

COMMUNITY CENTERS

Eligible Operations:

(Including but not limited to)

- Boys & Girls clubs
- Community centers
- Jewish community centers
- YMCAs
- YWCAs
- Recreational organizations and facilities
- Centers offering before and after school and summer programs
- Must utilize appropriate waiver & release with established procedures

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Recreational organizations and facilities preferred
- Before and after school and summer programs
- Must utilize appropriate waiver & release with established procedures to obtain signatures

Ineligible for this program:

Including but not limited to:

- Counseling, intervention or encounter groups
- Residential, habitational or dormitory operations
- Senior citizen day care operations
- Welfare and social services

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Community Centers Program for over 20 years
- Carrier supported loss control services
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

K&K offers coverage designed for community and youth center insurance organizations including Boys and Girls Clubs, YWCAs, YMCAs, and religious community centers. Commercial general liability, property, and other coverages are offered for centers offering both adult and youth activities.

Coverages Available & Program Highlights:

General Liability

- Admitted or Non-admitted Basis
- Broadened Coverage Form
- Non-auditable Policy
- Legal Liability to Participants
- Liquor Liability
- Employee Benefits Liability
- Stop Gap Liability

Property

Inland Marine

Crime

Commercial Auto

Excess Liability

Workers' Compensation

Directors' & Officers' Not for Profit

Event Cancellation & Non-appearance

Common Associated Exposures:

- Day camps
- Fitness/exercise programs
- Field trips
- Restaurants/lounges
- Recreational, craft, or educational programs
- Swimming pools
- Whirlpools, saunas, steamrooms

Insuring the world's fun[®]

Contact Information:

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

Community Centers Program

PHONE: 877.355.0315

FAX: 260.459.5821

EMAIL:

KK.Recreation@kandkinsurance.com

WEB SITE:

www.kandkinsurance.com

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

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

Submission Instructions:

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

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs
- Brochure (if available)
- Copy of waiver & release forms

Community Centers Application(s):

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

K&K Application(s)

- Community Center Questionnaire
- General Application
- Abuse & Molestation Supplemental Questionnaire (if needed)
- Public Transportation Questionnaire (if needed)
- Liquor Liability Application (if needed)

ACORD Application(s)

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

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Fort Wayne, IN 46801-2338
1-877-355-0315 Fax 1-260-459-5821
www.kandkinsurance.com
CA# 0334819

COMMUNITY CENTER INFORMATION

(To be completed with General ACORD Application #125)

BUSINESS INFORMATION

Name of Insured (as will appear on policy):

Doing business as:

Web site:

Mailing address:

City: State: Zip:

Address of each location, if more than one location, attach list (Include street, city, state, zip):

Address:

City: State: Zip:

- 1. Policy period being requested: from: \ \ to \ \
2. Number of years in business?
3. In what state is the organization headquartered/chartered?
4. Is the Insured a non-profit? Yes No
5. Do you own or lease facility? Own Lease
6. Does the organization engage in any other business operations under the name insured as will appear on the policy? Yes No
7. Total number full time employees: ; Part time employees: ; Volunteers:
Are volunteers covered under your Workers Compensation policy? Yes No
8. Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, sports stadium or a major amusement park? Yes No
If yes, explain:
9. Has this type of insurance ever been cancelled, declined or non-renewed? (Not Applicable in Missouri) Yes No
If yes, explain:
10. As respects this operation, list the contracts entered into by this applicant, and whether the Named Insured assumes liability for the other party:

COVERAGE INFORMATION

- General Liability (Community Center Questionnaire)
Acord Applications required for the following:
Property General Liability Crime Inland Marine Auto Workers Compensation
Other:
Liquor Liability (complete section Q Liquor Liability)
Sexual Abuse & Molestation (complete Abuse & Molestation Supplemental Questionnaire 2082 Rec 6/20)
Non-Owned and Hired Auto Liability (complete section P Non-Owned and Hired Auto Liability)

PRIOR CARRIER INFORMATION

Table with 5 columns: YEAR, PREVIOUS AGENT, COMPANY, LIABILITY LIMITS, PREMIUMS. Rows for years 20, 20, 20, 20.

