

# HEALTH CLUBS FULL SERVICE

## Eligible Operations:

- Exercise & sport clubs
- Fitness & training centers
- Gyms
- Health & wellness clubs
- Racquet & tennis clubs
- Sports & athletic clubs

## Key Underwriting/Qualifying

### Factors (Including but not limited to):

- Must require members & non-members (guests) to sign waiver & release/hold harmless agreement
- \$3,000 minimum account premium

## Ineligible for this program:

- Children's fitness facility (Call 1-800-506-4856 to discuss eligibility)
- Swimming & aquatic centers
- Seasonal swim/tennis associations/clubs
- Climbing wall clubs
- Day care service (drop-off)

\*Note: Smaller health & fitness facilities may qualify for coverage under one of K&K's Risk Purchasing Group programs (see reverse side for contact information)

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K health and fitness programs for over 25 years
- Carrier supported loss control services
- Advertising presence in industry trade publications such as CBI, Club Industry and Fitness Management
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

K&K's program offers a complete package of insurance coverages tailored to the specific risks faced by health club operations today.

## Coverages Available & Program Highlights:

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### Property

- Newly Acquired or Constructed Building
- Newly Acquired Business Personal Property
- Ordinance & Law
- Off-premises Power Failure
- Water Back-up of Sewers & Drains
- Outdoor Signs
- Outdoor Property (trees, shrubs or plants)
- Property Off Premises
- Accounts Receivable/Valuable Papers & Records
- Replacement Cost Defined
- Covered Property Definition Redefined
- Equipment Breakdown Included

### General Liability

- Admitted or Non-admitted Basis
- Broadened Coverage Form
- Non-auditable Policy
- Legal Liability to Participants
- Professional Liability Extension

### Optional Coverages

- Liquor Liability
- Limited Tanning Liability
- Sub-contractors can be added as Additional Insureds
- Employee Benefits Liability
- Stop Gap Liability

### Inland Marine

### Crime

### Commercial Auto/Nonowned Hired Auto Liability

### Excess Liability

### Workers' Compensation

### Event Cancellation & Non-appearance

## Common Associated Exposures:

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- Baby-sitting/child care
- Climbing walls
- Diet/weight control
- Massage therapy
- Pro/sport shops
- Personal training
- Restaurants/lounges
- Snack/juice bars
- Spa services
- Tanning
- Whirlpools/saunas/steamrooms

Insuring the world's fun®

**Contact Information:**

1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

**\*Health Club Program - Full Service**

PHONE: 877.355.0315  
FAX: 260.459.5821

EMAIL:  
KK.Recreation@kandkinsurance.com

WEB SITE:  
kandkinsurance.com

**For our Limited Service and  
Basic Service, please contact:**

Risk Purchasing Group Program

PHONE: 800.506.4856  
FAX: 260.459.5590

EMAIL:  
info@fitnessinsurance-kk.com

WEB SITE:  
fitnessinsurance-kk.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)

**Submission Instructions:**

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To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

**Preliminary Underwriting Information  
Required:**

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- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs
- Copy of waiver & release forms (members, guests, tanning members)

**Health & Fitness Application(s):**

(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

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**K&K Application(s)**

- Health Club–Full Service Information Form

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1712 Magnavox Way P.O. Box 2338  
 Fort Wayne, IN 46801-2338  
 1-877-355-0315 Fax 1-260-459-5821  
 www.kandkinsurance.com  
 CA# 0334819

# FULL SERVICE HEALTH, SPORT, RACQUET, GYM CLUB INSURANCE PROGRAM INFORMATION FORM

## **BUSINESS INFORMATION**

Name of Insured (as will appear on policy): \_\_\_\_\_

Doing business as: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Total Number Of Locations: \_\_\_\_\_

Address of each location, if more than three locations, attach list. (Include street, city, state, and zip code)

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Insured is:  Corporation  Partnership  Joint venture  Other: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

2. Is the insured a non-profit organization?  Yes  No

Is the club a membership-based facility?  Yes  No

3. In what state is the organization headquartered/chartered? \_\_\_\_\_

4. Does the organization engage in any other business operations under the name of the insured as  Yes  No will appear on the policy?

