

RESORTS AND GUEST RANCHES

Eligible Operations:

- Private or publicly held destination resorts and guest ranches with stay-and-play activities on-site

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Manager must have 3 years industry management experience
- \$5,000 Minimum Account Premium

Ineligible for this program:

- Bed & Breakfast
- Boutique Hotels
- Ski Resort
- Franchised hotels/motels
- Waterparks, amusement parks, etc. as primary reason for patronage to the facility.
- Homeowners associations
- Mobile Home Parks

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Resort Program for over 20 years
- Proud industry involvement through active participation in American Outdoors, Professional Paddlesports of America and the Association for Experiential Educators (AEE) and American Camp Association
- 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 brings decades of underwriting and claims experience to our resort insurance and dude ranch insurance program. Coverage is offered to private or publicly held destination resorts and guest ranches offering a variety of activities.

- Manager must have 3 years of industry management experience
- \$5,000 Minimum Account Premium

Coverages Available & Program Highlights:

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
- Cyber Liability
- Crisis Response
- Sexual Abuse & Molestation Endorsement per perp form (subject to qualification based on minimum underwriting guidelines)

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, permanently installed playground equipment
- Business Interruption (Civil Authority Expansion Available in certain states)
- Emergency Vacating Expenses Covered, Full Building Ordinance "A" Coverage

Inland Marine

Commercial Crime

Commercial Auto

Excess Liability

Workers' Compensation

Common Associated Exposures:

- Golf courses
- Golf driving ranges
- Hiking trails
- Horseback riding
- Miniature golf
- Boating/Canoeing
- Playgrounds
- Fine Dining
- Fishing & Hunting
- Cross-country skiing
- Spas/Health & Fitness Centers

Contact Information:

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

Resorts/Guest Ranch Program

PHONE: 877.355.0315

EMAIL:
KK.CampCgrdResort@
kandkinsurance.com

WEB SITE:
www.kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

All descriptions, summaries or highlights of coverage are for general informational purposes only and do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy.

Submission Instructions:

To request an insurance quotation through this program, please complete the appropriate PDF application (available at 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:

- 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

Resort/Guest Ranch Application(s):

(Applications can be obtained from our web site: kandkinsurance.com)

K&K Application(s)

- Resort Insurance Application
- Fireworks Supplemental Application (if needed)
- Golf Course Supplemental (if needed)
- Herbicide/Pesticide Questionnaire (if needed)
- Guided Hunting/Fishing (if needed)
- Liquor Liability Application (if needed)
- Workers' Compensation Supplemental (if needed)
- Abuse and Sexual Misconduct Application (if needed)

ACORD Application(s)

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

Insuring the world's fun.®

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

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

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

 Is there an Ansul or similar automatic fire protection system over all cooking surfaces? Yes No
 If yes, what type and which building(s): _____
 If no, explain: _____
24. Is there a fire station (paid or volunteer) within a 5 mile radius? Yes No
 Are there fire hydrants on or near premises? Yes No
 Do all sleeping rooms have smoke detectors? Yes No
 Battery operated: _____ Hard wired: _____
 Do all sleeping rooms have carbon monoxide detectors? Yes No
 Are any buildings sprinklered? Yes No
 If so, which ones: _____
25. List any playground equipment and its condition: _____

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

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

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

If yes, please explain: _____

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

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

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

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

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

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

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

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

If no, explain: _____

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

Gross receipts from leased periods: \$ _____

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

If yes, please explain: _____

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

If yes, please explain: _____

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

If yes, please complete the Liquor Liability Application.

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

Total number of pools: _____

Is it open to members of the public? Yes No

Maximum depth of swimming area: _____

Is it fenced? Yes No Height: _____

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

Number of diving boards: _____ Height: _____

Depth of water at diving board entry: _____

Is a lifeguard provided? Yes No

If yes, ratio of swimmers to lifeguards: _____

Are lifeguards certified? Yes No

If yes, by whom: _____

Are rules posted at the pool area? Yes No

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

Any nighttime swimming allowed? Yes No

If yes, is pool lighted? Yes No

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

If no, explain: _____

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

Total number of lakes, ponds or rivers: _____

Is it open to members of the public? Yes No

Maximum depth of swimming area: _____

Is swim area roped off? Yes No

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

Number of diving boards: _____ Height: _____

Depth of water at diving board entry: _____

Is a lifeguard provided? Yes No

If yes, ratio of swimmers to lifeguards: _____

Are lifeguards certified? Yes No

If yes, by whom: _____

Rescue vehicle available? Yes No

Any nighttime swimming allowed? Yes No

If yes, describe lighting: _____

37. **WATERSLIDE** N/A

Number of waterslides over 15 feet in height: _____

Are there attendants at the top and bottom of the slide(s) to monitor and space participants? Yes No

What is the height of each slide?

What is the length of each slide?

