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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 INSURED

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: _____

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": _____

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

If so, which ones: _____

If yes, please explain: _____

If yes, please explain:

If yes, please complete the Liquor Liability Application.

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

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 transportation: _____

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: _____

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 **NUMBER** of boats in each category below:

_____ Canoes, rowboats, kayaks, paddleboats, SUPs	_____ Motorboats under 76 HP
_____ Sailboats	_____ Motorboats over 76 HP
_____ Personal Watercraft (e.g. Jet Skis, Waverunners, etc.)	_____ 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 _____

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: _____

■■■■■■■■■■■■■■■■■■■■ **PLEASE BE SURE TO ATTACH THE FOLLOWING WITH THE APPLICATION** ■■■■■■■■■■■■■■■■■■■■

- | | | |
|---|---|---|
| ☐ A. Camp brochure/literature defining activities (if no camp website). | ☐ H. Copy of camper registration form (if not on camp website). | ☐ 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 |
| ☐ B. Schedule of events/activities or calendar of camp season (if no camp website). | ☐ I. Copy of camp acknowledgment of risk and consent form for campers (if not on camp website). | ☐ P. Workers Compensation Supplemental (if coverage to be quoted) |
| ☐ C. Company copies of loss history for last five (5) years. | ☐ J. Copy of medical permission slip for campers (if not on camp website) | |
| ☐ D. Diagram, map or photos of camp including any natural or man-made hazards. | ☐ K. Copy of contract or lease agreement used for lessors of premises, if applicable. | |
| ☐ E. Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual. | ☐ L. Copy of certificate of insurance from transportation company, naming camp as additional insured is required if Excess Hired Auto coverage is provided. | |
| ☐ F. Brief resume of camp management personnel (required when camp ownership, operation or management has changed within the past 12 months). | ☐ M. Copy of most recent ropes course/zipline inspection. | |
| ☐ G. Copy of staff application and, when applicable, background check consent form (if not on camp website). | ☐ N. Auto schedule must include seating capacity for each scheduled van or bus. | |

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)