



Hibbs-Hallmark & Company

P.O. Box 8357

Tyler, TX 75711

800.765.6767 • 903.581.5988 fax

**AERIAL ADVENTURE PARK, ZIPLINE TOURS & CHALLENGE COURSE
GENERAL INFORMATION SECTION
APPLICATION FOR INSURANCE**

NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."

Name Insured as it is to appear on the policy: _____

Doing Business as: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Fax number: _____ Email: _____

Legal Status: Individual Partnership Corporation Joint Venture For-profit Non-profit LLC Other

Address of actual operation if different from above:

City: _____ State: _____ Zip: _____

Name of Owner or Insurance Contact: _____ Website: _____

Federal Tax ID Number: _____

LIMITS REQUESTED:

General Liability: \$1,000,000 Per Occurrence

Excess/Umbrella Limits: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other _____

Have all prior claims, potential claims and suits been reported to your former carrier? _____

Current insurance company: _____ Expiration Date: _____ Liability Premium: _____

Number of years in business at this location: _____ years? Total experience in this type of business _____ years?

Proposed Policy Period: _____

Have you ever had similar insurance cancelled or non-renewed? Yes No If yes, please explain: _____

Membership Status with the Trade Organization:

Associate/Institutional Member of ACCT Yes No

Member of P.R.C.A. Yes No

Are you a member of any other associations? _____

Which category best describes your business (check all that apply):

Outdoor Adventure-Based Programs Yes No Aerial Adventure Park Operations Yes No

Zipline/Canopy Tour Operations Yes No Challenge Course/Ropes Course Yes No

- 1) Participant demographics: Youth (under 18) Adult (age 18+)
- 2) Do you require all individual participants to sign a waiver? Yes No Initial _____
 If no, why not? _____
- 3) Who signs waivers on behalf of participants under the age of 18? _____
- 4) Describe how you maintain the waiver in your records? _____

- 5) Was waiver and release form created and/or reviewed by an attorney familiar with local laws? Yes No
- 6) Number of staff: full-time _____ full-time/seasonal: _____ part-time: _____ contract: _____
- 7) Who provides your facilitator training? _____
- 8) Do you maintain a log of your guides' training? _____ If so, how long do you maintain records? _____
- 9) Do you have a written emergency evacuation plan? _____ Do you practice? _____
- 10) Do you have a policy and procedures manual for all employees? _____ Do you have an Employee Handbook? _____
- 11) Do you conduct criminal background checks on staff? Yes No
- 12) Is there residential living on the premise? Yes No If yes, is there an insurance policy in place to cover it? Yes No
- 13) Are any domesticated animals allowed on the premises? Yes No If yes, what type of animal? _____
- 14) How do you secure the course from unauthorized access? _____

Names & full addresses of locations used that will be covered under this policy:

Name: _____ Address: _____ City: _____ State: _____ Zip: _____
 Name: _____ Address: _____ City: _____ State: _____ Zip: _____
 Name: _____ Address: _____ City: _____ State: _____ Zip: _____

- 15) Annual Gross Receipts past 12 months, all operations: \$ _____
- 16) Anticipated Gross Receipts the next 12 months, all operations: \$ _____
- 17) If change is greater than 10%, please explain: _____

18) Types of services provided (**provide approximate annual revenue and patron count by activity, the past 12 months**):

- challenge/ropes course _____
- aerial adventure park _____
- zipline tours _____
- indoor/classroom work _____
- portable elements _____
- lodging _____ revenue \$ _____
- food service revenue _____
- liquor sales _____
- orienteering _____
- rappelling _____
- bicycle touring _____
- horseback riding _____
- sea kayaking _____
- other _____
- white water canoeing & kayaking _____
- backpacking _____
- rock climbing _____
- multi-pitch climbing _____
- caving _____
- camping _____
- mountain biking _____
- flatwater canoe/kayak _____
- river rafting _____
- sailing _____
- snorkeling _____
- inflatables _____
- remote wilderness travel _____
- other _____

- 19) Apart from the operations mentioned on this application, are there any other operations conducted on the same premises? Yes No
 If yes, what operations: _____

THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THE SIGNED APPLICATION TO BE ACCEPTED:

1. Resumes for key personnel showing ropes training completed.
2. Copy of Staff Training Program, policy and procedures manual, and employee handbook.
3. Copy of course and equipment inspection conducted within the past 12 months by an insured professional firm.
4. Attach list of entities needing certificate of insurance, including additional insureds. (State nature of relationship.)
5. Loss Runs/Claim History from current/prior insurance carriers for the past 5 years (current & prior 4 years).
6. Copy of current waiver/release form used.
7. Copy of current pre-opening course checklist.
8. More information may be required upon request.

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)

Zipline/Canopy Tour Section

Check here if section does not apply

- 1) Do you operate from: owned leased premises? If leased, describe arrangement: _____
- 2) Who designed and built your course(s) or line(s) and in what years? _____
- 3) If you were the designer and/or builder, do you have a third party PVM inspection? _____
- 4) Do you manufacture any of the equipment components? _____
- 5) What standard was course built to? ACCT ANSI/PRCA ASTM
If neither, whose standards were followed? _____
- 6) How many ziplines does the tours consist of and length of longest line? _____
Number of lines: _____ Longest line: _____
- 7) What is the maximum zipline height at your facility? _____ ft Single Line or Double Line Course? _____
- 8) What is the max speed of the fastest zipline? _____ mph
- 9) Have you made any additions to the course since its original construction? Yes No If "YES," list date added, element name, construction vendor name: _____

- 10) Do you have weight limits based on the builder's recommendation? Min _____ Max _____
Do you use a scale for each participant? Yes No
- 11) Do you have the weight limit written into the release form and confirmed with a signature by the patrol/participant? Yes No
- 12) Date of last course inspection by professional firm: Month _____ Year _____ Name of Firm: _____
- 13) How often do you & your staff inspect the course? Monthly Quarterly Annually Bi-annually Other
- 14) Do you maintain a written log documenting inspections of Lines? Yes No And all related equipment? Yes No
- 15) Have you made the recommended improvements on the course since the last professional inspection? Yes No
If "no," explain? _____
- 16) What sort of braking system does your tour use? Primary _____ Secondary _____
- 17) Do you have padding on your platforms or trees/poles? Yes No
- 18) Are all participants required to wear a helmet? Yes No
- 19) What type of harnesses do you use? Full body _____ Seat _____
- 20) Are the zipline cables replaced per the manufacturer's usage recommendations? Yes No
- 21) Are participants harnessed prior to advancing to the top of the zipline platforms? Yes No
- 22) Do you provide any services after dark, including but not limited to, night ziplining and overnight camping functions? If yes, please describe: _____
- 23) Do you provide transportation to/from your course? Yes No If yes, there is no coverage under this policy, please discuss with your insurance professional _____
- 24) What sort of vehicles are used? _____
- 25) Do you allow other organizations to use or rent your facilities? Yes No
- 26) Do you provide supervision when others rent your facilities? Yes No
- 27) What is the nature of the supervision? _____
- 28) Total Gross Receipts from Course Rental \$ _____
- 29) When others rent your facility, do you require certificates of insurance naming you as additional insured? Yes No
- 30) Do you use a hold harmless agreement with the contracting entity? Yes No

AERIAL ADVENTURE PARKS

Check here if section does not apply

- 1) Do you: Own Lease Premises? If lease, describe arrangement: _____
- 2) Who designed and built your course(s) or line(s) and in what years? _____
- 3) If you were the designer and/or builder, do you have a third party PVM inspection? _____
- 4) Do you manufacture any of the equipment components? _____
- 5) When was it built? _____ To what standard? _____
- 6) Have you made any additions to the course since its original construction? Yes No
If yes, list date added, element name, construction vendor name: _____

