CAMPGROUNDS AND RV PARKS

Eligible Operations:

Private or publicly held campgrounds, RV parks, and cabin rental operations with ancillary activities including waterslides, amusement devices, and motorized boating.

- Manager must have 5 years industry management experience
- $5,000 minimum account premium

Key Underwriting/Qualifying Factors (Including but not limited to):

- $5,000 minimum account premium

Ineligible Operations:

- Campgrounds associated with waterparks and amusement parks.
- Mobile Home Parks

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Campground Program for over 30 years
- Proud industry involvement through active participation in American Outdoors, Association of Challenge Course Technology, Professional Paddlesports of America and the Association for Experiential Educators (AEE)
- 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 availabl (interest-free, fee-free)

K&K’s experienced underwriting team offers campground and RV park liability and property insurance coverage that may include ancillary activities such as golf courses, driving ranges, hiking trails, horseback riding, miniature golf, playgrounds, recreational boating, swimming, and other activities taking place at campgrounds. K&K Insurance is a reliable source of coverage for campgrounds across the U.S. and has provided trusted campground insurance coverage solutions and claims services for the campground industry for over 30 years.

Coverages Available & Program Highlights:

General Liability
- Broadened coverage form
- Non-auditable policy
- No deductible
- Liquor Liability
- Fireworks Liability
- Expanded Bodily Injury Definition
- Nonowned watercraft up to 51'
- Personal and advertising injury definition expanded
- Crisis Response Coverage
- Trailer Spotting

Property
- More Than 25 Coverage Expansions
- Equipment Breakdown Included
- Vacancy Clause redefined to address seasonal operations
- Building definition redefined to include tent platforms, pavilions & shelters, signs, boat & canoe racks, athletic backstops, permanently installed playground equipment, adventure course structures and climbing walls and above ground tanks
- Business interruption (Civil Authority Expansion Available in certain states)
- Emergency vacating expenses
- Full building ordinance "A" coverage

Inland Marine

Commercial Crime

Commercial Auto

Excess Liability

Workers' Compensation

Common Associated Exposures:

- Golf courses
- Golf driving ranges
- Hiking trails
- Horseback riding
- Miniature golf
- Playgrounds
- Recreational boating/ canoeing
- Swimming

Insuring the world’s fun®

Contact Information:

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

Campgrounds and RV Parks

PHONE: **877.355.0315**

EMAIL:
KK.CampCgrdResort@
kandkinsurance.com

WEB SITE:
kandkinsurance.com

PHONE: **877.355.0315**

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

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

Submission Instructions:

To request an insurance quotation through this program, please complete the appropriate PDF application (available at www.kandkinsurance.com) and submit as directed in the application. Coverage is subject to underwriting, may not be available to all applicants in all states, and may vary by state. It is important to carefully review the terms and conditions of any insurance quotation. Please contact a K&K representative if you have any questions.

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of detailed, currently-valued company loss runs
- Pictures of facility
- Web site address (if available)
- Diagram or “Plot Plan” of premises

Campground Application(s):

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

K&K Application(s)
- Campground insurance application
- Liquor Liability application (if needed)
- Workers’ Compensation Supplemental (if needed)
- Go Kart Operations Minimum Underwriting Guidelines (if needed)
- Trampoline Questionnaire (if needed)
- Fireworks Supplemental Application (if needed)
- Paintball Field Course Supplemental Application (if needed)
- Jumping Pad/Pillow Supplemental (if needed)

ACORD Application(s)
- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability
- Workers’ Compensation

K&K INSURANCE
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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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 ❍ Safe lifting program? Yes ❍ No ❍

Personal protective safety equipment provided? Yes ❍ No ❍

Equipment safeguards utilized? Yes ❍ No ❍ Equipment inspection/maintenance program? Yes ❍ No ❍

If yes, describe: _____

Hazardous materials formal safety protocol? Yes ❍ No ❍ Accident investigation program? Yes ❍ No ❍