If yes, explain: \_\_\_\_\_

5. Is club a member of IHRSA?  Yes  No

6. Policy period being requested: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Number of YEARS in Business: \_\_\_\_\_

8. Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or a major amusement park?  Yes  No

If yes, explain: \_\_\_\_\_

## **COVERAGE INFORMATION**

### **ACORD application required:**

Property  General Liability  Inland Marine  Crime  Auto  Excess  Workers Compensation

Liquor (complete Liquor Liability section)

Sexual Abuse & Molestation (complete Abuse & Molestation Supplemental Questionnaire 2082 Rec 6/20)

Nonowned & Hired Auto (complete Nonowned & Hired Auto section)

Employment Practices Liability

## **PRIOR CARRIER INFORMATION**

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUMS
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____

- Has this type of insurance ever been cancelled, declined or non-renewed? (Not applicable in Missouri)  Yes  No  
If yes, explain: \_\_\_\_\_
- As respects this operation, list the contracts entered into by this applicant, and whether the named insured assumes liability for the other party: \_\_\_\_\_  
\_\_\_\_\_
- List any Franchise Program where the insured is required to name another entity as an Additional Insured.(i.e.: Silver Sneakers, Cross Fit, Parisi Speed School, etc.) \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION**

- |   |                           |
|---|---------------------------|
| 1. Total gross annual revenue: \$ _____ | Tanning: \$ _____         |
| Membership fees: \$ _____               | Massage: \$ _____         |
| Personal training: \$ _____             | Snack/Juice bar: \$ _____ |
| Classes: \$ _____                       | Restaurant: \$ _____      |
| Initiation/enrollment fees: \$ _____    | Liquor: \$ _____          |
| Salon/Spa services: \$ _____            | Other: _____ \$ _____     |
| Pro shop sales: \$ _____                |                           |

Number of employees eligible for employee benefits: \_\_\_\_\_  
 Number of employees for Employment Practices Liability: \_\_\_\_\_ (Full time) \_\_\_\_\_ (Part time)  
 (Note: EPLI Coverage may not be available in all states. Limits beyond \$250,000 will require a separate application)  
 EPLI Limits: \_\_\_\_\_

- What is the minimum age requirement to use club facilities? \_\_\_\_\_
- Are minors required to be accompanied by parent or guardian?  Yes  No
- Is a Waiver/Hold Harmless signed by member and guest and by the parent or guardian for minor participants?  Yes  No
- Is a new waiver signed upon membership renewal?  Yes  No

6. Please indicate exposures below, and number of each exposure:

- |  |   |
|--|---|
| <input type="checkbox"/> Aerobic mini trampoline   | <input type="checkbox"/> Pro shop   |
| <input type="checkbox"/> Aerobics/step aerobics  | <input type="checkbox"/> Racquet courts _____   |
| <input type="checkbox"/> Boxes   | <input type="checkbox"/> Rock climbing walls (STATIONARY) _____   |
| <input type="checkbox"/> Boxing: <input type="checkbox"/> Contact <input type="checkbox"/> Non-contact           | <input type="checkbox"/> Rock climbing walls (PORTABLE) _____   |
| <input type="checkbox"/> Camp programs: <input type="checkbox"/> Day <input type="checkbox"/> Overnight          | <input type="checkbox"/> Rings  |
| <input type="checkbox"/> Chains  | <input type="checkbox"/> Ropes  |
| <input type="checkbox"/> Circuit training/cardio equip/freeweights   | <input type="checkbox"/> Running track  |
| <input type="checkbox"/> Cold plunge _____   | <input type="checkbox"/> Sauna/steamrooms _____   |
| <input type="checkbox"/> Cryotherapy: <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated | <input type="checkbox"/> Snack/juice bar  |
| <input type="checkbox"/> Diet center/weight control services   | <input type="checkbox"/> Spa or salon: <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Gymnastics: <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated  | <input type="checkbox"/> Spinning   |
| <input type="checkbox"/> Handball courts _____   | <input type="checkbox"/> Sports med/rehab/physical therapy:   |
| <input type="checkbox"/> Ice/roller skating/blading  | <input type="checkbox"/> Contracted <input type="checkbox"/> Club operated  |
| <input type="checkbox"/> Jacuzzis _____  | <input type="checkbox"/> Straps from the ceiling  |
| <input type="checkbox"/> Martial Arts <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated | <input type="checkbox"/> Swimming pools (INDOOR) _____  |
| <input type="checkbox"/> Massage: <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated     | <input type="checkbox"/> Swimming pools (OUTDOOR) _____   |
| <input type="checkbox"/> Nursery/babysitting   | <input type="checkbox"/> Tanning units  |
| <input type="checkbox"/> Parkour   | <input type="checkbox"/> Tennis courts (INDOOR) _____   |
| <input type="checkbox"/> Personally constructed or manufactured exercise equipment                               | <input type="checkbox"/> Tennis courts (OUTDOOR) _____  |
| <input type="checkbox"/> Physicals/stress testing  | <input type="checkbox"/> Tires  |
|  | <input type="checkbox"/> Trampoline   |
|  | <input type="checkbox"/> Whirlpools _____   |

