CAMPS, CONFERENCE & RETREAT CENTERS

Eligible Operations

Including but not limited to:

- Activity camps
- Boy and Girl Scout councils
- Conference centers
- Day camps
- Leadership camps
- Learning camps
- Religious retreats
- Resident camps
- Summer camps

Ineligible operations:

Including but not limited to:

- Athletic or sports-focused camps, travel camps, boot camps, extreme camps

Note:

- Sport & smaller nonsport day camps may qualify for coverage under K&K's Risk Purchasing Group (see reverse side for contact information)

Key Underwriting/Qualifying Factors

(Including but not limited to):

- Camps must have system for personnel screening, written sexual abuse & molestation procedures and criminal background checks
- $5,000 minimum account premium

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Camp Program for over 30 years
- Proud industry involvement through active participation in American Camp Association, Christian Camp and Conference Association, American Outdoors, Professional Paddlesports of America and the Association for Experiential Educators (AEE)
- 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 (interest-free, fee-free)

K&K provides customized property and liability camp insurance solutions designed for a variety of camp organizations including camps, retreats, and conference centers. Coverage may include activities such as hiking trails, horseback riding, paintball courses, ropes courses, recreational boating, and swimming.

- Camps must have a system for personnel screening, written sexual abuse and molestation procedures, and criminal background checks to qualify for camp insurance
- Camp certified by ACA, CCCA or equivalent preferred
- $5,000 minimum account premium

Coverages Available & Program Highlights:

General Liability

- Non-audited policy
- Broadened coverage form
- No deductible
- Sexual Abuse & Molestation Endorsement - per perp form (subject to qualification based on minimum underwriting guidelines)
- Fireworks Liability
- Expanded Bodily Injury Definition
- Medical Professional Employee/Volunteer Liability
- Non-owned watercraft up to 51'
- Personal and advertising injury definition expanded
- Camp Director Liability
- Crisis Response Coverage

Property

- More Than 25 Coverage Expansions
- Equipment Breakdown Included
- Vacancy Clause redefined to address seasonal operations
- Building definition redefined to include tent platforms, pavilions & shelters, signs, boat & canoe racks, athletic backstops, permanently installed playground equipment, adventure course structures and climbing walls and above ground tanks
- Outdoor property (trees, shrubs, or plants)
- Business interruption (Civil Authority Expansion Available in certain states)
- Emergency vacating expenses covered, Building Ordinance "A" Coverage

Crime

Commercial Auto

Excess Liability

Inland Marine

Workers’ Compensation

Common Associated Exposures:

- Hiking trails
- Horseback riding
- On-site physician/nurse
- Paintball courses
- Ropes courses/climbing walls/ziplines
- Recreational boating/ canoeing
- Swimming

Contact Information:

P.O. Box 2338 Fort Wayne, IN 46801-2338

Camps Program

PHONE: **877.355.0315**

EMAIL:
KK.CampCgrdResort@
kandkinsurance.com

WEB SITE:
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)

All descriptions, summaries or highlights of coverage are for general informational purposes only and do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy.

Submission Instructions:

To request an insurance quotation through this program, complete the appropriate PDF application and submit as directed in the application. Insurance is subject to underwriting, may not be available to all applicants in all states, and may vary by state. It is important to carefully review the terms and conditions of any insurance quotation. Please contact a K&K representative if you have any questions.

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Copy of sexual abuse screening and written procedures
- Five years of detailed, currently-valued company loss runs
- Pictures of facility
- Web site address (if available)
- Diagram or "Plot Plan" of premises

Camp Application(s):

(Applications can be obtained from our web site: kandkinsurance.com)

K&K Application(s)
- Camp Insurance Application
- Fireworks Supplemental Application (if needed)
- Workers' Compensation Supplemental (if needed)
- Liquor Liability Application (if needed)
- Abuse and Sexual Misconduct Application (if needed)
- Employee/volunteer transportation questionnaire (if needed)
- Trampoline questionnaire (if needed)
- Paintball field course supplemental application (if needed)

ACORD Application(s)
- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability
- Workers' Compensation

P.O. Box 2338
Fort Wayne, IN 46801-2338
1-877-355-0315 Fax 1-260-459-5990
www.kandkinsurance.com
CA# 0334819

CAMP INSURANCE APPLICATION

1. GENERAL INFORMATION

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

Doing business as: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ FEIN#: _____

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

Camp Season Phone: _____ Off Season Phone: _____ E-mail: _____

Camp Web site: _____

2. **Name of Agency/Brokerage:** _____

Contact Person: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

3. **Insured is:** ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ For Profit ❑ 501 3C Non Profit

❑ Other (explain): _____

4. **Number of years in business:** _____ **Number of years under present management:** _____

State the location in which the organization is headquartered/chartered: _____

5. Policy period requested: From: _____ To: _____

6. Has your coverage ever been cancelled or non-renewed? ❑ Yes ❑ No If so, why: _____

_____

7. COVERAGE INFORMATION

ADDITIONAL INSUREDS	RELATIONSHIP	ADDRESS

8. Location of camp: _____

Location of off-premises office: _____

Is off-premises office located in a commercial building or residence? _____

9. List all other operations of the named insured, that are not camp related *(ie. missionary work, school, nursery or day care program, church operations, etc.):* ____

_____

_____

10. Is the camp accredited by: **ACA:** ❑ Yes ❑ No **CCCA:** ❑ Yes ❑ No **Other:** _____

Are the camp directors accredited? ❑ Yes ❑ No

If yes by whom: _____

11. Type of camp (Check all that apply):

❑ Day Camp ❑ Resident Camp ❑ Travel Camp ❑ Sports Camp ❑ Special Needs ❑ Adult

Date camp opens: _____ closes: _____

Camper days:

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 on additional sheet of paper and list each separately.

