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 CA #0334819

WATER SKI SCHOOLS QUESTIONNAIRE

Named Insured: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

1. Provide a list of drivers and instructors.

Please include for each driver:

- Complete Name
- Date of Birth
- Drivers' License Number
- State of Issuance
- Years of Experience

2. How many years have you been doing business in this type of operation? _____

If the school is new, how many prior years' experience have you and your staff had with this type of operation? _____

3. Please describe the safety training and equipment operation training that is in place for the *employees*: _____

Please describe the safety training and equipment operation training that is in place for the *participants*: _____

4. Are there safety rules/equipment operational rules posted in clear view? Yes No

If yes, how many postings? _____

5. What type of experience is required of your instructors? _____

6. Do you require each instructor to have any medical training (i.e. lifeguard, CPR training, etc.)? Yes No

7. What is the realistic response time for medical assistance? _____

8. Where is your operation taking place?

- Private Lake Ocean Intercoastal Waterways River Protected Bay Area Marina

9. Do you use trampolines? Yes No

10. What is your operation period (in months)? _____

What are your daily hours of operation? _____

How many days a week are you in operation? _____

11. What type of classes do you offer? Please provide a copy of any brochures you may have.

Type of Class: _____

	Total Number of Students	Student to Instructor Ratio	Length of Sessions
Novice	_____	_____	(Hrs)_____ <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F (Weeks)
Intermediate	_____	_____	(Hrs)_____ <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F (Weeks)
Advanced	_____	_____	(Hrs)_____ <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F (Weeks)

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Advanced	_____	_____	(Hrs)_____ <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F (Weeks)

12. Do the students sign waivers? Yes (If yes, please provide a copy) No

13. What is the minimum age of students allowed to participate? _____

14. What are your estimated receipts for the year? _____

15. How many students do you have annually? _____

16. Does the equipment used during school belong to the participants? Yes No

If not, where does the rented or loaned equipment come from? _____

17. Is the equipment thoroughly checked prior to being used? Yes No

18. Is coverage needed for any boats that you may own or lease? Yes No

If yes, please provide for each boat: Type of Coverage Needed Value Horsepower Length of Boat

19. **ADDITIONAL INSUREDS: If you are required to add entities to your policy as additional insureds, please provide a list of names, as they should appear on the policy, the complete address for each and their relationship to you.**

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)