

TOURIST ATTRACTIONS

Eligible Operations:

- Aquariums & Nature Centers
- Architectural attractions
- Botanical gardens
- Caves
- Children's museums
- Forts
- Hall-of-Fame facilities
- Historic homes
- Historic mines
- Historic ships
- Historic sites
- Interactive attractions
- Lighthouses
- Memorabilia & collections
- Museums
- Natural landmarks
- Old west towns
- Religious attractions
- Science centers
- Theme parks
- Tourist attractions
- Train rides
- Walk-through attractions

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Management must have at least three years of industry management experience
- Risks with no more than three ancillary adult amusement rides
- Minimum premium general liability- \$2,500 package- \$5,000

Ineligible for this program:

- Amusement parks
- Family entertainment centers

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Tourist Attractions Program for over 20 years
- 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

Whether it's a small family-operated theme park or an international tourist attraction, K&K offers specialized insurance coverage that will fit your individual needs, including coverages for walk-through exhibits and/or interactive theme parks that may include rides. Knowledgeable professionals providing attentive service are a familiar theme at K&K Insurance.

Coverages Available & Program Highlights:

General Liability

- Written on an Admitted Basis
- Broadened Coverage Form
- Non-auditable Policy
- No Deductible
- Volunteer Accident Medical
- Volunteers as Additional Insureds
- Amusement Ride Liability
- Fireworks Liability
- Liquor Liability
- Legal Liability to Participants
- Employee Benefits Liability

Directors and Officers including Employment Practices Liability

Property

- Equipment Breakdown included
- Emergency Vacating Expenses Covered up to \$25,000, Crisis Response Coverage—\$25,000, Full Building Ordinance "A" Coverage

Inland Marine

Commercial Auto

- Owned Auto
- Nonowned/Hired Auto

Crime

Excess Liability

Workers' Compensation

Event Cancellation & Non-appearance

Sexual Abuse & Molestation

Common Associated Exposures:

- Day Camps
- Food & beverage concessions
- Gift shops
- Restaurants
- Kiddie amusement rides

Insuring the world's fun.®

Contact Information:

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

Tourist Attractions Program

PHONE: 800.553.8368
FAX: 260.459.5624

EMAIL:
KK.EventsAttractions@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
- Diagram/site plan of location/setup
- Brochure (if available)
- Web site address
- Schedule of events & dates
- Copies of current ride inspection

Tourist Attractions Application(s):

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

K&K Application(s)

- Tourist Attraction Application
- Fireworks Application (if needed)
- Liquor Liability Application (if needed)
- Directors and Officers including Employment Practices Liability (contact K&K for specific application)
- Sexual Abuse & Molesation Application (if needed)

ACORD Application(s)

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

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 1-800-553-8368 Fax 1-260-459-5624
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 CA# 0334819

CULTURAL MUSEUM/ HISTORICAL ATTRACTION APPLICATION

GENERAL INFORMATION

1. Named Insured as it is to appear on policy: _____
2. Doing business as: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Phone number: (____) _____ E-mail address: _____
3. Physical location (if different from mailing address): _____
 City: _____ State: _____ Zip: _____
 Phone number: (____) _____
4. Contact person: _____ Title: _____
 Daytime phone:(____) _____ Nighttime phone:(____) _____
 Fax#:(____) _____ Email address: _____
 Website: _____ Tax ID#: _____
5. Name of insurance agency: _____
 Contact person: _____ Email address: _____
 Phone number (____) _____ Fax#:(____) _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Phone number (____) _____
6. Policy period requested: From: _____ To: _____
7. How long has insured been in business? _____ At this location? Yes No
8. How many years of experience does the current management team have? _____
9. What is the total acreage of the grounds? _____

ADDITIONAL INSURED ENTITIES (please show name of entity and relationship to museum) _____

COVERAGE INFORMATION

10. Check the type of coverage desired. Attach appropriate accord application(s) and/or schedule(s).
 General Liability Auto Inland Marine Crime
 Workers' Compensation Property Excess Employee Benefits Liability (# of employees: _____)
11. Do you engage in any other business operations under the name of the insured as will appear on the policy?
 Yes No
 If yes, explain: _____
12. Is there currently a general liability deductible? Yes No Amount: \$ _____
13. Has this insurance ever been cancelled, declined, non renewed? Yes No
 If yes, please explain (not applicable in Missouri): _____

