

# TOURIST ATTRACTIONS

## Eligible Operations:

Including but not limited to:

- Aerial attractions (zip lines)
- Aquariums & nature center insurance
- Architectural attraction insurance
- Botanical garden insurance
- Cave insurance
- Children's museum insurance
- Fort insurance
- Hall-of-Fame facilities
- Historic home insurance
- Historic mine insurance
- Historic ship insurance
- Historic site insurance
- Interactive attraction insurance
- Lighthouse insurance
- Memorabilia & collection insurance
- Museum insurance
- Natural landmark insurance
- Old west town insurance
- Religious attraction insurance
- Science center insurance
- Theme parks insurance
- Train ride insurance
- Walk-through attraction insurance

## Ineligible for this program

(Including but not limited to)

- Amusement parks
- Family entertainment centers

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Tourist Attractions Program for over 20 years
- 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

K&K offers property and liability coverage designed for a variety of tourist attractions including botanical gardens, historic sites, children's museums, interactive displays, nature sites, science centers, and other attractions. Inland marine, directors' and officers' and workers' compensation coverage are also offered. Our tourist attraction insurance is just the ticket you need.

- Management must have at least three years of industry management experience
- Risks with no more than three ancillary adult amusement rides
- Minimum premium general liability: \$2,500
- Minimum package insurance: \$5,000

## Coverages Available & Program Highlights:

### General Liability

- Written on an Admitted Basis
- Broadened Coverage Form
- Non-auditable Policy
- No Deductible
- Volunteer Accident Medical
- Volunteers as Additional Insureds
- Amusement Ride Liability
- Fireworks Liability
- Liquor Liability
- Legal Liability to Participants
- Employee Benefits Liability

### Directors and Officers including Employment Practices Liability

### Property

- Equipment Breakdown included
- Emergency Vacating Expenses Covered up to \$25,000, Crisis Response Coverage—\$25,000, Full Building Ordinance "A" Coverage

### Inland Marine

### Commercial Auto

- Owned Auto
- Nonowned/Hired Auto

### Crime

### Excess Liability

### Workers' Compensation

### Event Cancellation & Non-appearance

### Sexual Abuse & Molestation

## Common Associated Exposures:

- Day Camps
- Food & beverage concessions
- Gift shops
- Restaurants
- Kiddie amusement rides

Insuring the world's fun.®

## Contact Information:

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

## Tourist Attractions Program

PHONE: 800.553.8368

FAX: 260.459.5624

EMAIL:

KK.EventsAttractions@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 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
- Diagram/site plan of location/setup
- Brochure (if available)
- Web site address
- Schedule of events & dates
- Copies of current ride inspection

## Tourist Attractions Application(s):

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

---

### K&K Application(s)

- Tourist Attraction Application
- Fireworks Application (if needed)
- Liquor Liability Application (if needed)
- Directors and Officers including Employment Practices Liability (contact K&K for specific application)
- Sexual Abuse & Molesation Application (if needed)

### ACORD Application(s)

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

Insuring the world's fun<sup>®</sup>



P.O. Box 2338  
 Fort Wayne, IN 46801-2338  
 1-800-553-8368 Fax 1-260-459-5624  
 www.kandkinsurance.com  
 CA# 0334819

# CULTURAL MUSEUM/ HISTORICAL ATTRACTION APPLICATION

## GENERAL INFORMATION

1. Named Insured as it is to appear on policy: \_\_\_\_\_
2. Doing business as: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_
3. Physical location (if different from mailing address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: (\_\_\_\_\_) \_\_\_\_\_
4. Contact person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Daytime phone:(\_\_\_\_\_) \_\_\_\_\_ Nighttime phone:(\_\_\_\_\_) \_\_\_\_\_  
 Fax#:(\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_  
 Website: \_\_\_\_\_ Tax ID#: \_\_\_\_\_
5. Name of insurance agency: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Phone number (\_\_\_\_\_) \_\_\_\_\_ Fax#:(\_\_\_\_\_) \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number (\_\_\_\_\_) \_\_\_\_\_
6. Policy period requested: From: \_\_\_\_\_ To: \_\_\_\_\_
7. How long has insured been in business? \_\_\_\_\_ At this location?  Yes  No
8. How many years of experience does the current management team have? \_\_\_\_\_
9. What is the total acreage of the grounds? \_\_\_\_\_