7. List and describe any exposures and/or activities held off premises by insured: \_\_\_\_\_

8. Any space leased to others?  Yes  No

If yes, provide name of entity(s), type of operation, and square footage: \_\_\_\_\_

9. Is club staffed at all times during open hours?  Yes  No

10. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure?  Yes  No

11. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure?  Yes  No

If yes, do you require a Certificate of Insurance naming you as an Additional Insured?  Yes  No

Minimum Liability Limits required?  Yes  No

Do you require coverage to be shown for both General Liability and for Participant Legal Liability?  Yes  No

12. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort?  Yes  No

13. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point?  Yes  No

14. Does the course involve any mud obstacles?  Yes  No

15. Is the facility CrossFit Affiliated?  Yes  No

If yes, provide the annual revenue generated from the Cross Fit operations: \$ \_\_\_\_\_

16. Do you participate in CrossFit competition events or activities?  Yes  No

If yes, explain: \_\_\_\_\_

**A. MANAGEMENT/PERSONNEL/SAFETY/SECURITY**

1. List management experience and qualifications: \_\_\_\_\_

2. Are all personnel (including instructors and trainers) your employees?  Yes  No

If no, please list those who are not and whether they carry their own insurance:

Name: \_\_\_\_\_  Yes  No Limit: \_\_\_\_\_

Name: \_\_\_\_\_  Yes  No Limit: \_\_\_\_\_

3. Total number of full time employees: \_\_\_\_\_; Part time employees: \_\_\_\_\_; Volunteers: \_\_\_\_\_

Are volunteers covered under your Workers Compensation policy?  Yes  No

4. Are employees certified in CPR or first aid?  Yes  No

5. What certifications do your trainers/instructors have? \_\_\_\_\_

6. Does the facility have an automated external defibrillator (AED)?  Yes  No

7. Does your state require you to have available an AED?  Yes  No

8. Is the AED easily accessible for those who have been trained in the use of the AED?  Yes  No

9. Do you have AED trained staff on duty during open hours?  Yes  No

10. Are there written medical emergency and evacuation procedures in place?  Yes  No

11. Are employees, instructors, trainers available in each area of the facility for supervision, spotting and emergencies?  Yes  No

12. Do any of your employed instructors provide outside services operating on your clubs behalf?  Yes  No

Please explain: \_\_\_\_\_

13. What security features are installed?  Sprinkler system  Burglar alarm  Fire alarm  
 Central station alarm  Smoke detectors  Fire extinguishers

14. Is security lighting provided in your parking lot?  Yes  No
15. If you own or lease your facility and we are to consider property coverage for you;
- a. Do you wish to insure the security lighting (light standards) in your parking lot?  Yes  No  
If yes, please include this coverage request on the property ACORD application. Include number of light standards, cost per lighting standard, and total value. Advise whether cost or ACV is required.
- b. Do you wish to insure the structural or non structural glass in your building?  Yes  No  
If yes, please include this coverage request on the property ACORD application. Include description of glass and total value. Advise whether replacement cost or ACV is required.

