

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

Insuring the world's fun.®



P.O. Box 2338
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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: _____

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

_____ 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. **GYMNASICS** 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).
- 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)



P.O. Box 2338
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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

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: _____

FRAUD WARNING

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.

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 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 AUTHORITIES.

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 COMMITS 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.

FRAUD WARNING (continued)

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.

AIG FRAUD APPS (2021/06)

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.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)



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

**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: \$ _____

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Applicant's Signature _____ Date (MM/DD/YYYY) _____



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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):

<u>Name</u>	<u>Experience</u>
_____	_____
_____	_____
_____	_____

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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Applicant’s Signature _____

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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

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.

A large, empty rectangular box with a thin black border, intended for the user to draw and submit a diagram of their paintball field.



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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

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 _____

Date (MM/DD/YY) _____



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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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 Applicant's Signature

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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.

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

 Date (MM/DD/YY)



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: _____
-
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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: _____