K&K INSURANCE

P.O. Box 2338
Fort Wayne, Indiana 46801
1-800-441-3994 Fax 1-260-459-5120
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)

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)