**B. FACILITY**

1. Do you follow manufacturer’s guidelines regarding equipment maintenance?  Yes  No
2. How often is equipment inspected, maintained? \_\_\_\_\_
3. Are maintenance logs maintained?  Yes  No
4. Who inspects the equipment? \_\_\_\_\_
5. Is signage used throughout facility to indicate proper use of equipment, club features, and off-limits areas?  Yes  No
6. Do you follow manufacturer’s guidelines for equipment spacing within the facility?  Yes  No
7. Are there GFI protectors on all outlets in the locker/shower/wet areas?  Yes  No
8. Does your facility have air-supported structures (bubble/dome)?  Yes  No  
If yes, how many and identify which location(s) \_\_\_\_\_
9. Does your pool, spa, or hot tub currently 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: \_\_\_\_\_
10. How often are swimming pool/whirlpool drain covers inspected, removed or replaced? \_\_\_\_\_
11. Does inspection of the drain covers require draining of the pool/whirlpool?  Yes  No

**C. MAINTENANCE**

1. Does your facility ever use a scissor lift?  Yes  No  
If yes, is it owned or rented? \_\_\_\_\_  
What is the scissor lift used for? \_\_\_\_\_  
Who operates the scissor lift (i.e.: employee, volunteer, entity from which scissor lift is rented/leased, independent contractor, etc.)? \_\_\_\_\_  
Who is responsible for the maintenance of the scissor lift? \_\_\_\_\_  
If the named insured is responsible for the maintenance, describe maintenance schedule: \_\_\_\_\_  
Is a maintenance log maintained on the scissor lift?  Yes  No  
Describe the controls and safety procedures in place for the use of the scissor lift: \_\_\_\_\_

**D. NURSERY/BABYSITTING**  Yes  No

- If yes, please provide:
1. Is your nursery service required to be state licensed?  Yes  No
2. Age of children in the nursery? Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_
3. Maximum length of stay: \_\_\_\_\_
4. Ratio of adult staff/attendants to children at any given time: \_\_\_\_\_
5. What system do you use for checking children in and out of the nursery? \_\_\_\_\_
6. Are there any meals or snacks provided for children in the nursery?  Yes  No
7. Are any of the nursery attendants CPR and/or first aid trained?  Yes  No
8. Are parents allowed to leave the facility while children are in your care?  Yes  No
9. Are prospective employees required to complete an employment application?  Yes  No
10. Do you have a formal set of policies/procedures for screening the character and criminal history of your nursery staff?  Yes  No  
If yes, is it before or after you have hired the employment prospect?  Before  After

- 11. Is the nursery staff trained in policies applicable to the prevention of child sexual abuse?  Yes  No
- 12. Is the policy provided to each nursery staff individual?  Yes  No
- 13. Do you have procedures in place for investigating an allegation of child sexual abuse?  Yes  No

**E. RESTAURANT/SNACK OR JUICE BAR/VENDING**  Yes  No

If yes, please provide:

- 1. Indicate exposure:  Restaurant  Snack/Juice Bar  Vending
- 2. Are deep fryers/grills protected by an automatic extinguishing system?  N/A  Yes  No

**F. PRO-SHOP**  Yes  No

If yes, please provide:

- 1. Describe products sold: \_\_\_\_\_
- 2. Are any of the products manufactured under your own label?  Yes  No

**G. GYMNASTICS**  Yes  No

If yes, please provide:

- 1. List gymnastic activities and any apparatuses used (i.e., trampoline, parallel bars, vault, etc.) \_\_\_\_\_
- 2. Are participants constantly supervised and spotted?  Yes  No

**H. TANNING**  Yes  No

If yes, please provide:

- 1. Is a tanning card being used?  Yes  No
- 2. Are warnings and photosensitizing medications posted in and around the tanning area?  Yes  No
- 3. How is timing controlled and by whom? \_\_\_\_\_
- 4. Are the timing controllers automated with no override available?  Yes  No
- 5. Are protective eye goggles required to be worn?  Yes  No
- 6. Who cleans/disinfects the tanning shields and how often each day? \_\_\_\_\_
- 7. Is tanning available to non-members?  Yes  No

