LARGE SPORTS CAMPS

Eligible Operations:
- Youth and adult sports camps/clinics (day and/or overnight)
- College sports camps/clinics

Ineligible Operations:
- Boot Camps
- Extreme Sports Camps/Clinics
- Mixed Martial Arts Camps/Clinics

K&K Benefits:
- Experienced & professional staff dedicated exclusively to servicing the K&K Amateur Sports Associations Program for over 25 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

K&K’s large sports camp insurance is designed for youth and adult sports camps and clinics requiring property and liability coverage not offered through our amateur sports camps and clinics liability insurance program. There must be a system in place for personnel screening, written sexual abuse and molestation procedures (including reporting) and criminal background checks performed.

- Minimum premium: $3,500

For short-term youth sports camps and clinics with less complex coverage needs, please visit our Youth Sports Camps and Clinics program at www.kandkinsurance.com where you can quote, apply, and buy online and receive proof of coverage immediately.

Coverages Available & Program Highlights:

General Liability
- Broadened coverage form
- Non-audited policy
- No deductible
- Bodily Injury definition redefined
- Crisis Response Coverage
- Abuse or Molestation Sexual Abuse & Molestation Endorsement – per perp form (optional – subject to qualification based on minimum underwriting criteria and guidelines)

Property
- Over 25 coverage enhancements
- Equipment Breakdown
- Business Interruption

Inland Marine

Crime

Commercial Auto

Excess Liability

Accident Medical (Participant Accident)

Event Cancellation and Non-appearance (provided through Showstoppers)

Workers’ Compensation

Contact Information:

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

Large Sports Camps

PHONE: **800.441.3994**
FAX: **260.459.5120**

EMAIL:
KK.Sports@kandkinsurance.com

WEB SITE:
kandkinsurance.com

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

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

Submission Instructions:

To request an insurance quotation through this program, 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 company loss runs, including current year
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copies of all contracts
- Copy of procedure/rule manuals
- Copy of waiver & release forms

Amateur Sports Associations Application(s):

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

K&K Application(s)
- Amateur Associations Application
- Participant Accident Supplemental Application (if needed)
- Event Liquor Liability Application (if needed)
- Abuse & Molestation Supplemental Questionnaire (if needed)
- Water Related Activities Supplemental (if needed)
- Nonowned/Hired Application (if needed)
- Fireworks Supplemental Application (if needed)
- Security Supplemental Information (if needed)
- Inflatables Liability Questionnaire (if needed)

ACORD Application(s)
- Property
- Computer Coverage
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability

Insuring the world's fun®

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www.kandkinsurance.com
CA #0334819

SPORTS CAMP INSURANCE APPLICATION

APPLICANT INFORMATION

Name of insured *(as will appear on policy)*:_____

Doing business as:_____

Mailing address:_____

City:_____ State:_____ Zip:_____ Phone: (_____)_____

LOCATION INFORMATION

Location of camp:_____

City:_____ State:_____ Zip:_____ Phone: (_____)_____

Location of office premises:_____

City:_____ State:_____ Zip:_____ Phone: (_____)_____

Do you intend to have off premises office premises liability? ❑ Yes ❑ No

If yes, office square footage:_____

Contact Person:_____

Person is: ❑ Owner ❑ Promoter ❑ Agent ❑ Other:_____

Phone: (_____)_____ Fax: (_____)_____

Federal tax ID number:_____

Email address:_____ Web site address:_____

Nature of operations/description of event:_____

_____

List all activities operated under the named insured that are not camp related (e.g. competitions, other operations, etc.)_____

_____

Insured is: ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ Not for Profit Organization

❑ Limited Liability Corporation ❑ Other (explain):_____

President:_____ Number of years in business:_____

In what state is the organization headquartered/chartered?_____

Policy period requested: From_____ To_____

AGENCY/BROKERAGE INFORMATION

Name of agency/brokerage (if applicable):_____

Contact Person:_____

Mailing address:_____

City:_____ State:_____ Zip:_____

Phone: (_____)_____ Fax: (_____)_____

Federal tax ID number:_____ Email address:_____

COVERAGE INFORMATION- Check the type of coverage and indicate the limits and deductibles desired:

		Limits Requested	Deductible
❑ **General Liability**	❑ Primary	$_____	$_____
	❑ Excess	$_____	$_____
	❑ Legal Liability To Participants	$_____	$_____
	❑ Liquor Liability ***(K&K application required)***	$_____	$_____
	❑ Employee Benefits Liability	$_____	$_____
❑ **Participant Accident**	❑ AD&D	$_____	$_____
	❑ Excess Medical	$_____	$_____
	❑ Weekly Disability Income	$_____	$_____
❑ **Property**	❑ Property ***(ACORD application required)***	$_____	$_____
	❑ Inland Marine ***(ACORD application required)***	$_____	$_____
	❑ Crime ***(ACORD application required)***	$_____	$_____
❑ Auto ***(ACORD application required)***		$_____	$_____
❑ Workers' Compensation ***(ACORD application required with Experience Modification Worksheet)***		$_____	$_____
❑ Other:_____		$_____	$_____

ADDITIONAL INSUREDS: ***(Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).***

NAME	ADDRESS	RELATION TO YOU *
a.		
b.		
c.		

**** If the additional insured is an owner, manager, or lessor of the premises to you, please indicate the part of the premises leased or rented to you by the designated additional insured, as respects your activity or operation.***

GENERAL INFORMATION

1. Has this type of insurance ever been: ❑ Cancelled ❑ Declined ❑ Non-renewed

   If so, please explain._____

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

   If yes, please explain. _____

3. As respects your operation(s), do you enter into any contracts/lease agreements? ❑ Yes ❑ No

   If yes, what contracts do you enter into?_____

   a. Does the Named Insured assume liability for the other party? ❑ Yes ❑ No

   PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.

   b. Does the other party assume the Named Insured's liability? ❑ Yes ❑ No

   PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.

   c. Does each party assume its own liability? ❑ Yes ❑ No

   PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.

4. Who reviews the contracts prior to signing?

   ❑ Corporate Officers ❑ Counsel ❑ Other (please explain):_____

5. For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured.

CERTIFICATES ***(Provide copies.)***	**LIMITS**	**ADDITIONAL INSURED**
Food Concessionaires		

UNDERWRITING INFORMATION

6. Is the camp accredited? ❑ Yes ❑ No

   If yes, by whom_____

7. Type of camp (Check all that apply): ❑ Day Camp ❑ Resident Camp ❑ Travel ❑ Sports ❑ Special Needs
   ❑ Adult ❑ Co-ed ❑ Boys ❑ Girls

8. If resident camp, how long is average stay?_____

9. Age range of campers:_____

10. Date camp opens:_____ closes:_____ number of seesions:_____

11. Camper days:

DAY CAMPS	***RESIDENT CAMPS***
A. Average number of campers per day: _____	**A.** Average number of campers per day: _____
B. Number of days per week: x_____	**B.** Number of days per week: x_____
C. Number of weeks per year: x_____	**C.** Number of weeks per year: x_____
Total Number of camper days (A x B x C) = _____	**Total Number of camper days (A x B x C)** = _____

——— *If more than one camp or more than one location, please attach a shedule of camp events/activities.*———

12. Do you use volunteers? ❑ Yes ❑ No

    If yes, for what position(s)?_____

13. Do you use subcontractors for any services? ❑ Yes ❑ No

    If yes, what services are contracted out?_____

14. Do you get certificates of insurance from the contractors? ❑ Yes ❑ No

15. Are you named as additional insured on the contractor's policy(ies)? ❑ Yes ❑ No

16. Are doctors, nurses and/or certified medical personnel on the premises during camp? ❑ Yes ❑ No

    If not, explain medical procedures:_____

17. Do all doctors, nurses and/or certified medical personnel/EMTs have their own professional liability insurance in force with a minimum $500,000 limit? ❑ Yes ❑ No