GENERAL BUSINESS/PREMISES INFORMATION

14. Is food service contracted to a third party? Yes No
 If yes, is a certificate showing the museum as an additional insured obtained? Yes No
15. Is the museum rented for private parties? Yes No
 If yes, please provide a copy of the facility rental agreement.
16. Are all cooking areas protected by automatic fire systems? Yes No
17. Is there a back-up emergency electrical power source for lights and communications? Yes No
18. Are fire extinguishers located in each building? Yes No
19. What is the distance to the nearest fire station? _____
20. What is the distance to the nearest hospital? _____
21. Are any of your employees CPR certified? Yes No
22. Do you have an AED unit on-site? Yes No
 Describe any other medical staffing/equipment on-site: _____
23. Provide the minimum number of on-site security personnel:
 _____ Professional Service _____ Uniformed Officers _____ Employees _____ Other(_____)
24. If employees, are they armed? Yes No
 If yes, attach training procedures: _____
25. Are hazardous or toxic materials stored on premises? Yes No
 If yes, explain how and where: _____
26. Are certificates of insurance obtained from all independent contractors and vendors? Yes No
 If yes, what limit of liability is required? _____
 Are you named as an additional insured? Yes No
27. Are patrons required to walk across public roadways from the parking area? Yes No
28. Are buses or trams used to transport patrons? Yes No
29. Are curbs, steps or elevation changes highlighted? Yes No
 If any of your displays or exhibits allow patron interaction, please describe the activity: _____
30. Patron admission cost: Adult \$ _____ Child \$ _____ Discount \$ _____
31. Previous year attendance: _____
- Previous year gross receipts from:
 Admissions \$ _____ Food/Beverage \$ _____
 Beer/Liquor \$ _____ Gift Shop \$ _____
 Other: (describe) \$ _____

 Total gross receipts \$ _____

EDUCATIONAL PROGRAMS (check, if any): **On Premises** **Off Premises***

- Lectures
- Demonstrations
- Tours
- Childrens' Day or Overnight Camps
- School Presentations
- College Work/Class Research Program
- Docent Program

*Describe any off-premises activities: _____

SPECIAL EVENTS/ACTIVITIES

On Premises

Off Premises*

- Special Functions (social, political events, etc.)
- Holiday or Other Seasonal Promotions
- Fund Raisers

*Describe any off-premises activities: _____

DAY CAMP OPERATIONS (if applicable):

- 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 an incident is reported? Yes No
- C. Do you have a plan of supervision that monitors staff in the day camp program? Yes No
- D. Does your staff employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? ***If yes, please attach copy.*** Yes No
- E. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
- F. Does your state permit you to do criminal background investigations on staff members? Yes No
If yes, do you request and receive such background investigations on all staff members? Yes No
If yes, who provides service? _____
- G. Has the museum ever had an incident which resulted in an allegation of sexual abuse? Yes No
Was a claim made against the museum? Yes No
If yes, please provide details of the claim/incident: _____

What has been done to prevent such occurrences from happening in the future? _____

- H. **If you have volunteers, are the answers to the questions above the same?** Yes No
 Not applicable, we have no volunteers.
If No, please explain: _____

SUMMARY OF REQUESTED ITEMS

Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:

- Diagram of facility and a copy of a promotional brochure.
- Most current financial statement
- Detailed loss history listings from previous carrier(s) (4 years).

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

Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)



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THEMED ATTRACTIONS APPLICATION

GENERAL INFORMATION

1. Named Insured as it is to appear on policy: _____
2. Doing Business As: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone Number (_____) _____
 E-mail Address: _____
3. Location of themed attraction (if different): _____
 City: _____ State: _____ Zip: _____ Phone Number (_____) _____
4. Contact person: _____ Title: _____
 Contact person is: Owner General Manager Other: _____
 Daytime phone:(_____) _____ Nighttime phone:(_____) _____ Fax#:(_____) _____
 Website: _____ Tax ID#: _____
5. Name of Agency: _____
 Contact person: _____ Phone Number (_____) _____ Fax#:(_____) _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone Number (_____) _____
6. IAAPA Member? (International Association of Amusement Parks and Attractions) Yes No