INSURANCE INFORMATION

- 1. Is your facility a membership based facility? Yes No
- 2. Number of members: _____
- 3. Is a waiver/hold harmless signed by member and guest and by the parent or guardian for minor participants? Yes No
- 4. Do you have any counseling or "at risk" programs such as drug rehab, gang intervention or abuse shelters? Yes No
If yes, please describe fully: _____

- 5. Total Annual Gross Revenue: \$ _____

Membership fees: \$ _____	Tanning: \$ _____
Personal Training: \$ _____	Massage: \$ _____
Classes: \$ _____	Snack/juice bar: \$ _____
Initiation fees: \$ _____	Restaurant: \$ _____
Spa services: \$ _____	Liquor: \$ _____
Pro shop: \$ _____	Other: \$ _____

6. Total square footage of each location: _____

7. Please indicate your exposures below:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Circuit training/Cardio equipment <input type="checkbox"/> Aerobics/Step aerobics <input type="checkbox"/> Free Weights <input type="checkbox"/> Pilates <input type="checkbox"/> Spinning <input type="checkbox"/> Sun tanning units <input type="checkbox"/> Non-contact kickboxing <input type="checkbox"/> Running track <input type="checkbox"/> Ice/Roller Skating/blading <input type="checkbox"/> Inflatable bounce equipment <ul style="list-style-type: none"> <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Aerobic mini trampoline <input type="checkbox"/> Trampoline <input type="checkbox"/> Boxes <input type="checkbox"/> Tires <input type="checkbox"/> Chains <input type="checkbox"/> Rings <input type="checkbox"/> Ropes <input type="checkbox"/> Straps from the ceiling <input type="checkbox"/> Home-made boxes for climbing/jumping <input type="checkbox"/> Diet center/Weight control services <input type="checkbox"/> Kitchen/Snack/Juice bar/Restaurant <input type="checkbox"/> Proshop <input type="checkbox"/> Camp/Summer camp programs <input type="checkbox"/> Spa or salon <input type="checkbox"/> Masseur/Masseuse <input type="checkbox"/> Boxing <input type="checkbox"/> Martial arts <input type="checkbox"/> Gymnastics <input type="checkbox"/> Sports Med/Rehab/Therapy <input type="checkbox"/> Physicals/Stress testing <input type="checkbox"/> Blood analysis <input type="checkbox"/> Cryotherapy chamber Other: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Racquetball courts # _____ <input type="checkbox"/> Handball courts # _____ <input type="checkbox"/> Tennis courts (INDOOR) # _____ <input type="checkbox"/> Tennis courts (OUTDOOR) # _____ <input type="checkbox"/> Swimming pools (INDOOR) # _____ <input type="checkbox"/> Swimming pools (OUTDOOR) # _____ <input type="checkbox"/> Lake/pond(s) # _____ <input type="checkbox"/> Boats/canoes/kayaks # _____ <input type="checkbox"/> Whirlpool # _____ <input type="checkbox"/> Jacuzzis # _____ <input type="checkbox"/> Cold plunge # _____ <input type="checkbox"/> Saunas # _____ <input type="checkbox"/> Steamrooms # _____ <input type="checkbox"/> Rock climbing walls (STATIONARY) # _____ <input type="checkbox"/> Rock climbing walls (PORTABLE) # _____ <input type="checkbox"/> Ropes courses (HIGH) # _____ <input type="checkbox"/> Ropes courses (LOW) # _____ <input type="checkbox"/> Nursery/Babysitting <input type="checkbox"/> Dropoff daycare <input type="checkbox"/> Preschool <input type="checkbox"/> Before/Afterschool programs <input type="checkbox"/> Parkour |
|---|--|

8. Do you lease space to others? Yes No
 If Yes, provide name of entity(s), type of operation and square footage: _____

9. Do you rent any part of your facility to members or public for meetings, special events, etc? Yes No
 If yes:
 Sq. ft. available for use: _____

Do you require a facility rental agreement to be signed? Yes No

Do you obtain Certificates of Insurance from Organizations or Groups who have their own insurance naming you as additional insured? Yes No