Would you like a quote for Sexual Abuse and Molestation Coverage (if eligible)? ❑ Yes ❑ No

If yes, please complete the Abuse & Molestation / Sexual Misconduct Application

Are any camp sessions designed for those with physical or mental handicaps, challenges or illnesses? ❑ Yes ❑ No

If yes, explain: _____

_____

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Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy? ❑ Yes ❑ No

Date of last board of health inspection:_____

Do employees, management, or caretakers, etc. live on premises annually? ❑ Yes ❑ No

If yes, whom:_____ How many units do they occupy?_____

If not, explain security/maintenance for premises in the "off-season":_____

Are all buildings at the insured premises owned by the named insured? ❑ Yes ❑ No

If no, please specify:_____

Do you have volunteers? ❑ Yes ❑ No

If yes, for what position(s)?_____

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

If not, explain medical procedures:_____

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

Does camp obtain medical permission slips? *(If yes, attach copy)* ❑ Yes ❑ No

Does camp require details regarding all prescription medicines being used by campers? ❑ Yes ❑ No

The nearest hospital or emergency medical facility is_____miles away.

Does camp carry primary accident medical and/or sickness insurance? ❑ Yes ❑ No

If yes, name of insurer?_____ Limit per camper?_____

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

Describe cooking facilities (ie. deepfryers, grills, ovens, etc.):_____

Is there an Ansul or similar automatic fire protection system over all cooking surfaces? ❑ Yes ❑ No

If yes, what type and which builings:_____

If no, explain:_____

Distance to nearest fire station:_____(road miles) ❑ Paid Fire Department ❑ Volunteer Fire Department

Distance to nearest fire hydrant from the insured premises_____

Do all sleeping rooms have smoke detectors? Battery operated_____ Hardwired_____ ❑ Yes ❑ No

Do all sleeping rooms have carbon monoxide detectors? ❑ Yes ❑ No

Are any buildings sprinklered? ❑ Yes ❑ No

If so, which ones:_____

12. CONFERENCE/RENTALS/LEASING ❑ N/A

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

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

Are limits of $1,000,000 required? ❑ Yes ❑ No

If no, explain:_____

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

Gross receipts from leased periods: $_____

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

If yes, please explain:_____

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

If yes, please explain:_____

Do you sell or furnish liquor during leased periods? ❑ Yes ❑ No

If yes, please complete the Liquor Liability Application.

13. PERSONNEL

Ratio of counselors to campers during activities:_____

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

Are campers always attended by counselors? ❑ Yes ❑ No

Minimum age of counselors:_____

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

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

Percentage of counselors who are returning from the previous year?_____

Are training classes mandatory for counselors? ❑ Yes ❑ No

Describe formal training, certification or previous experience required of counselors:_____

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14. TRANSPORTATION

Is camp responsible for campers transportation to and from camp? ❑ Yes ❑ No

General Description of driving operations (to/from camp including pick up points, field trips, special events):_____

_____

Do you allow any camp employees or volunteers to transport campers in their personal vehicles on an ongoing, non-emergency basis? ❑ Yes ❑ No

If yes, please complete the Employee/Volunteer Transportation Questionnaire.

Does camp hire: ❑ Vans ❑ Buses ❑ Other

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.*

For all owned, hired or non-owned vans or buses used in the camp operation, please complete the following:

Vehicle Type	# of Units	% of Trips Radius 0-50 Miles	% of Trips 51-200 Miles	% of Trips over 200 miles
9-20 seats	_____	_____	_____	_____
21-60 seats	_____	_____	_____	_____
Over 60 seats	_____	_____	_____	_____

Minimum age of drivers who transport campers?_____

Minimum age of drivers not transporting campers?_____

Please describe driver training:_____

Is a formal safety program in place? ❑ Yes ❑ No

If yes, please describe including how often regular meetings are conducted:_____

Is management involved in daily operations? ❑ Yes ❑ No

Who is responsible for vehicle maintenance?_____

Does the applicant have a written maintenance program? ❑ Yes ❑ No

Does the applicant follow daily DOT inspection procedures? ❑ Yes ❑ No

Are service records of each vehicle maintained on a daily basis? ❑ Yes ❑ No

Where are vehicles stored?_____

_____

Type of storage, including notes on inside or outside and security measures for storage area:_____

_____

_____

Are vehicles loaned or given to employees for personal use? ❑ Yes ❑ No

Do you own or operate 15 passenger vans buses? ❑ Yes ❑ No

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

_____

15. ACTIVITIES

Are any of the following activities provided by the camp *(Additional underwriting information may be required)*?

YES ACTIVITY
- ❑ Adventure program
- ❑ Alpine skiing
- ❑ Archery ranges, #_____
- ❑ ATVs/dirt bikes *(Supplemental required)*
- ❑ Bicycling
- ❑ Back packing
- ❑ Caving
- ❑ Circus activities
- ❑ Cross country skiing
- ❑ Farming
- ❑ Fireworks *(Supplemental required)*
- ❑ Field sports
- ❑ Gymnastics

YES ACTIVITY
- ❑ Go-karts *(Go-Kart Operations Minimum Underwriting Guidelines required)*
- ❑ Hayrides *(Supplemental required)*
- ❑ Inflatable elements, #_____
- ❑ Jumping pad/pillow *(Supplemental required)*
- ❑ Mountain boarding
- ❑ Paintball *(Supplemental required)*
- ❑ Petting zoo
- ❑ Rappelling
- ❑ Rifle ranges, #_____
- ❑ Rock climbing/climbing wall
- ❑ Rope courses
- ❑ Saddle animals

YES ACTIVITY
- ❑ Skateboarding ramps/jumps
- ❑ Skin or scuba diving *(Supplemental required)*
- ❑ Snow tubing/Sledding *(Supplemental required)*
- ❑ Trampolines, #_____ *(Supplemental required)*
- ❑ Bungee trampolines, #_____
- ❑ Tubing
- ❑ Water skiing
- ❑ Waterslides over 15' in height, #_____
- ❑ Whitewater canoeing/kayaking/rafting
- ❑ Zip lines, #_____
- ❑ Other_____
- ❑ Other_____

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

Does camp contract with others for program services for any of these activities? ❑ Yes ❑ No

