

# CAMPGROUNDS AND RV PARKS

## Eligible Operations:

Private or publicly held campgrounds, RV parks, and cabin rental operations with ancillary activities including waterslides, amusement devices, and motorized boating.

- Manager must have 5 years industry management experience
- \$5,000 minimum account premium

## Key Underwriting/Qualifying

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

- \$5,000 minimum account premium

## Ineligible Operations:

- Campgrounds associated with waterparks and amusement parks.
- Mobile Home Parks

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Campground Program for over 30 years
- Proud industry involvement through active participation in American Outdoors, Association of Challenge Course Technology, 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's experienced underwriting team offers campground and RV park liability and property insurance coverage that may include ancillary activities such as golf courses, driving ranges, hiking trails, horseback riding, miniature golf, playgrounds, recreational boating, swimming, and other activities taking place at campgrounds. K&K Insurance is a reliable source of coverage for campgrounds across the U.S. and has provided trusted campground insurance coverage solutions and claims services for the campground industry for over 30 years.

## Coverages Available & Program Highlights:

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### General Liability

- Broadened coverage form
- Non-auditable policy
- No deductible
- Liquor Liability
- Fireworks Liability
- Expanded Bodily Injury Definition
- Nonowned watercraft up to 51'
- Personal and advertising injury definition expanded
- Crisis Response Coverage
- Trailer Spotting

### 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
- Business interruption (Civil Authority Expansion Available in certain states)
- Emergency vacating expenses
- Full building ordinance "A" coverage

### Inland Marine

### Commercial Crime

### Commercial Auto

### Excess Liability

### Workers' Compensation

## Common Associated Exposures:

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- Golf courses
- Golf driving ranges
- Hiking trails
- Horseback riding
- Miniature golf
- Playgrounds
- Recreational boating/  
canoeing
- Swimming

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### Contact Information:

P.O. Box 2338 Fort Wayne, IN 46801-2338

### Campgrounds and RV Parks

PHONE: 877.355.0315

EMAIL:  
KK.CampCgrdResort@  
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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:

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To request an insurance quotation through this program, please complete the appropriate PDF application (available at [www.kandkinsurance.com](http://www.kandkinsurance.com)) and submit as directed in the application. Coverage 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:

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- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of detailed, currently-valued company loss runs
- Pictures of facility
- Web site address (if available)
- Diagram or "Plot Plan" of premises

### Campground Application(s):

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

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#### K&K Application(s)

- Campground insurance application
- Liquor Liability application (if needed)
- Workers' Compensation Supplemental (if needed)
- Go Kart Operations Minimum Underwriting Guidelines (if needed)
- Trampoline Questionnaire (if needed)
- Fireworks Supplemental Application (if needed)
- Paintball Field Course Supplemental Application (if needed)
- Jumping Pad/Pillow Supplemental (if needed)

#### ACORD Application(s)

- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability
- Workers' Compensation