10. Do you provide any habitational or overnight housing? Yes No
 If yes, please describe: _____

11. Do you have any fund raisers or other special events? Yes No
 If yes, please describe: _____

12. Do you provide any type of senior services? Yes No
 If yes, please describe: _____

13. Do you have any offsite sporting activities? Yes No
 If yes, is there competition with outside entities? (i.e.: other clubs, schools, etc) Yes No

14. Please indicate the onsite & offsite sports/activities below:

<u>Activity</u>	<u># Participants</u>	<u># Games/Events</u>		
Basketball	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Baseball	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Soccer	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Softball	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Flag Football	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Tackle Football	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Swim/Dive Teams	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Wrestling	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Tennis Team	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Volleyball	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Lacrosse	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Cheerleading	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Inline/ice Hockey	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
Other:				
_____	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises
_____	_____	_____	<input type="checkbox"/> On premises	<input type="checkbox"/> Off Premises

15. Do you have any offsite activities (other than indicated above)? Yes No
 If yes, please describe: _____

16. Is the facility CrossFit Affiliated? Yes No
 If yes, provide these annual revenue generated from CrossFit operation: _____

17. Do you participate in CrossFit competitions, events or activities? Yes No

18. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure? Yes No

19. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? Yes No
 If yes, do you require a Certificate of Insurance naming you as an Additional Insured? Yes No
 Minimum Liability Limits required? Yes No
 Do you require coverage to be shown for both General Liability and for Participant Legal Liability? Yes No

20. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? Yes No

21. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point? Yes No

22. Does the course involve any mud obstacles? Yes No

A. MANAGEMENT/PERSONNEL/SAFETY/SECURITY

- 1. List facility director experience and qualifications: _____
- 2. Does the facility director have a degree? Yes No
Describe: _____
- 3. Are all professional staff members required to have a degree and/or certification related to their jobs? Yes No
- 4. Do you have any medical professionals employed or contracted? Yes No
If yes, are they employed? Yes No Contracted? Yes No
Describe: _____
- Are certificates of insurance obtained from them naming the insured as an additional insured? Yes No
- 5. Do you have a risk manager on staff? Yes No
- 6. Do you have a risk management program in place? Yes No
- 7. Do you hold regular staff meetings with mandatory attendance? Yes No
- 8. Are all employees required to participate in on-going staff training? Yes No
- 9. Do you hold regular safety meetings with employees? Yes No
- 10. Do you have a formal evacuation plan? Yes No
- 11. Are all employees trained on the safety and evacuation plans? Yes No
- 12. Is facility staffed at all times during hours facility is available for use? Yes No
- 13. Is security lighting provided in your parking lot? Yes No
- 14. If you own or lease your facility and we are to consider property coverage for you;
 - a. Do you wish to insure the security lighting (light standards) in your parking lot? Yes No
If yes, please include this coverage request on the property ACORD application. Include number of light standards, cost per lighting standard, and total value. Advise whether cost or ACV is required.
 - b. Do you wish to insure the structural or non structural glass in your building? Yes No
If yes, please include this coverage request on the property ACORD application. Include description of glass and total value. Advise whether replacement cost or ACV is required.

B. FACILITY

- 1. Do you require daily cleaning of the facility/shower areas? Yes No
- 2. Are water-prone areas cleaned and monitored regularly? Yes No
- 3. Are facility and equipment cleaning/maintenance checklists/logs maintained? Yes No
- 4. Is there any cooking on the premises? Yes No
If yes, complete Kitchen/Restaurant/Snack or Juice bar/Vending section of application
- 5. Does the club have an Automated External Defibrillator? Yes No
- 6. Does your state require you to have available an AED? Yes No
- 7. Is the AED easily accessible for those who have been trained in the use of the AED? Yes No
- 8. Do you have AED trained staff on duty during open hours? Yes No

C. MAINTENANCE

- 1. Does your facility ever use a scissor lift? Yes No
If yes, is it owned or rented? _____
What is the scissor lift used for? _____
Who operates the scissor lift (i.e.: employee, volunteer, entity from which scissor lift is rented/leased, independent contractor, etc.)? _____
Who is responsible for the maintenance of the scissor lift? _____
If the named insured is responsible for the maintenance, describe maintenance schedule: _____
Is a maintenance log maintained on the scissor lift? Yes No
Describe the controls and safety procedures in place for the use of the scissor lift:

D. SEXUAL ABUSE AND MOLESTATION (If Coverage is desired)

(complete Abuse & Molestation Supplemental Questionnaire 2082 Rec 6/20)

E. CHILD CARE

- 1. Do you have child care available? Yes No
If yes, please describe: _____
- 2. Is child care available for non-members? Yes No
- 3. Is center licensed? Yes No
- 4. Has your license ever been denied, suspended or revoked? Yes No
- 5. Have you ever been brought up for a compliance hearing? Yes No
If yes, please explain: _____
- 6. Are parents allowed to leave facility while children are in your care? Yes No
- 7. Please describe pick-up and drop-off procedures: _____

<u>AGE OF CHILD</u>	<u>NUMBER OF CHILDREN</u>	<u>RATIO OF CARE PROVIDERS TO CHILDREN</u>
Under 12 months	_____	_____
13 months-2 years old	_____	_____
2-5 years old	_____	_____
6 years & older	_____	_____
- 8. Are care providers trained in CPR and/or First Aid? Yes No
- 9. Do you maintain a file on each child for the following?
 - a. Immunization records? Yes No
 - b. Records for conditions (medical or otherwise) the child may have? Yes No
 - c. Signed release for emergency medical treatment? Yes No
- 10. Are any medications administered? Yes No
If yes, please explain: _____
- 11. Are any meals cooked/provided on the premises? Yes No
If yes, please explain: _____
- 12. What activities take place? _____
- 13. Do you utilize an enrollment form? Yes No
If yes, provide copy.

F. PRESCHOOL

- 1. Do you have preschool available? Yes No
- 2. Is preschool available for non-members? Yes No
- 3. Is center licensed? Yes No
- 4. Has your license ever been denied, suspended or revoked? Yes No
- 5. Have you ever been brought up for a compliance hearing? Yes No
If yes, please explain: _____
- 6. Average number of children enrolled: _____
- 7. Provide Sq.Ft. of preschool room (s): _____
- 8. Age of preschool participants: _____
- 9. Ratio of preschool providers to children: _____
- 10. Are care providers trained in CPR and/or First Aid? Yes No
- 11. Do you maintain a file on each child for the following?
 - a. Immunization records? Yes No
 - b. Records for conditions (medical or otherwise) the child may have? Yes No
 - c. Signed release for emergency medical treatment? Yes No
- 12. Are any medications administered? Yes No
If yes, please explain: _____
- 13. Are any meals cooked/provided on the premises? Yes No
If yes, please explain: _____
- 14. What activities take place? _____
- 15. Do you utilize an enrollment form? Yes No
If yes, provide copy.

G. BEFORE/AFTER SCHOOL PROGRAMS

- 1. Do you have Before/After School programs available? Yes No
- 2. What age groups are these programs available for? _____
- 3. What activities take place? _____
- 4. Are these programs onsite or offsite? Onsite Offsite
 If Offsite: Number of Participants: _____
 Describe where held: _____
- 5. Do you utilize an enrollment form? Yes No

H. CAMPS

- Indicate camp programs available: Day Camp On-premises Number of participants: _____
 Day Camp Off-premises must complete camp application.
 Overnight camp Must complete Camp Application.
- 1. Are field trips taken? Yes No
 If yes, please describe types of trips taken: _____
 # Trips taken: _____ # Participants per trip: _____
 - 2. Describe all camp activities: _____
 - 3. Do you utilize an enrollment form? Yes No

I. TRANSPORTATION

- 1. Do you provide any type of transportation? Yes No
 If yes, please describe: _____
- 2. What type(s) of vehicle(s) are used? (i.e.: shuttle, bus, van) _____

