

CAMPGROUNDS

Eligible Operations:

- Private or Franchised Campgrounds with ancillary activities including waterslides, amusements devices, & motorized boating
- Day camps

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

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Camping Industry 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 60 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

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
- Transmissible Pathogens Coverage

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, Communicable Disease and Food Contamination Extension
- Emergency Vacating Expenses Covered up to \$25,000, Crisis Response Coverage-\$25,000, Full Building Ordinance "A" Coverage
- Inland Marine
- Commercial Crime

Commercial Auto

Excess Liability

Workers' Compensation

Common Associated Exposures:

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

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**

FAX: **260.459.5990**

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
- Pictures of facility
- Web site address (if available)
- Copy of rental contract

Campground Application(s):

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

K&K Application(s)

- Campground Insurance Information Form
- Go Kart Operations Underwriting Guidelines (if needed)
- Trampoline Questionnaire (if needed)
- Water Trampoline Questionnaire (if needed)
- Fireworks Supplemental Application (if needed)
- Liquor Liability Application (if needed)
- Paintball Supplemental (if needed)
- Country Club Supplemental (if needed)
- Herbicide/Pesticide & Pool Pollution Questionnaire (if needed)

ACORD Application(s)

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

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CAMPGROUND INSURANCE INFORMATION FORM

GENERAL INFORMATION

1. **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:** _____ **Fax:** _____
Campground Web site: _____

Name of Agency/Brokerage: _____
Contact Person: _____ **E-mail Address:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____

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. Please describe any prior losses over \$5,000: _____

8. Prior Carrier Information (New Business Only)

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES

COVERAGE INFORMATION

9.

ADDITIONAL INSURED	RELATIONSHIP	ADDRESS
10. **Location of campground:** _____
Location of off-premises office: _____
Is off-premises office located in a commercial building or residence? _____
Total sq. footage of off-premises office: _____
11. **Any other insured locations:** _____

12. List all other operations of the named insured, that are not a part of the campground operations (*ie. family fun center, country club/golf course, driving range (golf), restaurant, paintball course, outfitter/guide (saddle animals or whitewater rafting) etc.*): _____

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, explain: _____

If not, explain security/up keep for premises: _____

How many cabins or dwellings are occupied year round? _____ By whom? _____

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 for the campground? ☐ Yes ☐ No

If yes, describe: _____

20. Is there a medical log documenting illnesses, injuries, and/or treatments for campers? ☐ 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: _____

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

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. How often is trash disposed of? _____

28. Is liquor sold for consumption? ☐ Yes ☐ No If yes: ☐ By the drink ☐ For Carry-Out

Are the proper liquor licenses obtained/displayed? ☐ Yes ☐ No

Is training for servers/sellers of liquor provided? ☐ Yes ☐ No

If yes, what type: _____

Is liquor liability insurance requested? ☐ Yes ☐ No

29. 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

30. Is gasoline sold? ☐ Yes ☐ No Self-service: ☐ Yes ☐ No

Proper safety signs posted? ☐ Yes ☐ No

31.

EXPOSURES

YES	EXPOSURE TYPE	BASIS	AMOUNT	YES	EXPOSURE TYPE	BASIS	AMOUNT
<input type="checkbox"/>	Campsites (<i>Number of sites</i>)	\$	_____	<input type="checkbox"/>	Miniature Golf	\$	_____
<input type="checkbox"/>	LP Gas Sales/Service	\$	_____	<input type="checkbox"/>	Arcade (<i>Including Video</i>)	\$	_____
<input type="checkbox"/>	Grocery/Convenience Stores	\$	_____	<input type="checkbox"/>	Boat Rental (<i>LESS than 15 HP, Canoes, Kayaks, Paddle Boats, Row Boats</i>)	#	_____
<input type="checkbox"/>	Cabin Rentals	\$	_____	<input type="checkbox"/>	Boat Rental (<i>MORE than 15 HP, Pontoon Boats, Ski Boats, Personal Watercraft</i>)	#	_____
<input type="checkbox"/>	Hotels/Motels	\$	_____				
<input type="checkbox"/>	Restaurant	\$	_____				
<input type="checkbox"/>	Gasoline Sales	# of gallons	_____				
<input type="checkbox"/>	<input type="checkbox"/> Self Service <input type="checkbox"/> Full Service <input type="checkbox"/> Repair Service						

32.