- 7) Date of last course inspection by professional firm _____
Name of firm _____
- 8) How often do you and your staff inspect the course? _____
- 9) Do you maintain a log documenting inspections for course elements and all related equipment? Yes No
- 10) Have you made the recommended improvements on the course since the last professional inspection? Yes No
If no, why not? _____
- 11) Do you allow other organizations to use or rent your facilities? Yes No
- 12) Apart from the operations mentioned on this application, are there any other operations conducted on the same premises? Yes No
- 13) If yes, what are gross receipts, describe additional operations _____
- 14) What is your staff to participant ratio? _____
- 15) Please provide a list of training completed in the last 12 months by the Aerial Park Manager: _____
Name of professional firm who provides your facilitator training? _____
- 16) How often do you have training done? _____
- 17) Does your course have a supervised practice area? Yes No
- 18) Do your participants have to demonstrate proficiency before moving to areas of the course with less supervision? Yes No
- 19) How many elements does your park have? _____
- 20) How many zip lines does your park have? _____
- 21) What is the height of your elements? _____
- 22) What is the maximum number of elements a participant must complete before they have an opportunity to exit the course? _____
- 23) Describe your continuous belay system: _____
- 24) Are participants notified of difficulty levels at each area of your course? Yes No
- 25) What is the approximate time a participant will take to complete your course? _____
- 26) Describe how participants ascend and descend your elements: _____

- 27) What type of harnesses do you use? Full body _____ Seat _____

Challenge Course Section
Check here if section does not apply

- 1) Do you: Own Lease Premises? If lease, describe arrangement: _____
- 2) If you lease multiple courses throughout the year, what is your course selection criteria? _____

- If yes, do you ask to review a current inspections report? _____
- 3) Who originally built your course? _____
- 4) When was it built? What standard was it built to? _____
- 5) Have you made any additions to the course since its original construction? _____
 If yes, list date added, element name, construction vendor name: _____
- 6) Date of course inspection by professional firm _____
 Name of firm _____
- 7) Do you have your course inspected annually by a professional firm? Yes No
- 8) How often do you and your staff inspect the course _____
- 9) Do you maintain a log documenting inspections for course elements and all related equipment? Yes No
- 10) Have you made the recommended improvements on the course since the last professional inspection? Yes No
 If no, why not? _____
- 11) What is your staff to participant ratio? _____
- 12) Do you allow other organizations to use or rent your facilities? Yes No If no, Skip 13-16
 If yes, explain: _____
- 13) Do you provide supervision when others rent your facilities? Yes No
- 14) What is the nature of the supervision? _____
- 15) Total Gross Receipts from Course Rental \$ _____
- 16) When others rent your facility, do you require certificates of insurance naming you as additional insured? 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 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 (2021/09)

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)



PUBLIC TRANSPORTATION QUESTIONNAIRE

(To be completed to provide coverage
under the Commercial Auto Policy)

The following information must be provided to properly underwrite any vehicle used to transport passengers:

1. What is the exact use of the vehicle? _____

2. Who will operate the vehicle? _____
Please provide copies of current motor vehicle reports or the information needed to obtain them (i.e., each driver's full name, birthdate and driver's license number).

3. What criteria is used in the hiring of drivers? (Explain) _____

4. Is a fleet safety program in place? If so, please describe _____

5. Are vehicles ever loaned or given to employees for their use? Yes No

6. Is the vehicle equipped with seat belts for passengers? Yes No Drivers Yes No

7. What is/are the type(s) of vehicle(s) used? (i.e., shuttle, bus, van)

Capacity of vehicle(s)	8 or less	9-20	21-60	60 or more
Total number leased	# _____	# _____	# _____	# _____
Total number owned	# _____	# _____	# _____	# _____
Average days per week used	# _____	# _____	# _____	# _____
Radius of operation:	<input type="checkbox"/> less than 50 miles (local) <input type="checkbox"/> 51-200 miles <input type="checkbox"/> 60 or more			

8. What is the average term of lease? _____

9. Cost of Hire for Season _____

10. Is the leasing or rental company providing the primary insurance for the vehicle? Yes No
If yes, please attach a certificate of insurance.