Capacity of vehicles:	8 or less	9-20	21-60	60 or more
Total # Owned	_____	_____	_____	_____
Total # Leased	_____	_____	_____	_____
Average days per week used	_____	_____	_____	_____
Radius of operation:	_____	_____	_____	_____
- 3. Indicate the use of vans/buses:
 Pick up/drop off members to or from other locations? Yes No
 Pick up/drop off children to or from school? Yes No
 Pick up/drop off children to or from other locations? Yes No
 Field trips? Yes No Farthest distance traveled? _____
- 4. Is the leasing or rental company providing the primary insurance for the vehicle? Yes No
 If yes, please provide a certificate of insurance.
- 5. Who performs the maintenance on these vehicles? _____
- 6. Is a maintenance schedule and daily pre-use inspection log maintained? Yes No
- 7. Is an annual inspection required of each vehicle? Yes No
- 8. Is fleet safety program in place? Yes No
 If so, please describe: _____
- 9. Are vehicles equipped with seat belts? Yes No
- 10. Are all drivers your employees? Yes No
 If no, please explain: _____
- 11. Are parents/participants allowed to drive their personal vehicles for field trips/offsite activities? Yes No
 If yes, are they allowed to transport other participants? Yes No
 Describe policies/procedures in place (copy of drivers license, proof of insurance, etc): _____
- 12. What criteria is used in the hiring of drivers? _____
- 13. Do you obtain and check motor vehicle reports for all drivers prior to their driving? Yes No
- 14. Is CDL with passenger transportation endorsement required? Yes No
 If not, please explain: _____
- 15. What is the minimum age allowed for drivers? _____

16. How many years of experience of transporting passengers is required? _____
17. Are any of these vehicles leased/loaned to others? Yes No
If yes, please explain: _____
18. Are any of these vehicles ever loaned to employees? Yes No
If yes, please explain: _____
19. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)? Yes No

If no, all drivers and operators will be required to hold the appropriate driver's license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:

- Alert Driving: www.alertdriving.com
- National Safety Council: www.nsc.org
- Smith System Training: www.smith-system.com

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

J. GYMNASTICS

1. List gymnastics activities and any apparatuses used (i.e.: trampoline, parallel bars, vault, etc.)

2. Are participants constantly supervised and spotted? Yes No

K. MARTIAL ARTS

1. What activities are instructed? _____
2. Are classes contact or non-contact? _____
3. What are the instructor's qualifications? _____
4. What safety equipment is used? _____

L. SWIMMING POOLS, SLIDES AND DIVING BOARDS

1. Number of pools on site: Indoor _____ Outdoor _____ Square footage of each pool: _____
Water depth of each pool: _____
If outdoor, is it fenced? Yes No Height of fence: _____
2. Is there use of offsite pools? Yes No
If yes, explain: _____
3. Is there a certified lifeguard on duty at all times? Yes No
4. Does facility have any diving boards? Yes No
If yes, what is the height of each diving board? _____
5. Does facility have waterslide? Yes No
of Speed slides _____ Height of each slide _____
of Serpentine slides _____ Height of each slide _____
Are there attendant(s) at the top and bottom of the slide to monitor and space participants? Yes No
Is head first or double rider sliding allowed? Yes No
Are there signs posted to instruct patrons on proper behavior and riding techniques? Yes No
If yes, where: _____
7. How often are the pools and whirlpools checked for chemical balance? _____
8. Is the storage of pool chemicals secured? Yes No
9. Are guidelines in place for closing the pool due to water contamination? Yes No
10. Is there a non-skid surface around the pool and in the shower area? Yes No
11. Is there any competitive swimming/diving? Yes No
12. Are the starting blocks removed? Yes No
13. Describe safety precautions and lifesaving equipment available: _____
14. Does your pool, spa, or hot tub currently meet the requirements of Title XIV of public law 110-140, known as the "Virginia Graeme Baker Pool and Spa Safety Act" as enacted on 12-18-2008? Yes No
If no, explain: _____

M. KITCHEN/RESTAURANT/SNACK OR JUICE BAR/VENDING

- 1. Indicate exposure: Kitchen Restaurant Snack/Juice bar Vending
- 2. Who operates: You Subcontracted _____sq.ft.
If subcontracted, do you require a certificate of insurance with Additional Insured status? Yes No
- 3. Provide brief description of items sold: _____
- 4. Are all deep fryers and grills equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls? Yes No
- 5. How often are hoods and filters cleaned and degreased? _____
- 6. Are alcoholic beverages sold/served or allowed on the premises? Yes No
If so, complete Liquor Liability section.