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"/>	Adventure Program	\$	_____	<input type="checkbox"/>	Mountain Boarding	# of participants	_____
<input type="checkbox"/>	Alpine Skiing	(Refer)	_____	<input type="checkbox"/>	Paintball	# of fields	_____
<input type="checkbox"/>	Amusement Rides	\$	_____	<input type="checkbox"/>	(<i>Supplemental Form Required</i>)		
<input type="checkbox"/>	Rides (<i>Kiddie only</i>)	#	_____	<input type="checkbox"/>	Petting Zoo	# of admissions	_____
<input type="checkbox"/>	Archery			<input type="checkbox"/>	Rafting (<i>Class I-III</i>)	# of boats	_____
<input type="checkbox"/>	ATV's / Dirt Bikes (<i># of ATV'S/DIRT BIKES</i>)	\$	_____	<input type="checkbox"/>	Rifle Ranges	#	_____
<input type="checkbox"/>	Bicycling	\$	_____	<input type="checkbox"/>	Rock Climbing / Rappelling	# of participants	_____
<input type="checkbox"/>	Back Packing	\$	_____	<input type="checkbox"/>	Ropes Course / Climbing Wall	#	_____
<input type="checkbox"/>	Batting Cages (<i># of participants</i>)	\$	_____	<input type="checkbox"/>	Saddle Animals	#	_____
<input type="checkbox"/>	Caving	\$	_____	<input type="checkbox"/>	Sauna / Hot tubs	#	_____
<input type="checkbox"/>	Cross Country Skiing	\$	_____	<input type="checkbox"/>	Skating (<i>In-Line, Roller, Ice</i>)	#	_____
<input type="checkbox"/>	Driving Range (<i>Golf</i>)	\$	_____	<input type="checkbox"/>	Skateboarding Ramps / Jumps	#	_____
<input type="checkbox"/>	Fireworks	# of shows	_____	<input type="checkbox"/>	Skin / Scuba Diving	#	_____
	(<i>Fireworks Supplemental Form Required</i>)			<input type="checkbox"/>	Trampolines	#	_____
<input type="checkbox"/>	Golf Course	#	_____	<input type="checkbox"/>	(<i>Supplemental Form Required</i>)		
	(<i>Supplemental Form Required</i>)			<input type="checkbox"/>	Bungee Trampolines	#	_____
<input type="checkbox"/>	Golf Cart Rental (<i># of Golf Carts</i>)			<input type="checkbox"/>	Tubing	# of participants	_____
<input type="checkbox"/>	Go Karts (<i># of Karts</i>)	#	_____	<input type="checkbox"/>	Waterskiing	# of boats	_____
	(<i>Supplemental Form Required</i>)			<input type="checkbox"/>	Water Trampolines (<i>Blob, Iceberg, etc.</i>)	#	_____
<input type="checkbox"/>	Gymnastics	# of elements	_____	<input type="checkbox"/>	(<i>Supplemental Form Required</i>)		
<input type="checkbox"/>	Hayrides	#	_____	<input type="checkbox"/>	Whitewater Canoeing / Rafting	(Refer)	_____
<input type="checkbox"/>	Miniature Golf	#	_____	<input type="checkbox"/>	Other: _____		

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

34. Does camp 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
35. Do any activities take place off the campground premises? ☐ Yes ☐ No
- If yes, please explain, including explanation of transportation: _____

36. IF CAMPGROUND 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

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 CAMPGROUND 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 and the rules for the lake/pond? ☐ 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. 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	_____ Kayaks	_____ Motorboats under 76 HP
_____ Rowboats	_____ Paddleboats	_____ Motorboats over 76 HP
_____ Sailboats	_____ Personal Watercraft <i>(e.g. Jet Skis, Waverunners, etc.)</i>	_____ 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

38. **SADDLE ANIMALS** ☐ N/A

Number owned or leased: _____ Used at outside stable: _____

If subcontracted, are certificates of insurance naming camp as additional insured required? ☐ Yes ☐ No

Are limits of \$1,000,000 required? ☐ Yes ☐ No

If no, explain: _____

Are waivers signed by all riders? ☐ Yes ☐ No

Are riders required to wear helmets? ☐ Yes ☐ No

Are riders required to wear shoes or boots with heels? ☐ Yes ☐ No

Does an employee lead or accompany all riders? ☐ Yes ☐ No

Are riders allowed in the stable/barn area without supervision? ☐ Yes ☐ No

39. **PETTING ZOO** ☐ N/A

What kind of animals? _____

Are all animals properly vaccinated? ☐ Yes ☐ No

Is there a hand washing station? ☐ Yes ☐ No

If no, explain: _____

40. **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: _____

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 four (4) years.