**ADDITIONAL INSURED ENTITIES** (please show name of entity and relationship to museum) \_\_\_\_\_  
 \_\_\_\_\_

## COVERAGE INFORMATION

10. Check the type of coverage desired. Attach appropriate accord application(s) and/or schedule(s).  
 General Liability  Auto  Inland Marine  Crime  
 Workers' Compensation  Property  Excess  Employee Benefits Liability (# of employees: \_\_\_\_\_)
11. Do you engage in any other business operations under the name of the insured as will appear on the policy?  
 Yes  No  
 If yes, explain: \_\_\_\_\_
12. Is there currently a general liability deductible?  Yes  No Amount: \$ \_\_\_\_\_
13. Has this insurance ever been cancelled, declined, non renewed?  Yes  No  
 If yes, please explain (not applicable in Missouri): \_\_\_\_\_

**GENERAL BUSINESS/PREMISES INFORMATION**

14. Is food service contracted to a third party?  Yes  No  
 If yes, is a certificate showing the museum as an additional insured obtained?  Yes  No
15. Is the museum rented for private parties?  Yes  No  
 If yes, please provide a copy of the facility rental agreement.
16. Are all cooking areas protected by automatic fire systems?  Yes  No
17. Is there a back-up emergency electrical power source for lights and communications?  Yes  No
18. Are fire extinguishers located in each building?  Yes  No
19. What is the distance to the nearest fire station? \_\_\_\_\_
20. What is the distance to the nearest hospital? \_\_\_\_\_
21. Are any of your employees CPR certified?  Yes  No
22. Do you have an AED unit on-site?  Yes  No  
 Describe any other medical staffing/equipment on-site: \_\_\_\_\_
23. Provide the minimum number of on-site security personnel:  
 \_\_\_\_\_ Professional Service    \_\_\_\_\_ Uniformed Officers    \_\_\_\_\_ Employees    \_\_\_\_\_ Other( \_\_\_\_\_ )
24. If employees, are they armed?  Yes  No  
 If yes, attach training procedures: \_\_\_\_\_
25. Are hazardous or toxic materials stored on premises?  Yes  No  
 If yes, explain how and where: \_\_\_\_\_
26. Are certificates of insurance obtained from all independent contractors and vendors?  Yes  No  
 If yes, what limit of liability is required? \_\_\_\_\_  
 Are you named as an additional insured?  Yes  No
27. Are patrons required to walk across public roadways from the parking area?  Yes  No
28. Are buses or trams used to transport patrons?  Yes  No
29. Are curbs, steps or elevation changes highlighted?  Yes  No  
 If any of your displays or exhibits allow patron interaction, please describe the activity: \_\_\_\_\_
30. Patron admission cost: Adult \$ \_\_\_\_\_ Child \$ \_\_\_\_\_ Discount \$ \_\_\_\_\_
31. Previous year attendance: \_\_\_\_\_
- Previous year gross receipts from:  
 Admissions \$ \_\_\_\_\_ Food/Beverage \$ \_\_\_\_\_  
 Beer/Liquor \$ \_\_\_\_\_ Gift Shop \$ \_\_\_\_\_  
 Other: (describe) \$ \_\_\_\_\_  
 \_\_\_\_\_  
 Total gross receipts \$ \_\_\_\_\_

**EDUCATIONAL PROGRAMS** (check, if any):    **On Premises**    **Off Premises\***

- Lectures
- Demonstrations
- Tours
- Childrens' Day or Overnight Camps
- School Presentations
- College Work/Class Research Program
- Docent Program

\*Describe any off-premises activities: \_\_\_\_\_

**SPECIAL EVENTS/ACTIVITIES**

**On Premises**

**Off Premises\***

- Special Functions (social, political events, etc.)
- Holiday or Other Seasonal Promotions
- Fund Raisers