If yes, please explain:_____

Are certificates of insurance provided ***(If yes, attach sample)***? ❑ Yes ❑ No

Are any contracts signed with these groups ***(If yes, attach copies)***? ❑ Yes ❑ No

Do any activities take place off the camp premises? ❑ Yes ❑ No

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

_____

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16. **INFLATABLE ELEMENTS** ❑ N/A *(ie: moonbounce, water trampoline, iceberg, blob, soft play courses/wibits, etc...)*

Type of inflatable (official name):_____

Average number of participants/campers for each inflatable:_____

Age group for each inflatable:_____

Are inflatables: ❑ Owned ❑ Leased/Rented

Are inflatables: ❑ Kept on premises ❑ Taken off premises ❑ Both

Are all employees/lifeguards trained in the operation rules of the inflatable element usage? ❑ Yes ❑ No

Are rules posted for all users? ❑ Yes ❑ No

How will the unit(s) be protected from unauthorized use?_____

_____

Are there any requirements to enter the inflatable? (removal of shoes, glasses, etc.)_____

Are there any restrictions in place for inclement weather? (ie: wind, rain, etc.) ❑ Yes ❑ No

If yes, please explain:_____

Confirm that NO inflatable will be set up outdoors, if wind gusts exceed 20 mph on the day of operation? ❑ Yes ❑ No

17. **SPECIFIC TO WATER BASED INFLATABLE ELEMENTS ONLY** ❑ N/A

Are the element(s) maintained at all times (when in use) in at least 6' of water? ❑ Yes ❑ No

Are the element(s) supervised at a ratio of at least 1 lifeguard to 4 patrons? ❑ Yes ❑ No

Will diving off any of the element(s) be permitted? ❑ Yes ❑ No

Are lifejackets required? ❑ Yes ❑ No

Are the units permanently anchored in the lake/body of water? ❑ Yes ❑ No

Will any element(s) be pulled by a motorboat? ❑ Yes ❑ No

Softplay/Wibits — required photos of each element *(include with submission)* and describe each element:_____

_____

18. **SADDLE ANIMALS** ❑ N/A

Number owned or leased:_____ Used at outside stable:_____

If subcontracted, are certificates of insurance naming camp as additional insured required? ❑ Yes ❑ No

Are limits of $1,000,000 required? ❑ Yes ❑ No

If no, explain:_____

Is safety equipment *(e.g. helmets, heeled boots, long pants, etc.)* required? ❑ Yes ❑ No

Are horses available for riding during leased periods? ❑ Yes ❑ No

If yes, please explain:_____

Are instructors CHA certified? ❑ Yes ❑ No

Are all saddle animals vaccinated? ❑ Yes ❑ No

19. **PETTING ZOO** ❑ N/A

What kind of animals?_____

Are all animals properly vaccinated? ❑ Yes ❑ No

Is there a hand washing station? ❑ Yes ❑ No

If no, explain:_____

20. **WATERSLIDE** (over 15 feet in height) ❑ N/A Number of waterslides:_____

Are there attendants at the top and bottom of the slide(s) to monitor and space participants? ❑ Yes ❑ No

What is the height of each slide?_____

What is the length of each slide?_____

Is the slide maintained by a qualified maintenance person? ❑ Yes ❑ No

Is head first sliding allowed? ❑ Yes ❑ No

Are there signs posted to instruct patrons on proper behavior and riding techniques? ❑ Yes ❑ No

If yes, where:_____

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21. **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

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:_____

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

Does your pool(s) meet the requirements of the Title XIV of Public Law 110-140, known as the "Virginia Graeme Baker Pool and Spa Safety Act" as enacted on 12-18-08? ❑ Yes ❑ No

22. **TUBING, RAFTING, CANOEING, KAYAKING, SAILING OR BOATING** ❑ N/A

If your camp provides any of the following activities, please **list the <u>NUMBER</u> of boats in each category** below:

_____Canoes, rowboats, kayaks, paddleboats, SUPs

_____Sailboats

_____Personal Watercraft
(e.g. Jet Skis, Waverunners, etc.)

_____Motorboats under 76 HP

_____Motorboats over 76 HP

_____Are any boats over 21' in length?

Explain uses for powered boats and personal watercraft:_____

Are lifejackets, etc. required to be worn by each participant during all water activities? ❑ Yes ❑ No

Are campers always accompanied by qualified counselors? ❑ Yes ❑ No

Are campers ever permitted to operate motorized boats? ❑ Yes ❑ No

Are lifeguards always in attendance during these activities? ❑ Yes ❑ No

Is area restricted to campers only during these activities? ❑ Yes ❑ No

23. **WHITEWATER** ❑ N/A

What type: ❑ Raft ❑ Kayak ❑ Canoe ❑ Tube

Instructors qualifications or outfitter used:_____

If outfitter, do you obtain certificate of insurance? ❑ Yes ❑ No

Are you named as Additional Insured on guide's insurance? ❑ Yes ❑ No

Completely describe any "whitewater" exposures:_____

24. **GYMNASTICS** ❑ N/A

Floor exercises only? ❑ Yes ❑ No

List all apparatus used:_____

Is counselor/instructor a certified USGA gymnastics instructor? ❑ Yes ❑ No

If so, do you require a copy of the certificate? ❑ Yes ❑ No

If not, explain the instructor's qualifications_____

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25. **ROPES COURSES/ZIP LINES** ❑ N/A

Completely describe the area and type of high/low elements:_____

_____

_____

Is the course inspected annually by a certified independent consultant *(ACCT/PVM; AEE; PRCA)*? ❑ Yes ❑ No

By whom *(name of ACCT/PVM; AEE; PRCA, vendor used)*?_____

Describe staff training *(by whom, how often, confirmation that all ropes course staff are included in the training)*:_____

_____

26. **SKATEBOARDING/SKATEPARK** ❑ N/A

Is safety equipment *(helmet, knee pads, elbow pads, etc.)* required? ❑ Yes ❑ No

If elements/obstacles are present *(ramps, rails, boxes, banks, quarterpipes, etc.)* please describe and indicate size of each?_____