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10. List all other operations of the named insured, that are not a part of the resort/guest ranch/campground operations (ie. family fun center, country club/golf course, driving range (golf), restaurant, paintball course, outfitter/guide (saddle animals or whitewater rafting) etc.): \_\_\_\_\_
- 
11. Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy?  Yes  No
12. Date of last board of health inspection: \_\_\_\_\_
13. Do employees, management, or caretakers, etc. live on premises year round?  Yes  No  
 If yes, whom: \_\_\_\_\_ How many units do they occupy: \_\_\_\_\_  
 If not, explain security/up keep for premises: \_\_\_\_\_
- 
14. Are all permanent structures at the insured premises owned by the named insured?  Yes  No  
 If no, please specify: \_\_\_\_\_
15. Do you have volunteers?  Yes  No  
 If yes, for what position(s)? \_\_\_\_\_
16. Is there a training program for employees?  Yes  No
17. Is there a written Risk Management program?  Yes  No
18. Is there an emergency procedure program?  Yes  No  
 If yes, describe: \_\_\_\_\_
19. Is there a medical log documenting illnesses, injuries, and/or treatments for campers?  Yes  No
20. Are pets allowed?  Yes  No  
 If yes, describe rules and enforcement practices: \_\_\_\_\_
21. Are any firearms/ammunition stored or kept on site?  Yes  No  
 If yes, please describe: \_\_\_\_\_
22. Describe cooking facilities (ie. deepfryers, grills, ovens, etc.): \_\_\_\_\_
- 
- Is there an Ansul or similar automatic fire protection system over all cooking surfaces?  Yes  No  
 If yes, what type and which buildings: \_\_\_\_\_  
 If no, explain: \_\_\_\_\_
23. Is there a fire station (paid or volunteer) within a 5 mile radius?  Yes  No  
 Are there fire hydrants on or near premises?  Yes  No  
 Do all sleeping rooms have smoke detectors?  Yes  No  
 Battery operated: \_\_\_\_\_ Hard wired: \_\_\_\_\_  
 Do all sleeping rooms have carbon monoxide detectors?  Yes  No  
 Are any buildings sprinklered?  Yes  No  
 If so, which ones: \_\_\_\_\_
24. List any playground equipment and its condition: \_\_\_\_\_
- 
- Is the ground covered with an appropriate surface/fall zone material?  Yes  No
25. Is there an on-site sewage treatment facility?  Yes  No If yes:  Campers only  General public  
 How frequently is tank emptied? \_\_\_\_\_  
 Where/how is sewage disposed?  City/County Sewer System  Drive away service contracted  
 Pumped into pond, cesspool, waterway, or lagoon

26. Is liquor sold for consumption?  Yes  No If yes:  Package sales  By the drink  For Carry-Out  
 At what point of sale are I.D.'s checked? \_\_\_\_\_  
 Is training for servers/sellers of liquor provided?  Yes  No  
 If yes, what type: \_\_\_\_\_  
 Are the proper liquor licenses obtained/displayed?  Yes  No  
 Has applicant's alcohol beverage license ever been revoked, suspended or fined?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 Is liquor liability insurance requested?  Yes  No

27. Is LPG sold?  Yes  No  
 Capacity of tanks: \_\_\_\_\_ lb. Are they fenced?  Yes  No Fence height: \_\_\_\_\_  
 Who does the filling of the tanks? \_\_\_\_\_  
 What training has this person had? \_\_\_\_\_  
 Are tanks weighed after filling?  Yes  No  
 Are tanks checked for leaks after filling?  Yes  No  
 Is Certificate of Insurance from supplier on file?  Yes  No

28. Is gasoline sold?  Yes  No Self-service:  Yes  No  
 Proper safety signs posted?  Yes  No

29. **EXPOSURES**

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

30. **ACTIVITIES**

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

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

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

32. Does insured contract with others for program services for any of these activities?  Yes  No

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

Are certificates of insurance provided *(If yes, attach sample)*?  Yes  No

Are any contracts signed with these groups *(If yes, attach copies)*?  Yes  No

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

If yes, please explain, including explanation of transportation: \_\_\_\_\_

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

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

If yes, are certificates of insurance naming your entity as an additional insured required?  Yes  No

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

If no, explain: \_\_\_\_\_

Are contracts/agreements signed with these entities *(If yes, attach sample)*?  Yes  No

Gross receipts from leased periods: \$ \_\_\_\_\_

During leased periods, does management or any other employees remain on the premises?  Yes  No

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

Do activities take place during leased period that do not take place during usual operations?  Yes  No

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

Do you sell or furnish liquor during leased periods?  Yes  No

***If yes, please complete the Liquor Liability Application.***

35. **IF INSURED UTILIZES A POOL:**  N/A

Total number of pools: \_\_\_\_\_

Is it open to members of the public?  Yes  No

Maximum depth of swimming area: \_\_\_\_\_

Is it fenced?  Yes  No Height: \_\_\_\_\_

Are depth markings clearly visible in and around the pool?  Yes  No

Number of diving boards: \_\_\_\_\_ Height: \_\_\_\_\_

Depth of water at diving board entry: \_\_\_\_\_

Is a lifeguard provided?  Yes  No

If yes, ratio of swimmers to lifeguards: \_\_\_\_\_

Are lifeguards certified?  Yes  No

If yes, by whom: \_\_\_\_\_

Are rules posted at the pool area?  Yes  No

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

Any nighttime swimming allowed?  Yes  No

If yes, is pool lighted?  Yes  No

Does your pool(s) meet the requirements of the Title XIV of  
Public Law 110-140, known as the "Virginia Graeme Baker  
Pool and Spa Safety Act" as enacted on 12-18-08?  Yes  No

