1712 Magnavox Way P.O. Box 2338
Fort Wayne, IN 46801-2338
1-877-355-0315 Fax 1-260-459-5990
www.kandkinsurance.com
CA# 0334819

CAMPGROUND INSURANCE APPLICATION

1. GENERAL INFORMATION

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

Doing business as: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ FEIN#: _____

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

In Season Phone: _____ Off Season Phone: _____ Email: _____

Campground Web site: _____

2. **Name of Agency/Brokerage:** _____

Contact Person: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

3. **Insured is:** ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ For Profit ❑ 501 3C Non Profit

❑ Other (explain): _____

4. **Number of years in business:** _____ **Number of years under present management:** _____

State the location in which the organization is headquartered/chartered: _____

Member in good standing of any recognized camping organization? ❑ Yes ❑ No

If yes, name of organization _____

5. Policy period requested: From: _____ To: _____

6. Has your coverage ever been cancelled or non-renewed? ❑ Yes ❑ No If so, why: _____

_____

7. PRIOR CARRIER INFORMATION (NEW BUSINESS ONLY)

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES

8. COVERAGE INFORMATION

ADDITIONAL INSUREDS	RELATIONSHIP	ADDRESS

9. Location of campground: _____

Location of off-premises office: _____

Is off-premises office located in a commercial building or residence? _____

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

11. Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy? ❑ Yes ❑ No

12. Date of last board of health inspection:_____

13. Do employees, management, or caretakers, etc. live on premises year round? ❑ Yes ❑ No
    If yes, whom:_____ How many units do they occupy:_____
    If not, explain security/up keep for premises:_____

14. Are all permanent structures at the insured premises owned by the named insured? ❑ Yes ❑ No
    If no, please specify:_____

15. Do you have volunteers? ❑ Yes ❑ No
    If yes, for what position(s)?_____

16. Is there a training program for employees? ❑ Yes ❑ No

17. Is there a written Risk Management program? ❑ Yes ❑ No

18. Is there an emergency procedure program? ❑ Yes ❑ No
    If yes, describe: _____

19. Is there a medical log documenting illnesses, injuries, and/or treatments for campers? ❑ Yes ❑ No

20. Are pets allowed? ❑ Yes ❑ No
    If yes, describe rules and enforcement practices: _____

21. Are any firearms/ammunition stored or kept on site? ❑ Yes ❑ No
    If yes, please describe: _____

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

    Is there an Ansul or similar automatic fire protection system over all cooking surfaces? ❑ Yes ❑ No
    If yes, what type and which buildings:_____
    If no, explain:_____

23. Is there a fire station (paid or volunteer) within a 5 mile radius? ❑ Yes ❑ No
    Are there fire hydrants on or near premises? ❑ Yes ❑ No
    Do all sleeping rooms have smoke detectors? ❑ Yes ❑ No
    Battery operated:_____ Hard wired:_____
    Do all sleeping rooms have carbon monoxide detectors? ❑ Yes ❑ No
    Are any buildings sprinklered? ❑ Yes ❑ No
    If so, which ones:_____

24. List any playground equipment and its condition: _____

    Is the ground covered with an appropriate surface/fall zone material? ❑ Yes ❑ No

25. Is there an on-site sewage treatment facility? ❑ Yes ❑ No If yes: ❑ Campers only ❑ General public
    How frequently is tank emptied?_____
    Where/how is sewage disposed? ❑ City/County Sewer System ❑ Drive away service contracted
    ❑ Pumped into pond, cesspool, waterway, or lagoon

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26. Is liquor sold for consumption? ❑ Yes ❑ No If yes: ❑ Package sales ❑ By the drink ❑ For Carry-Out

At what point of sale are I.D.'s checked?_____

Is training for servers/sellers of liquor provided? ❑ Yes ❑ No

If yes, what type:_____

Are the proper liquor licenses obtained/displayed? ❑ Yes ❑ No

Has applicant's alcohol beverage license ever been revoked, suspended or fined? ❑ Yes ❑ No