**I. SEXUAL ABUSE/MOLESTATION** (If coverage is desired)

(complete Abuse & Molestation Supplemental Questionnaire 2082 Rec 6/20)

**J. SWIMMING POOLS, SLIDES AND DIVING BOARDS**  Yes  No

If yes, please provide:

- 1. Depth of pool(s): \_\_\_\_\_
- 2. Square footage of pool(s): \_\_\_\_\_ (required for accurate property evaluation)
- 3. Are certified lifeguards on duty?  Yes  No
- 4. Describe safety precautions and life saving equipment available: \_\_\_\_\_
- 5. Are there any diving boards?  Yes  No  
If yes, height of board: \_\_\_\_\_
- 6. Does facility have waterslides?  Yes  No  
If yes, how many? \_\_\_\_\_  
What is the height of each slide? \_\_\_\_\_
- Are there attendants at the top and bottom of the slide(s) to monitor and space participants?  Yes  No
- Is head first or double rider sliding allowed?  Yes  No
- Are there signs posted to instruct patrons on proper use and riding techniques?  Yes  No  
If yes, where? \_\_\_\_\_



**K. SAUNA/STEAMROOM**  Yes  No

If yes, please provide:

- 1. Is the sauna(s)/steamroom(s) monitored for usage during open hours?  Yes  No  
If so, how frequently: \_\_\_\_\_  
Are written logs kept when checked?  Yes  No
- 2. Are rules posted regarding the proper use and safety precautions?  Yes  No
- 3. Does the sauna(s)/steamroom(s) heating element have a protective cover to prevent burns?  Yes  No
- 4. Are all manufacturer recommendations followed for sauna(s)/steamroom(s) usage?  Yes  No

**L. CLIMBING WALLS**  Yes  No

If yes, please provide:

- 1. Club location(s) of climbing walls: \_\_\_\_\_
- 2. Height of wall(s): \_\_\_\_\_
- 3. Provide minimum age allowed to use climbing walls: \_\_\_\_\_
- 4. Belay system used?  Yes  No
- 5. Describe landing surface and thickness: \_\_\_\_\_
- 6. Describe how climbing wall is monitored: \_\_\_\_\_
- 7. Are waivers signed by all adult climbers and by parent/guardian of minor climbers?  Yes  No If yes, provide copy.

**M. INFLATABLES/BOUNCE EQUIPMENT**  Yes  No

- 1. If yes, how many? \_\_\_\_\_
- 2. Is the inflatable and/or bounce house rented or owned by the insured? \_\_\_\_\_
- 3. If rented, who is responsible for installation to ensure properly anchored? \_\_\_\_\_
- 4. If owned, what guidelines are followed to ensure properly anchored? \_\_\_\_\_
- 5. How is it monitored for use and by whom? \_\_\_\_\_
- 6. Are waivers signed by participant and parent/legal guardian of minors?  Yes  No  
Provide copy of waiver signed for our file.

**N. MARTIAL ARTS**  Yes  No

If yes, please provide:

- 1. What activities are instructed? \_\_\_\_\_
- 2. Are classes contact or non-contact? \_\_\_\_\_
- 3. What are the instructor's qualifications? \_\_\_\_\_
- 4. What safety equipment is used? \_\_\_\_\_

**O. CRYOTHERAPY CHAMBER**  Yes  No

If yes, provide:

- 1. How many chambers: \_\_\_\_\_
- 2. Name of the chamber manufacturer: \_\_\_\_\_
- 3. What type of Cryotherapy chamber is provided?  Whole Body  Partial Body
- 4. Is there a formal training program in place for staff members?  Yes  No
- 5. How is the chamber operated? (i.e. controlled by member/guest or staff) \_\_\_\_\_
- 6. How is timing controlled and by whom? \_\_\_\_\_
- 7. What is the maximum time allowed inside the chamber? \_\_\_\_\_
- 8. Are the timing controllers automated with no override available?  Yes  No
- 9. Is a waiver form being used for the chamber?  Yes  No
- 10. Is any protective clothing offered/provided (ie; socks, shorts, gloves, hats, etc.)  Yes  No
- 11. Is the chamber used for medical rehab or for on-demand type voluntary use?  Yes  No