If no, explain: \_\_\_\_\_

**IF INSURED UTILIZES A LAKE, POND OR RIVER:**  N/A

Total number of lakes, ponds or rivers: \_\_\_\_\_

Is it open to members of the public?  Yes  No

Maximum depth of swimming area: \_\_\_\_\_

Is swim area roped off?  Yes  No

Is signage posted clearly stating the depth of water, no diving, no lifeguard on  
duty, the rules for the lake/pond, etc.?  Yes  No

Number of diving boards: \_\_\_\_\_ Height: \_\_\_\_\_

Depth of water at diving board entry: \_\_\_\_\_

Is a lifeguard provided?  Yes  No

If yes, ratio of swimmers to lifeguards: \_\_\_\_\_

Are lifeguards certified?  Yes  No

If yes, by whom: \_\_\_\_\_

Rescue vehicle available?  Yes  No

Any nighttime swimming allowed?  Yes  No

If yes, describe lighting: \_\_\_\_\_

\_\_\_\_\_

36. **WATERSLIDE**  N/A

Number of waterslides over 15 feet in height: \_\_\_\_\_  
Are there attendants at the top and bottom of the slide(s) to monitor and space participants?  Yes  No  
What is the height of each slide?  
What is the length of each slide?  
Is the slide maintained by a qualified maintenance person?  Yes  No  
Is head first sliding allowed?  Yes  No  
Are there signs posted to instruct patrons on proper behavior and riding techniques?  Yes  No  
If yes, where: \_\_\_\_\_

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

Type of inflatable (official name): \_\_\_\_\_  
Are inflatables:  Owned  Leased/Rented  
Are inflatables:  Kept on premises  Taken off premises  Both  
Are all employees/lifeguards trained in the operation rules of the inflatable element usage?  Yes  No  
Are rules posted for all users?  Yes  No  
How will the unit(s) be protected from unauthorized use? \_\_\_\_\_  
\_\_\_\_\_  
Are there any requirements to enter the inflatable? (removal of shoes, glasses, etc.) \_\_\_\_\_  
Are there any restrictions in place for inclement weather? (ie: wind, rain, etc.)  Yes  No  
If yes, please explain: \_\_\_\_\_  
Confirm that NO inflatable will be set up outdoors, if wind gusts exceed 20 mph on the day of operation?  Yes  No

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

Are the element(s) maintained at all times (when in use) in at least 10' of water?  Yes  No  
Are the element(s) supervised at a ratio of at least 1 lifeguard to 4 patrons?  Yes  No  
Will diving off any of the element(s) be permitted?  Yes  No  
Are lifejackets required?  Yes  No  
Are the units permanently anchored in the lake/body of water?  Yes  No  
Will any element(s) be pulled by a motorboat?  Yes  No  
Is proper signage in place indicating no diving, swim at your own risk, etc?  Yes  No  
Softplay/Wibits - require photos of each element (include with submission) and describe each element: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. **TUBING, RAFTING, CANOEING, KAYAKING, SAILING OR BOATING**  N/A

If your camp provides any of the following activities, please **list the NUMBER of boats in each category** below:  
\_\_\_\_\_ Canoes, Rowboats, Kayaks, Paddleboats, SUPs \_\_\_\_\_ Motorboats under 76 HP  
\_\_\_\_\_ Sailboats \_\_\_\_\_ Motorboats over 76 HP  
\_\_\_\_\_ Personal Watercraft \_\_\_\_\_ Are any boats over 21' in length?  
(e.g. Jet Skis, Waverunners, etc.)  
Explain uses for powered boats and personal watercraft: \_\_\_\_\_  
\_\_\_\_\_  
Are watercraft rented or provided by you to customers?  Yes  No  
Is operation supervised?  Yes  No  
Are all boats accounted for at all times?  Yes  No  
Type, age and length of boats: \_\_\_\_\_  
\_\_\_\_\_