11. What percentage of driving takes place on: Paved/Main Roads ___% Dirt/Gravel Roads ___% Steep/Winding Grades ___%

12. Who is responsible for maintenance of vehicles? _____

13. Do you maintain a maintenance schedule and daily pre-use inspection log? Yes No
If yes, please provide a sample copy.

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

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)



Hibbs-Hallmark & Company

P.O. Box 8357
Tyler, TX 75711
800.765.6767 • 903.581.5988 fax

WORKERS' COMPENSATION INSURANCE APPLICATION

AGENCY NAME AND ADDRESS		APPLICANT NAME:			
Hibbs-Hallmark & Company 501 Shelley Drive Tyler, TX 75701		CONTACT PERSON:			
		PHONE:		YRS IN BUSINESS:	
		MAILING ADDRESS (including ZIP +4 or Canadian Postal Code)			
PRODUCER NAME: Robert Monaghan					
CS REPRESENTATIVE:					
OFFICE PHONE: 903.561.8484		E-MAIL ADDRESS:			
FAX: 903.581.5988		<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC	<input type="checkbox"/> TRUST
CODE:	SUB CODE:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER
AGENCY CUSTOMER ID:		WEBSITE:		ID NUMBER:	
PROPOSED EFFECTIVE DATE:		FEDERAL EMPLOYER ID NUMBER	NCCI RISK ID NUMBER	OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	

LOCATIONS

LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE

RATING INFORMATION

LOC #	CLASS CODE	CATEGORY, DUTIES, CLASSIFICATIONS	ANNUAL PAYROLL	# EMPLOYEES	
				FT	PT
	9180	Amusement Park – Amusement Device Operator			
	9016	Amusement Park – All Others			
	8810	Clerical (Office Employees Only)			
	8809	Executive Officers			
	8742	Outside Sales			
	8817	Store Retail			

POLICY INFORMATION								
PART 1 WORKERS COMPENSATION (STATES)	PART 2 EMPLOYER'S LIABILITY		PART 3 OTHER STATES INS	DEDUCTIBLES	AMOUNT %	OTHER	COVERAGES	MANAGED CARE OPTION
	\$	EACH ACCIDENT		<input type="checkbox"/> MEDICAL		<input type="checkbox"/>	USL&H	<input type="checkbox"/>
	\$	DISEASE POLICY LIMIT		<input type="checkbox"/> INDEMNITY		<input type="checkbox"/>	VOLUNTARY COMP	
	\$	DISEASE EACH EMPLOYEE				<input type="checkbox"/>	FOREIGN COV	
OWNERS, PARTNERS, OFFICERS, RELATIVES – To be Included or Excluded from Coverage								
STATE	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNERSHIP %	DUTIES	ANNUAL PAYROLL	INCL/EXCL	
CONTACT INFORMATION								
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	EMAIL				
INSPECTION								
ACCTNG RECORD								
CLAIMS INFO								
GENERAL INFORMATION								
						YES	NO	
1	DO YOU OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?					<input type="checkbox"/>	<input type="checkbox"/>	
2	DO YOU LEASE YOUR EMPLOYEES OR USE LEASED EMPLOYEES?					<input type="checkbox"/>	<input type="checkbox"/>	
3	DO YOU SUB-CONTRACT ANY WORK WITHOUT CERTIFICATES OF INSURANCE?					<input type="checkbox"/>	<input type="checkbox"/>	
4	DOES ANY LOCATION HAVE MORE THAN 100 EMPLOYEES?					<input type="checkbox"/>	<input type="checkbox"/>	
5	IS THERE ANY GROUP TRANSPORTATION PROVIDED?					<input type="checkbox"/>	<input type="checkbox"/>	
6	DURING THE PAST 4 YEARS, HAS YOUR LOSS RATIO EXCEEDED 40%?					<input type="checkbox"/>	<input type="checkbox"/>	
7	DO YOU HAVE LESS THAN 2 FULL TIME EMPLOYEES, OTHER THAN FAMILY MEMBERS?					<input type="checkbox"/>	<input type="checkbox"/>	
8	DO YOU USE SUB-CONTRACTED LABOR OR LABOR IDENTIFIED AS INDEPENDENT CONTRACTORS?					<input type="checkbox"/>	<input type="checkbox"/>	
9	DO YOU HAVE MORE THAN 25% OF YOUR PAYROLL IN CLERICAL?					<input type="checkbox"/>	<input type="checkbox"/>	
10	DO YOU OPERATE IN MORE THAN ONE STATE?					<input type="checkbox"/>	<input type="checkbox"/>	
11	ARE YOU ENGAGED IN ANY OTHER TYPE OF BUSINESS?					<input type="checkbox"/>	<input type="checkbox"/>	
12	ARE ANY OF YOUR EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?					<input type="checkbox"/>	<input type="checkbox"/>	
13	ANY EMPLOYEES WITH PHYSICAL HANDICAPS?					<input type="checkbox"/>	<input type="checkbox"/>	
14	DO EMPLOYEES TRAVEL OUT OF STATE?					<input type="checkbox"/>	<input type="checkbox"/>	
15	DO YOU HAVE ANY EXPOSURE TO USL&H OR OTHER FEDERAL ACT?					<input type="checkbox"/>	<input type="checkbox"/>	
16	ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?					<input type="checkbox"/>	<input type="checkbox"/>	
17	DO YOU HAVE ANY OTHER INSURANCE WITH THIS INSURANCE COMPANY?					<input type="checkbox"/>	<input type="checkbox"/>	
18	HAVE YOU HAD ANY PRIOR WORKERS' COMPENSATION INSURANCE COVERAGE DECLINED/CANCELLED/NON-RENEWED IN THE LAST 3 YEARS?					<input type="checkbox"/>	<input type="checkbox"/>	
19	ARE EMPLOYEE HEALTH PLANS PROVIDED?					<input type="checkbox"/>	<input type="checkbox"/>	
20	IS THERE A LABOR EXCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?					<input type="checkbox"/>	<input type="checkbox"/>	

