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CA #0334819

SPORTS CAMP INSURANCE APPLICATION

APPLICANT INFORMATION

Name of insured (*as will appear on policy*): _____

Doing business as: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

LOCATION INFORMATION

Location of camp: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Location of office premises: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Do you intend to have off premises office premises liability? ☐ Yes ☐ No

If yes, office square footage: _____

Contact Person: _____

Person is: ☐ Owner ☐ Promoter ☐ Agent ☐ Other: _____

Phone: (____) _____ Fax: (____) _____

Federal tax ID number: _____

Email address: _____ Web site address: _____

Nature of operations/description of event: _____

List all activities operated under the named insured that are not camp related (e.g. competitions, other operations, etc.) _____

Insured is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Not for Profit Organization

☐ Limited Liability Corporation ☐ Other (explain): _____

President: _____ Number of years in business: _____

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

AGENCY/BROKERAGE INFORMATION

Name of agency/brokerage (if applicable): _____

Contact Person: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Federal tax ID number: _____ Email address: _____

COVERAGE INFORMATION- Check the type of coverage and indicate the limits and deductibles desired:

		Limits Requested	Deductible
☐ General Liability	☐ Primary	\$ _____	\$ _____
	☐ Excess	\$ _____	\$ _____
	☐ Legal Liability To Participants	\$ _____	\$ _____
	☐ Liquor Liability (<i>K&K application required</i>)	\$ _____	\$ _____
	☐ Employee Benefits Liability	\$ _____	\$ _____
☐ Participant Accident	☐ AD&D	\$ _____	\$ _____
	☐ Excess Medical	\$ _____	\$ _____
	☐ Weekly Disability Income	\$ _____	\$ _____
☐ Property	☐ Property (<i>ACORD application required</i>)	\$ _____	\$ _____
	☐ Inland Marine (<i>ACORD application required</i>)	\$ _____	\$ _____
	☐ Crime (<i>ACORD application required</i>)	\$ _____	\$ _____
☐ Auto (<i>ACORD application required</i>)		\$ _____	\$ _____
☐ Workers' Compensation (<i>ACORD application required with Experience Modification Worksheet</i>)		\$ _____	\$ _____
☐ Other: _____		\$ _____	\$ _____

ADDITIONAL INSURED: (*Please list as they will appear on the policy. If additional space is needed, please attach a list to this form*).

	<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION TO YOU *</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

** If the additional insured is an owner, manager, or lessor of the premises to you, please indicate the part of the premises leased or rented to you by the designated additional insured, as respects your activity or operation.*

GENERAL INFORMATION

- Has this type of insurance ever been: ☐ Cancelled ☐ Declined ☐ Non-renewed
If so, please explain. _____
- Does this organization engage in any other business operations under the name of the insured as it will appear on the policy? ☐ Yes ☐ No
If yes, please explain. _____
- As respects your operation(s), do you enter into any contracts/lease agreements? ☐ Yes ☐ No
If yes, what contracts do you enter into? _____
 - Does the Named Insured assume liability for the other party? ☐ Yes ☐ No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
 - Does the other party assume the Named Insured's liability? ☐ Yes ☐ No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
 - Does each party assume its own liability? ☐ Yes ☐ No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
- Who reviews the contracts prior to signing?
☐ Corporate Officers ☐ Counsel ☐ Other (please explain): _____

5. For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured.

CERTIFICATES (Provide copies.) LIMITS ADDITIONAL INSURED

Food Concessionaires _____

UNDERWRITING INFORMATION

6. Is the camp accredited? ☐ Yes ☐ No

If yes, by whom _____

7. Type of camp (Check all that apply): ☐ Day Camp ☐ Resident Camp ☐ Travel ☐ Sports ☐ Special Needs
☐ Adult ☐ Co-ed ☐ Boys ☐ Girls