Any boats rented with motors?  Yes  No  
 Type and size of motors: \_\_\_\_\_  
 Maintenance procedures for boats and motors: \_\_\_\_\_

Condition of dock: \_\_\_\_\_  
 Life jackets provided?  Yes  No      Renters required to wear?  Yes  No  
 Boats rented to persons under 21 years of age?  Yes  No  
 Boats allowed to stay out after sunset?  Yes  No  
 Number of persons allowed in each boat: \_\_\_\_\_  
 Are renters required to sign waiver form?  Yes  No  
 Is there a marina exposure?  Yes  No  
 Are boats and motors repaired for others?  Yes  No

40. **WHITEWATER**  N/A  
 What type:  Raft     Kayak     Canoe     Tube  
 Instructors qualifications or outfitter used: \_\_\_\_\_  
 If outfitter, do you obtain certificate of insurance?  Yes  No  
 Are you named as Additional Insured on guide's insurance?  Yes  No  
 Completely describe any "whitewater" exposures: \_\_\_\_\_

41. **SADDLE ANIMALS**  N/A  
 Number owned or leased: \_\_\_\_\_ Used at outside stable: \_\_\_\_\_  
 If subcontracted, are certificates of insurance naming facility as additional insured required?  Yes  No  
 Are limits of \$1,000,000 required?  Yes  No  
 If no, explain: \_\_\_\_\_  
 Are waivers signed by all riders? (If yes, please attach copy)  Yes  No  
 Are riders under age 18 required to wear helmets?  Yes  No  
 Are adult riders required to wear a helmet?  Yes  No  
 If no, is a signed rejection required?  Yes  No  
 Are riders required to wear shoes or boots with heels?  Yes  No  
 Do you prescreen guest riders and determine ability prior to riding?  Yes  No  
 Does an employee/guide lead or accompany all riders?  Yes  No  
 Do guides carry with them any communication device (2 way radio, cellphone, etc.)?  Yes  No  
 Do you conduct a pre-ride safety briefing with guest riders?  Yes  No  
 Are riders allowed in the stable/barn area without supervision?  Yes  No

42. **GOLF CARTS**  N/A  
 Do you rent golf carts?  Yes  No  
 If yes, are procedures in place to regularly inspect the units for mechanical condition?  Yes  No  
 Are renters trained in the proper operation of the units?  Yes  No  
 Are golf carts rented to licensed drivers only?  Yes  No  
 Are waivers signed? (If yes, attach copy)  Yes  No  
 Are guests allowed to bring their own golf carts on premises?  Yes  No  
 If so, is there a registration process at the facility?  Yes  No  
 Does the facility verify the owner has liability insurance in place for the golf cart?  Yes  No



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

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

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

Maximum length of stay in your care: \_\_\_\_\_

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

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

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

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***

44. **SPA / FITNESS CENTER**  N/A

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

Is there a sauna or steam room?  Yes  No

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

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

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

Are there any sun tanning units?  Yes  No

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

Are protective goggles required to be worn?  Yes  No

How is timing controlled and by whom? \_\_\_\_\_

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

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

45. **ARCHERY**  N/A

Does the archery range include arrow stops and a supplemental backstop or specific safety zones behind targets?  Yes  No

Are there clearly delineated rear and side safety buffers?  Yes  No

Are there clearly defined shooting lines/lanes?  Yes  No

Do archery activity leaders use clear safety signals and range commands to control activity at the shooting line and during the retrieval of bows & targets?  Yes  No

Are bows and arrows locked up when not in use?  Yes  No

Explain any 'no' answers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

- Does campground require redundant storage of all firearms & ammunition, including requiring locations or access systems?  Yes  No
- Does the shooting range include bullet traps and a supplemental backstop or specific safety zones behind targets?  Yes  No
- Are there clearly delineated rear and side safety buffers?  Yes  No
- Are there clearly defined firing lines/lanes?  Yes  No
- Do riflery activity leaders use clear safety signals and ranges commands to control activity at the firing line and during the retrieval of targets?  Yes  No
- Are firearms insured owned or guest owned? \_\_\_\_\_
- Provide details of safety & storage protocols in place for both \_\_\_\_\_