_____

_____

If halfpipe, indicate height:_____

How is skatepark protected from unauthorized usage?_____

_____

27. **CLIMBING WALLS/ROCK CLIMBING/RAPPELLING** ❑ N/A

NUMBER of indoor climbing walls: Stationary/permanent:_____ Moveable:_____

NUMBER of outdoor climbing walls: Stationary/permanent:_____ Moveable:_____

List equipment used:_____

_____

List counselors/instructors qualifications:_____

_____

28. **CAVING** ❑ N/A

Cave type: ❑ Vertical ❑ Horizontal

If vertical, how deep?_____

Has the cave been approved for safety? ❑ Yes ❑ No

29. **ARCHERY** ❑ N/A

Does the archery range include arrow stops and a supplemental backstop or specific safety zones behind targets? ❑ Yes ❑ No

Are there clearly delineated rear and side safety buffers? ❑ Yes ❑ No

Are there clearly defined shooting lines/lanes? ❑ Yes ❑ No

Do archery activity leaders use clear safety signals and range commands to control activity at the shooting line and during the retrieval of bows & targets? ❑ Yes ❑ No

Are bows and arrows locked up when not in use? ❑ Yes ❑ No

Explain any 'no' answers:_____

_____

_____

_____

30. **RIFLE/PELLET/AIR GUN** ❑ N/A

Does camp require redundant storage of all firearms & ammunition, including requiring locations or access systems? ❑ Yes ❑ No

Does the shooting range include bullet traps and a supplemental backstop or specific safety zones behind targets? ❑ Yes ❑ No

Are there clearly delineated rear and side safety buffers? ❑ Yes ❑ No

Are there clearly defined firing lines/lanes? ❑ Yes ❑ No

Do riflery activity leaders use clear safety signals and ranges commands to control activity at the firing line and during the retrieval of targets? ❑ Yes ❑ No

Explain any 'no' answers:_____

_____

_____

_____

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PLEASE BE SURE TO ATTACH THE FOLLOWING WITH THE APPLICATION

- ❑ **A.** *Camp brochure/literature defining activities (if no camp website).*
- ❑ **B.** *Schedule of events/activities or calendar of camp season (if no camp website).*
- ❑ **C.** *Company copies of loss history for last five (5) years.*
- ❑ **D.** *Diagram, map or photos of camp including any natural or man-made hazards.*
- ❑ **E.** *Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual.*
- ❑ **F.** *Brief resume of camp management personnel (required when camp ownership, operation or management has changed within the past 12 months).*
- ❑ **G.** *Copy of staff application and, when applicable, background check consent form (if not on camp website).*
- ❑ **H.** *Copy of camper registration form (if not on camp website).*
- ❑ **I.** *Copy of camp acknowledgment of risk and consent form for campers (if not on camp website).*
- ❑ **J.** *Copy of medical permission slip for campers (if not on camp website)*
- ❑ **K.** *Copy of contract or lease agreement used for lessors of premises, if applicable.*
- ❑ **L.** *Copy of certificate of insurance from transportation company, naming camp as additional insured is required if Excess Hired Auto coverage is provided.*
- ❑ **M.** *Copy of most recent ropes course/zipline inspection.*
- ❑ **N.** *Auto schedule must include seating capacity for each scheduled van or bus.*
- ❑ **O.** *Appropriate Questionnaire/Supplemental Application when the insured has any of the following: ATV/Snowmobile/Dirt Bikes; Employee Transportation in Personal Vehicles; Fireworks; Go Karts; Hayride; Jumping Pad/Pillow; Paintball; Scuba/Skin Diving; Snow Tubing/Sledding; Trampolines*
- ❑ **P.** *Workers Compensation Supplemental (if coverage to be quoted)*

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)

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K&K INSURANCE
Insuring the world's fun!
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www.kandkinsurance.com
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 ❍ Safe 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 formal safety protocol? 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

Regular inspections for housekeeping hazards and condition of equipment performed? Yes ❍ No ❍

If so, how often and by whom? _____

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 ❍

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EMPLOYEE/VOLUNTEER TRANSPORTATION QUESTIONNAIRE

CAMPS & BSA ONLY

Name of Insured:_____

1. Do you allow employees/volunteers to transport campers in their personal vehicles? ❑ Yes — ***if yes, please complete this form*** ❑ No — ***if no, you do not need to complete this form***

   If yes, how many employees/volunteers are approved to transport campers?_____

2. What is the maximum capacity of the largest private passenger vehicle used?_____

3. Please list the maximum driving radius of any one employee/volunteer driver:_____

4. Have the employee/volunteer transporters' vehicles been inspected by camp mechanics/independent mechanics to verify auto fitness and child restraints present? ❑ Yes ❑ No
   a. If so, what minimum qualifications are required of said mechanics? Please list._____
   _____
   b. If so, please attach a sample of the auto inspection sheet used. If not, why not?_____
   _____

5. Who is responsible for reviewing child safety restraint laws?_____

6. As respects the laws in your state, for what age and weight do the following child safety restraints apply:
   a. seat belt only age:_____ weight:_____
   b. belt positioning booster seat age:_____ weight:_____
   c. car seat age:_____ weight:_____

7. Are all employee/volunteer drivers trained in the proper installation and use of child safety restraints? ❑ Yes ❑ No

8. Who is responsible for making sure that all employee/volunteer drivers are in compliance with the child safety restraint laws in your state?
   _____

9. Are these employee/volunteer drivers screened with all other staff drivers? ❑ Yes ❑ No
   If no, why not?_____

10. Are these employee/volunteer drivers put through the same driver training as all other staff drivers? ❑ Yes ❑ No
    If no, why not?_____

11. Is the camp requiring all employee/volunteer drivers to provide proof of personal lines Insurance coverage? ❑ Yes ❑ No
    If no, why not?_____
    _____
    If yes, what minimum liability limits are required? $_____

12. If employee/volunteer drivers are being compensated for this task, please list amount of annual compensation: $_____

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.

