



1712 Magnavox Way P.O. Box 2338
Fort Wayne, IN 46801-2338
1-877-355-0315 Fax 1-260-459-5990
www.kandkinsurance.com
CA# 0334819

CAMPGROUND 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:

In Season Phone: Off Season Phone: Email:

Campground 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:

Member in good standing of any recognized camping organization? ☐ Yes ☐ No

If yes, name of organization

5. Policy period requested: From: To:

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

7. PRIOR CARRIER INFORMATION (NEW BUSINESS ONLY)

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES
------	----------------	---------	------------------	---------	--------

8. COVERAGE INFORMATION

ADDITIONAL INSURED	RELATIONSHIP	ADDRESS
--------------------	--------------	---------

9. Location of campground:

Location of off-premises office:

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

10. List all other operations of the named insured, that are not a part of the resort/guest ranch/campground operations *ie. family fun center, country club/golf course, driving range (golf), restaurant, paintball course, outfitter/guide (saddle animals or whitewater rafting) etc.*: _____

11. Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy? ☐ Yes ☐ No
12. Date of last board of health inspection: _____
13. Do employees, management, or caretakers, etc. live on premises year round? ☐ Yes ☐ No
 If yes, whom: _____ How many units do they occupy: _____
 If not, explain security/up keep for premises: _____

14. Are all permanent structures at the insured premises owned by the named insured? ☐ Yes ☐ No
 If no, please specify: _____
15. Do you have volunteers? ☐ Yes ☐ No
 If yes, for what position(s)? _____
16. Is there a training program for employees? ☐ Yes ☐ No
17. Is there a written Risk Management program? ☐ Yes ☐ No
18. Is there an emergency procedure program? ☐ Yes ☐ No
 If yes, describe: _____
19. Is there a medical log documenting illnesses, injuries, and/or treatments for campers? ☐ Yes ☐ No
20. Are pets allowed? ☐ Yes ☐ No
 If yes, describe rules and enforcement practices: _____
21. Are any firearms/ammunition stored or kept on site? ☐ Yes ☐ No
 If yes, please describe: _____
22. 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 buildings: _____
 If no, explain: _____
23. Is there a fire station (paid or volunteer) within a 5 mile radius? ☐ Yes ☐ No
 Are there fire hydrants on or near premises? ☐ Yes ☐ No
 Do all sleeping rooms have smoke detectors? ☐ Yes ☐ No
 Battery operated: _____ Hard wired: _____
 Do all sleeping rooms have carbon monoxide detectors? ☐ Yes ☐ No
 Are any buildings sprinklered? ☐ Yes ☐ No
 If so, which ones: _____
24. List any playground equipment and its condition: _____

 Is the ground covered with an appropriate surface/fall zone material? ☐ Yes ☐ No
25. Is there an on-site sewage treatment facility? ☐ Yes ☐ No If yes: ☐ Campers only ☐ General public
 How frequently is tank emptied? _____
 Where/how is sewage disposed? ☐ City/County Sewer System ☐ Drive away service contracted
☐ Pumped into pond, cesspool, waterway, or lagoon

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

32. Does insured 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

33. Do any activities take place off the campground premises? ☐ Yes ☐ No

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

34. **WEDDING/CORPORATE EVENT/FAMILY REUNION/RENTALS** ☐ N/A

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

If yes, are certificates of insurance naming your entity 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 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 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.

35. **IF INSURED 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

Is proper signage in place indicating no diving,
no lifeguard on duty, etc? ☐ Yes ☐ No

Any nighttime swimming allowed? ☐ Yes ☐ No

If yes, is pool lighted? ☐ 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

If no, explain: _____

IF INSURED 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, no diving, no lifeguard on duty, the
rules for the lake/pond, etc.? ☐ 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: _____

36. **WATERSLIDE** ☐ N/A

Number of waterslides over 15 feet in height: _____

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: _____

37. **INFLATABLE ELEMENTS** ☐ N/A (ie: moonbounce, water trampoline, iceberg, blob, jumping pillow, etc...)

Type of inflatable (official name): _____

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

38. **SPECIFIC TO WATER BASED INFLATABLE ELEMENTS ONLY** ☐ N/A

Are the element(s) maintained at all times (when in use) in at least 10' 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

Is proper signage in place indicating no diving, swim at your own risk, etc? ☐ Yes ☐ No

Softplay/Wibits - require photos of each element (include with submission) and describe each element: _____

39. **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 watercraft rented or provided by you to customers? ☐ Yes ☐ No

Is operation supervised? ☐ Yes ☐ No

Are all boats accounted for at all times? ☐ Yes ☐ No

Type, age and length of boats: _____

Any boats rented with motors? ☐ Yes ☐ No

Type and size of motors: _____

Maintenance procedures for boats and motors: _____

Condition of dock: _____

Life jackets provided? ☐ Yes ☐ No Renters required to wear? ☐ Yes ☐ No

Boats rented to persons under 21 years of age? ☐ Yes ☐ No

Boats allowed to stay out after sunset? ☐ Yes ☐ No

Number of persons allowed in each boat: _____

Are renters required to sign waiver form? ☐ Yes ☐ No

Is there a marina exposure? ☐ Yes ☐ No

Are boats and motors repaired for others? ☐ Yes ☐ No

40. **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: _____

41. **SADDLE ANIMALS** ☐ N/A

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

If subcontracted, are certificates of insurance naming facility as additional insured required? ☐ Yes ☐ No