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

Explain any 'no' answers: \_\_\_\_\_

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

- A.** Campground brochure/literature defining activities (if no website).
- B.** Schedule of events/activities or calendar of season (if no website).
- C.** Company copies of loss history for last five (5) years.
- D.** Diagram, map or photos of facility including any natural or man-made hazards (if no website).
- E.** Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual.
- F.** Brief resume of management personnel (required when ownership, operation or management has changed within the past 12 months).
- G.** Copy of waiver & release form used for boating, horseback riding, etc. as applicable.
- H.** Appropriate Questionnaire/Supplemental when insured has any of the following: ATV/Snowmobile/Dirt Bikes; Fireworks; Golf Course/Herbicide/Pesticide/Pool; Go Karts; Guided Hunting/Fishing; Hayride; Jumping Pad/Pillow; Paintball; Scuba/Skin Diving; Snow Tubing/Sledding; Trampolines.
- I.** Workers Compensation Supplemental (if coverage is to be quoted)

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

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

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

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

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

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

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



P.O. Box 2338  
 Fort Wayne, IN 46801-2338  
 1.800.553.8368 Fax 1.260.459.5624  
 www.kandkinsurance.com  
 CA# 0334819

# 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



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 CA# 0334819

# 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

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

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



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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

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



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# GUIDED HUNTING OR FISHING SUPPLEMENTAL APPLICATION

Name of Insured: \_\_\_\_\_

1. What areas do you operate in? Attach a brochure and/or describe type of hunting, terrain, use of horses, use of ATVs, season, etc. \_\_\_\_\_
2. What are your gross annual receipts from the guided hunting or fishing? \_\_\_\_\_
3. Do all guides receive first aid, CPR or wilderness first responder training?  Yes  No
4. Are guides required to have current hunting/fishing licenses?  Yes  No  
 If no, explain: \_\_\_\_\_
5. Is the primary guide on each trip at least 21 years old with a minimum of two years guiding experience?  Yes  No
6. How often do guides and staff receive a review in the proper use of equipment and procedures? \_\_\_\_\_
7. Do you rent any equipment from someone else for use in your operations?  Yes  No  
 If yes, explain: \_\_\_\_\_
8. List all equipment you supply for outfitting. \_\_\_\_\_  
 \_\_\_\_\_
9. Do you have a regular maintenance schedule for equipment?  Yes  No
10. Are tree stands used?  Yes  No  
 If yes, are they set up per manufacturers guidelines?  Yes  No
11. Do you conduct fishing trips?  Yes  No  
 If yes, are boats used?  Yes  No  
 If yes, is a properly fitted PFD required for each participant?  Yes  No
12. Do you conduct hunting trips outside your primary location?  Yes  No  
 If yes, explain \_\_\_\_\_
13. Are all participants 18 years of age or older?  Yes  No
14. Does your ratio of participants to guides exceed ten (10) participants to one (1) guide?  Yes  No
15. Do you verify that all participants have the required state hunting and fishing licenses in place?  Yes  No
16. Do you follow all state requirements with regards to hunting and fishing seasons including fishing catch limits, hunting bagging limits, protective equipment such as orange vests and type of firearm/weapon used and any education or age requirements?  Yes  No
17. Does each guided trip include an adequately stocked first aid kit, emergency communication devices such as cell phones, two-way radios, mirrors, whistles, flags, flares?  Yes  No
18. Please confirm that any participant who appears intoxicated or under the influence of illegal or controlled substances will not be allowed to participate.  Yes  No
19. Are all participants required to sign a waiver/release of liability?  Yes  No

**Please attach copy of your waiver/release for company review**

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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# 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):

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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: \_\_\_\_\_

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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:

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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: \_\_\_\_\_
- 
- 
- 

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: \_\_\_\_\_

**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.

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APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

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

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DATE (MM/DD/YY)