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GO KART OPERATIONS MINIMUM UNDERWRITING GUIDELINES

Name of Insured:_____

1. Participants **must** be required to wear helmets, shoes and seat belts.
2. Participants **must** be eight (8) years of age or over.
3. Participants **must** be at least 48'' tall.
4. All karts with two seats **must** have them arranged side by side with safety belts for each seat.
5. All karts **must** be built and maintained to the manufacturers specifications.
6. All karts **must**:
   a. be governed to a speed of 10-15 miles per hour.
   b. have padded steering wheel
   c. have padded head rest
   d. have chain and/or belt guards
   e. have wheel enclosures
7. Rules must be posted in plain sight.
8. A maintenance program should be in effect for the go-karts.
9. No racing is permitted.
10. A minimum of two (2) counselors on track during any go-karting.
11. All obstacles within 25 feet of track (in or out) must be removed or padded.
12. No bumping or reckless driving.

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FIREWORKS SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Date(s) of fireworks exposure:_____
2. Specific location of fireworks display(s):_____
3. Estimated spectator attendance:_____
4. Name of organization shooting fireworks:_____
5. Will other coverage be provided? ❑ Yes ❑ No
   If yes, please attach copy of certificate with your name listed as additional insured (minimum limit of $1,000,000 required).
6. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

Name	Experience

7. Are fireworks: "over the counter type"? ❑ Yes ❑ No -or- permit required/professional ❑ Yes ❑ No
   If insured is shooting fireworks, provide copy of current license.
8. Is a permit required by State, City, County authority for this fireworks display? ❑ Yes ❑ No
   If yes, please explain_____
9. Provide diagram of the fireworks display area, detailing the following information:
   a. Spectator fencing – distance from launch site to spectators
   b. Launch site
   c. Direction of launch
   d. Spectator parking lot
   e. Concessions area
   f. Surrounding areas
10. Describe firefighting equipment on site of event:_____
11. If no firefighting equipment on site, give distance to nearest fire station:_____
    Fire protection is: ❑ Volunteer ❑ Paid
12. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? ❑ Yes ❑ No
    If no, give distance in miles to nearest medical facility:_____ and response time in minutes:_____
13. Have you displayed fireworks before? ❑ Yes ❑ No
    If yes, describe any claims/losses that have occurred and the amount of loss:_____
14. Limit of Liability requested (cannot be greater than the event limit): ❑ $500,000 ❑ $1,000,000

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PAINTBALL FIELD/COURSE SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name of Insured:_____

How long have you been involved with Paintball operations:_____

Experience of management and staff:_____

PHYSICAL DESCRIPTION OF PREMISES

1. Number of Playing Fields: Indoor_____ Outdoor_____
2. Total area: Square feet_____ Acres_____
3. Outdoor fields: Natural_____ Man-made_____
4. Description of fields (including terrain, fencing, obstacles etc.)_____
5. Describe any fox holes, rivers, structures, man made props or physical hazards:_____
6. Do you provide transportation to the fields? ❑ Yes ❑ No
7. Do employees operate vehicles? ❑ Yes ❑ No
8. Type of terrain driven on etc._____
9. How far are fields from the camp?_____
10. Are there adequate safeguards to prevent trespassers from inadvertently crossing a field of play? ❑ Yes ❑ No
    If yes, describe:_____
11. Are all field rules posted in conspicuous areas of the premises to ensure players are aware of their limitations? ❑ Yes ❑ No
12. Are safety zones marked with signs indicating “no firing allowed”? ❑ Yes ❑ No
13. How often is the Field inspected for hazardous conditions?_____
14. What are the hours of operation?_____
15. Is the operation seasonal? ❑ Yes ❑ No
    If yes, describe:_____
16. Is your facility equipped to allow for night play? ❑ Yes ❑ No
    If yes, describe:_____

OPERATIONS

17. Are all players required to use:
    ANSI approved headgear (including protection over eyes, ears and mouth): ❑ Yes ❑ No
    Barrel safety plugs or sleeves: ❑ Yes ❑ No
18. Do they have an orientation meeting prior to the start of each game? ❑ Yes ❑ No
19. Is there an audible signal to end each session to ensure all players disengage their weapons? ❑ Yes ❑ No

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20. Are players permitted to bring their own equipment to the game including paintballs? ❑ Yes ❑ No
    If yes, does equipment meet National Paintball minimum standards governing markers, protective equipment and Paintball supplies? ❑ Yes ❑ No
21. What types of weapons are permitted? ❑ Handgun ❑ Rifle style ❑ Pump action ❑ Semi automatic
    ❑ Other_____
    If Semi automatic, what is the maximum number of balls per second?_____
22. Are all weapons checked with a chronometer and tagged during game registration? ❑ Yes ❑ No
23. What is the maximum velocity allowed (in feet per second)? Indoor_____ Outdoor_____
24. Are maintenance schedules kept for all equipment? ❑ Yes ❑ No
25. Are players permitted to set up their own fill stations? ❑ Yes ❑ No
26. Do you have a refill station at each field? ❑ Yes ❑ No
27. Amount of CO2 on site?_____
28. Does an employee or staff member operate the fill station? ❑ Yes ❑ No
    If yes, are they certified? ❑ Yes ❑ No
    If yes, by whom?_____
29. Number of players permitted on each field:_____
30. Are all players required to wear adequate playing gear/attire? ❑ Yes ❑ No
31. Minimum age requirement:_____
32. Are "spectators" permitted on the field during play? ❑ Yes ❑ No
33. Is there an area for "spectators"? ❑ Yes ❑ No
    If yes, describe location and protection._____
    _____
    _____
34. Are referees instructed to stop play in the event of unsafe activities/participant injury? ❑ Yes ❑ No
35. What are the steps taken in the event a camper/participant violates one or more of the safety regulations?_____
    _____
    _____

MANAGEMENT

36. Is each player required to sign a Waiver of Liability containing a Hold Harmless Agreement? ❑ Yes ❑ No
37. How long are the files maintained?_____

MISCELLANEOUS

38. Do you operate any concessions from the premises? ❑ Yes ❑ No
    If yes, describe:_____
    _____
39. Do you have a field store or sell paintball supplies/equipment? ❑ Yes ❑ No
    If yes please detail the type of equipment sold:_____
    _____
    _____
40. Do you sell used, reconditioned or pre-owned equipment? ❑ Yes ❑ No
41. Are all sales on an as-is basis? ❑ Yes ❑ No

SUMMARY OF REQUESTED ITEMS

42. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:
    ❑ Attach a copy of the Waiver with Hold Harmless including a copy of the List of Rules provided to each player.
    ❑ Please complete the attached Field Diagram Supplement.