21	DO ANY EMPLOYEES PREDOMINANTLY WORK FROM HOME?	<input type="checkbox"/>	<input type="checkbox"/>
22	ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
23	ANY UNDISPUTED AND UNPAID WORKERS' COMPENSATION PREMIUMS DUE FROM YOU OR ANY COMMONLY MANAGED/OWNED ENTERPRISE?	<input type="checkbox"/>	<input type="checkbox"/>
24	HAVE YOU BEEN IN BUSINESS FOR LESS THAN 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
25	HAVE YOU MAINTAINED WORKERS' COMPENSATION INSURANCE AT ALL TIMES?	<input type="checkbox"/>	<input type="checkbox"/>
26	HAVE YOU EVER BEEN SITED BY OSHA?	<input type="checkbox"/>	<input type="checkbox"/>
27	DO YOU HAVE WRITTEN EMPLOYMENT POLICIES, PROCEDURES, GUIDELINES OR PRACTICES REGARDING WORKPLACE SAFETY?	<input type="checkbox"/>	<input type="checkbox"/>
28	DO YOU USE VOLUNTEER LABOR?	<input type="checkbox"/>	<input type="checkbox"/>
29	DO YOU PROVIDE EMPLOYEE ORIENTATION AND/OR TRAINING ANNUALLY?	<input type="checkbox"/>	<input type="checkbox"/>
30	PRIOR WORKERS' COMPENSATION CARRIER _____		
31	CURRENT EXPERIENCE MODIFIER _____		
32	DO YOU HAVE EMPLOYEE APPRECIATION DAYS WHERE EMPLOYEES ARE FREE TO PARTICIPATE IN THE ATTRACTION?	<input type="checkbox"/>	<input type="checkbox"/>
	IF YES, ARE WAIVERS SIGNED BY THE EMPLOYEE?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ALL "YES" RESPONSES			
<p>APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION OT ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.</p>			
<p>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, FL, HI, MA, NE, OH, OK, OR, TN OR VT; in DC, LA, ME, VA, and WA, insurance benefits may also be denied).</p>			
APPLICANT'S SIGNATURE (Must be Officer, Owner, or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

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 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 Safety lifting program? Yes No