POLICY INFORMATION AND COVERAGE

7. Policy period requested: From: _____ To: _____
8. Projected opening and closing dates of the season: From: _____ To: _____
9. How long has insured been in business? _____ At this location? Yes No
10. How many years of management experience? _____
11. What is the total acreage of the grounds? _____
12. Is the ground leased to others? Yes No
 If yes, explain: _____

13. Do any of the following exposures exist on your premises:

<input type="checkbox"/> Petting Zoo	<input type="checkbox"/> Camping	<input type="checkbox"/> Animal Rides	<input type="checkbox"/> Stunt Shows
<input type="checkbox"/> Laser Tag	<input type="checkbox"/> Paintball	<input type="checkbox"/> Wagon Rides	<input type="checkbox"/> Sewage Treatment Plants
<input type="checkbox"/> *Liquor Sales	<input type="checkbox"/> *Fireworks	<input type="checkbox"/> *Children's Day or Overnight Camps	

* Requires separate application.

COVERAGE INFORMATION

14. Check the type of coverage desired. Attach appropriate accord application(s) and/or schedule(s).

- General Liability Auto Inland Marine Crime
- Workers' Compensation Property Excess Employee Benefits Liability (# of employees: _____)

15. Do you engage in any other business operations under the name of the insured as will appear on the policy?

- Yes No

If yes, explain: _____

PRIOR CARRIER INFORMATION

16. Is there currently a deductible? Yes No Amount: \$ _____

17. Has this insurance ever been cancelled, declined, non renewed? Yes No

If yes, please explain (not applicable in Missouri): _____

BUSINESS INFORMATION

18. Are all cooking areas protected by automatic fire systems? Yes No

19. Is there a back-up emergency electrical power source for lights and communications? Yes No

20. Are fire extinguishers located in each building? Yes No

21. What is the distance to the nearest fire station? _____

22. What is the distance to the nearest hospital? _____

23. Is there an ambulance on site? Yes No

24. Provide the minimum number of medical personnel at the park for the following:

_____ Paramedic _____ EMT/EMS _____ Nurses _____ CPR Certified

25. Provide the minimum number of security personnel at the park for the following:

_____ Professional Service _____ Uniformed Officers _____ Employees _____ Other(_____)

26. If employees, are they armed? Yes No

If yes, attach training procedures: _____

27. Do you have any arm wrestling, punching bags or sonic boom arcade type machines? Yes No

If yes, provide description: _____

28. Describe any and all water hazards: lake, stream, swimming pool, marina, bathing beach (including width and depth) that are not rides: _____

29. Describe type of seating: _____

30. Number of Grandstands: _____ NA Year Built: _____

Construction: Wood Concrete Metal Grandstand Height: _____(ft)

Guardrails: Sides Back Kick boards in place? Yes No

31. Number of Bleachers: _____ NA Year Built: _____

Number Fixed: _____ Construction: Wood Concrete Metal Bleacher Height: _____(ft)

Number Portable: _____ Construction: Wood Metal Bleacher Height: _____(ft)

Guardrails: Sides Back Kick boards in place? Yes No

32. Do you have a documented inspection/maintenance program for grandstands and/or bleachers? Yes No
 If yes, date of last inspection: _____
33. Is there a qualified ride inspector to perform mechanical and electrical inspections? Yes No
 If yes, give name(s) and years experience: _____
34. How many rides do you own? _____ How many rides are contracted or leased? _____
35. Give description of contracted or leased rides: _____

36. Are maintenance manuals for all rides kept on premises? Yes No
37. Do the rides meet the ASTM standard? Yes No
 If no, please explain: _____

38. Are hazardous or toxic materials stored on premises? Yes No
 If yes, explain how and where: _____

39. Are certificates of insurance obtained from independent contractors and vendors? Yes No
 If yes, what limit of liability is required? _____
 Are you named as an additional insured? Yes No
40. Do you have a petting zoo? Yes No
 If Yes, is it operated by an independent contractor? Yes No
 If Yes, do you receive a certificate of insurance naming you as an additional insured? Yes No
41. Do you have a contract with a hold harmless and indemnification agreement? Yes No
42. Are all animals properly vaccinated? Yes No
43. Is there a hand washing at the exit of the petting zoo? Yes No
44. Is there signage posted with regard to the importance of hand washing after animal contact? Yes No