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.

_____ _____

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PAINTBALL FIELD DIAGRAM SUPPLEMENT

In order to submit your application for coverage a diagram of your paintball field is required.

Here is a list of items and features to include:

1. Play area: Outline the field(s) of play indicating whether they are woods fields, speedball, etc.
2. Other structures: This may include pro-shops, concession stands, storage sheds, etc.
3. NETTING: Please indicate clearly all areas where netting is being used. Also show the distance from all areas of play to roads, other buildings, and important landmarks.
4. Parking areas, registration area, staging area, chronograph area, and spectator areas.

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LAND TRAMPOLINE SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Number of trampolines:_____

2. Where is each trampoline located?_____

   If outdoors, how is it protected from unauthorized use?_____

3. Does padding or other soft material surround the trampoline? ❑ Yes ❑ No

   If yes, please explain:_____

4. Are rules for use posted? ❑ Yes ❑ No

   If yes, where?_____

   If no, explain:_____

5. Is the instructor USAG (USA Gymnastics) Certified to provide instruction for trampolines? ❑ Yes ❑ No

   If no, please explain qualifications:_____

6. Do you ever permit more than one person on the trampoline at a time? ❑ Yes ❑ No

   If yes, explain:_____

7. Are flips or somersaults allowed? ❑ Yes ❑ No

8. Are spotters provided at all times? ❑ Yes ❑ No

   If no, explain:_____

9. Is a harness system used? ❑ Yes ❑ No
   If yes, explain:_____

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SCUBA OR SKIN DIVING SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. ❑ Lake Diving ❑ Ocean Diving ❑ Swimming Pool

2. Describe extent of activity:_____

3. List counselors/instructors qualifications:_____

4. Who provides equipment?_____

5. Who fills tanks?_____

6. Please attach a copy of PADI, NAUI, or SSI LICENSE for diving instructors.

7. If subcontracted activity, please provide us with a copy of the certificate of insurance naming camp as additional insured.

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ATV/SNOWMOBILE/DIRT BIKE SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Is the insured renting ATV/Snowmobiles/Dirt Bikes? Or, is this a bring your own sort of exposure?_____
2. Receipts generated from exposure: $_____
3. Is this activity contracted to a third party? ❑ Yes ❑ No
   If Yes, is there a contract between the provider and the named insured? ❑ Yes ❑ No
   Do you obtain certificates of insurance? ❑ Yes ❑ No
   Are you named as additional insured ❑ Yes ❑ No
4. What types of ATV/Snowmobiles/Dirt Bikes are used?_____
5. Age of machines?_____
6. Number of power units owned or leased?_____
7. Are maintenance records kept? ❑ Yes ❑ No
8. Do the units have a governor set at a maximum speed? ❑ Yes ❑ No
   If Yes, what is the maximum speed?_____
9. Are ATV/Snowmobilers/Dirt Bikes accompanied by a guide? ❑ Yes ❑ No
   If yes, are the guides in the front and end of the group to make sure speed limits are followed? ❑ Yes ❑ No
10. What experience does person in charge of operation have?_____
11. Describe training program *(including experience and age requirements)*:_____
12. Does the guide have two-way radio contact with base? ❑ Yes ❑ No
13. Number of riders per group:_____ Ratio of riders to guide:_____
14. Are all renters/riders age 18 & over? ❑ Yes ❑ No
    Any other physical limitations? ❑ Yes ❑ No
    If Yes, please list:_____
15. Are all participants required to wear helmets (DOT certified), goggles, appropriate shoes, and long pants? ❑ Yes ❑ No
16. Do you provide helmets/goggles to riders? ❑ Yes ❑ No
17. Other special safety equipment and clothing requirements:_____
18. Are the trails marked and groomed? ❑ Yes ❑ No
19. Is the insured responsible for maintaining the trails? ❑ Yes ❑ No
20. Do trails have proper signage per U.S. Forest Service and Snowmobile Associations? ❑ Yes ❑ No
21. Confirm **NO** jumping or racing permitted? ❑ Yes ❑ No
22. Are double riders allowed? ❑ Yes ❑ No
    If Yes, is it on machine designed for two-up riding? ❑ Yes ❑ No
23. What type of training and instructions are given to each rider?_____
24. How far out of base area are the riders allowed to go on trails? (miles)_____
25. Are ATV/Snowmobiles/Dirt Bikes used after dark? ❑ Yes ❑ No
26. Are waiver/releases signed by all participants? ATTACH copy of release ❑ Yes ❑ No

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JUMPING PAD/PILLOW SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Is the device deflated and not used in winds of more than 20 miles per hour? ❑ Yes ❑ No
2. Is there at least one attendant present during hours of operation? ❑ Yes ❑ No

   Number of attendants?_____
3. Are users grouped by size by the attendant(s) on duty? (smaller kids together vs. all ages levels) ❑ Yes ❑ No
4. How is the blower guarded? (Do children have access to this area? This must be supervised.)_____

   _____
5. Is jumping pad/pillow deflated at night? ❑ Yes ❑ No
6. Is jumping pad/pillow in a fenced area? ❑ Yes ❑ No

   Is area locked when not in use? ❑ Yes ❑ No
7. Are the rules for use posted, which should include, but not limited to: no flips, weight limit of users,

   and no use when surface is wet? ❑ Yes ❑ No

   (Please attach copy of rules/regulations)
8. Does insured use a waiver/release specifically referencing "jumping pad/pillow?" ❑ Yes ❑ No
9. Will the jumping pad/pillow be at the same location when inflated? ❑ Yes ❑ No
10. What surface will the jumping pad/pillow be sitting on?_____
11. How many blowers are being used at one time?_____
12. Are you operating under the manufacturer's recommended operational guidelines? ❑ Yes ❑ No
13. How is the jumping pad anchored and is this monitored during use to make sure it stays secure?_____