Personal protective safety equipment provided? Yes No

Equipment safeguards utilized? Yes No Equipment inspection/maintenance program? Yes No

If yes, describe: _____

Hazardous materials formal safety protocol? Yes No Accident investigation program? Yes No

Are supervisors held accountable for injuries? Yes No

Management Does the insured have a return to work program? Yes No With full pay? Yes No

Written Informal Modified duty offered to injured employees? Yes No

Is the insured willing to implement safety recommendations made by the carrier? Yes No

Is the insured willing to implement loss control recommendations made by the carrier? Yes No

Premises Regular inspections for housekeeping hazards and condition of equipment performed? Yes No

If so, how often and by whom? _____

Do employees perform maintenance and custodial work at your facilities? Yes No

If yes, are the employees responsible for housecleaning, laundry, cooking, or yard work/landscaping? Yes No

If yes, do employees maintain the exterior? Yes No

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



Hibbs-Hallmark & Company

P.O. Box 8357
Tyler, TX 75711
800.765.6767 • 903.581.5988 fax

PROPERTY INSURANCE APPLICATION

COMPLETE ONE PER LOCATION

Insured Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Number of years in business: _____ Website: _____

Email: _____ Work: _____ Cell: _____ Fax: _____

Entity: Individual Partnership Corporation Joint Venture For-profit Non-profit LLC

Physical location, if different from above:

Address: _____

City: _____ State: _____ Zip: _____

Distance from fire station: _____ Miles Distance from fire hydrant: _____ Feet

Is the building sprinklered (fire suppression system)? Yes No If yes, what percentage? _____ %

Do you have an alarm? Yes No If yes, what type? Local Gong Central Station Fire and/or Burglar

Requested effective date: _____

Lien Holders/Additional Insureds

Name of Lien Holder/Additional Insured	Address	Relationship

Property Schedule

Loc #	Bldg #	Description (including name, address, & occupancy)	Year Built	Stories	Construction	Update yr. (bldg. yr built prior to 1993)	Sq Ft	Bldg Limit (B) or Contents Limit (BPP)
1	1	Example: Office	2005	2	Frame		2600	(B) 400,000 (BPP) 20,000

Types of Construction:

(F) Frame, (JM) Joisted Masonry, (NC) Non-Combustible, (MNC) Masonry Non-Combustible,
(MFR) Modified Fire Resistive, (FR) Fire Resistive

Current Insurance Carrier: _____ Number of yrs. insured: _____

Expiring Premium: _____ Have you had any claims in the past 5 years? Yes No

Date of Claim	Description	Amount of Loss

Course Property and Equipment to be insured:

Course type: Canopy Tour Zip Line Tour Aerial Adventure Course Other _____

How is the course supported: Trees (# of support trees ____) Utility Poles/Towers Other _____

If supported by trees: In the event of a loss could a utility pole replace a tree: Yes No

If "No" please describe the reason: _____

Course Value:

What does the course value include (check all that apply):

Anchors/cables Trees/poles Architectural & Design Fees Cost of construction Other: _____

Description	Serial #	Value: <input type="checkbox"/> RC or <input type="checkbox"/> ACV
<i>Example: Safety Equipment</i>		<i>\$150,000</i>
<i>Example: Tools</i>		<i>\$15,000</i>
<i>Example: Golf Cart, ATV</i>		<i>\$7,500</i>

Need Business Interruption Coverage? If so, what limit? _____

Need Coverage for Lease or Rented Equipment? If so, please provide schedule of items or highest valued piece of equipment you would rent?

_____ and annual expenditure \$ _____

Note: Scheduled property can include your canopy tour (platforms, guy cables, hardware, brakes), building, contents, climbing tower, equipment, office equipment, mules, power tools, heavy equipment, etc. However, trees are NOT automatically covered property, unless included.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

(Application must be signed by Insured)

PARTICIPANT ACCIDENT INSURANCE REQUEST FOR COVERAGE

Coverage may vary by state and is not available in NY or NH.