D. Diagram, map or photos of facility including any natural or man-made hazards.

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 staff application and, when applicable, background check consent form (if not on website).

H. Copy of waiver & release form used for boating, horseback riding, etc. as applicable.

I. Copy of camper registration form (if applicable).

J. Auto schedule must include seating capacity for each scheduled van or bus.

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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GO KART OPERATIONS MINIMUM UNDERWRITING GUIDELINES

Named insured: _____

1. Participants **must** be required to wear helmets, shoes and seat belts.
2. Participants **must** be eight (8) years of age or over.
3. Participants **must** be at least 48" tall.
4. All karts with two seats **must** have them arranged side by side with safety belts for each seat.
5. All karts **must** be built and maintained to the manufacturers specifications.
6. All karts **must**:
 - a. be governed to a speed of 10-15 miles per hour.
 - b. have padded steering wheel
 - c. have padded head rest
 - d. have chain and/or belt guards
 - e. have wheel enclosures
7. Rules must be posted in plain sight.
8. A maintenance program should be in effect for the go-karts.
9. No racing is permitted.
10. A minimum of two (2) counselors on track during any go-karting.
11. All obstacles within 25 feet of track (in or out) must be removed or padded.
12. No bumping or reckless driving.

Applicant's Signature

Date (MM/DD/YYYY)

Applicant's Name (print)



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TRAMPOLINE QUESTIONNAIRE

Named 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

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



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: _____

Provide copy of contract with 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. 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

9. Describe firefighting equipment on site of event: _____

10. If no firefighting equipment on site, give distance to nearest fire station: _____

Fire protection is: ☐ Volunteer ☐ Paid

11. 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: _____

12. Have you displayed fireworks before? ☐ Yes ☐ No

If yes, describe any claims/losses that have occurred and the amount of loss: _____

13. 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

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: _____
2. Name of Alcoholic Beverage Licensee: _____
3. Alcoholic Beverage License Number: _____ Class of License: _____
4. Is coverage for a specific event? ☐ Yes ☐ No
5. Opening and closing hours of event(s) (for each event): _____

NOTE: Alcohol sales must cease a minimum of 1/2 hour before event closing

6. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ☐ Yes ☐ No
If yes, please explain: _____
7. Has applicant incurred claims for liquor liability during the last three years? ☐ Yes ☐ No
If yes, please explain: _____
8. Has any insurer cancelled or non-renewed coverage during the last three years? ☐ Yes ☐ No
If yes, please explain: _____
9. Type of alcoholic beverages sold: _____
10. Annual Gross Sales:

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

11. Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No
12. Do you maintain security personnel at event entry check points? ☐ Yes ☐ No
Do they exercise the right of search and seizure of contraband items? ☐ Yes ☐ No
13. Are the alcohol sales and consumption contained by fencing within one fixed site? ☐ Yes ☐ No
14. Name the formal awareness training program that the servers receive (e.g. TIPs, TAMs, TABC): _____

15. At what point of sale are I.D.'s checked? _____
16. Are rules and regulations clearly displayed for patrons' viewing? ☐ Yes ☐ No
17. Is there any type of designated driver program in effect? ☐ Yes ☐ No
18. Is there any other Liquor Liability coverage being provided? ☐ Yes ☐ No
If yes, explain and attach a copy of the certificate of insurance: _____

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

Date



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PAINTBALL FIELD COURSE SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Named Insured as it is to appear on policy: _____