18. Does camp obtain medical permission slips? *(If yes, attach copy)* ❑ Yes ❑ No

19. Does camp require details regarding all prescription medicines being used by campers? ❑ Yes ❑ No

20. The nearest hospital or emergency medical facility is_____miles away.

STAFF

21. How long has your director been in his or her position with your camp?_____

22. How many total years of experience does the director have as a camp director?_____

23. Ratio of counselors to campers during activities:_____

24. Ratio of counselors to campers during non-activity hours:_____

25. Are campers always attended by counselors? ❑ Yes ❑ No

26. Minimum age of counselors:_____

27. Do you have a Counselor in Training (CIT) or similar program? ❑ Yes ❑ No

28. If yes, what is the minimum age for the program?_____

29. Percentage of counselors who are returning from the previous year?_____

30. Are training classes mandatory for counselors? ❑ Yes ❑ No

31. Describe formal training, certification or previous experience required of counselors:_____

_____

_____

32. Does camp require an acknowledgement of risk/consent form to be signed by each camper and their parent(s)/guardian(s) *(If yes, attach copy)*? ❑ Yes ❑ No

RESIDENTIAL CAMPS

33. Date of last board of health inspection:_____

34. Do employees, management, or caretakers, etc. live on premises year round? ❑ Yes ❑ No

If yes, explain:_____

If not, explain security/up keep for premises:_____

_____

35. How many cabins or dwellings are occupied year round?_____ By whom?_____

36. Are all buildings at the insured premises owned by the named insured? ❑ Yes ❑ No

If no, please specify:_____

37. Describe cooking facilities (ie. deepfryers, grills, ovens, etc.):_____

_____

38. Is there an Ansul or similar automatic fire protection system over all cooking surfaces? ❑ Yes ❑ No

If yes, what type:_____

If no, explain:_____

39. Is there a fire station (paid or volunteer) within a 5 mile radius? ❑ Yes ❑ No

40. Are there fire hydrants on or near premises? ❑ Yes ❑ No

41. Do all sleeping rooms have smoke detectors? ❑ Yes ❑ No

42. Are any buildings sprinklered? ❑ Yes ❑ No

If so, which ones:_____

43. Do any on-site steam boilers (or other machinery) require certification to satisfy governmental requirements? ❑ Yes ❑ No

If yes, please provide the location, address, contact person and certificate expiration date:_____

_____

_____

TRANSPORTATION

44. Is camp responsible for campers transportation to and from camp? ❑ Yes ❑ No

45. Do you allow any camp employees or volunteers to transport campers in their personal vehicles? ❑ Yes ❑ No

46. Does camp hire: ❑ vans ❑ 15-passenger vans ❑ buses ❑ other:_____

47. Annual cost to hire vehicles:

a. Where the camp must insure the vehicle $_____ (Primary)

b. Where the lessor insures the vehicle $_____ *(Excess)* *

**Please be sure to collect a certificate of insurance evidencing automobile liability coverage and naming camp as additional insured.*

48. Minimum age of drivers?_____

49. Is a fleet safety program in place? ❑ Yes ❑ No

If yes, please describe:_____

50. Are vehicles ever loaned or given to employees for there use? ❑ Yes ❑ No

51. Who is responsible for maintenance of vehicles?_____

_____

52. Do you own 15-passenger buses or vans? ❑ Yes ❑ No

If yes, please describe safety procedures, specifically with regard to top loading and/or trailer pulling:_____

_____

ACTIVITIES

53a. Are any of the following activities offered by the camp *(Additional underwriting information will be required)*?

YES	ACTIVITY	YES	ACTIVITY	YES	ACTIVITY
❑	Archery	❑	Hockey (ice)	❑	Skateboarding ramps/jumps
❑	Arts & Crafts	❑	Hockey (inline)	❑	Skiing (cross country)
❑	Bicycling	❑	Horseback riding	❑	Skiing (alpine/downhill)
❑	Back packing (hiking)	❑	Hunting	❑	Skiing (water)
❑	Baseball/Softball	❑	Ice skating	❑	Soccer
❑	Basketball	❑	Jet skiing/waverunner	❑	Surfing
❑	Boating	❑	Kayaking	❑	Swimming
❑	Canoeing	❑	Kickball	❑	Trampolines #_____
❑	Cheerleading	❑	Lacrosse	❑	Bungee trampolines #_____
❑	Caving	❑	Martial arts	❑	Tennis
❑	Cross country/running	❑	Mountain Biking	❑	Track & Field
❑	Diving	❑	Motorbikes/Minibikes/Motorcycles/ATVs	❑	Tubing
❑	Field Trips/travel	❑	Paintball	❑	Volleyball
❑	Fireworks	❑	Rafting	❑	Water trampolines #_____
❑	Football (tackle)	❑	Rappelling	❑	Waterslides over 15' in height #_____
❑	Football (flag/touch)	❑	Rifle ranges #_____	❑	Whitewater canoeing /kayaking/rafting
❑	Go-karts	❑	Rock climbing/climbing wall	❑	Wrestling
❑	Golf	❑	Ropes courses/climbing towers	❑	Other: _____
❑	Gymnastics	❑	Rugby	❑	Extreme sports:_____
❑	Hockey (field)	❑	Saddle animals		

