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 CA# 0334819

RESORT 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: _____

Resort/Guest Ranch 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. **PRIOR CARRIER INFORMATION** (NEW BUSINESS ONLY)

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES

8. **COVERAGE INFORMATION**

ADDITIONAL INSUREDS RELATIONSHIP ADDRESS

9. Location of resort/guest ranch: _____

Location of off-premises office: _____

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

10. Any other insured locations: _____

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

12. Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy? Yes No
13. Date of last board of health inspection: _____
14. 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: _____

15. Are all permanent structures at the insured premises owned by the named insured? Yes No
 If no, please specify: _____
16. Do you have volunteers? Yes No
 If yes, for what position(s)? _____
17. Is there a training program for employees? Yes No
18. Is there a written Risk Management program? Yes No
19. Is there an emergency procedure program? Yes No
 If yes, describe: _____
20. Is there a medical log documenting illnesses, injuries, and/or treatments for guests? Yes No
21. Are pets allowed? Yes No
 If yes, describe rules and enforcement practices: _____
22. Are any firearms/ammunition stored or kept on site? Yes No
 If yes, please describe: _____
23. 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 building(s): _____
 If no, explain: _____
24. 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: _____
25. List any playground equipment and its condition: _____

 Is the ground covered with an appropriate surface/fall zone material? Yes No
26. 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

27. Is liquor sold for consumption? Yes No If yes: Package sales By the drink For Carry-Out
 At what point of sale are I.D.'s checked? _____
 Is training for servers/sellers of liquor provided? Yes No
 If yes, what type: _____
 Are the proper liquor licenses obtained/displayed? Yes No
 Has applicant's alcohol beverage license ever been revoked, suspended or fined? Yes No
 If yes, explain: _____
 Is liquor liability insurance requested? Yes No
28. Is LPG sold? Yes No
 Capacity of tanks: _____ lb. Are they fenced? Yes No Fence height: _____
 Who does the filling of the tanks? _____
 What training has this person had? _____
 Are tanks weighed after filling? Yes No
 Are tanks checked for leaks after filling? Yes No
 Is Certificate of Insurance from supplier on file? Yes No
29. Is gasoline sold? Yes No Self-service: Yes No
 Proper safety signs posted? Yes No

30. **EXPOSURES**

YES	EXPOSURE TYPE	BASIS	AMOUNT	YES	EXPOSURE TYPE	BASIS	AMOUNT
<input type="checkbox"/>	Campsites (<i>Number of sites</i> _____)	\$	_____	<input type="checkbox"/>	Facility Rental	\$	_____
<input type="checkbox"/>	LP Gas Sales	\$	_____	<input type="checkbox"/>	(<i>Weddings, Corporate Events, Family Reunions, etc</i>)		
<input type="checkbox"/>	Grocery/Convenience Stores	\$	_____	<input type="checkbox"/>	Liquor Liability		
<input type="checkbox"/>	Cabin Rentals <i># of cabins</i> _____	\$	_____		Package Sales	\$	_____
<input type="checkbox"/>	Hotels/Motels <i># of rooms</i> _____	\$	_____		Restaurant	\$	_____
<input type="checkbox"/>	Restaurant	\$	_____		Other	\$	_____
<input type="checkbox"/>	Spa	\$	_____				
<input type="checkbox"/>	Gasoline Sales <i># of gallons</i> _____		_____				
	<input type="checkbox"/> Self Service <input type="checkbox"/> Full Service <input type="checkbox"/> Repair Service						