8. If resident camp, how long is average stay? _____

9. Age range of campers: _____

10. Date camp opens: _____ closes: _____ number of sessions: _____

11. Camper days: **DAY CAMPS**

A. Average number of campers per day: _____

B. Number of days per week: x _____

C. Number of weeks per year: x _____

Total Number of camper days (A x B x C) = _____

RESIDENT CAMPS

A. Average number of campers per day: _____

B. Number of days per week: x _____

C. Number of weeks per year: x _____

Total Number of camper days (A x B x C) = _____

— If more than one camp or more than one location, please attach a schedule of camp events/activities. —

12. Do you use volunteers? ☐ Yes ☐ No

If yes, for what position(s)? _____

13. Do you use subcontractors for any services? ☐ Yes ☐ No

If yes, what services are contracted out? _____

14. Do you get certificates of insurance from the contractors? ☐ Yes ☐ No

15. Are you named as additional insured on the contractor's policy(ies)? ☐ Yes ☐ No

16. Are doctors, nurses and/or certified medical personnel on the premises during camp? ☐ Yes ☐ No

If not, explain medical procedures: _____

17. Do all doctors, nurses and/or certified medical personnel/EMTs have their own professional liability insurance in force with a minimum \$500,000 limit? ☐ Yes ☐ No

18. Does camp obtain medical permission slips? (If yes, attach copy) ☐ Yes ☐ No

19. Does camp require details regarding all prescription medicines being used by campers? ☐ Yes ☐ No

20. The nearest hospital or emergency medical facility is _____ miles away.

STAFF

21. How long has your director been in his or her position with your camp? _____

22. How many total years of experience does the director have as a camp director? _____

23. Ratio of counselors to campers during activities: _____

24. Ratio of counselors to campers during non-activity hours: _____

25. Are campers always attended by counselors? ☐ Yes ☐ No

26. Minimum age of counselors: _____

27. Do you have a Counselor in Training (CIT) or similar program? ☐ Yes ☐ No

28. If yes, what is the minimum age for the program? _____

29. Percentage of counselors who are returning from the previous year? _____
30. Are training classes mandatory for counselors? ☐ Yes ☐ No
31. Describe formal training, certification or previous experience required of counselors: _____

32. Does camp require an acknowledgement of risk/consent form to be signed by each camper and their parent(s)/guardian(s) *(If yes, attach copy)*? ☐ Yes ☐ No

RESIDENTIAL CAMPS

33. Date of last board of health inspection: _____
34. Do employees, management, or caretakers, etc. live on premises year round? ☐ Yes ☐ No
If yes, explain: _____
If not, explain security/up keep for premises: _____

35. How many cabins or dwellings are occupied year round? _____ By whom? _____
36. Are all buildings at the insured premises owned by the named insured? ☐ Yes ☐ No
If no, please specify: _____
37. Describe cooking facilities (ie. deepfryers, grills, ovens, etc.): _____

38. Is there an Ansul or similar automatic fire protection system over all cooking surfaces? ☐ Yes ☐ No
If yes, what type: _____
If no, explain: _____
39. Is there a fire station (paid or volunteer) within a 5 mile radius? ☐ Yes ☐ No
40. Are there fire hydrants on or near premises? ☐ Yes ☐ No
41. Do all sleeping rooms have smoke detectors? ☐ Yes ☐ No
42. Are any buildings sprinklered? ☐ Yes ☐ No
If so, which ones: _____
43. Do any on-site steam boilers (or other machinery) require certification to satisfy governmental requirements? ☐ Yes ☐ No
If yes, please provide the location, address, contact person and certificate expiration date: _____

TRANSPORTATION

44. Is camp responsible for campers transportation to and from camp? ☐ Yes ☐ No
45. Do you allow any camp employees or volunteers to transport campers in their personal vehicles? ☐ Yes ☐ No
46. Does camp hire: ☐ vans ☐ 15-passenger vans ☐ buses ☐ other: _____
47. Annual cost to hire vehicles:
a. Where the camp must insure the vehicle \$ _____ (Primary)
b. Where the lessor insures the vehicle \$ _____ (Excess) *
**Please be sure to collect a certificate of insurance evidencing automobile liability coverage and naming camp as additional insured.*
48. Minimum age of drivers? _____
49. Is a fleet safety program in place? ☐ Yes ☐ No
If yes, please describe: _____

50. Are vehicles ever loaned or given to employees for there use? ☐ Yes ☐ No

51. Who is responsible for maintenance of vehicles? _____

52. Do you own 15-passenger buses or vans? ☐ Yes ☐ No

If yes, please describe safety procedures, specifically with regard to top loading and/or trailer pulling: _____

ACTIVITIES

53a. Are any of the following activities offered by the camp (*Additional underwriting information will be required*)?