    _____
14. Provide photos of jumping pad/pillow area of activity.
15. Is this a charged activity? ❑ Yes ❑ No

    If Yes, please provide the total annual receipts from prior year or estimated receipts if new activity._____

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SNOW TUBING/SLEDDING SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Is area dedicated to tubing/sledding only? ❑ Yes ❑ No
2. Is activity open to the public? ❑ Yes ❑ No
3. Are staff present at top and bottom of the hill to supervise activity? ❑ Yes ❑ No
4. What is the length of the hill?_____
5. What is the length of the run-off area? What is the final backstop within the run-off/landing area?_____
6. Is hill smooth, with no bumpy areas or jumps? ❑ Yes ❑ No
7. Is hill inspected prior to use to confirm adequate snow cover? ❑ Yes ❑ No
8. Is the sledding & tubing area wide-open and free of any obstacles, including trees, buildings, etc.? ❑ Yes ❑ No
9. Is there a designated path separate from the tubing path for participants to walk to the top of the hill? ❑ Yes ❑ No
10. Does insured employ a tow rope or magic carpet/conveyor for tube transport to top of hill? ❑ Yes ❑ No
11. How often are the runs groomed? Does insured use a snow machine?_____

    _____

12. Is the hill divided into separate runs/lanes? ❑ Yes ❑ No
13. Does the insured provide tubes & sleds to participants? ❑ Yes ❑ No
    a. If yes, are devices regularly inspected for durability and worthiness?_____
14. Are rules clearly posted? ❑ Yes ❑ No
    a. If yes, where?_____
    b. If no, explain:_____
15. Is waiver signed by all participants/parents of minor children? Please attach copy.

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K&K INSURANCE

HAYRIDE QUESTIONNAIRE

1. Describe the wagon(s) used in the hayride (number owned/rented, construction material, wheel type, seating capacity, age):

_____

_____

_____

_____

2. Do you comply with the noted items from the hayride ASTM standard: ❑ Yes ❑ No
   a. *Hayride tow vehicles must have the weight/capacity and traction to control a fully loaded hayride wagon.*
   b. *Hayride wagons must be equipped with a fire extinguisher and communication system.*
   c. *Hayride wagons must have a front bulkhead/barrier not less than 18" tall to reduce potential for anyone to mount or dismount between the wagon and tow vehicle.*
   d. *Proper lighting must be in place in the load and unload area during nighttime operations.*
   e. *You must have written operating procedures.*
   f. *Inspections of the equipment and course must be made prior to the start of the season and on a daily basis prior to operation. These inspections must be documented.*
   g. *Drivers must receive training and training must follow the written operating procedures and be documented.*
   h. *An appropriate educational sign (safety & warning sign) must be posted in a conspicuous location visible from the waiting line. The sign, at a minimum, shall contain the following:*
      - *Stay seated at all times*
      - *No smoking on or near the wagon at any time*
      - *No lighters on or near the wagon at any time*
      - *No touching actors, patrons or props at any time*

3. If you pull the wagon with a horse, please outline the safety protocol for passenger loading and unloading:_____

_____

_____

_____

4. Do you load or unload wheelchairs and/or scooters onto your wagons? ❑ Yes ❑ No

5. Are first aid trained staff on site during hayride operations? ❑ Yes ❑ No

6. Do your tractors have rearview mirrors? ❑ Yes ❑ No

   If not, do you have staff in the wagon? ❑ Yes ❑ No

_____ _____

Applicant Signature Date

ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name:_____

Mailing Address:_____

City:_____ State:_____ Zip: _____

You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.

1. Does the Applicant have written procedures and a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off the premises? ❑ Yes ❑ No

2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy? ❑ Yes ❑ No
   If yes, please attach a copy
   a. If yes, does the written policy include:
      i. Definition of sexual and physical abuse/molestation? ❑ Yes ❑ No
      ii. Incident reporting procedures? ❑ Yes ❑ No
      iii. Investigation procedures? ❑ Yes ❑ No
      iv. Disciplinary procedures? ❑ Yes ❑ No
      v. Retaliation warning? ❑ Yes ❑ No
      vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? ❑ Yes ❑ No
   b. Are procedures in place to monitor the implementation and on-going execution of this policy? ❑ Yes ❑ No

3. Does the Applicant's employment process include a criminal background check on all employment candidates, whether direct employee or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment is made? ❑ Yes ❑ No
   Please identify and explain any current employees who are not subject to criminal/sex offender registry background checks:

   _____

   _____

   _____

   _____

   Who is your vendor for the Criminal Background and Sex Offender Registry checks?_____

   _____

4. Does the Applicant verify employment-related references? ❑ Yes ❑ No

5. Does the Applicant conduct personal interviews? ❑ Yes ❑ No

6. Is there a formal policy regarding staff training on:
   a. Appropriate and inappropriate physical contact with clients or children? ❑ Yes ❑ No
   b. Appropriate and inappropriate verbal interactions with clients or children? ❑ Yes ❑ No
   c. Appropriate and inappropriate electronic communications with clients or children? ❑ Yes ❑ No
   d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? ❑ Yes ❑ No
   e. Recognition of the signs of abuse or molestation? ❑ Yes ❑ No

7. Does any employee or independent contractor
   a. have one-on-one access to clients or children in a closed door or transportation setting? ❑ Yes ❑ No
   b. physically touch another person as part of their job responsibilities? ❑ Yes ❑ No
   If yes, please explain:_____

8. Please indicate the age range of clients, patrons, students, or populations served (check all that apply):
   ❑ 0 - 18 years of age ❑ 18 – 25 years old ❑ 25 – 50 years old ❑ over 50 years old ❑ All

9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation? ❑ Yes ❑ No
   If yes, please describe:_____
   a. Was a suit brought against the organization? ❑ Yes ❑ No
   b. Was the case settled? ❑ Yes ❑ No
   c. Was the case taken to trial? ❑ Yes ❑ No
   d. How much money was paid as damages to the victim?_____