31. **ACTIVITIES**

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

YES	EXPOSURE TYPE	BASIS	AMOUNT	YES	EXPOSURE TYPE	BASIS	AMOUNT
<input type="checkbox"/>	ATV/Snowmobile/Dirt Bike Rental (<i>Supplemental Form Required</i>)	\$	_____	<input type="checkbox"/>	Hayrides	\$	_____
<input type="checkbox"/>	Amusement Rides	\$	_____	<input type="checkbox"/>	Inflatables (<i>Bounce House, etc</i>)	#	_____
<input type="checkbox"/>	Arcade	\$	_____	<input type="checkbox"/>	Lazy River	\$	_____
<input type="checkbox"/>	Archery Ranges	#	_____	<input type="checkbox"/>	Miniature Golf	\$	_____
<input type="checkbox"/>	Bicycle Rental	\$	_____	<input type="checkbox"/>	Paintball	# of fields	_____
<input type="checkbox"/>	Boat Rental (<i>LESS than 15 HP, Canoes, Kayaks, Paddle Boats, Row Boats</i>)	\$	_____	<input type="checkbox"/>	(<i>Supplemental Required</i>)		
<input type="checkbox"/>	Boat Rental (<i>MORE than 15 HP, Pontoon Boats, Ski Boats, Personal Watercraft</i>)	\$	_____	<input type="checkbox"/>	Petting Zoo	\$	_____
<input type="checkbox"/>	Cross Country Skiing	\$	_____	<input type="checkbox"/>	Picnic Grounds	\$	_____
<input type="checkbox"/>	Driving Range (<i>Golf</i>)	\$	_____	<input type="checkbox"/>	Rifle Ranges	#	_____
<input type="checkbox"/>	Fireworks <i># of shows</i> _____		_____	<input type="checkbox"/>	Rock Climbing / Rappelling	\$	_____
<input type="checkbox"/>	(<i>Supplemental Required</i>)			<input type="checkbox"/>	Ropes Course / Climbing Wall (<i>#</i> _____)	\$	_____
<input type="checkbox"/>	Golf Course	\$	_____	<input type="checkbox"/>	Saddle Animals (<i>#</i> _____)	\$	_____
<input type="checkbox"/>	(<i>Supplemental Required</i>)			<input type="checkbox"/>	Sauna / Hot tubs	#	_____
<input type="checkbox"/>	Golf Cart Rental (<i># of Golf Carts</i> _____)	\$	_____	<input type="checkbox"/>	Skeet/Trap Shooting	\$	_____
<input type="checkbox"/>	Go Karts (<i># of Karts</i> _____)	\$	_____	<input type="checkbox"/>	Trampolines / Jumping Pillows (<i>Supplemental Form Required</i>)	#	_____
<input type="checkbox"/>	(<i>Supplemental Required</i>)			<input type="checkbox"/>	Bungee Trampolines	#	_____
<input type="checkbox"/>	Guided Hunting / Fishing	\$	_____	<input type="checkbox"/>	Tubing	\$	_____
<input type="checkbox"/>	(<i>Supplemental Required</i>)			<input type="checkbox"/>	Waterslides over 15 feet in height	#	_____
				<input type="checkbox"/>	Water Trampolines (<i>Blob, Iceberg, etc.</i>)	#	_____
				<input type="checkbox"/>	Zipline (<i>#</i> _____)	\$	_____
				<input type="checkbox"/>	Other: _____		

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

33. 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

34. Do any activities take place off the Resort/Guest Ranch premises? Yes No

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

35. **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.

36. **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: _____

37. **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: _____

38. **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

39. **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: _____

40. **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

41. **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: _____

42. **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

43. **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

44. **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
- A. Would you like a quote for sexual abuse and molestation coverage (if eligible)? Yes No
- B. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper or member reports someone molested him/her which includes reporting suspected child/sexual abuse after learning of such an allegation? Yes No
- C. Do you have a plan of supervision, including procedures to limit one-on-one interaction between an adult and youth, that monitors staff in day to day relationships with campers or members? Yes No
- D. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? Yes No
1. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
- E. Does staff screening include criminal background checks annually on all new (including seasonal) employees/volunteers and every 5 years on year-round employees/volunteers? Yes No
1. If yes, provide name of service provider you use to conduct criminal background checks _____
-
- F. Does new staff screening include at least two references and a personal interview before being hired-accepted as employee/volunteer? Yes No
- G. Does your facility require annual completion of a voluntary disclosure statement (as permitted by state law)? Yes No
1. If yes, please attach a copy of the disclosure statement
- H. Does the staff screening include an annual check of all employees/volunteers on the National Sex Offender Public Website? Yes No
- I. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? Yes No
1. Was a claim made against your facility? Yes No
- If yes, please provide details of the claim/incident: _____
- _____
- _____
2. How much money was paid as damages to the victim? _____
3. What has been done to prevent such occurrences from happening in the future? _____
- _____

45. **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

46. **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: _____

47. **RIFLE/PELLET/AIR GUN** N/A

- Does resort/guest ranch 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.** Resort/Guest Ranch 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.** Workers 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)