**P. FLOAT TANKS**  Yes  No

If yes, provide:

1. How many float tanks: \_\_\_\_\_
2. Name of the float tank manufacturer: \_\_\_\_\_
3. Is there a formal training program in place for staff members?  Yes  No
4. How is the flat tank operated? (i.e.; controlled by member/guest or staff) \_\_\_\_\_
5. How is timing controlled and by whom? \_\_\_\_\_
6. What is the maximum time allowed inside the chamber? \_\_\_\_\_
7. Are the timing controllers automated with no override available?  Yes  No
8. Is a waiver form being used for the tank?  Yes  No
9. Is the tank used for medical rehab or for on-demand type voluntary use?  Yes  No

**Q. LIQUOR LIABILITY** (If coverage is desired)

1. Name liquor license is in: \_\_\_\_\_
2. Liquor license number: \_\_\_\_\_ Class of license: \_\_\_\_\_
3. Opening and closing hours of alcoholic beverage sales: \_\_\_\_\_
4. Has applicants' alcohol beverage license ever been revoked, suspended or fined?  Yes  No  
If yes, please explain: \_\_\_\_\_
5. Has applicant incurred claims for liquor liability during the last four years?  Yes  No  
If yes, please explain: \_\_\_\_\_
6. Has any insurer cancelled or non-renewed coverage during the last four years?  Yes  No  
If yes, please explain: \_\_\_\_\_
7. Type of alcoholic beverages sold:  Beer  Wine  Liquor
8. Annual gross sales of alcoholic beverages: \$ \_\_\_\_\_
9. Are patrons allowed to carry alcoholic beverages onto the premises?  Yes  No  
If yes, what type? \_\_\_\_\_
10. Name the formal awareness training program that the servers receive: \_\_\_\_\_
11. At what point of sale are I.D.s checked? \_\_\_\_\_
12. If there any other Liquor Liability coverage being provided?  Yes  No  
If yes, explain and attach a copy of the certificate of insurance: \_\_\_\_\_
13. Liability limits requested: \$ \_\_\_\_\_ (per occurrence) \$ \_\_\_\_\_ aggregate

**R. NONOWNED AND HIRED AUTO LIABILITY** (If coverage is desired)

1. Do you have a Business Auto Policy for business-owned autos?  Yes  No  
(If yes, you will need to add hired/nonowned auto to that policy)
2. Does your operation require employees to drive their personal vehicles for company business on a regular basis?  Yes  No  
If yes, describe the reasons why they would be using their personal vehicles for company business: \_\_\_\_\_
3. Do you verify that their personal auto insurance is in place with limits of a least \$300,000 before employees can use their autos for company business?  Yes  No
4. During the last three years have you leased, borrowed, or hired any vehicles for your business?  Yes  No
5. If you anticipate some usage this year:
  - A. What type of vehicle (trucks, cars, buses)? \_\_\_\_\_
  - B. What is the estimated cost to lease or hire the vehicles? \_\_\_\_\_
  - C. Number per month \_\_\_\_\_ Number per year \_\_\_\_\_

6. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)?  Yes  No

If no, all drivers and operators will be required to hold the appropriate driver's license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:

- *Alert Driving: www.alertdriving.com*
- *National Safety Council: www.nsc.org*
- *Smith System Training: www.smith-system.com*

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

**LIST OF DRIVERS** - Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed

**QUOTING REQUIREMENTS**

1. Fully completed applications:
  - ACORD Applications (property, inland marine, crime, auto)
  - Club Insurance Program Information Form
2. Five years currently valued company loss runs
3. Waiver, Release/Hold Harmless form:  Club members  Guests  Parent/guardian for minors  Tanning
4. **Risks in business 3 years or less require a resume and pro forma financial (12 months income, expense statement, and balance sheet including assets and liabilities.)**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)



# ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

Named Insured: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Type of facility: \_\_\_\_\_