N. SAUNA/STEAMROOM

- 1. Is the sauna(s)/steamroom(s) monitored for usage during open hours? Yes No
If so, how frequently? _____
Are written logs kept when checked? Yes No
- 2. Are rules posted regarding the proper use and safety precautions? Yes No
- 3. Does the sauna(s)/steamroom(s) heating element have a protective cover to prevent burns? Yes No
- 4. Are all manufacturer recommendations followed for sauna(s)/steamroom(s) usage? Yes No

O. CLIMBING WALLS

- 1. Club location(s) of climbing walls: _____
- 2. Height of wall(s): _____
- 3. Provide minimum age allowed to use climbing walls: _____
- 4. Belay system used? Yes No
- 5. Describe landing surface and thickness: _____
- 6. Describe how climbing wall is monitored: _____
- 7. Are waivers signed by all adult climbers and by parent/guardian of minor climbers? Yes No
If yes, provide copy.

P. INFLATABLES/BOUNCE EQUIPMENT

- 1. Do you have an inflatable or bounce house? Yes No
If yes, how many? _____
- 2. Is the inflatable and/or bounce house rented or owned by the insured? _____
- 3. If rented, who is responsible for installation to ensure properly anchored? _____
- 4. If owned, what guidelines are followed to ensure properly anchored? _____
- 5. How is it monitored for use and by whom? _____
- 6. Are waivers signed by participant and parent/legal guardian of minors? Yes No
Provide copy of waiver signed for our file.

Q. CRYOTHERAPY CHAMBER

Yes No

Do you have a Cryotherapy chamber?

If yes, provide:

- 1. Name of the chamber manufacturer: _____
- 2. An explanation or copy of the staff training program: _____

- 3. How is the chamber operated? (i.e. controlled by member/guest or staff) _____
- 4. Is the chamber used for medical rehab or for on-demand type voluntary use? _____
- 5. Copy of waiver form being used for the chamber.

R. FLOAT TANKS

Do you have a Float Tank? Yes No

If yes, provide:

1. Name of the chamber manufacturer: _____
2. An explanation or copy of the staff training program: _____
3. How is the chamber operated? (i.e. controlled by member/guest or staff) _____
4. Is the chamber used for medical rehab or for on-demand type voluntary use? _____
5. Copy of waiver form being used for the chamber.

S. NONOWNED AND HIRED AUTO LIABILITY (if coverage is desired)

1. Do you have a Business Auto Policy for business-owned autos? Yes No
(if yes, you will need to add nonowned/hired auto to that policy)
2. Does your operation require employees to drive their personal vehicles for company business on a regular basis? Yes No
If yes, describe the reasons why they would be using their personal vehicles for company business. _____
3. Do you verify that their personal auto insurance is in place with limits of at least \$300,000 before employees can use their autos for company business? Yes No
4. During the past three years have you leased, borrowed or hired any vehicles for your business? Yes No
5. If you anticipate some usage this year:
 - a. What type of vehicle (trucks, cars, buses)? _____
 - b. What is the estimated cost to lease or hire the vehicles? \$ _____
 - c. Number per month _____ Number per year _____

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

Name	Birth Date	Driver's License Number	State Licensed

T. LIQUOR LIABILITY (If coverage is desired)

1. Name liquor license is in: _____
2. Liquor license number: _____ Class of license: _____
3. Opening and closing hours of alcoholic beverage sales: _____
4. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
If yes, please explain: _____
5. Has applicant incurred claims for liquor liability during the last four years? Yes No
If yes, please explain: _____
6. Has any insurer cancelled or non-renewed coverage during the last four years? Yes No
If yes, please explain: _____
7. Type of alcoholic beverages sold: Beer Wine Liquor
8. Annual gross sales of alcoholic beverages: \$ _____
9. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
If yes, what type? _____
10. Name the formal awareness training program that the servers receive: _____
11. At what point of sale are I.D.s checked? _____
12. If there any other Liquor Liability coverage being provided? Yes No
If yes, explain and attach a copy of the certificate of insurance: _____
13. Liability limits requested: \$ _____ (per occurrence) \$ _____ aggregate