Are supervisors held accountable for injuries? Yes ❍ No ❍

Management Does the insured have a return to work program? Yes ❍ No ❍ With full pay? Yes ❍ No ❍

Written ❍ Informal ❍ Modified duty offered to injured employees? Yes ❍ No ❍

Is the insured willing to implement safety recommendations made by the carrier? Yes ❍ No ❍

Is the insured willing to implement loss control recommendations made by the carrier? Yes ❍ No ❍

Premises Regular inspections for housekeeping hazards and condition of equipment performed? Yes ❍ No ❍

If so, how often and by whom? _____

Do employees perform maintenance and custodial work at your facilities? Yes ❍ No ❍

If yes, are the employees responsible for housecleaning, laundry, cooking or yard work/landscaping? Yes ❍ No ❍

If yes, do employees maintain the exterior?

Vehicle/Driving Exposure Is there a driver safety program? Yes ❍ No ❍ Are MVR's run? Yes ❍ No ❍

How often?:_____ Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations:_____

Driving distance?_____ Frequency of driving? Daily ❍ Weekly ❍ Other ❍ _____

Number of company vehicles?_____ Number of employees authorized to operate company vehicles?_____

What is the purpose of the driving exposure? _____

Do more than 3 employees travel together in any one vehicle? Yes ❍ No ❍

Vehicles inspection/maintenance program? Yes ❍ No ❍

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FIREWORKS SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Date(s) of fireworks exposure:_____
2. Specific location of fireworks display(s):_____
3. Estimated spectator attendance:_____
4. Name of organization shooting fireworks:_____
5. Will other coverage be provided? ❑ Yes ❑ No
   If yes, please attach copy of certificate with your name listed as additional insured (minimum limit of $1,000,000 required).
6. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

Name	Experience

7. Are fireworks: "over the counter type"? ❑ Yes ❑ No -or- permit required/professional ❑ Yes ❑ No
   If insured is shooting fireworks, provide copy of current license.
8. Is a permit required by State, City, County authority for this fireworks display? ❑ Yes ❑ No
   If yes, please explain_____
9. Provide diagram of the fireworks display area, detailing the following information:
   a. Spectator fencing – distance from launch site to spectators
   b. Launch site
   c. Direction of launch
   d. Spectator parking lot
   e. Concessions area
   f. Surrounding areas
10. Describe firefighting equipment on site of event:_____
11. If no firefighting equipment on site, give distance to nearest fire station:_____
    Fire protection is: ❑ Volunteer ❑ Paid
12. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? ❑ Yes ❑ No
    If no, give distance in miles to nearest medical facility:_____ and response time in minutes:_____
13. Have you displayed fireworks before? ❑ Yes ❑ No
    If yes, describe any claims/losses that have occurred and the amount of loss:_____
14. Limit of Liability requested (cannot be greater than the event limit): ❑ $500,000 ❑ $1,000,000

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

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TRAMPOLINE SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Number of trampolines:_____