YES ACTIVITY

- ☐ Archery
- ☐ Arts & Crafts
- ☐ Bicycling
- ☐ Back packing (hiking)
- ☐ Baseball/Softball
- ☐ Basketball
- ☐ Boating
- ☐ Canoeing
- ☐ Cheerleading
- ☐ Caving
- ☐ Cross country/running
- ☐ Diving
- ☐ Field Trips/travel
- ☐ Fireworks
- ☐ Football (tackle)
- ☐ Football (flag/touch)
- ☐ Go-karts
- ☐ Golf
- ☐ Gymnastics
- ☐ Hockey (field)

YES ACTIVITY

- ☐ Hockey (ice)
- ☐ Hockey (inline)
- ☐ Horseback riding
- ☐ Hunting
- ☐ Ice skating
- ☐ Jet skiing/waverunner
- ☐ Kayaking
- ☐ Kickball
- ☐ Lacrosse
- ☐ Martial arts
- ☐ Mountain Biking
- ☐ Motorbikes/Minibikes/Motorcycles/ATVs
- ☐ Paintball
- ☐ Rafting
- ☐ Rappelling
- ☐ Rifle ranges # _____
- ☐ Rock climbing/climbing wall
- ☐ Ropes courses/climbing towers
- ☐ Rugby
- ☐ Saddle animals

YES ACTIVITY

- ☐ Skateboarding ramps/jumps
- ☐ Skiing (cross country)
- ☐ Skiing (alpine/downhill)
- ☐ Skiing (water)
- ☐ Soccer
- ☐ Surfing
- ☐ Swimming
- ☐ Trampolines # _____
- ☐ Bungee trampolines # _____
- ☐ Tennis
- ☐ Track & Field
- ☐ Tubing
- ☐ Volleyball
- ☐ Water trampolines # _____
- ☐ Waterslides over 15' in height # _____
- ☐ Whitewater canoeing /kayaking/rafting
- ☐ Wrestling
- ☐ Other: _____
- ☐ Extreme sports: _____

53b. **Additional Activity Information** - Complete for all activities you provide:

Bicycling- Are helmets required? ☐ Yes ☐ No
Any biking on public highways? ☐ Yes ☐ No

Cheerleading- Any stunting or pyramids? ☐ Yes ☐ No
Do you follow USASF or NFHS guidelines? ☐ Yes ☐ No

Field Trips/Travel- How many trips are conducted per year? _____
Are all trips within the United States? ☐ Yes ☐ No
Do any field trips last more than one day? ☐ Yes ☐ No
To what types of attractions will you visit? _____
What is the average distance traveled? _____
What is the ratio of adult staff to campers? _____
Are signed permission forms and waivers obtained from the parents or guardians of the campers going on the field trips? ☐ Yes ☐ No
Do all parents/guardians receive detailed information regarding the trips? ☐ Yes ☐ No
Do all campers and camp staff wear identification tags or identifiable clothing on all trips? ☐ Yes ☐ No
Are campers allowed to transport themselves or other campers? ☐ Yes ☐ No

Marital Arts-- Describe the types taught: _____
Is contact allowed? ☐ Yes ☐ No
Are all instructors certified? ☐ Yes ☐ No
If yes, by whom? _____

54. Does camp have a safety plan for all activities checked? (*If yes, attach copy*) ☐ Yes ☐ No

55. Does camp contract with others for program services for any of these activities? ☐ Yes ☐ No

If yes, please explain: _____

56. Are certificates of insurance provided *(If yes, attach sample)*? ☐ Yes ☐ No
57. Are any contracts signed with these groups *(If yes, attach copies)*? ☐ Yes ☐ No
58. Do any activities take place off the camp premises? ☐ Yes ☐ No