2. Please check each that describes your current and/or planned operations.

- Day Camp
- Overnight Camp
- After School Program (on school property)
- Transportation of Participating Children
- Other \_\_\_\_\_
- Amateur Sports League
- Field Trips
- Amateur Sports Team
- One-On-One Training
- Health/Fitness Club
- Community Center
- Ice/In-line Skating

3. Identify the types of facilities used for your operations:

- College/University Sites
- Rented Camp
- Owned Camp
- Local School
- Leased Facility
- Community Center
- Owned Facility
- Church
- Club
- Other \_\_\_\_\_

4. Identify current hiring practices for paid and volunteer staff:

- a. Are employment applications required for positions?  Yes  No
- b. Is prior employment verified for each applicant and recorded in applicant's file?  Yes  No
- c. Are references checked?  Yes  No
- d. Do you disclose that criminal background checks will be processed?  Yes  No
- e. Does your employment application include questions about whether the individual has ever been convicted of a crime, including child sex or child abuse related offenses?  Yes  No
- f. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment?  Yes  No
- g. Does staff screening include criminal background checks on all new (including seasonal) staff members, prior to hire?  Yes  No
- h. Does staff screening include criminal background checks on all hired staff members every 5 years?  Yes  No
- i. Provide the name of the data/service provider you use to pull criminal background information: \_\_\_\_\_
- j. When hiring new staff do you require at least two references and a personal interview before hiring the candidate?  Yes  No
- k. Do you require the completion of a Voluntary Disclosure statement (as permitted by state law)?  Yes  No  
If yes, please provide a copy of your disclosure statement.
- l. Does the screening process include an annual check of all staff members on the National Sex Offender Public website?  Yes  No

**All questions pertain to full or part-time staff and volunteers. If you have a different policy for Volunteers, please advise and outline the differences.**

5. What qualifications do you require of your staff: College degree?  Yes  No  Other \_\_\_\_\_

Certification in one or more of the following:

- CPR  Yes  No
- Teaching  Yes  No
- Coaching  Yes  No
- Counseling  Yes  No
- Childcare  Yes  No
- Other Certifications \_\_\_\_\_

6. Identify staff status (check all that apply):  Employees  Volunteers  Parent-volunteers

Are all staff members age 21 years or older?  Yes  No

7. Do you discuss the importance of providing a safe environment for the children in your care?  Yes  No

8. Do you discuss at orientation child sexual abuse/molestation and how to recognize the signs and what to do if a guest or member reports someone molested him/her? Including the reporting steps of a suspected child sexual abuse/molestation situation, after learning of such an allegation?  Yes  No
9. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation?  Yes  No
10. Are copies of the procedures provided to each member of your staff?  Yes  No
11. Do you have periodic refresher courses to ensure that your entire staff can recognize the signs of sexual or physical abuse and knows what procedures to follow?  Yes  No
12. Do you periodically review your written procedures to verify that they are up to date?  Yes  No  
**(Attach copies of your written procedures provided to your staff regarding recognizing and preventing sexual abuse or molestation.)**
13. 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 youth/minors?  Yes  No
14. Have you ever had an incident or claim reported which resulted in an allegation of sexual abuse?  Yes  No
- a. Was a claim made against your organization?  Yes  No  
 If yes, please provide details of the claim/incident: \_\_\_\_\_
- b. How much money was paid as damages to the victim? \_\_\_\_\_
- c. What has been done to prevent such occurrences from happening in the future? \_\_\_\_\_

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)

\_\_\_\_\_  
 Producer's Signature (if applicable)

\_\_\_\_\_  
 Date (MM/DD/YY)

\_\_\_\_\_  
 Applicant's Name (print)

\_\_\_\_\_  
 Producer's Name (print)

**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 another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

### **Applicable in AL, AR, DC, LA, MD, NM, RI, and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

### **Applicable in CA**

For your protection, California law requires that you be advised of the following: 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.

### **Applicable in CO**

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.

### **Applicable in FL and OK**

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)\*. \*Applies in FL Only.

### **Applicable in KS**

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 which 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.

### **Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

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, and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in MN**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in VT**

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.

MARKEL FRAUD APPS (2024/01)

# NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

## REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

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)