If yes, explain:_____

Is liquor liability insurance requested? ❑ Yes ❑ No

27. Is LPG sold? ❑ Yes ❑ No

Capacity of tanks: _____ lb. Are they fenced? ❑ Yes ❑ No Fence height: _____

Who does the filling of the tanks? _____

What training has this person had? _____

Are tanks weighed after filling? ❑ Yes ❑ No

Are tanks checked for leaks after filling? ❑ Yes ❑ No

Is Certificate of Insurance from supplier on file? ❑ Yes ❑ No

28. Is gasoline sold? ❑ Yes ❑ No Self-service: ❑ Yes ❑ No

Proper safety signs posted? ❑ Yes ❑ No

29. EXPOSURES

YES	EXPOSURE TYPE		BASIS	AMOUNT
❑	Campsites *(Number of sites_____)*		$	
❑	LP Gas Sales		$	
❑	Grocery/Convenience Stores		$	
❑	Cabin Rentals	*# of cabins* _____	$	
❑	Hotels/Motels	*# of rooms* _____	$	
❑	Restaurant		$	
❑	Spa		$	
❑	Gasoline Sales		*# of gallons*	
	❑ *Self Service* ❑ *Full Service* ❑ *Repair Service*			

YES	EXPOSURE TYPE	BASIS	AMOUNT
❑	Facility Rental	$	
	(Weddings, Corporate Events, Family Reunions, etc)		
❑	Liquor Liability		
	Package Sales	$	
	Restaurant	$	
	Other	$	
❑	Off-Season Storage of Personal Trailers, Boats, etc.	$	
	(Must provide copy of the storage agreement)		

30. ACTIVITIES

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

YES	EXPOSURE TYPE	BASIS	AMOUNT
❑	ATV/Snowmobile/Dirt Bike Rental	$	
	(Supplemental Required)		
❑	Amusement Rides	$	
❑	Arcade	$	
❑	Archery Ranges	$	
❑	Bicycle Rental	$	
❑	Boat Rental *(LESS than 15 HP, Canoes, Kayaks, Paddle Boats, Row Boats)*	#	
❑	Boat Rental *(MORE than 15 HP, Pontoon Boats, Ski Boats, Personal Watercraft)*	#	
❑	Cross Country Skiing	$	
❑	Driving Range (*Golf)*	$	
❑	Fireworks	*# of shows*	
	(Supplemental Required)		
❑	Golf Course	$	
	(Supplemental Required)		
❑	Golf Cart Rental *(# of Golf Carts_____)*	$	
❑	Go Karts *(# of Karts_____)*	$	
	(Supplemental Required)		
❑	Guided Hunting / Fishing	$	
	(Supplemental Required)		
❑	Hayrides	$	

YES	EXPOSURE TYPE	BASIS	AMOUNT
❑	Inflatables *(Bounce House, etc)*	#	
❑	Lazy River	$	
❑	Miniature Golf	$	
❑	Paintball	*# of fields*	
	(Supplemental Required)		
❑	Petting Zoo	$	
❑	Picnic Grounds	$	
❑	Rifle Ranges	#	
❑	Rock Climbing / Rappelling	$	
❑	Ropes Course / Climbing Wall *(# _____)*	$	
❑	Saddle Animals *(# _____)*	$	
❑	Sauna / Hot tubs	#	
❑	Servicing of RV's/Trailers/Boats, including winterizing	$	
❑	Skeet/Trap Shooting	$	
❑	Trampolines / Jumping Pillows	#	
	(Supplemental Required)		
❑	Bungee Trampolines	#	
❑	Tubing	$	
❑	Waterslides over 15 feet in height	#	
❑	Water Trampolines *(Blob, Iceberg,etc.)*	#	
❑	Zipline *(# _____)*	$	
❑	Other:_____		

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

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

If yes, please explain:_____

_____

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

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

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

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

_____

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

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

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

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

If no, explain:_____

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

Gross receipts from leased periods: $_____

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

If yes, please explain:_____

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

If yes, please explain:_____

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

If yes, please complete the Liquor Liability Application.