If yes, please explain, including explanation of transportation: _____

59. If shooting/riflery is provided, are NRA standards met? ☐ N/A ☐ Yes ☐ No

60. **IF CAMP UTILIZES A POOL:** ☐ N/A

Total number of pools: _____

Is it open to members of the public? ☐ Yes ☐ No

Maximum depth of swimming area: _____

Is it fenced? ☐ Yes ☐ No Height: _____

Are depth markings clearly visible in and around the pool? ☐ Yes ☐ No

Number of diving boards: _____ Height: _____

Depth of water at diving board entry: _____

Is a lifeguard provided? ☐ Yes ☐ No

If yes, ratio of swimmers to lifeguards: _____

Are lifeguards certified? ☐ Yes ☐ No

If yes, by whom: _____

Are rules posted at the pool area? ☐ Yes ☐ No

Any nighttime swimming allowed? ☐ Yes ☐ No

If yes, is pool lighted? ☐ Yes ☐ No

61. **IF CAMP UTILIZES A LAKE, POND OR RIVER:** ☐ N/A

Total number of lakes, ponds or rivers: _____

Is it open to members of the public? ☐ Yes ☐ No

Maximum depth of swimming area: _____

Is swim area roped off? ☐ Yes ☐ No

Is signage posted clearly stating the depth of water and the rules for the lake/pond? ☐ Yes ☐ No

Number of diving boards: _____ Height: _____

Depth of water at diving board entry: _____

Is a lifeguard provided? ☐ Yes ☐ No

If yes, ratio of swimmers to lifeguards: _____

Are lifeguards certified? ☐ Yes ☐ No

If yes, by whom: _____

Rescue vehicle available? ☐ Yes ☐ No

Any nighttime swimming allowed? ☐ Yes ☐ No

If yes, describe lighting: _____

62. Are there other bodies of water on premises *(not just those normally utilized)* and are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use? ☐ Yes ☐ No

CONFERENCE/RENTALS/LEASING ☐ N/A

63. Is camp leased to outside entities *(e.g. conferences, retreats, reunions, weddings, etc.)*? ☐ Yes ☐ No

If yes, provide dates, and anticipated number of attendees: _____

If yes, are certificates of insurance naming camp as an additional insured required? ☐ Yes ☐ No

64. Are limits of \$1,000,000 required? ☐ Yes ☐ No

If no, explain: _____

65. Are contracts/agreements signed with these entities *(If yes, attach sample)*? ☐ Yes ☐ No

66. Gross receipts from leased periods: \$ _____

67. During leased periods, does camp director/management or any other employees remain on the premises? ☐ Yes ☐ No

If yes, please explain: _____

68. Do activities take place during leased period that do not take place during usual camp operations? ☐ Yes ☐ No

If yes, please explain: _____

69. Do you sell or furnish liquor during leased periods? ☐ Yes ☐ No

If yes, please complete the Liquor Liability Application.

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ☐ A. *Camp brochure/literature defining activities (if no camp website).*
- ☐ B. *Schedule of camp events/activities.*
- ☐ C. *Four years of currently valued company loss runs.*
- ☐ D. *Copy of operations manual (including safety, medical and emergency procedures)
and employee/staff training manual.*
- ☐ E. *Copy of staff application and, when applicable, background check consent form (if not on camp website).*
- ☐ F. *Copy of camper registration form, copy of camper waiver, and copy of medical permission form (if not on camp website).*
- ☐ G. *Copies of all contractual agreements pertaining to camp operations.*
- ☐ H. *Copy of certificate of insurance from transportation company naming camp as additional insured is required.*

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)

FRAUD WARNINGS
APPLICATION ADDENDUM

This form supersedes any Application verbiage to the contrary.

FRAUD WARNINGS

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 CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 AGENCIES.

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, MAY BE SUBJECT TO PROSECUTION FOR THE COMMISSION OF 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.

MANDATORY SIGNATURE SUPPLEMENT

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: _____

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.

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)