any one vehicle? Yes  No

Vehicles inspection/maintenance program? Yes  No

**THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:**

*Applicant name:* \_\_\_\_\_

## **FRAUD WARNING**

Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

### **Applicable in AL, AR, DC, LA, MD, NM, RI, and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

### **Applicable in CO**

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.

### **Applicable in FL and OK**

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)\*. \*Applies in FL Only.

### **Applicable in KS**

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 which 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.

### **Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

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, and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in MN**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in NJ**

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

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in VT**

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.

MARKEL FRAUD APPS (2021/09)



# NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

## REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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 also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE (MM/DD/YY)

\_\_\_\_\_  
DATE (MM/DD/YY)