10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage? ❑ Yes ❑ No

11. Additional remarks/information:_____

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

FOR MAINE APPLICANTS ONLY: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR UTAH APPLICANTS ONLY: THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature:_____ Date:_____

Applicant Name:_____

Title:_____

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Fort Wayne, Indiana 46801
(800) 440-5580 Fax (260) 459-5821
www.kandkinsurance.com
CA #0334819

UTILITY TASK VEHICLE UNDERWRITING GUIDELINES

for those Operated by your Staff Members in Public Areas

Utility Task Vehicles:
- Golf Carts
- Utility Vehicles
- 4-Wheelers
- All-Terrain Vehicles
- Gators
- Quad Bikes

The following guidelines have been established as minimum requirements for the operation of your Utility Task Vehicles while operated by your employees or volunteers where members of the public are present:

1. **Operator Procedural Standards:**
   A. Only authorized personnel who have completed training are permitted operators.
   B. Operators must hold a valid driver's license.
   C. Operators must be at least 18 years old.
   D. Operators must complete annual refresher training on vehicle safety.

2. **Pre-Operation Inspection Procedural Standards:**
   Operators must conduct a pre-operation inspection, checking the following items. Defects should be reported immediately, and the vehicle should not be used until repairs are completed.
   A. Brakes, tires, and steering functionality.
   B. Battery charge/fuel level.
   C. Lights, horn, and mirrors (if equipped).
   D. Proper seating and secure cargo.

3. **Staff training to include the following procedural elements:**
   A. **Safe Operation Standards:**
      - Obey posted speed limits (recommended: 10-15 mph).
      - Reduce speed in congested areas, sharp turns, and uneven terrain.
      - Yield to pedestrians and other vehicles.
      - Do not operate a vehicle under the influence of alcohol, drugs, or medications that impair ability.
      - Hands and feet should remain inside the vehicle at all times.
      - Avoid reckless driving
      - Avoid sharp turns when possible (Sharp left turns have been the cause of numerous passenger ejections)
      - Consider using only vehicles with front-facing seats (those with rear-facing seats pose a higher risk of falls).
      - Do not park vehicles where they will block emergency vehicles/equipment.
      - Only vehicles with headlights should be used after dark.
      - Do not back up without looking to see what is behind the vehicle.
      - Avoid texting while operating the vehicle. Pull over and stop if cell phone use is necessary.
      - Remove keys when not in use.

   B. **Passenger & Load Safety:**
      - Do not exceed the manufacturer's recommended capacity.
      - All passengers should be seated prior to the vehicle being in motion and while it is in motion.
      - Do not overload the vehicle; distribute weight evenly.
      - Secure cargo to prevent shifting during operation.

   C. **Designated Pathways & Parking:**
      - Use designated paths whenever possible.
      - Do not drive on sidewalks or pedestrian walkways unless authorized.
      - Park only in designated areas and engage the parking brake when stopped.
      - Do not leave the key in an unattended vehicle.

D. **Weather Conditions:**
- Avoid operation in heavy rain, strong winds, or icy conditions.
- Reduce speed on wet or slippery surfaces.
- If lightning is present, discontinue use and seek shelter.

E. **Accident & Emergency Procedures:**
- Immediately report any accident, injury, or equipment malfunction to management.
- In case of an accident, do not move the vehicle unless necessary for safety.
- Contact emergency services (911) for serious injuries.

F. **Maintenance & Storage:**
- Vehicles must be regularly maintained according to manufacturer guidelines.
- Report any mechanical issues to maintenance.
- Store vehicles in designated locations, ensuring they are secured to prevent unauthorized use.

NOTE: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive approval for the exception from K&K.

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 & correct.

Applicant's Signature	Producer's Signature (if applicable)
Applicant's Name (print)	Producer's Name (print)
(MM/DD/YY)	(MM/DD/YY)

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WILDFIRE PREVENTION QUESTIONNAIRE

PLEASE NOTE - This application is to be used when the risk is in one of the following 15 states: Alaska, Arizona, California, Colorado, Florida, Idaho, Montana, New Mexico, Nevada, Oklahoma, Oregon, Texas, Utah, Washington, Wyoming.

NAMED INSURED *(as will appear on policy)*:_____

1. What are your procedures for clearing brush/debris/shrubs/vegetation and other combustible materials from around buildings and the property in general to help prevent the spread of wildfires (*should be 100' of clearance*)?
   _____
   _____
2. Are trees and branches pruned back to a minimum of 10 feet from all buildings? ☐ Yes ☐ No
3. Is the property served by the local municipal water system? ☐ Yes ☐ No
   If not, what water is immediately available for firefighting? (*e.g., Water tower, pumper truck, pond, lake, stream with capability of pumping water into a fire*) _____
   _____
4. Name of the fire department serving your facility: _____
   Fire Department Address: _____
   City:_____ State:_____Zip: _____
5. What is the distance of the fire department listed above from your facility?_____
   Is it full-time or volunteer?_____
6. Are the access roads to your facility paved and reasonably maintained all year? ☐ Yes ☐ No
7. Are the majority of your interior roadways (check one): ☐ Paved ☐ Gravel ☐ Dirt
   Are there any steep grades that could hinder vehicle movement? ☐ Yes ☐ No
8. Type of fire prevention material on site (*e.g., Fire Gel, Fire Retardant, Foam*)? _____
   _____
9. Explain the training you have received on applying the fire prevention material: _____
   _____
   _____
10. What is the breakdown of roofing materials on your buildings? _____% Asphalt_____% Metal
    _____% Tile/Slate
    _____% Other (describe)_____
11. _____% Percentage of buildings that have protective screens on all exterior openings such as sub-floor ventilation/crawl spaces and attic louvers to prevent the entry of windblown sparks, flying firebrands and embers.
12. Describe any type of natural breaks or man-made fire breaks surrounding the property:_____
    _____
    _____

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)

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.

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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.

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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)