\*Describe any off-premises activities: \_\_\_\_\_  
\_\_\_\_\_

**DAY CAMP OPERATIONS** (if applicable):

- 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 an incident is reported?  Yes  No
- C. Do you have a plan of supervision that monitors staff in the day camp program?  Yes  No
- D. Does your staff employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? **If yes, please attach copy.**  Yes  No
- E. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment?  Yes  No
- F. Does your state permit you to do criminal background investigations on staff members?  Yes  No  
If yes, do you request and receive such background investigations on all staff members?  Yes  No  
If yes, who provides service? \_\_\_\_\_
- G. Has the museum ever had an incident which resulted in an allegation of sexual abuse?  Yes  No  
Was a claim made against the museum?  Yes  No  
If yes, please provide details of the claim/incident: \_\_\_\_\_  
\_\_\_\_\_

What has been done to prevent such occurrences from happening in the future? \_\_\_\_\_  
\_\_\_\_\_

- H. **If you have volunteers, are the answers to the questions above the same?**  Yes  No  
 Not applicable, we have no volunteers.  
If No, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUMMARY OF REQUESTED ITEMS**

Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:

- Diagram of facility and a copy of a promotional brochure.
- Most current financial statement
- Detailed loss history listings from previous carrier(s) (4 years).

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

\_\_\_\_\_  
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

# THEMED ATTRACTIONS APPLICATION

## GENERAL INFORMATION

1. Named Insured as it is to appear on policy: \_\_\_\_\_
2. Doing Business As: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_
3. Location of themed attraction (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_
4. Contact person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact person is:  Owner  General Manager  Other: \_\_\_\_\_  
 Daytime phone:(\_\_\_\_\_) \_\_\_\_\_ Nighttime phone:(\_\_\_\_\_) \_\_\_\_\_ Fax#:(\_\_\_\_\_) \_\_\_\_\_  
 Website: \_\_\_\_\_ Tax ID#: \_\_\_\_\_
5. Name of Agency: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax#:(\_\_\_\_\_) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_
6. IAAPA Member? (International Association of Amusement Parks and Attractions)  Yes  No

## POLICY INFORMATION AND COVERAGE

7. Policy period requested: From: \_\_\_\_\_ To: \_\_\_\_\_
8. Projected opening and closing dates of the season: From: \_\_\_\_\_ To: \_\_\_\_\_
9. How long has insured been in business? \_\_\_\_\_ At this location?  Yes  No
10. How many years of management experience? \_\_\_\_\_
11. What is the total acreage of the grounds? \_\_\_\_\_
12. Is the ground leased to others?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
13. Do any of the following exposures exist on your premises:
 

<input type="checkbox"/> Petting Zoo	<input type="checkbox"/> Camping	<input type="checkbox"/> Animal Rides	<input type="checkbox"/> Stunt Shows
<input type="checkbox"/> Laser Tag	<input type="checkbox"/> Paintball	<input type="checkbox"/> Wagon Rides	<input type="checkbox"/> Sewage Treatment Plants
<input type="checkbox"/> *Liquor Sales	<input type="checkbox"/> *Fireworks	<input type="checkbox"/> *Children's Day or Overnight Camps	

\* Requires separate application.

**COVERAGE INFORMATION**

14. Check the type of coverage desired. Attach appropriate accord application(s) and/or schedule(s).

- General Liability       Auto       Inland Marine       Crime
- Workers' Compensation     Property       Excess       Employee Benefits Liability (# of employees: \_\_\_\_\_)

15. Do you engage in any other business operations under the name of the insured as will appear on the policy?

- Yes       No

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

**PRIOR CARRIER INFORMATION**

16. Is there currently a deductible?       Yes       No      Amount: \$ \_\_\_\_\_

17. Has this insurance ever been cancelled, declined, non renewed?       Yes       No

If yes, please explain (not applicable in Missouri): \_\_\_\_\_

**BUSINESS INFORMATION**

18. Are all cooking areas protected by automatic fire systems?       Yes       No

19. Is there a back-up emergency electrical power source for lights and communications?       Yes       No

20. Are fire extinguishers located in each building?       Yes       No

21. What is the distance to the nearest fire station? \_\_\_\_\_

22. What is the distance to the nearest hospital? \_\_\_\_\_

23. Is there an ambulance on site?       Yes       No

24. Provide the minimum number of medical personnel at the park for the following:

\_\_\_\_\_ Paramedic    \_\_\_\_\_ EMT/EMS    \_\_\_\_\_ Nurses    \_\_\_\_\_ CPR Certified