Is the slide maintained by a qualified maintenance person? Yes No

Is head first sliding allowed? Yes No

Are there signs posted to instruct patrons on proper behavior and riding techniques? Yes No

If yes, where: _____

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

Type of inflatable (official name): _____

Are inflatables: Owned Leased/Rented

Are inflatables: Kept on premises Taken off premises Both

Are all employees/lifeguards trained in the operation rules of the inflatable element usage? Yes No

Are rules posted for all users? Yes No

How will the unit(s) be protected from unauthorized use? _____

Are there any requirements to enter the inflatable? (removal of shoes, glasses, etc.) _____

Are there any restrictions in place for inclement weather? (ie: wind, rain, etc.) Yes No

If yes, please explain: _____

Confirm that NO inflatable will be set up outdoors, if wind gusts exceed 20 mph on the day of operation? Yes No

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

Are the element(s) maintained at all times (when in use) in at least 10' of water? Yes No

Are the element(s) supervised at a ratio of at least 1 lifeguard to 4 patrons? Yes No

Will diving off any of the element(s) be permitted? Yes No

Are lifejackets required? Yes No

Are the units permanently anchored in the lake/body of water? Yes No

Will any element(s) be pulled by a motorboat? Yes No

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

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

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

If your camp provides any of the following activities, please **list the NUMBER of boats in each category** below:

_____ Canoes, Rowboats, Kayaks, Paddleboats, SUPs

_____ Motorboats under 76 HP

_____ Sailboats

_____ Motorboats over 76 HP

_____ Personal Watercraft
(e.g. Jet Skis, Waverunners, etc.)

_____ Are any boats over 21' in length?

Explain uses for powered boats and personal watercraft: _____

Are watercraft rented or provided by you to customers? Yes No

Is operation supervised? Yes No

Are all boats accounted for at all times? Yes No

Type, age and length of boats: _____

Any boats rented with motors? Yes No

Type and size of motors: _____

Maintenance procedures for boats and motors: _____

Condition of dock: _____

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

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

Boats allowed to stay out after sunset? Yes No

Number of persons allowed in each boat: _____

Are renters required to sign waiver form? Yes No

Is there a marina exposure? Yes No

Are boats and motors repaired for others? Yes No

41. **WHITewater** N/A

What type: Raft Kayak Canoe Tube

Instructors qualifications or outfitter used: _____

If outfitter, do you obtain certificate of insurance? Yes No

Are you named as Additional Insured on guide's insurance? Yes No

Completely describe any "whitewater" exposures: _____

42. **SADDLE ANIMALS** N/A

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

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

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

If no, explain: _____

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

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

Are adult riders required to wear a helmet? Yes No

If no, is a signed rejection required? Yes No

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

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

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

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

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

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

43. **GOLF CARTS** N/A

Do you rent golf carts? Yes No

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

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

Are golf carts rented to licensed drivers only? Yes No

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

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

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

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

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

Do you offer: Daycare Yes No

Babysitting Yes No

Day camp Yes No

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

Maximum length of stay in your care: _____

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

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

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

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

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

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

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

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

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

Is there a sauna or steam room? Yes No

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

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

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

Are there any sun tanning units? Yes No

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

Are protective goggles required to be worn? Yes No

How is timing controlled and by whom? _____

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

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

46. **ARCHERY** N/A

- Does the archery range include arrow stops and a supplemental backstop or specific safety zones behind targets? Yes No
 - Are there clearly delineated rear and side safety buffers? Yes No
 - Are there clearly defined shooting lines/lanes? Yes No
 - Do archery activity leaders use clear safety signals and range commands to control activity at the shooting line and during the retrieval of bows & targets? Yes No
 - Are bows and arrows locked up when not in use? Yes No
- Explain any 'no' answers: _____

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

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

- What caliber guns are permitted to be used (**note: automatic and/or high power not allowed**)? _____
- Explain any 'no' answers: _____

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

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

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

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)



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 1.800.553.8368 Fax 1.260.459.5624
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 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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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: _____

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/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. _____

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)



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

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):

2. Do you comply with the noted items from the hayride ASTM standard: Yes No

- a. Hayride tow vehicles must have the weight/capacity and traction to control a fully loaded hayride wagon.
- b. Hayride wagons must be equipped with a fire extinguisher and communication system.
- c. Hayride wagons must have a front bulkhead/barrier not less than 18" tall to reduce potential for anyone to mount or dismount between the wagon and tow vehicle.
- d. Proper lighting must be in place in the load and unload area during nighttime operations.
- e. You must have written operating procedures.
- f. Inspections of the equipment and course must be made prior to the start of the season and on a daily basis prior to operation. These inspections must be documented.
- g. Drivers must receive training and training must follow the written operating procedures and be documented.
- h. An appropriate educational sign (safety & warning sign) must be posted in a conspicuous location visible from the waiting line. The sign, at a minimum, shall contain the following:
 - Stay seated at all times
 - No smoking on or near the wagon at any time
 - No lighters on or near the wagon at any time
 - No touching actors, patrons or props at any time

3. If you pull the wagon with a horse, please outline the safety protocol for passenger loading and unloading: _____

4. Do you load or unload wheelchairs and/or scooters onto your wagons? Yes No

5. Are first aid trained staff on site during hayride operations? Yes No

6. Do your tractors have rearview mirrors? Yes No

If not, do you have staff in the wagon? Yes No

Applicant Signature

Date

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)