

CAMPGROUNDS

Eligible Operations:

- Private or Franchised Campgrounds and RV parks with ancillary activities including waterslides, amusement devices, & motorized boating

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Manager must have 3 years campground management experience
- \$5,000 Minimum Account Premium

Ineligible for this program:

- Waterparks, amusement rides, motorized boating/skiing, etc. as primary reason for patronage to the Campground/RV park
- Mobile Home Parks

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Campground Program for over 15 years
- Proud industry involvement through active participation in American Outdoors, 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 available (interest-free, fee-free)

With the coverage of K&K's Campground Program, you can spend your time on important things like keeping your patrons happy. We'll take care of the rest of your worries with an insurance program specifically tailored to the individual needs of your campground.

Coverages Available & Program Highlights:

General Liability

- Broadened Coverage Form
- Non-auditable Policy
- No Deductible
- Fireworks Liability
- Expanded Bodily Injury Definition
- Nonowned Watercraft up to 51'
- Personal and Advertising Injury Definition Expanded
- Cyber Liability Coverage
- Crisis Response Coverage
- Trailer Spotting
- Sexual Abuse & Molestation Endorsement - per perp form (subject to qualification based on minimum underwriting guidelines)

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, permanently installed playground equipment
- Business Interruption (Civil Authority Expansion Available in certain states)
- Emergency Vacating Expenses Covered, 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:

1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338

Campground Program

PHONE: 877.355.0315

EMAIL:
KK.CampCgrdResort@
kandkinsurance.com

WEB SITE:
kandkinsurance.com

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

Submission Instructions:

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. 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: kandkinsurance.com)

K&K Application(s)

- Campground Insurance Application
- Fireworks Supplemental Application (if needed)
- Workers' Compensation Supplemental (if needed)
- Liquor Liability Application (if needed)
- Abuse and Sexual Misconduct Application (if needed)
- Jumping Pad/Pillow Supplemental (if needed)

ACORD Application(s)

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

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 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? _____

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

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	YES	EXPOSURE TYPE	BASIS	AMOUNT
<input type="checkbox"/>	Campsites (<i>Number of sites</i> _____)	\$	_____	<input type="checkbox"/>	Facility Rental	\$	_____
<input type="checkbox"/>	LP Gas Sales	\$	_____	<input type="checkbox"/>	(<i>Weddings, Corporate Events, Family Reunions, etc</i>)		
<input type="checkbox"/>	Grocery/Convenience Stores	\$	_____	<input type="checkbox"/>	Liquor Liability		
<input type="checkbox"/>	Cabin Rentals <i># of cabins</i> _____	\$	_____	<input type="checkbox"/>	Package Sales	\$	_____
<input type="checkbox"/>	Hotels/Motels <i># of rooms</i> _____	\$	_____	<input type="checkbox"/>	Restaurant	\$	_____
<input type="checkbox"/>	Restaurant	\$	_____	<input type="checkbox"/>	Other	\$	_____
<input type="checkbox"/>	Spa	\$	_____	<input type="checkbox"/>	Off-Season Storage of Personal Trailers, Boats, etc.	\$	_____
<input type="checkbox"/>	Gasoline Sales <i># of gallons</i> _____				(<i>Must provide copy of the storage agreement</i>)		
	<input type="checkbox"/> Self Service <input type="checkbox"/> Full Service <input type="checkbox"/> Repair Service						