25. Provide the minimum number of security personnel at the park for the following:

\_\_\_\_\_ Professional Service    \_\_\_\_\_ Uniformed Officers    \_\_\_\_\_ Employees    \_\_\_\_\_ Other(\_\_\_\_\_)

26. If employees, are they armed?       Yes       No

If yes, attach training procedures: \_\_\_\_\_

27. Do you have any arm wrestling, punching bags or sonic boom arcade type machines?       Yes       No

If yes, provide description: \_\_\_\_\_

28. Describe any and all water hazards: lake, stream, swimming pool, marina, bathing beach (including width and depth) that are not rides: \_\_\_\_\_  
\_\_\_\_\_

29. Describe type of seating: \_\_\_\_\_

30. Number of Grandstands: \_\_\_\_\_     NA    Year Built: \_\_\_\_\_

Construction:  Wood     Concrete     Metal    Grandstand Height: \_\_\_\_\_(ft)

Guardrails:  Sides     Back    Kick boards in place?     Yes     No

31. Number of Bleachers: \_\_\_\_\_     NA    Year Built: \_\_\_\_\_

Number Fixed: \_\_\_\_\_    Construction:  Wood     Concrete     Metal    Bleacher Height: \_\_\_\_\_(ft)

Number Portable: \_\_\_\_\_    Construction:  Wood     Metal    Bleacher Height: \_\_\_\_\_(ft)

Guardrails:  Sides     Back    Kick boards in place?     Yes     No



32. Do you have a documented inspection/maintenance program for grandstands and/or bleachers?  Yes  No  
 If yes, date of last inspection: \_\_\_\_\_
33. Is there a qualified ride inspector to perform mechanical and electrical inspections?  Yes  No  
 If yes, give name(s) and years experience: \_\_\_\_\_
34. How many rides do you own? \_\_\_\_\_ How many rides are contracted or leased? \_\_\_\_\_
35. Give description of contracted or leased rides: \_\_\_\_\_  
 \_\_\_\_\_
36. Are maintenance manuals for all rides kept on premises?  Yes  No
37. Do the rides meet the ASTM standard?  Yes  No  
 If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_
38. Are hazardous or toxic materials stored on premises?  Yes  No  
 If yes, explain how and where: \_\_\_\_\_  
 \_\_\_\_\_
39. Are certificates of insurance obtained from independent contractors and vendors?  Yes  No  
 If yes, what limit of liability is required? \_\_\_\_\_  
 Are you named as an additional insured?  Yes  No
40. Do you have a petting zoo?  Yes  No  
 If Yes, is it operated by an independent contractor?  Yes  No  
 If Yes, do you receive a certificate of insurance naming you as an additional insured?  Yes  No
41. Do you have a contract with a hold harmless and indemnification agreement?  Yes  No
42. Are all animals properly vaccinated?  Yes  No
43. Is there a hand washing at the exit of the petting zoo?  Yes  No
44. Is there signage posted with regard to the importance of hand washing after animal contact?  Yes  No

**PATRON INFORMATION**

45. Are patrons required to walk across public highways from the parking area?  Yes  No
46. Are buses or trams used on the premises?  Yes  No
47. Are curbs, steps or ledges highlighted?  Yes  No
48. Are signs posted to identify assumption of risk for rides?  Yes  No
49. Patron admission cost: Adult \$ \_\_\_\_\_ Child \$ \_\_\_\_\_ Discount \$50 \_\_\_\_\_
50. Total annual attendance: \_\_\_\_\_
- Previous year gross receipts from:
- |                         |          |                     |          |
|-------------------------|----------|---------------------|----------|
| Admissions              | \$ _____ | Food/Beverage       | \$ _____ |
| Beer/Liquor             | \$ _____ | Novelty/Merchandise | \$ _____ |
| Rides                   | \$ _____ | Arcade Games        | \$ _____ |
| Other: (describe) _____ |          |                     | \$ _____ |
- Total gross receipts \$ \_\_\_\_\_

## SUMMARY OF REQUESTED ITEMS

51. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:

- Diagram of grounds/themed attraction and or brochure.
- Most current financial statement
- Detailed loss history listings from previous carrier(s) (4 years).
- Copy of ride inspection forms and ride operator training manuals.
- Copy of non-destructive testing, ultrasound, x-ray, magnaflux testing required by manufacturers of specific rides.
- Complete schedule of events and event dates.
- Contracts/lease agreements/hold harmless agreements between the event management and any other party with regard to the event.