2. Where is each trampoline located?_____

   If outdoors, how is it protected from unauthorized use?_____

3. Does padding or other soft material surround the trampoline? ❑ Yes ❑ No

   If yes, please explain:_____

4. Are rules for use posted? ❑ Yes ❑ No

   If yes, where?_____

   If no, explain:_____

5. Is the instructor USAG (USA Gymnastics) Certified to provide instruction for trampolines? ❑ Yes ❑ No

   If no, please explain qualifications:_____

6. Do you ever permit more than one person on the trampoline at a time? ❑ Yes ❑ No

   If yes, explain:_____

7. Are flips or somersaults allowed? ❑ Yes ❑ No

8. Are spotters provided at all times? ❑ Yes ❑ No

   If no, explain:_____

9. Is a harness system used? ❑ Yes ❑ No
   If yes, explain:_____

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ATV/SNOWMOBILE/DIRT BIKE SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Is the insured renting ATV/Snowmobiles/Dirt Bikes? Or, is this a bring your own sort of exposure?_____
2. Receipts generated from exposure: $_____
3. Is this activity contracted to a third party? ❑ Yes ❑ No
   If Yes, is there a contract between the provider and the named insured? ❑ Yes ❑ No
   Do you obtain certificates of insurance? ❑ Yes ❑ No
   Are you named as additional insured ❑ Yes ❑ No
4. What types of ATV/Snowmobiles/Dirt Bikes are used?_____
5. Age of machines?_____
6. Number of power units owned or leased?_____
7. Are maintenance records kept? ❑ Yes ❑ No
8. Do the units have a governor set at a maximum speed? ❑ Yes ❑ No
   If Yes, what is the maximum speed?_____
9. Are ATV/Snowmobilers/Dirt Bikes accompanied by a guide? ❑ Yes ❑ No
   If yes, are the guides in the front and end of the group to make sure speed limits are followed? ❑ Yes ❑ No
10. What experience does person in charge of operation have?_____
11. Describe training program *(including experience and age requirements)*:_____
12. Does the guide have two-way radio contact with base? ❑ Yes ❑ No
13. Number of riders per group:_____ Ratio of riders to guide:_____
14. Are all renters/riders age 18 & over? ❑ Yes ❑ No
    Any other physical limitations? ❑ Yes ❑ No
    If Yes, please list:_____
15. Are all participants required to wear helmets (DOT certified), goggles, appropriate shoes, and long pants? ❑ Yes ❑ No
16. Do you provide helmets/goggles to riders? ❑ Yes ❑ No
17. Other special safety equipment and clothing requirements:_____
18. Are the trails marked and groomed? ❑ Yes ❑ No
19. Is the insured responsible for maintaining the trails? ❑ Yes ❑ No
20. Do trails have proper signage per U.S. Forest Service and Snowmobile Associations? ❑ Yes ❑ No
21. Confirm **NO** jumping or racing permitted? ❑ Yes ❑ No
22. Are double riders allowed? ❑ Yes ❑ No
    If Yes, is it on machine designed for two-up riding? ❑ Yes ❑ No
23. What type of training and instructions are given to each rider?_____
24. How far out of base area are the riders allowed to go on trails? (miles)_____
25. Are ATV/Snowmobiles/Dirt Bikes used after dark? ❑ Yes ❑ No
26. Are waiver/releases signed by all participants? ATTACH copy of release ❑ Yes ❑ No

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JUMPING PAD/PILLOW SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Is the device deflated and not used in winds of more than 20 miles per hour? ❑ Yes ❑ No
2. Is there at least one attendant present during hours of operation? ❑ Yes ❑ No

   Number of attendants?_____
3. Are users grouped by size by the attendant(s) on duty? (smaller kids together vs. all ages levels) ❑ Yes ❑ No
4. How is the blower guarded? (Do children have access to this area? This must be supervised.)_____

   _____
5. Is jumping pad/pillow deflated at night? ❑ Yes ❑ No
6. Is jumping pad/pillow in a fenced area? ❑ Yes ❑ No

   Is area locked when not in use? ❑ Yes ❑ No
7. Are the rules for use posted, which should include, but not limited to: no flips, weight limit of users,

   and no use when surface is wet? ❑ Yes ❑ No

   (Please attach copy of rules/regulations)
8. Does insured use a waiver/release specifically referencing "jumping pad/pillow?" ❑ Yes ❑ No
9. Will the jumping pad/pillow be at the same location when inflated? ❑ Yes ❑ No
10. What surface will the jumping pad/pillow be sitting on?_____
11. How many blowers are being used at one time?_____
12. Are you operating under the manufacturer's recommended operational guidelines? ❑ Yes ❑ No
13. How is the jumping pad anchored and is this monitored during use to make sure it stays secure?_____