53b. **Additional Activity Information** - Complete for all activities you provide:

Bicycling-
- Are helmets required? ❑ Yes ❑ No
- Any biking on public highways? ❑ Yes ❑ No

Cheerleading-
- Any stunting or pyramids? ❑ Yes ❑ No
- Do you follow USASF or NFHS guidelines? ❑ Yes ❑ No

Field Trips/Travel-
- How many trips are conducted per year? _____
- Are all trips within the United States? ❑ Yes ❑ No
- Do any field trips last more than one day? ❑ Yes ❑ No
- To what types of attractions will you visit? _____
- What is the average distance traveled? _____
- What is the ratio of adult staff to campers? _____
- Are signed permission forms and waivers obtained from the parents or guardians of the campers going on the field trips? ❑ Yes ❑ No
- Do all parents/guardians receive detailed information regarding the trips? ❑ Yes ❑ No
- Do all campers and camp staff wear identification tags or identifiable clothing on all trips? ❑ Yes ❑ No
- Are campers allowed to transport themselves or other campers? ❑ Yes ❑ No

Marital Arts--
- Describe the types taught:_____

_____
- Is contact allowed? ❑ Yes ❑ No
- Are all instructors certified? ❑ Yes ❑ No
- If yes, by whom?_____

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

55. Does camp contract with others for program services for any of these activities? ❑ Yes ❑ No

If yes, please explain:_____

_____

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

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

58. Do any activities take place off the camp premises? ❑ Yes ❑ No

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

_____

59. If shooting/riflery is provided, are NRA standards met? ❑ N/A ❑ Yes ❑ No

60. **IF CAMP UTILIZES A POOL:** ❑ N/A

Total number of pools:_____

Is it open to members of the public? ❑ Yes ❑ No

Maximum depth of swimming area:_____

Is it fenced? ❑ Yes ❑ No Height: _____

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

Number of diving boards:_____ Height:_____

Depth of water at diving board entry:_____

Is a lifeguard provided? ❑ Yes ❑ No

If yes, ratio of swimmers to lifeguards:_____

Are lifeguards certified? ❑ Yes ❑ No

If yes, by whom:_____

Are rules posted at the pool area? ❑ Yes ❑ No

Any nighttime swimming allowed? ❑ Yes ❑ No

If yes, is pool lighted? ❑ Yes ❑ No

61. **IF CAMP UTILIZES A LAKE, POND OR RIVER:** ❑ N/A

Total number of lakes, ponds or rivers:_____

Is it open to members of the public? ❑ Yes ❑ No

Maximum depth of swimming area:_____

Is swim area roped off? ❑ Yes ❑ No

Is signage posted clearly stating the depth of water and the rules for the lake/pond? ❑ Yes ❑ No

Number of diving boards:_____ Height:_____

Depth of water at diving board entry:_____

Is a lifeguard provided? ❑ Yes ❑ No

If yes, ratio of swimmers to lifeguards:_____

Are lifeguards certified? ❑ Yes ❑ No

If yes, by whom:_____

Rescue vehicle available? ❑ Yes ❑ No

Any nighttime swimming allowed? ❑ Yes ❑ No

If yes, describe lighting:_____

62. Are there other bodies of water on premises *(not just those normally utilized)* and are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use? ❑ Yes ❑ No

CONFERENCE/RENTALS/LEASING ❑ N/A

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

If yes, provide dates, and anticipated number of attendees:_____

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

64. Are limits of $1,000,000 required? ❑ Yes ❑ No

If no, explain:_____

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

66. Gross receipts from leased periods: $_____

67. During leased periods, does camp director/management or any other employees remain on the premises? ❑ Yes ❑ No

If yes, please explain:_____

_____

68. Do activities take place during leased period that do not take place during usual camp operations? ❑ Yes ❑ No

If yes, please explain:_____

_____

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

If yes, please complete the Liquor Liability Application.