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

If no, explain: _____

Are waivers signed by all riders? (If yes, please attach copy) ☐ Yes ☐ No

Are riders under age 18 required to wear helmets? ☐ Yes ☐ No

Are adult riders required to wear a helmet? ☐ Yes ☐ No

If no, is a signed rejection required? ☐ Yes ☐ No

Are riders required to wear shoes or boots with heels? ☐ Yes ☐ No

Do you prescreen guest riders and determine ability prior to riding? ☐ Yes ☐ No

Does an employee/guide lead or accompany all riders? ☐ Yes ☐ No

Do guides carry with them any communication device (2 way radio, cellphone, etc.)? ☐ Yes ☐ No

Do you conduct a pre-ride safety briefing with guest riders? ☐ Yes ☐ No

Are riders allowed in the stable/barn area without supervision? ☐ Yes ☐ No

42. **GOLF CARTS** ☐ N/A

Do you rent golf carts? ☐ Yes ☐ No

If yes, are procedures in place to regularly inspect the units for mechanical condition? ☐ Yes ☐ No

Are renters trained in the proper operation of the units? ☐ Yes ☐ No

Are golf carts rented to licensed drivers only? ☐ Yes ☐ No

Are waivers signed? (If yes, attach copy) ☐ Yes ☐ No

Are guests allowed to bring their own golf carts on premises? ☐ Yes ☐ No

If so, is there a registration process at the facility? ☐ Yes ☐ No

Does the facility verify the owner has liability insurance in place for the golf cart? ☐ Yes ☐ No

43. **DAYCARE / BABYSITTING / DAY CAMP** ☐ N/A

Do you offer: Daycare ☐ Yes ☐ No
 Babysitting ☐ Yes ☐ No
 Day camp ☐ Yes ☐ No

What is the age range of children in your care? Minimum: _____ Maximum: _____

Maximum length of stay in your care: _____

Ratio of adult staff/attendants to children at any given time: _____

Are any of the daycare/babysitting/day camp staff CPR and/or first aid trained? ☐ Yes ☐ No

Are parents allowed to leave the facility while children are in your care? ☐ Yes ☐ No

44. **SPA / FITNESS CENTER** ☐ N/A

List of what spa treatments are offered or attach menu (e.g. deep tissue massage, hot rock massage, acupuncture, microdermabrasion etc.):

List what fitness equipment/activities are offered or attach menu (e.g. circuit training, cardio equipment, free-weights, etc.): _____

Are spa/fitness center services operated by employees or subcontracted? _____

If subcontracted, is certificate of insurance obtained naming your business as additional insured? ☐ Yes ☐ No

What certifications are required from the employees/sub-contractors? _____

Does your state require you to have available an automated external defibrillator (AED) with trained staff available during open hours? ☐ Yes ☐ No

Is there a sauna or steam room? ☐ Yes ☐ No

If yes, is the unit monitored for usage during open hours? ☐ Yes ☐ No

Are rules posted regarding proper use and safety precautions? ☐ Yes ☐ No

Are all manufacturer recommendations followed for sauna/steamroom usage? ☐ Yes ☐ No

Are there any sun tanning units? ☐ Yes ☐ No

If yes, are warnings posted and photosensitizing medication near the tanning area? ☐ Yes ☐ No

Are protective goggles required to be worn? ☐ Yes ☐ No

How is timing controlled and by whom? _____

Are the tanning shields cleaned/disinfected after each use? ☐ Yes ☐ No

Is a release/hold harmless received from guests who utilize the spa/fitness center? ☐ Yes ☐ No

45. **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: _____

46. **RIFLE/PELLET/AIR GUN** ☐ N/A

Does campground 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

Are firearms insured owned or guest owned?

Provide details of safety & storage protocols in place for both

What caliber guns are permitted to be used (**note: automatic and/or high power not allowed**)?

Explain any 'no' answers:

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

☐ **A.** Campground brochure/literature defining activities (if no website).

☐ **B.** Schedule of events/activities or calendar of season (if no website).

☐ **C.** Company copies of loss history for last five (5) years.

☐ **D.** Diagram, map or photos of facility including any natural or man-made hazards (if no website).

☐ **E.** Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual.

☐ **F.** Brief resume of management personnel (required when ownership, operation or management has changed within the past 12 months).

☐ **G.** Copy of waiver & release form used for boating, horseback riding, etc. as applicable.

☐ **H.** Appropriate Questionnaire/Supplemental when insured has any of the following: ATV/Snowmobile/Dirt Bikes; Fireworks; Golf Course/Herbicide/Pesticide/Pool; Go Karts; Guided Hunting/Fishing; Hayride; Jumping Pad/Pillow; Paintball; Scuba/Skin Diving; Snow Tubing/Sledding; Trampolines.

☐ **I.** Corkers Compensation Supplemental (if coverage is 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)

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)