    _____
14. Provide photos of jumping pad/pillow area of activity.
15. Is this a charged activity? ❑ Yes ❑ No

    If Yes, please provide the total annual receipts from prior year or estimated receipts if new activity._____

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GUIDED HUNTING OR FISHING SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. What areas do you operate in? Attach a brochure and/or describe type of hunting, terrain, use of horses, use of ATVs, season, etc.
2. What are your gross annual receipts from the guided hunting or fishing?_____
3. Do all guides receive first aid, CPR or wilderness first responder training? ❑ Yes ❑ No
4. Are guides required to have current hunting/fishing licenses? ❑ Yes ❑ No
   If no, explain:_____
5. Is the primary guide on each trip at least 21 years old with a minimum of two years guiding experience? ❑ Yes ❑ No
6. How often do guides and staff receive a review in the proper use of equipment and procedures?_____
7. Do you rent any equipment from someone else for use in your operations? ❑ Yes ❑ No
   If yes, explain:_____
8. List all equipment you supply for outfitting._____
   _____
9. Do you have a regular maintenance schedule for equipment? ❑ Yes ❑ No
10. Are tree stands used? ❑ Yes ❑ No
    If yes, are they set up per manufacturers guidelines? ❑ Yes ❑ No
11. Do you conduct fishing trips? ❑ Yes ❑ No
    If yes, are boats used? ❑ Yes ❑ No
    If yes, is a properly fitted PFD required for each participant? ❑ Yes ❑ No
12. Do you conduct hunting trips outside your primary location? ❑ Yes ❑ No
    If yes, explain_____
13. Are all participants 18 years of age or older? ❑ Yes ❑ No
14. Does your ratio of participants to guides exceed ten (10) participants to one (1) guide? ❑ Yes ❑ No
15. Do you verify that all participants have the required state hunting and fishing licenses in place? ❑ Yes ❑ No
16. Do you follow all state requirements with regards to hunting and fishing seasons including fishing catch limits, hunting bagging limits, protective equipment such as orange vests and type of firearm/weapon used and any education or age requirements? ❑ Yes ❑ No
17. Does each guided trip include an adequately stocked first aid kit, emergency communication devices such as cell phones, two-way radios, mirrors, whistles, flags, flares? ❑ Yes ❑ No
18. Please confirm that any participant who appears intoxicated or under the influence of illegal or controlled substances will not be allowed to participate. ❑ Yes ❑ No
19. Are all participants required to sign a waiver/release of liability? ❑ Yes ❑ No
    Please attach copy of your waiver/release for company review

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SNOW TUBING/SLEDDING SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Is area dedicated to tubing/sledding only? ❑ Yes ❑ No
2. Is activity open to the public? ❑ Yes ❑ No
3. Are staff present at top and bottom of the hill to supervise activity? ❑ Yes ❑ No
4. What is the length of the hill?_____
5. What is the length of the run-off area? What is the final backstop within the run-off/landing area?_____
6. Is hill smooth, with no bumpy areas or jumps? ❑ Yes ❑ No
7. Is hill inspected prior to use to confirm adequate snow cover? ❑ Yes ❑ No
8. Is the sledding & tubing area wide-open and free of any obstacles, including trees, buildings, etc.? ❑ Yes ❑ No
9. Is there a designated path separate from the tubing path for participants to walk to the top of the hill? ❑ Yes ❑ No
10. Does insured employ a tow rope or magic carpet/conveyor for tube transport to top of hill? ❑ Yes ❑ No
11. How often are the runs groomed? Does insured use a snow machine?_____

    _____
12. Is the hill divided into separate runs/lanes? ❑ Yes ❑ No
13. Does the insured provide tubes & sleds to participants? ❑ Yes ❑ No
    a. If yes, are devices regularly inspected for durability and worthiness?_____
14. Are rules clearly posted? ❑ Yes ❑ No
    a. If yes, where?_____
    b. If no, explain:_____
15. Is waiver signed by all participants/parents of minor children? Please attach copy.