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ❑ **A.** *Camp brochure/literature defining activities (if no camp website).*
- ❑ **B.** *Schedule of camp events/activities.*
- ❑ **C.** *Four years of currently valued company loss runs.*
- ❑ **D.** *Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual.*
- ❑ **E.** *Copy of staff application and, when applicable, background check consent form (if not on camp website).*
- ❑ **F.** *Copy of camper registration form, copy of camper waiver, and copy of medical permission form (if not on camp website).*
- ❑ **G.** *Copies of all contractual agreements pertaining to camp operations.*
- ❑ **H.** *Copy of certificate of insurance from transportation company naming camp as additional insured is required.*

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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PARTICIPANT ACCIDENT SUPPLEMENTAL APPLICATION

Name of Insured:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

Email Address:_____ Web Site Address:_____

Total Number of Participants:_____ Age Range of Participants:_____

Break down participation by type of events and age:

	TYPE OF EVENTS	NUMBER OF PARTICIPANTS
Ages 9 & Under		
Ages 10-12		
Ages 13-15		
Ages 16-17		
Ages 18 & Older		

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE

UNDERWRITING INFORMATION

1. Are emergency procedures in place? ❑ Yes ❑ No Tested? ❑ Yes ***(Attach copy of procedure)*** ❑ No
2. Do you require any emergency vehicle and licensed EMT at each event? ❑ Yes ❑ No

   If no, please explain:_____
3. If an emergency vehicle is not on site, what is the average emergency response time?_____
4. Is first aid available to both participants and spectators at the event location(s)? ❑ Yes ❑ No

   Please explain:_____
5. Describe medical, security and evacuation procedures:_____
6. Is the insurance program: ❑ Mandatory ❑ Optional, please explain:_____

   If optional, how many members are eligible to participate in your insurance program?_____
7. Are all coaches/trainers certified? ❑ Yes ❑ No

   Please explain certification process:_____
8. Are all practices, contests and ancillary events sanctioned and supervised by you? ❑ Yes ❑ No
9. Do you have sanctioning procedures in place: ❑ Yes ***(Attach copies of sanction requirements and application)*** ❑ No

10. Are you a member of an association or other organization which promotes or governs the activities named above? ❑ Yes ❑ No

11. Are participants ever transported to or from practices or competitions at your direction and under your supervision? ❑ Yes ❑ No

If yes, please describe:_____

_____

_____

12. Is a K&K approved waiver and release form read and signed by all persons entering a restricted area prior to entry? ❑ Yes ***(Please attach a copy of forms(s)*** ❑ No

13. Are coaches and officials to be covered? ❑ Yes ❑ No

14. Please indicate any additional information which you feel is important here:_____

_____

_____

ANCILLARY EVENTS INFORMATION - Describe any events or activities.

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE

PRIOR CARRIER INFORMATION- We require currently valued loss runs for each of the last four years K&K was not on the account.

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ❑ **Copies of diagrams and photographs of each location showing all spectator and participant areas where covered activities take place.**
- ❑ **Copy of the previous/present policy.**
- ❑ **Broker of Record letter. (if applicable)**
- ❑ **Copies of waiver/release forms.**
- ❑ **Copies of rules and regulations, safety manuals and sanction requirements and application.**
- ❑ **Four years of company loss runs (company copy including reserves).**

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)

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 | Date

ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name:_____

Mailing Address:_____

City:_____ State:_____ Zip: _____

You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.