PATRON INFORMATION

45. Are patrons required to walk across public highways from the parking area? Yes No
46. Are buses or trams used on the premises? Yes No
47. Are curbs, steps or ledges highlighted? Yes No
48. Are signs posted to identify assumption of risk for rides? Yes No
49. Patron admission cost: Adult \$ _____ Child \$ _____ Discount \$50 _____
50. Total annual attendance: _____
- Previous year gross receipts from:
- | | | | |
|-------------------------|----------|---------------------|----------|
| Admissions | \$ _____ | Food/Beverage | \$ _____ |
| Beer/Liquor | \$ _____ | Novelty/Merchandise | \$ _____ |
| Rides | \$ _____ | Arcade Games | \$ _____ |
| Other: (describe) _____ | | | \$ _____ |
- Total gross receipts \$ _____

SUMMARY OF REQUESTED ITEMS

51. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:

- Diagram of grounds/themed attraction and or brochure.
- Most current financial statement
- Detailed loss history listings from previous carrier(s) (4 years).
- Copy of ride inspection forms and ride operator training manuals.
- Copy of non-destructive testing, ultrasound, x-ray, magnaflux testing required by manufacturers of specific rides.
- Complete schedule of events and event dates.
- Contracts/lease agreements/hold harmless agreements between the event management and any other party with regard to the event.

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

Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)



FIREWORKS SUPPLEMENTAL APPLICATION

- 1. Name of Insured: _____
- 2. Date(s) of fireworks exposure: _____
- 3. Specific location of fireworks display(s): _____
- 4. Estimated spectator attendance: _____
- 5. Name of organization shooting fireworks: _____

6. 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).

7. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

Name	Experience
_____	_____
_____	_____
_____	_____

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

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Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy: _____
 Telephone Number: (____) _____ Fax Number: (____) _____

2. Name Liquor License is in: _____

3. Liquor License Number: _____ Class of License: _____

4. Is coverage for a specific event? Yes No If yes, explain what kind of event, where event will be held and date of event(s). _____

5. Opening and closing hours of event(s) (for each event): _____

6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). _____

7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
 If yes, please explain: _____

8. Has applicant incurred claims for liquor liability during the last three years? Yes No
 If yes, please explain: _____

9. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No
 If yes, please explain: _____

10. Type of alcohol beverages sold: _____ What proof: _____

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
 If yes, what type? _____

13. Do you maintain security personnel at event entry check points? Yes No
 If yes, what type? _____

Do they exercise the right of search and seizure of contraband items? Yes No
 If yes, how do they notify the public of this? _____

14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No

15. If site is completely enclosed, are minors allowed to enter? Yes No

(Continued on next page)

16. Are the servers professional (two years bartending experience or more)? Yes No
 Are the servers non-professional (less than 2 years or no bartending experience)? Yes No
 Explain: _____
17. Name the formal awareness training program that the servers receive: _____

18. At what point of sale are I.D.'s checked? _____
19. Are rules and regulations clearly displayed for patrons' viewing? Yes No
 Explain: _____
20. In what size container is the alcoholic beverage served at each event? Cup _____ oz. Pitcher Other: _____
21. Can patrons purchase more than two alcoholic beverages at one time? Yes No
 If yes, please explain: _____
22. Is there any type of designated driver program in effect? Yes No
 Explain: _____
23. Is there any other Liquor Liability coverage being provided? Yes No
 If yes, explain and attach a copy of the certificate of insurance: _____
24. Liability limits requested \$_____ (per occurrence) \$_____ (aggregate)

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 Applicant's Signature

 Producer's Signature (if applicable)

 Applicant's Name (print)

 Producer's Name (print)

 Date (MM/DD/YY)

 Date (MM/DD/YY)



NONOWNED/HIRED AUTO QUESTIONNAIRE

(To be completed and returned with Commercial Auto ACORD application)

