



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

# RESORT 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: \_\_\_\_\_  
 Resort/Guest Ranch 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: \_\_\_\_\_

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 INSURED	RELATIONSHIP	ADDRESS

9. Location of resort/guest ranch: \_\_\_\_\_

Location of off-premises office: \_\_\_\_\_

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

10. Any other insured locations: \_\_\_\_\_

11. List all other operations of the named insured, that are not a part of the resort/guest ranch operations (ie. family fun center, country club/golf course, driving range (golf), restaurant, paintball course, outfitter/guide (saddle animals or whitewater rafting) etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Do you obtain a certificate of insurance from subcontractors, naming your organization as an additional insured on their insurance policy?  Yes  No
13. Date of last board of health inspection: \_\_\_\_\_
14. 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: \_\_\_\_\_  
 \_\_\_\_\_
15. Are all permanent structures at the insured premises owned by the named insured?  Yes  No  
 If no, please specify: \_\_\_\_\_
16. Do you have volunteers?  Yes  No  
 If yes, for what position(s)? \_\_\_\_\_
17. Is there a training program for employees?  Yes  No
18. Is there a written Risk Management program?  Yes  No
19. Is there an emergency procedure program?  Yes  No  
 If yes, describe: \_\_\_\_\_
20. Is there a medical log documenting illnesses, injuries, and/or treatments for guests?  Yes  No
21. Are pets allowed?  Yes  No  
 If yes, describe rules and enforcement practices: \_\_\_\_\_
22. Are any firearms/ammunition stored or kept on site?  Yes  No  
 If yes, please describe: \_\_\_\_\_
23. 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 building(s): \_\_\_\_\_  
 If no, explain: \_\_\_\_\_
24. 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: \_\_\_\_\_
25. List any playground equipment and its condition: \_\_\_\_\_  
 \_\_\_\_\_  
 Is the ground covered with an appropriate surface/fall zone material?  Yes  No
26. 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

27. 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

28. 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

29. Is gasoline sold?  Yes  No      Self-service:  Yes  No
- Proper safety signs posted?  Yes  No

30. **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	\$	_____		( <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> _____	\$	_____		Package Sales	\$	_____
<input type="checkbox"/>	Hotels/Motels <i># of rooms</i> _____	\$	_____		Restaurant	\$	_____
<input type="checkbox"/>	Restaurant	\$	_____		Other	\$	_____
<input type="checkbox"/>	Spa	\$	_____				
<input type="checkbox"/>	Gasoline Sales <i># of gallons</i> _____						
	<input type="checkbox"/> Self Service <input type="checkbox"/> Full Service <input type="checkbox"/> Repair Service						

31. **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 Form Required</i> )	\$	_____	<input type="checkbox"/>	Hayrides	\$	_____
<input type="checkbox"/>	Amusement Rides	\$	_____	<input type="checkbox"/>	Inflatables ( <i>Bounce House, etc</i> )	#	_____
<input type="checkbox"/>	Arcade	\$	_____	<input type="checkbox"/>	Lazy River	\$	_____
<input type="checkbox"/>	Archery Ranges	#	_____	<input type="checkbox"/>	Miniature Golf	\$	_____
<input type="checkbox"/>	Bicycle Rental	\$	_____	<input type="checkbox"/>	Paintball	<i># of fields</i>	_____
<input type="checkbox"/>	Boat Rental ( <i>LESS than 15 HP, Canoes, Kayaks, Paddle Boats, Row Boats</i> )	\$	_____		( <i>Supplemental Required</i> )		
<input type="checkbox"/>	Boat Rental ( <i>MORE than 15 HP, Pontoon Boats, Ski Boats, Personal Watercraft</i> )	\$	_____	<input type="checkbox"/>	Petting Zoo	\$	_____
<input type="checkbox"/>	Cross Country Skiing	\$	_____	<input type="checkbox"/>	Picnic Grounds	\$	_____
<input type="checkbox"/>	Driving Range ( <i>Golf</i> )	\$	_____	<input type="checkbox"/>	Rifle Ranges	#	_____
<input type="checkbox"/>	Fireworks <i># of shows</i> _____			<input type="checkbox"/>	Rock Climbing / Rappelling	\$	_____
	( <i>Supplemental Required</i> )			<input type="checkbox"/>	Ropes Course / Climbing Wall ( <i>#</i> _____)	\$	_____
<input type="checkbox"/>	Golf Course	\$	_____	<input type="checkbox"/>	Saddle Animals ( <i>#</i> _____)	\$	_____
	( <i>Supplemental Required</i> )			<input type="checkbox"/>	Sauna / Hot tubs	#	_____
<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 Form Required</i> )	#	_____
	( <i>Supplemental Required</i> )			<input type="checkbox"/>	Bungee Trampolines	#	_____
<input type="checkbox"/>	Guided Hunting / Fishing	\$	_____	<input type="checkbox"/>	Tubing	\$	_____
	( <i>Supplemental Required</i> )			<input type="checkbox"/>	Waterslides over 15 feet in height	#	_____
				<input type="checkbox"/>	Water Trampolines ( <i>Blob, Iceberg, etc.</i> )	#	_____
				<input type="checkbox"/>	Zipline ( <i>#</i> _____)	\$	_____
				<input type="checkbox"/>	Other: _____		

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

33. 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

34. Do any activities take place off the Resort/Guest Ranch premises?  Yes  No

If yes, please explain, including explanation of transportation: \_\_\_\_\_

35. **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.**

36. **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: \_\_\_\_\_

\_\_\_\_\_

37. **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: \_\_\_\_\_

38. **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

39. **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: \_\_\_\_\_

40. **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  
(e.g. Jet Skis, Waverunners, etc.)

\_\_\_\_\_ Are any boats over 21' in length?

Explain uses for powered boats and personal watercraft: \_\_\_\_\_

Are watercraft rented or provided by you to customers?  Yes  No

Is operation supervised?  Yes  No

Are all boats accounted for at all times?  Yes  No

Type, age and length of boats: \_\_\_\_\_

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

41. **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: \_\_\_\_\_

42. **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

43. **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

44. **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
- A. Would you like a quote for sexual abuse and molestation coverage (if eligible)?  Yes  No
- B. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper or member reports someone molested him/her which includes reporting suspected child/sexual abuse after learning of such an allegation?  Yes  No
- C. 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 campers or members?  Yes  No
- D. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses?  Yes  No
1. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment?  Yes  No
- E. Does staff screening include criminal background checks annually on all new (including seasonal) employees/volunteers and every 5 years on year-round employees/volunteers?  Yes  No
1. If yes, provide name of service provider you use to conduct criminal background checks \_\_\_\_\_
- 
- F. Does new staff screening include at least two references and a personal interview before being hired-accepted as employee/volunteer?  Yes  No
- G. Does your facility require annual completion of a voluntary disclosure statement (as permitted by state law)?  Yes  No
1. If yes, please attach a copy of the disclosure statement
- H. Does the staff screening include an annual check of all employees/volunteers on the National Sex Offender Public Website?  Yes  No
- I. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility?  Yes  No
1. Was a claim made against your facility?  Yes  No
- If yes, please provide details of the claim/incident: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
2. How much money was paid as damages to the victim? \_\_\_\_\_
3. What has been done to prevent such occurrences from happening in the future? \_\_\_\_\_
- \_\_\_\_\_

45. **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

46. **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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

47. **RIFLE/PELLET/AIR GUN**  N/A

- Does resort/guest ranch 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.** Resort/Guest Ranch 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)