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K&K INSURANCE

HAYRIDE QUESTIONNAIRE

1. Describe the wagon(s) used in the hayride (number owned/rented, construction material, wheel type, seating capacity, age):

_____

_____

_____

_____

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

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

_____

_____

_____

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

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

6. Do your tractors have rearview mirrors? ❑ Yes ❑ No

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

_____ _____

Applicant Signature Date

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UTILITY TASK VEHICLE UNDERWRITING GUIDELINES

for those Operated by your Staff Members in Public Areas

Utility Task Vehicles:
- Golf Carts
- Utility Vehicles
- 4-Wheelers
- All-Terrain Vehicles
- Gators
- Quad Bikes

The following guidelines have been established as minimum requirements for the operation of your Utility Task Vehicles while operated by your employees or volunteers where members of the public are present:

1. **Operator Procedural Standards:**
   - A. Only authorized personnel who have completed training are permitted operators.
   - B. Operators must hold a valid driver's license.
   - C. Operators must be at least 18 years old.
   - D. Operators must complete annual refresher training on vehicle safety.

2. **Pre-Operation Inspection Procedural Standards:**
   Operators must conduct a pre-operation inspection, checking the following items. Defects should be reported immediately, and the vehicle should not be used until repairs are completed.
   - A. Brakes, tires, and steering functionality.
   - B. Battery charge/fuel level.
   - C. Lights, horn, and mirrors (if equipped).
   - D. Proper seating and secure cargo.

3. **Staff training to include the following procedural elements:**
   - A. **Safe Operation Standards:**
     - Obey posted speed limits (recommended: 10-15 mph).
     - Reduce speed in congested areas, sharp turns, and uneven terrain.
     - Yield to pedestrians and other vehicles.
     - Do not operate a vehicle under the influence of alcohol, drugs, or medications that impair ability.
     - Hands and feet should remain inside the vehicle at all times.
     - Avoid reckless driving
     - Avoid sharp turns when possible (Sharp left turns have been the cause of numerous passenger ejections)
     - Consider using only vehicles with front-facing seats (those with rear-facing seats pose a higher risk of falls).
     - Do not park vehicles where they will block emergency vehicles/equipment.
     - Only vehicles with headlights should be used after dark.
     - Do not back up without looking to see what is behind the vehicle.
     - Avoid texting while operating the vehicle. Pull over and stop if cell phone use is necessary.
     - Remove keys when not in use.
   - B. **Passenger & Load Safety:**
     - Do not exceed the manufacturer's recommended capacity.
     - All passengers should be seated prior to the vehicle being in motion and while it is in motion.
     - Do not overload the vehicle; distribute weight evenly.
     - Secure cargo to prevent shifting during operation.
   - C. **Designated Pathways & Parking:**
     - Use designated paths whenever possible.
     - Do not drive on sidewalks or pedestrian walkways unless authorized.
     - Park only in designated areas and engage the parking brake when stopped.
     - Do not leave the key in an unattended vehicle.

D. **Weather Conditions:**
- Avoid operation in heavy rain, strong winds, or icy conditions.
- Reduce speed on wet or slippery surfaces.
- If lightning is present, discontinue use and seek shelter.

E. **Accident & Emergency Procedures:**
- Immediately report any accident, injury, or equipment malfunction to management.
- In case of an accident, do not move the vehicle unless necessary for safety.
- Contact emergency services (911) for serious injuries.

F. **Maintenance & Storage:**
- Vehicles must be regularly maintained according to manufacturer guidelines.
- Report any mechanical issues to maintenance.
- Store vehicles in designated locations, ensuring they are secured to prevent unauthorized use.

NOTE: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive approval for the exception from K&K.

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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:_____
    _____
    _____

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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)