1. Does the Applicant have written procedures and a plan of supervision that monitors staff and volunteers in day-to-day relationships with its members, both on and off the premises? ❑ Yes ❑ No

2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy? ❑ Yes ❑ No
   If yes, please attach a copy
   a. If yes, does the written policy include:
      i. Definition of sexual and physical abuse/molestation? ❑ Yes ❑ No
      ii. Incident reporting procedures? ❑ Yes ❑ No
      iii. Investigation procedures? ❑ Yes ❑ No
      iv. Disciplinary procedures? ❑ Yes ❑ No
      v. Retaliation warning? ❑ Yes ❑ No
      vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? ❑ Yes ❑ No
   b. Are procedures in place to monitor the implementation and on-going execution of this policy? ❑ Yes ❑ No

3. Does the Applicant's employment process include a criminal background check on all employment and volunteer candidates, whether direct employee, volunteer or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment or participation is made? ❑ Yes ❑ No
   Please identify and explain any current employees, volunteers or independent contractors who are not subject to criminal/sex offender registry background checks:

   _____

   _____

   _____

   Who is your vendor for the Criminal Background and Sex Offender Registry checks? (Required)_____

   _____

4. Does the Applicant verify employment-related references? ❑ Yes ❑ No

5. Does the Applicant conduct personal interviews? ❑ Yes ❑ No

6. Is there a formal policy regarding staff training on:
   a. Appropriate and inappropriate physical contact with clients or children? ❑ Yes ❑ No
   b. Appropriate and inappropriate verbal interactions with clients or children? ❑ Yes ❑ No
   c. Appropriate and inappropriate electronic communications with clients or children? ❑ Yes ❑ No
   d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? ❑ Yes ❑ No
   e. Recognition of the signs of abuse or molestation? ❑ Yes ❑ No

7. Does any employee, volunteer or independent contractor
   a. have one-on-one access to clients or children in a closed door or transportation setting? ❑ Yes ❑ No
   b. physically touch another person as part of their job responsibilities? ❑ Yes ❑ No
   If yes, please explain:_____

8. Please indicate the age range of members, patrons, students, or populations served (check all that apply):
   ❑ 0 - 18 years of age ❑ 18 – 25 years old ❑ 25 – 50 years old ❑ over 50 years old ❑ All

9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation? ❑ Yes ❑ No
   If yes, please describe:_____
   a. Was a suit brought against the organization? ❑ Yes ❑ No
   b. Was the case settled? ❑ Yes ❑ No
   c. Was the case taken to trial? ❑ Yes ❑ No
   d. How much money was paid as damages to the victim?_____

10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage? ❑ Yes ❑ No

11. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017? ❑ Yes ❑ No

12. Additional remarks/information:_____

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

FOR MAINE APPLICANTS ONLY: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR UTAH APPLICANTS ONLY: THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature:_____ Date:_____

Applicant Name:_____

Title:_____

K&K INSURANCE
Insuring the world's fun!
P.O. Box 2338
Fort Wayne, IN 46801-2338
www.kandkinsurance.com
CA# 0334819

Workers Compensation Supplemental Application

General Information Current number of seasonal employees: _____
Percent of employee turnover in the last 12 months: Full time:_____ Part time:_____
If California, please provide the zip code with the highest exposure:_____

Benefits Group medical insurance? Yes ❍ No ❍ What percentage of employees are covered by the plan?_____%
Who is eligible? All employees ❍ Only full time ❍ Other: ❍_____ CPR training provided? Yes ❍ No ❍

Hiring Practices Check all that apply:

❍ Audio Testing ❍ Orthopedic Back Test ❍ Reference Check ❍ Validate Work History
❍ Criminal Background Check ❍ Pre/Post Employment Physical ❍ Substance Abuse Testing ❍ Written Application
❍ Formal Interview

Are written job descriptions provided? Yes ❍ No ❍

Safety Designated full time safety director? Yes ❍ No ❍ Name: _____
Do you have a designated safety committee? Yes ❍ No ❍ Meeting frequency: Daily ❍ Weekly ❍ Monthly ❍ Annually ❍
Does the safety committee present their findings to a management team? Yes ❍ No ❍
What is reviewed by the safety committee during their meetings? _____
Safety meetings held for all employees? Yes ❍ No ❍ Frequency:_____
Safety training program in place for employees? Yes ❍ No ❍
Safety incentive program? Yes ❍ No ❍ What is the incentive? _____
Slip & Fall prevention program? Yes ❍ No ❍ Safe lifting program? Yes ❍ No ❍
Personal protective safety equipment provided? Yes ❍ No ❍
Equipment safeguards utilized? Yes ❍ No ❍ Equipment inspection/maintenance program? Yes ❍ No ❍
If yes, describe: _____
Hazardous materials formal safety protocol? Yes ❍ No ❍ Accident investigation program? Yes ❍ No ❍
Are supervisors held accountable for injuries? Yes ❍ No ❍