Named Insured: _____

Do you have a Business Auto Policy for owned autos? Yes No

If yes, can coverage be obtained under your Business Auto Policy? Yes No

If no, please explain: _____

NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business? Yes No

If so, please provide details regarding duties involved: _____

2. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their auto? Yes No

3. Do you run motor vehicle reports on each employee? Yes No

4. Please explain what other controls you have in place to protect your company's liability? _____

5. Number of Employees _____ Number of Volunteers _____

HIRED AUTO LIABILITY

1. During the last three years have you leased, borrowed or hired any vehicles for your business? Yes No

2. 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? _____

3. When leasing, hiring or borrowing are the vehicles used to:

A. Transport participants, volunteers or staff only? Yes No

If yes, how many? _____ For how long? _____

Number of times per year: _____ Distance traveled per trip: _____

B. Haul equipment: Yes No

If yes, please explain and identify frequency and distance traveled per trip: _____

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries: _____ Distance traveled per trip: _____

How long the vehicles will be used: _____ Year built: _____ Cost new: _____

5. Does the leasing company provide drivers or do you use your own? _____

6. Do you purchase liability insurance from the leasing company? Yes No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds? Yes No If yes, please explain: _____

8. What is the estimated annual cost to hire/lease all vehicles? _____

9. Do you hire vehicles for more than or less than 30 days for any one time? More Less

If more than 30 days, vehicles should be scheduled.

HIRED AUTO PHYSICAL DAMAGE

- 1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? _____

- 2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? _____

- 3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? Yes No
- 4. What is the maximum number of vehicles leased at one time? _____
- 5. Please provide the garage location of the vehicles (city and state): _____
- 6. Requested Comprehensive Deductible? \$_____ Collision Deductible? \$ _____

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

Name	Birth Date	Driver's License Number	State Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEASED VEHICLES

If leased, what is the term of the lease? _____

VIN#	Year	Make	Model	New Cost	Garaging Location (City and State)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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)



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 Fort Wayne, IN 46801-2338
 CA# 0334819

SECURITY SUPPLEMENTAL APPLICATION

Name of applicant: _____ Date: _____

Who is primarily responsible (via contract) for liability coverage of off-duty police?: Insured Municipality

Who is primarily responsible (via contract) for Workers's Compensation of off-duty police?: Insured Municipality

Are all the applicant's security guard employees licensed by the state as a security guard? Yes No

If no, explain: _____

INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

Are background investigation and checks conducted on all employees who perform security duties? Yes No

If yes, mark appropriate box:

- Criminal background checks
- Fingerprints
- Background cleared prior to hire
- Previous employer
- Drug screening
- Other: _____
- Motor vehicle report
- Personal references

What firearm training is required for armed security employees? _____

Does applicant have a formal training program for security employees? Yes No

If yes, explain or attach a copy of training manual _____

Provide the number of dogs to be used in security operations: _____

During the past four years, have any claims been presented to your current or prior insurance carrier for security related incidents? Yes No

If yes, please explain those incidents in detail below or provide a separate exhibit. _____

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)



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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 Proper 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 communication program? 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 Housekeeping/cleanliness at the jobsite Excellent Good Poor

Condition of equipment: Excellent Good Poor Proper safeguards? Yes No

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



ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

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

- Are employment applications required for positions? Yes No
- Is prior employment verified for each applicant and recorded in applicant's file? Yes No
- Are references obtained? Yes No Are references checked? Yes No
- Are criminal records checked? Yes No
- 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
- If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
- Do you advise every applicant that criminal background checks will be performed? Yes No

B. Identify staff status (check all that apply): Employees Volunteers Parent-volunteers

Are all staff members age 21 years or older? Yes No

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

D. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper, member or participant reports someone molested him/her which includes reporting suspected child/sexual abuse after learning of such an allegation? Yes No

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, members or participants? Yes No

Does staff screening include criminal background checks on all new (including seasonal) employees/volunteers, and on year around employees/volunteers every 5 years? Yes No

1. If yes, provide name of service provider you use to conduct criminal background checks _____

Does new staff screening include at least two references and a personal interview before being hired-accepted as employee/volunteer? Yes No

Does the staff screening include an annual check of all employees/volunteers on the National Sex Offender Public Website? Yes No

E. Have you ever had an incident which resulted in an allegation of sexual abuse at your camp or other operation? Yes No

1. Was a claim made against your camp or other operation? _____

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? _____

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)

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)