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

---

Signature (if applicable)

---

Applicant's Name (print)

---

Producer's Name (print)

---

Date (MM/DD/YYYY)

---

Date (MM/DD/YYYY)





# LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy: \_\_\_\_\_  
 Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_ ) \_\_\_\_\_

2. Name Liquor License is in: \_\_\_\_\_

3. Liquor License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

4. Is coverage for a specific event?  Yes  No If yes, explain what kind of event, where event will be held and date of event(s). \_\_\_\_\_

5. Opening and closing hours of event(s) (for each event): \_\_\_\_\_

6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). \_\_\_\_\_

7. Has applicants' alcohol beverage license ever been revoked, suspended or fined?  Yes  No  
 If yes, please explain: \_\_\_\_\_

8. Has applicant incurred claims for liquor liability during the last three years?  Yes  No  
 If yes, please explain: \_\_\_\_\_

9. Has any insurer cancelled or non-renewed coverage during the last three years?  Yes  No  
 If yes, please explain: \_\_\_\_\_

10. Type of alcohol beverages sold: \_\_\_\_\_ What proof: \_\_\_\_\_

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises?  Yes  No  
 If yes, what type? \_\_\_\_\_

13. Do you maintain security personnel at event entry check points?  Yes  No  
 If yes, what type? \_\_\_\_\_

Do they exercise the right of search and seizure of contraband items?  Yes  No  
 If yes, how do they notify the public of this? \_\_\_\_\_

14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)?  Yes  No

15. If site is completely enclosed, are minors allowed to enter?  Yes  No

(Continued on next page)

16. Are the servers professional (two years bartending experience or more)?  Yes  No  
 Are the servers non-professional (less than 2 years or no bartending experience)?  Yes  No  
 Explain: \_\_\_\_\_
17. Name the formal awareness training program that the servers receive: \_\_\_\_\_  
 \_\_\_\_\_
18. At what point of sale are I.D.'s checked? \_\_\_\_\_
19. Are rules and regulations clearly displayed for patrons' viewing?  Yes  No  
 Explain: \_\_\_\_\_
20. In what size container is the alcoholic beverage served at each event?  Cup \_\_\_\_\_ oz.  Pitcher  Other: \_\_\_\_\_
21. Can patrons purchase more than two alcoholic beverages at one time?  Yes  No  
 If yes, please explain: \_\_\_\_\_
22. Is there any type of designated driver program in effect?  Yes  No  
 Explain: \_\_\_\_\_
23. Is there any other Liquor Liability coverage being provided?  Yes  No  
 If yes, explain and attach a copy of the certificate of insurance: \_\_\_\_\_
24. Liability limits requested \$\_\_\_\_\_ (per occurrence) \$\_\_\_\_\_ (aggregate)

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

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

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

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

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

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

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



# NONOWNED/HIRED AUTO QUESTIONNAIRE

(To be completed and returned with Commercial Auto ACORD application)

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

Do you have a Business Auto Policy for owned autos?  Yes  No

If yes, can coverage be obtained under your Business Auto Policy?  Yes  No

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

### NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business?  Yes  No

If so, please provide details regarding duties involved: \_\_\_\_\_

2. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their auto?  Yes  No

3. Do you run motor vehicle reports on each employee?  Yes  No

4. Please explain what other controls you have in place to protect your company's liability? \_\_\_\_\_

5. Number of Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

### HIRED AUTO LIABILITY

1. During the last three years have you leased, borrowed or hired any vehicles for your business?  Yes  No

2. If you anticipate some usage this year:

A. What type of vehicle (trucks, cars, buses)? \_\_\_\_\_

B. What is the estimated cost to lease or hire the vehicles? \_\_\_\_\_

3. When leasing, hiring or borrowing are the vehicles used to:

A. Transport participants, volunteers or staff only?  Yes  No

If yes, how many? \_\_\_\_\_ For how long? \_\_\_\_\_

Number of times per year: \_\_\_\_\_ Distance traveled per trip: \_\_\_\_\_

B. Haul equipment:  Yes  No

If yes, please explain and identify frequency and distance traveled per trip: \_\_\_\_\_