Management Does the insured have a return to work program? Yes ❍ No ❍ With full pay? Yes ❍ No ❍
Written ❍ Informal ❍ Modified duty offered to injured employees? Yes ❍ No ❍
Is the insured willing to implement safety recommendations made by the carrier? Yes ❍ No ❍
Is the insured willing to implement loss control recommendations made by the carrier? Yes ❍ No ❍

Premises Regular inspections for housekeeping hazards and condition of equipment performed? Yes ❍ No ❍
If so, how often and by whom? _____
Do employees perform maintenance and custodial work at your facilities? Yes ❍ No ❍
If yes, are the employees responsible for housecleaning, laundry, cooking or yard work/landscaping? Yes ❍ No ❍
If yes, do employees maintain the exterior?

Vehicle/Driving Exposure Is there a driver safety program? Yes ❍ No ❍ Are MVR's run? Yes ❍ No ❍
How often?:_____ Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations:_____
Driving distance?_____ Frequency of driving? Daily ❍ Weekly ❍ Other ❍ _____
Number of company vehicles?_____ Number of employees authorized to operate company vehicles?_____
What is the purpose of the driving exposure? _____
Do more than 3 employees travel together in any one vehicle? Yes ❍ No ❍
Vehicles inspection/maintenance program? Yes ❍ No ❍

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WILDFIRE PREVENTION QUESTIONNAIRE

PLEASE NOTE - This application is to be used when the risk is in one of the following 15 states: Alaska, Arizona, California, Colorado, Florida, Idaho, Montana, New Mexico, Nevada, Oklahoma, Oregon, Texas, Utah, Washington, Wyoming.

NAMED INSURED *(as will appear on policy)*:_____

1. What are your procedures for clearing brush/debris/shrubs/vegetation and other combustible materials from around buildings and the property in general to help prevent the spread of wildfires (*should be 100' of clearance*)?
   _____
   _____
2. Are trees and branches pruned back to a minimum of 10 feet from all buildings? ☐ Yes ☐ No
3. Is the property served by the local municipal water system? ☐ Yes ☐ No
   If not, what water is immediately available for firefighting? (*e.g., Water tower, pumper truck, pond, lake, stream with capability of pumping water into a fire*) _____
   _____
4. Name of the fire department serving your facility: _____
   Fire Department Address: _____
   City:_____ State:_____Zip: _____
5. What is the distance of the fire department listed above from your facility?_____
   Is it full-time or volunteer?_____
6. Are the access roads to your facility paved and reasonably maintained all year? ☐ Yes ☐ No
7. Are the majority of your interior roadways (check one): ☐ Paved ☐ Gravel ☐ Dirt
   Are there any steep grades that could hinder vehicle movement? ☐ Yes ☐ No
8. Type of fire prevention material on site (*e.g., Fire Gel, Fire Retardant, Foam*)? _____
   _____
9. Explain the training you have received on applying the fire prevention material: _____
   _____
   _____
10. What is the breakdown of roofing materials on your buildings? _____% Asphalt_____% Metal
    _____% Tile/Slate
    _____% Other (describe)_____
11. _____% Percentage of buildings that have protective screens on all exterior openings such as sub-floor ventilation/crawl spaces and attic louvers to prevent the entry of windblown sparks, flying firebrands and embers.
12. Describe any type of natural breaks or man-made fire breaks surrounding the property:_____
    _____
    _____

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)

MANDATORY SIGNATURE SUPPLEMENT

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:_____

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.

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE (if applicable)
PRINT NAME	PRINT NAME
DATE (MM/DD/YY)	DATE (MM/DD/YY)