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

Total number of pools:_____

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

Maximum depth of swimming area:_____

Is it fenced? ❑ Yes ❑ No Height:_____

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

Number of diving boards:_____ Height:_____

Depth of water at diving board entry:_____

Is a lifeguard provided? ❑ Yes ❑ No

If yes, ratio of swimmers to lifeguards:_____

Are lifeguards certified? ❑ Yes ❑ No

If yes, by whom:_____

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

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

Any nighttime swimming allowed? ❑ Yes ❑ No

If yes, is pool lighted? ❑ Yes ❑ No

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

If no, explain:_____

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

Total number of lakes, ponds or rivers:_____

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

Maximum depth of swimming area:_____

Is swim area roped off? ❑ Yes ❑ No

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

Number of diving boards:_____ Height:_____

Depth of water at diving board entry:_____

Is a lifeguard provided? ❑ Yes ❑ No

If yes, ratio of swimmers to lifeguards:_____

Are lifeguards certified? ❑ Yes ❑ No

If yes, by whom:_____

Rescue vehicle available? ❑ Yes ❑ No

Any nighttime swimming allowed? ❑ Yes ❑ No

If yes, describe lighting:_____

_____

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36. **WATERSLIDE** ❑ N/A

Number of waterslides over 15 feet in height:_____

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

What is the height of each slide?_____

What is the length of each slide?_____

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

Is head first sliding allowed? ❑ Yes ❑ No

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

If yes, where:_____

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

Type of inflatable (official name):_____

Are inflatables: ❑ Owned ❑ Leased/Rented

Are inflatables: ❑ Kept on premises ❑ Taken off premises ❑ Both

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

Are rules posted for all users? ❑ Yes ❑ No

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

_____

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

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

If yes, please explain:_____

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

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

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

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

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

Are lifejackets required? ❑ Yes ❑ No

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

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

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

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

_____

_____

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

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

_____ Canoes, Rowboats, Kayaks, Paddleboats, SUPs

_____ Sailboats

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

_____ Motorboats under 76 HP

_____ Motorboats over 76 HP

_____ 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:_____

_____

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Any boats rented with motors? ❑ Yes ❑ No

Type and size of motors:_____

Maintenance procedures for boats and motors:_____

_____

Condition of dock:_____

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

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

Boats allowed to stay out after sunset? ❑ Yes ❑ No

Number of persons allowed in each boat:_____

Are renters required to sign waiver form? ❑ Yes ❑ No

Is there a marina exposure? ❑ Yes ❑ No

Are boats and motors repaired for others? ❑ Yes ❑ No

40. **WHITEWATER** ❑ N/A

What type: ❑ Raft ❑ Kayak ❑ Canoe ❑ Tube

Instructors qualifications or outfitter used:_____

_____

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

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

Completely describe any "whitewater" exposures:_____

_____

_____

41. **SADDLE ANIMALS** ❑ N/A

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

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

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

If no, explain:_____

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

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

Are adult riders required to wear a helmet? ❑ Yes ❑ No

If no, is a signed rejection required? ❑ Yes ❑ No

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

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

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

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

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

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

42. **GOLF CARTS** ❑ N/A

Do you rent golf carts? ❑ Yes ❑ No

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

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

Are golf carts rented to licensed drivers only? ❑ Yes ❑ No

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

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

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

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

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

Do you offer: Daycare ❑ Yes ❑ No

Babysitting ❑ Yes ❑ No

Day camp ❑ Yes ❑ No

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

Maximum length of stay in your care: _____

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

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

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

44. **SPA / FITNESS CENTER** ❑ N/A

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

_____

_____

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

_____

_____

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

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

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

_____

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

Is there a sauna or steam room? ❑ Yes ❑ No

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

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

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

Are there any sun tanning units? ❑ Yes ❑ No

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

Are protective goggles required to be worn? ❑ Yes ❑ No

How is timing controlled and by whom?_____

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

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

45. **ARCHERY** ❑ N/A

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

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

Are there clearly defined shooting lines/lanes? ❑ Yes ❑ No

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

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

Explain any 'no' answers:_____

_____

_____

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46. **RIFLE/PELLET/AIR GUN** ❑ N/A

Does campground require redundant storage of all firearms & ammunition, including requiring locations or access systems ❑ Yes ❑ No
Does the shooting range include bullet traps and a supplemental backstop or specific safety zones behind targets? ❑ Yes ❑ No
Are there clearly delineated rear and side safety buffers? ❑ Yes ❑ No
Are there clearly defined firing lines/lanes? ❑ Yes ❑ No
Do riflery activity leaders use clear safety signals and ranges commands to control
activity at the firing line and during the retrieval of targets? ❑ Yes ❑ No
Are firearms insured owned or guest owned?_____
Provide details of safety & storage protocols in place for both_____
_____
What caliber guns are permitted to be used **(note: automatic and/or high power not allowed)**?_____
Explain any 'no' answers:_____
_____
_____
_____

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

- ❑ **A.** *Campground brochure/literature defining activities (if no website).*
- ❑ **B.** *Schedule of events/activities or calendar of season (if no website).*
- ❑ **C.** *Company copies of loss history for last five (5) years.*
- ❑ **D.** *Diagram, map or photos of facility including any natural or man-made hazards (if no website).*
- ❑ **E.** *Copy of operations manual (including safety, medical and emergency procedures) and employee/staff training manual. 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.** *Corkers 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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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)