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries: \_\_\_\_\_ Distance traveled per trip: \_\_\_\_\_

How long the vehicles will be used: \_\_\_\_\_ Year built: \_\_\_\_\_ Cost new: \_\_\_\_\_

5. Does the leasing company provide drivers or do you use your own? \_\_\_\_\_

6. Do you purchase liability insurance from the leasing company?  Yes  No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds?  Yes  No If yes, please explain: \_\_\_\_\_

8. What is the estimated annual cost to hire/lease all vehicles? \_\_\_\_\_

9. Do you hire vehicles for more than or less than 30 days for any one time?  More  Less

If more than 30 days, vehicles should be scheduled.

**HIRED AUTO PHYSICAL DAMAGE**

- 1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? \_\_\_\_\_  
\_\_\_\_\_
- 2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? \_\_\_\_\_  
\_\_\_\_\_
- 3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)?  Yes  No
- 4. What is the maximum number of vehicles leased at one time? \_\_\_\_\_
- 5. Please provide the garage location of the vehicles (city and state): \_\_\_\_\_
- 6. Requested Comprehensive Deductible? \$\_\_\_\_\_ Collision Deductible? \$ \_\_\_\_\_

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

Name	Birth Date	Driver's License Number	State Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LEASED VEHICLES**

If leased, what is the term of the lease? \_\_\_\_\_

VIN#	Year	Make	Model	New Cost	Garaging Location (City and State)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

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

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

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

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

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

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



P.O. Box 2338  
 Fort Wayne, IN 46801-2338  
 CA# 0334819

# SECURITY SUPPLEMENTAL APPLICATION

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Who is primarily responsible (via contract) for liability coverage of off-duty police?:  Insured  Municipality

Who is primarily responsible (via contract) for Workers's Compensation of off-duty police?:  Insured  Municipality

Are all the applicant's security guard employees licensed by the state as a security guard?  Yes  No

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

### INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

Are background investigation and checks conducted on all employees who perform security duties?  Yes  No

If yes, mark appropriate box:

- Criminal background checks
- Fingerprints
- Background cleared prior to hire
- Previous employer
- Drug screening
- Other: \_\_\_\_\_
- Motor vehicle report
- Personal references

What firearm training is required for armed security employees? \_\_\_\_\_

Does applicant have a formal training program for security employees?  Yes  No

If yes, explain or attach a copy of training manual \_\_\_\_\_

Provide the number of dogs to be used in security operations: \_\_\_\_\_

During the past four years, have any claims been presented to your current or prior insurance carrier for security related incidents?  Yes  No

If yes, please explain those incidents in detail below or provide a separate exhibit. \_\_\_\_\_

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

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

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

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

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

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

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





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  Proper 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 communication program? 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** Housekeeping/cleanliness at the jobsite Excellent  Good  Poor

Condition of equipment: Excellent  Good  Poor  Proper safeguards? Yes  No

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



# ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

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

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

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

**A. Identify current hiring practices for paid and volunteer staff:**

- Are employment applications required for positions?  Yes  No
- Is prior employment verified for each applicant and recorded in applicant's file?  Yes  No
- Are references obtained?  Yes  No Are references checked?  Yes  No
- Are criminal records checked?  Yes  No
- 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
- If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment?  Yes  No
- Do you advise every applicant that criminal background checks will be performed?  Yes  No

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

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

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

**D. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper, member or participant reports someone molested him/her which includes reporting suspected child/sexual abuse after learning of such an allegation?**  Yes  No

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, members or participants?  Yes  No

Does staff screening include criminal background checks on all new (including seasonal) employees/volunteers, and on year around employees/volunteers every 5 years?  Yes  No

1. If yes, provide name of service provider you use to conduct criminal background checks \_\_\_\_\_

Does new staff screening include at least two references and a personal interview before being hired-accepted as employee/volunteer?  Yes  No

Does the staff screening include an annual check of all employees/volunteers on the National Sex Offender Public Website?  Yes  No

**E. Have you ever had an incident which resulted in an allegation of sexual abuse at your camp or other operation?**  Yes  No

1. Was a claim made against your camp or other operation? \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

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)

**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)