How long have you been involved with Paintball Operations: _____

Experience of management and staff: _____

PHYSICAL DESCRIPTION OF PREMISES

1. Number of Playing Fields: Indoor _____ Outdoor _____

2. Total area: Square feet _____ Acres _____

3. Outdoor fields: Natural _____ Manmade _____

4. Description of fields (including terrain, fencing, obstacles etc.) _____

5. Describe any fox holes, rivers, structures, man made props or physical hazards: _____

6. Do you provide transportation to the fields? ☐ Yes ☐ No

7. Do employees operate vehicles? ☐ Yes ☐ No

8. Type of terrain driven on etc. _____

9. How far are fields from the camp? _____

10. Are there adequate safeguards to prevent trespassers from inadvertently crossing a field of play? ☐ Yes ☐ No

If yes, describe: _____

11. Are all field rules posted in conspicuous areas of the premises to ensure players are aware of their limitations?

☐ Yes ☐ No

12. Are safety zones marked with signs indicating "no firing allowed"? ☐ Yes ☐ No

13. How often is the Field inspected for hazardous conditions? _____

14. What are the hours of operation? _____

15. Is the operation seasonal? ☐ Yes ☐ No

If yes, describe: _____

16. Is your facility equipped to allow for night play? ☐ Yes ☐ No
If yes, describe: _____

OPERATIONS

17. Are all players required to use:
- ANSI approved headgear (including protection over eyes, ears and mouth): ☐ Yes ☐ No
- Barrel safety plugs or sleeves: ☐ Yes ☐ No
18. Do they have an orientation meeting prior to the start of each game? ☐ Yes ☐ No
19. Is there an audible signal to end each session to ensure all players disengage their weapons? ☐ Yes ☐ No
20. Are players permitted to bring their own equipment to the game including paintballs? ☐ Yes ☐ No
- If yes, does equipment meet National Paintball minimum standards governing markers, protective equipment and Paintball supplies? ☐ Yes ☐ No
21. What types of weapons are permitted? ☐ Handgun ☐ Rifle style ☐ Pump action ☐ Semi automatic
☐ Other: _____
If Semi automatic, what is the maximum number of balls per second? _____
22. Are all weapons checked with a chronometer and tagged during game registration? ☐ Yes ☐ No
23. What is the maximum velocity allowed (in feet per second)? Indoor _____ Outdoor _____
24. Are maintenance schedules kept for all equipment? ☐ Yes ☐ No
25. Are players permitted to set up their own fill stations? ☐ Yes ☐ No
26. Do you have a refill station at each field? ☐ Yes ☐ No
27. Amount of CO2 on site? _____
28. Does an employee or staff member operate the fill station? ☐ Yes ☐ No
If yes, are they certified? ☐ Yes ☐ No
If yes, by whom? _____
29. Number of players permitted on each field: _____
30. Are all players required to wear adequate playing gear/attire? ☐ Yes ☐ No
31. Minimum age requirement: _____
32. Are "spectators" permitted on the field during play? ☐ Yes ☐ No
33. Is there an area for "spectators"? ☐ Yes ☐ No
If yes, describe location and protection. _____

34. Are referees instructed to stop play in the event of unsafe activities/participant injury? ☐ Yes ☐ No
35. What are the steps taken in the event a camper/participant violates one or more of the safety regulations? _____

MANAGEMENT

36. Is each player required to sign a Waiver of Liability containing a Hold Harmless Agreement? ☐ Yes ☐ No

37. How long are the files maintained? _____

MISCELLANEOUS

38. Do you operate any concessions from the premises? ☐ Yes ☐ No

If yes, describe: _____

39. Do you have a field store or sell paintball supplies/equipment? ☐ Yes ☐ No

If yes please detail the type of equipment sold: _____

40. Do you sell used, reconditioned or pre-owned equipment? ☐ Yes ☐ No

41. Are all sales on an as-is basis? ☐ Yes ☐ No

SUMMARY OF REQUESTED ITEMS

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

☐ Attach a copy of the Waiver with Hold Harmless including a copy of the List of Rules provided to each player.

☐ Please complete the attached Field Diagram Supplement.

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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www.kandkinsurance.com
CA# 0334819

PAINTBALL FIELD DIAGRAM SUPPLEMENT

In order to submit your application for coverage a diagram of your paintball field is required.

Here is a list of items and features to include:

1. Play area: Outline the field(s) of play indicating whether they are woods fields, speedball, etc.
2. Other structures: This may include pro-shops, concession stands, storage sheds, etc.
3. NETTING: Please indicate clearly all areas where netting is being used. Also show the distance from all areas of play to roads, other buildings, and important landmarks.
4. Parking areas, registration area, staging area, chronograph area, and spectator areas.

A large, empty rectangular box with a thin black border, intended for the user to draw a diagram of their paintball field.

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

GENERAL STATEMENT

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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

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.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

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

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

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.

APPLICABLE IN WASHINGTON

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.

FRAUD APPS (2010/07)

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)