DUE PRIOR TO BINDING AT TIME OF SUBMISSION

- 1) Fully completed & signed applications:
 - * Acord applications (property, inland marine, crime, auto, umbrella)
 - * Community Center Application
- 2) Membership application and/or Waiver and Release forms used by your organization
- 3) Child care, preschool, camp enrollment forms
- 4) Five years currently valued carrier loss runs
- 5) Brochures/program guide defining services and activities offered
- 6) Risks in business 3 years or less require a director/manager resume and pro forma financial (12 months income & expense projection and balance sheet.)

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

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Type of facility: _____

2. Please check each that describes your current and/or planned operations.

- Day Camp
- Overnight Camp
- After School Program (on school property)
- Transportation of Participating Children
- Other _____
- Amateur Sports League
- Field Trips
- Amateur Sports Team
- One-On-One Training
- Health/Fitness Club
- Community Center
- Ice/In-line Skating

3. Identify the types of facilities used for your operations:

- College/University Sites
- Rented Camp
- Owned Camp
- Local School
- Leased Facility
- Community Center
- Owned Facility
- Church
- Club
- Other _____

4. Identify current hiring practices for paid and volunteer staff:

- a. Are employment applications required for positions? Yes No
- b. Is prior employment verified for each applicant and recorded in applicant's file? Yes No
- c. Are references checked? Yes No
- d. Do you disclose that criminal background checks will be processed? Yes No
- e. Does your employment application include questions about whether the individual has ever been convicted of a crime, including child sex or child abuse related offenses? Yes No
- f. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
- g. Does staff screening include criminal background checks on all new (including seasonal) staff members, prior to hire? Yes No
- h. Does staff screening include criminal background checks on all hired staff members every 5 years? Yes No
- i. Provide the name of the data/service provider you use to pull criminal background information: _____
- j. When hiring new staff do you require at least two references and a personal interview before hiring the candidate? Yes No
- k. Do you require the completion of a Voluntary Disclosure statement (as permitted by state law)? Yes No
If yes, please provide a copy of your disclosure statement.
- l. Does the screening process include an annual check of all staff members on the National Sex Offender Public website? Yes No

All questions pertain to full or part-time staff and volunteers. If you have a different policy for Volunteers, please advise and outline the differences.

5. What qualifications do you require of your staff: College degree? Yes No Other _____

Certification in one or more of the following:

- CPR Yes No
- Teaching Yes No
- Coaching Yes No
- Counseling Yes No
- Childcare Yes No
- Other Certifications _____

6. Identify staff status (check all that apply): Employees Volunteers Parent-volunteers
Are all staff members age 21 years or older? Yes No

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

8. Do you discuss at orientation child sexual abuse/molestation and how to recognize the signs and what to do if a guest or member reports someone molested him/her? Including the reporting steps of a suspected child sexual abuse/molestation situation, after learning of such an allegation? Yes No
9. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? Yes No
10. Are copies of the procedures provided to each member of your staff? Yes No
11. Do you have periodic refresher courses to ensure that your entire staff can recognize the signs of sexual or physical abuse and knows what procedures to follow? Yes No
12. Do you periodically review your written procedures to verify that they are up to date? Yes No
(Attach copies of your written procedures provided to your staff regarding recognizing and preventing sexual abuse or molestation.)
13. Do you have a plan of supervision, including procedures to limit one-on-one interaction between an adult and youth, that monitors staff in day to day relationships with youth/minors? Yes No
14. Have you ever had an incident or claim reported which resulted in an allegation of sexual abuse? Yes No
- a. Was a claim made against your organization? Yes No
 If yes, please provide details of the claim/incident: _____
- b. How much money was paid as damages to the victim? _____
- c. What has been done to prevent such occurrences from happening in the future? _____

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

 Applicant's Signature

 Date (MM/DD/YY)

 Producer's Signature (if applicable)

 Date (MM/DD/YY)

 Applicant's Name (print)

 Producer's Name (print)

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA

For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2024/01)

NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

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

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)