



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: _____

SEXUAL ABUSE/MOLESTATION QUESTIONNAIRE

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

Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper or member reports someone molested him/her? ☐ Yes ☐ No

Do you have a plan of supervision that monitors staff in day to day living relationships with campers? ☐ 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 yes, please attach copy

If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? ☐ Yes ☐ No

Does your state permit you to do criminal background investigations on staff members? ☐ Yes ☐ No

a) If yes, do you request and receive such background investigations on all staff members? ☐ Yes ☐ No

b) If yes, who provides service? _____

Have you ever had an incident which resulted in an allegation of sexual abuse at your camp? ☐ Yes ☐ No

a) Was a claim made against your camp? ☐ Yes ☐ No

If yes, please provide details of the claim/incident: _____

b) How much money was paid as damages to the victim? _____

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

If you have volunteers, are the answers to the questions above the same? ☐ Yes

☐ Not applicable, we have no volunteers.

☐ No, please explain: _____

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

MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO HIBBS-HALLMARK & COMPANY, INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant Name: _____

FRAUD WARNING

Applicable in AL

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

Applicable in AR, LA, MD, 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 DC

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 FL

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 KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in ME, TN 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 NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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 NY

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.

Applicable in OH

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

Applicable in OK

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 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.

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 the law.

Applicable in VA

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 benefits.

I understand that Hibbs-Hallmark, & Company (HHC), for the insurance 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 that 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 HHC as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or HHC as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRINT NAME

DATE (MM/DD/YY)

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

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

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)



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 CRIMINIAL 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



Participant Accident Insurance Request for Proposal

Submission Date:

Quote Due Date:

Requested Effective Date:

Requested Commission:

Prospective Policyholder Information

Name:

Address:

City:

State:

Zip Code:

Telephone Number:

Web Address:

Term of Coverage requested: ☐ Annual ☐ Short Term (specify)

Description of Participants and Activities

Type of Group

☐ Camp/Clinic ☐ Volunteer Group ☐ Non-Profit Organization ☐ Day Care ☐ Common Carrier

☐ Recreational Organization ☐ Civic/ Fraternal Organization ☐ Association ☐ Religious Organization

☐ Other

Description of Covered Activities (please describe in detail):

Number of Active Days: (Example: # of events, meetings)

Description of Participants:

Number of Participants: 12 & Under 13-15 years 16-18 years 19& above

Maximum age:

Benefits Schedule and Principal Sum Amounts

☐ Accidental Death & Dismemberment* ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$25,000 Other

* Death or dismemberment loss must occur within 365 days of the accident

☐ Paralysis*

☐ Coma*

* The Paralysis and Coma principal sum amounts will be the same as the Accidental Death & Dismemberment principal sum selected

☐ Accident Medical Expense

Benefit Maximum ☐ \$10,000 ☐ \$15,000 ☐ \$25,000 ☐ Other

Benefit Type ☐ Full Excess ☐ \$100 Primary Excess ☐ Primary

Deductible ☐ Corridor ☐ Vanishing (Integrated)

☐ \$0 ☐ \$100 ☐ \$250 ☐ \$500 ☐ Other

Benefit Period ☐ 52 weeks ☐ 104 weeks

First Expense must be incurred within: ☐ 30 ☐ 60 ☐ 90 days of the Covered Accident

Additional Requested Benefits

Current Coverage

Insurance company:

Note: Please attach a copy of the expiring policy.

Has the current plan design been the same over the past five (5) years? ☐ Yes ☐ No

If no, please describe the benefit/plan changes from year-to-year in detail:

Premium and Loss History: Please provide the premium and paid loss information for the past five (5) years. Be sure to include the validation date for the paid claim data (Note: The paid loss data should be within 60 days of the Submission Date of this request for proposal) and attach copies of the carrier loss runs that support the paid claims data.

Date through which claims are paid:

Policy Year	Premium	Losses Paid	Deductible Amount	Carrier

Producer Information

Producer Name:

Contact Person:

Agency Legal Name:

Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

Email:

Website:

Note: Business can only be bound, and commission payable, if you and your agency are properly licensed and appointed where required.

Terms of Acknowledgement and Signature: This Request for Proposal (RFP) is not a contract of insurance. No coverage is bound or afforded by this RFP. A proposal will be based on information included on and attached to this RFP. The undersigned hereby certifies that this information accurately represents the facts and that no requested information has been misrepresented, misstated, omitted, or altered. In the event that the undersigned becomes aware of facts that would have a material effect on the proposed coverage, any such facts or information will be immediately reported to the carrier. I understand that if information material to the underwriting of this coverage changes, the carrier reserves the right to pursue, without limitation, an adjustment of premiums or coverage, in accordance with such correct facts or information and any other remedies available through operation of law or at equity.

Electronic Signature:

Title:

Please type your First and Last Name

Date:

I understand that checking this box constitutes a legal signature confirming that I understand and agree to the above Terms of Acknowledgment. **Please do not forget to type your name in the E-Signature section**