Policyholder Name _____ Proposed Effective Date _____
 Street Address _____ City _____ State _____ Zip _____

ELIGIBILITY

CLASS 1: All registered participants of the Policyholder.

BENEFIT PLANS

PLAN			
Accident Medical Expense	\$5,000	\$10,000	\$25,000
Loss Period	90 days	90 days	90 days
Benefit Period	52 weeks	52 weeks	52 weeks
Deductible	\$250 (corridor)	\$250 (corridor)	\$250 (corridor)
Coinsurance	100%	100%	100%
Terms of Payment	Primary or Excess	Primary or Excess	Primary or Excess
Dental	\$250 per tooth	\$250 per tooth	\$250 per tooth
Accidental Death & Dismemberment	\$10,000 Principal Sum	\$10,000 Principal Sum	\$10,000 Principal Sum
Policy Aggregate	\$250,000	\$250,000	\$250,000
Time Period for Loss	365 days	365 days	365 days

PREVIOUS INSURANCE *(Rates may vary from this brochure based on prior claim history)*

If an accident insurance program has been in force for your organization, please give full details for the past three years:

Policy Year: _____
 Total Premium: \$ _____ \$ _____ \$ _____
 Total Paid Claims: \$ _____ \$ _____ \$ _____
 Number of Claims: _____
 Name(s) of Previous Carrier(s): _____

RATES

ANNUAL REVENUE (UP TO)	\$5,000 AME		\$10,000 AME		\$25,000 AME	
	EXCESS	PRIMARY	EXCESS	PRIMARY	EXCESS	PRIMARY
Up to \$100,000	\$350	\$500	\$400	\$550	\$425	\$575
\$200,000	\$350	\$500	\$400	\$550	\$425	\$575
\$300,000	\$350	\$500	\$400	\$550	\$425	\$575
\$400,000	\$400	\$550	\$450	\$600	\$500	\$625
\$500,000	\$400	\$550	\$450	\$600	\$500	\$625
\$600,000	\$450	\$600	\$525	\$675	\$600	\$775
\$750,000	\$500	\$650	\$575	\$725	\$675	\$850
\$3,000,000	\$995	\$1,255	\$1,350	\$1,675	\$1,580	\$1,850
Over \$3,000,000	\$1,395	\$1,755	\$1,880	\$2,360	\$2,225	\$2,850

ANNUAL REVENUE: \$ _____
COVERAGE TYPE: Excess Primary
COVERAGE AMOUNT: \$5,000 AME \$10,000 AME \$25,000 AME

TOTAL PREMIUM DUE (for the benefits shown above) \$ _____

The Premium Due is fully earned and nonrefundable on the effective date of coverage. All sections must be completed in full in order for policy to be issued.

DECLARATION AND UNDERSTANDING

We hereby request coverage from Berkley Accident and Health for a Participant Accident Insurance Policy. We understand that insurance will be in force as of the effective date indicated in the issued policy, if this request is accepted and the required premium is received by the insurer.

We declare that all information provided above and in any attachments hereto is true and correct and understand that such information is material to insurer's decision to provide this insurance, and that any insurance will be provided at the insurer's sole discretion, in reliance upon the truth of such information.

We understand that coverage under the policy does not constitute comprehensive health insurance or major medical insurance coverage. It therefore does not, nor is it intended to, satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.

We understand that coverage does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the insurer from offering or providing insurance.

Note: Business can only be bound, and commission payable, if you and your agency are properly licensed and appointed, by the applicable underwriting company of Berkley A&H, where required.

IMPORTANT NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Fraud language varies by state. For state specific fraud warning language, please see next page.)

Policyholder Name

Printed Name of Producer Authorized to Contract for Policyholder

Signature of Producer Authorized to Contract for Policyholder

Date Signed

Insurance coverage offered by Berkley Accident and Health is underwritten by Berkley Life and Health Insurance Company and/or StarNet Insurance Company, both member companies of W. R. Berkley Corporation and both rated A+ (Superior) by A.M. Best.
VISIT OUR WEBSITES – Company Website: www.BerkleyAH.com • Corporate Website: www.Berkley.com

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