30. **ACTIVITIES**

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

YES	EXPOSURE TYPE	BASIS	AMOUNT	YES	EXPOSURE TYPE	BASIS	AMOUNT
<input type="checkbox"/>	ATV/Snowmobile/Dirt Bike Rental (<i>Supplemental Required</i>)	\$	_____	<input type="checkbox"/>	Inflatables (<i>Bounce House, etc</i>)	#	_____
<input type="checkbox"/>	Amusement Rides	\$	_____	<input type="checkbox"/>	Lazy River	\$	_____
<input type="checkbox"/>	Arcade	\$	_____	<input type="checkbox"/>	Miniature Golf	\$	_____
<input type="checkbox"/>	Archery Ranges	#	_____	<input type="checkbox"/>	Paintball <i># of fields</i> _____		
<input type="checkbox"/>	Bicycle Rental	\$	_____	<input type="checkbox"/>	(<i>Supplemental Required</i>)		
<input type="checkbox"/>	Boat Rental (<i>LESS than 15 HP, Canoes, Kayaks, Paddle Boats, Row Boats</i>)	#	_____	<input type="checkbox"/>	Petting Zoo	\$	_____
<input type="checkbox"/>	Boat Rental (<i>MORE than 15 HP, Pontoon Boats, Ski Boats, Personal Watercraft</i>)	#	_____	<input type="checkbox"/>	Picnic Grounds	\$	_____
<input type="checkbox"/>	Cross Country Skiing	\$	_____	<input type="checkbox"/>	Rifle Ranges	#	_____
<input type="checkbox"/>	Driving Range (<i>Golf</i>)	\$	_____	<input type="checkbox"/>	Rock Climbing / Rappelling	\$	_____
<input type="checkbox"/>	Fireworks <i># of shows</i> _____			<input type="checkbox"/>	Ropes Course / Climbing Wall (<i>#</i> _____)	\$	_____
<input type="checkbox"/>	(<i>Supplemental Required</i>)			<input type="checkbox"/>	Saddle Animals (<i>#</i> _____)	\$	_____
<input type="checkbox"/>	Golf Course	\$	_____	<input type="checkbox"/>	Sauna / Hot tubs	#	_____
<input type="checkbox"/>	(<i>Supplemental Required</i>)			<input type="checkbox"/>	Servicing of RV's/Trailers/Boats, including winterizing	\$	_____
<input type="checkbox"/>	Golf Cart Rental (<i># of Golf Carts</i> _____)	\$	_____	<input type="checkbox"/>	Skeet/Trap Shooting	\$	_____
<input type="checkbox"/>	Go Karts (<i># of Karts</i> _____)	\$	_____	<input type="checkbox"/>	Trampolines / Jumping Pillows (<i>Supplemental Required</i>)	#	_____
<input type="checkbox"/>	(<i>Supplemental Required</i>)			<input type="checkbox"/>	Bungee Trampolines	#	_____
<input type="checkbox"/>	Guided Hunting / Fishing	\$	_____	<input type="checkbox"/>	Tubing	\$	_____
<input type="checkbox"/>	(<i>Supplemental Required</i>)			<input type="checkbox"/>	Waterslides over 15 feet in height	#	_____
<input type="checkbox"/>	Hayrides	\$	_____	<input type="checkbox"/>	Water Trampolines (<i>Blob, Iceberg, etc.</i>)	#	_____
				<input type="checkbox"/>	Zipline (<i>#</i> _____)	\$	_____
				<input type="checkbox"/>	Other: _____		

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: _____

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 permanently 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 _____ Motorboats under 76 HP
_____ Sailboats _____ Motorboats over 76 HP
_____ Personal Watercraft _____ Are any boats over 21' in length?
(e.g. Jet Skis, Waverunners, etc.)
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: _____

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

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

Would you like a quote for sexual abuse and molestation coverage (if eligible)? Yes No

If yes, please complete the Abuse & Molestation / Sexual Misconduct Application

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: _____

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.
- 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.** Workers 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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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):

<u>Name</u>	<u>Experience</u>
_____	_____
_____	_____
_____	_____

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.

Applicant's Signature

Date (MM/DD/YY)



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

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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 Applicant's Signature

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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

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) _____



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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. _____

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)



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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

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) _____



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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.

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)



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



ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

1. Does the Applicant have written procedures and a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off the premises? Yes No
2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy? Yes No
If yes, please attach a copy
 - a. If yes, does the written policy include:
 - i. Definition of sexual and physical abuse/molestation? Yes No
 - ii. Incident reporting procedures? Yes No
 - iii. Investigation procedures? Yes No
 - iv. Disciplinary procedures? Yes No
 - v. Retaliation warning? Yes No
 - vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? Yes No
 - b. Are procedures in place to monitor the implementation and on-going execution of this policy? Yes No
3. Does the Applicant's employment process include a criminal background check on all employment candidates, whether direct employee or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment is made? Yes No

Please identify and explain any current employees who are not subject to criminal/sex offender registry background checks:

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

4. Does the Applicant verify employment-related references? Yes No
5. Does the Applicant conduct personal interviews? Yes No
6. Is there a formal policy regarding staff training on:
 - a. Appropriate and inappropriate physical contact with clients or children? Yes No
 - b. Appropriate and inappropriate verbal interactions with clients or children? Yes No
 - c. Appropriate and inappropriate electronic communications with clients or children? Yes No
 - d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? Yes No
 - e. Recognition of the signs of abuse or molestation? Yes No

7. Does any employee or independent contractor
- a. have one-on-one access to clients or children in a closed door or transportation setting? Yes No
 - b. physically touch another person as part of their job responsibilities? Yes No
- If yes, please explain: _____
-
8. Please indicate the age range of clients, patrons, students, or populations served (check all that apply):
- 0 - 18 years of age 18 – 25 years old 25 – 50 years old over 50 years old All
9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation? Yes No
- If yes, please describe: _____
-
- a. Was a suit brought against the organization? Yes No
 - b. Was the case settled? Yes No
 - c. Was the case taken to trial? Yes No
 - d. How much money was paid as damages to the victim? _____
10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage? Yes No
11. Additional remarks/information: _____
-
-
-

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

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

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

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

Signature: _____ Date: _____

Applicant Name: _____

Title: _____

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 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.

NOTICE TO 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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 THAT 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD WARNING (continued)

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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: 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.

AIG FRAUD APPS (2021/06)

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)