

CAMP AND CONFERENCE CENTER INSURANCE APPLICATION

Mailing Address: City:								
City:								
Contact Person:								
Person is: 🗅 Owner	Promoter	🗅 Agent	Other:					
Camp Season Phone:								
Name of Agency/Brok	erage:							
Contact Person:				E-mail:				
Mailing Address:								
City: Phone:				Sta	ate:		Zip:	
Phone:		Camp Web	site:				-	
. Insured is: 🗅 Corpora	ation 🗆 Pa	artnership		ire 🗆 For	Profit			
Number of years in bu	siness:		N	umber of yea	rs under	present management:		
State the location in wh				-				
Policy period requested:								
. Has your coverage ever		d or non ron			10			
has your coverage ever	Deen cancelled		weu? 🖵 res		wity:			
Location of camp: Location of off-premises Is off-premises office lo List all other operations	s office: cated in a com	mercial build	ling or residence?	?				
operations, etc.):								
. Is the camp accredited	by: AC	A: 🛛 Yes	🗅 No 🛛 CO	CCA: 🗅 Yes	🗅 No	Other:		
Are the camp directors a lf yes by whom:	accredited?						🗅 Yes	🗅 No
. Type of camp (Check al	I that apply):							
🗅 Day Camp	🗅 Resident C	Camp 🗆	Travel Camp	🗅 Sports Ca	amp	Special Needs	🗅 Adult	
		-	-	closes:	-			
· ·			mpers per day:					
Date camp opens:	A. Average I					x		
· ·	-							
Date camp opens:	B. Number o		Vear					
Date camp opens:	B. Number oC. Number o	of weeks per	-	x C)		X		
Date camp opens:	B. Number oC. Number oTotal Nur	of weeks per nber of cam	per days (A x B	-	the shear	=	_	
Date camp opens: Camper days:	 B. Number of C. Number of Total Nur If more than 	of weeks per mber of cam n one camp or	per days (A x B more than one lo	cation, please a		= additional sheet of paper	and list each s	separate
Date camp opens:	 B. Number of C. Number of Total Nur If more than designed for the 	of weeks per mber of cam n one camp or nose with phy	per days (A x B more than one lo vsical or mental h	cation, please a andicaps, chal	lenges or	=additional sheet of paper r illnesses? Q Yes Q I	and list each s	separate
Date camp opens: Camper days: Are any camp sessions	 B. Number of C. Number of Total Number of Total Number of Total Number of the If more than designed for the total signed signed for the total signed signe	of weeks per mber of cam n one camp or nose with phy	per days (A x B r more than one lo vsical or mental h	cation, please a andicaps, chal	lenges or	=additional sheet of paper r illnesses? Q Yes Q I	and list each s	separate

Do employees, management, or caretakers, etc. live on premises annually?		🗅 Yes	🗅 No
If yes, whom:	How many units do they occupy?		
If not, explain security/maintenance for premises in the "off-seaso	on":		

Are all buildings at the insured premises owned by the named insured?	🗅 Yes	🗅 No
If no, please specify: Do you have volunteers?	🗅 Yes	
If yes, for what position(s)?		
Are doctors, nurses and/or certified medical personnel on the premises during camp?	🗅 Yes	
If not, explain medical procedures:		
Do all doctors, nurses and/or certified medical personnel/EMTs have their own professional liability insurance		
in force with a minimum \$500,000 limit?	🖵 Yes	🗅 No
Does camp obtain medical permission slips? <i>(If yes, attach copy)</i>		
Does camp require details regarding all prescription medicines being used by campers?	Q Yes	
The nearest hospital or emergency medical facility ismiles away.		
Does camp carry primary accident medical and/or sickness insurance?	🖵 Yes	
f yes, name of insurer? Limit per campe		
Vould you like a quote for excess camper medical insurance?		
Does camp require an acknowledgement of risk/consent form to be signed by each camper and		
their parent(s)/guardian(s) (If yes, attach copy)?	🖵 Yes	
Describe cooking facilities (ie. deepfryers, grills, ovens, etc.):		
Is there an Ansul or similar automatic fire protection system over all cooking surfaces?	🗅 Yes	
If yes, what type and which builings:		
If no, explain:		
	nteer Fire Depa	rtmen
Distance to nearest fire hydrant from the insured premises		
Do all sleeping rooms have smoke detectors? Battery operated Hardwired	🗅 Yes	
Do all sleeping rooms have carbon monoxide detectors?	🖵 Yes	
Are any buildings sprinklered?	🗅 Yes	
If so, which ones:		
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
If yes, are certificates of insurance naming camp as an additional insured required?		
Are limits of \$1,000,000 required?		
If no, explain:		
Are contracts/agreements signed with these entities <i>(If yes, attach sample)</i> ?	🗅 Yes	
Gross receipts from leased periods: \$		
During leased periods, does camp director/management or any other employees remain on the premises?	🗅 Yes	
If yes, please explain:		
Do activities take place during leased period that do not take place during usual camp operations?	🗅 Yes	
If yes, please explain:		
Do you sell or furnish liquor during leased periods?	🗅 Yes	🗅 No
If yes, please complete the Liquor Liability Application.		
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Ratio of counselors to campers during activities:		
Ratio of counselors to campers during non-activity hours:		

nallo or couriserors to campers during non-activity nouis.		
Are campers always attended by counselors?	🗅 Yes	🗅 No
Minimum age of counselors:		
Do you have a Counselor in Training (CIT) or similar program?	🗅 Yes	🗅 No
If yes, what is the minimum age for the program?		
Percentage of counselors who are returning from the previous year?		
Are training classes mandatory for counselors?	🗅 Yes	🗅 No
Describe formal training, certification or previous experience required of counselors:		

14.		ANSPORTATION IIIIIIII			
	Is camp responsible for campers transportation to a	and from camp?		🗅 Yes	🗅 No
	Do you allow any camp employees or volunteers to tra	nsport campers in their personal vehicles?		🖵 Yes	🗅 No
	If yes, please complete the Employee/Volunteer Tra				
		other			
	Annual cost to hire vehicles:				
		he vehicle \$	(Primarv)		
	B. Where the lessor insures the v		(Excess) *		
	*Please be sure to collect a certificate of insu	rance evidencing automobile liability cov	erage and naming camp as	additional	insured.
	Minimum age of drivers who transport campers?				
	Minimum age of drivers not transporting campers?				
	Is a fleet safety program in place?			🗅 Yes	🗅 No
	If yes, please describe:				
	Are vehicles ever loaned or given to employees for			🗅 Yes	🗅 No
	Who is responsible for maintenance of vehicles?			- 100	
	Do you own 15-passenger buses or vans?			🗅 Yes	D No
	If yes, please describe safety procedures, specifica	lly with regard to top loading and/or traile	er pulling:		
15.		III ACTIVITIES IIIIIIIIIII			
	Are any of the following activities provid)?	
	<u>s activity</u> <u>yes a</u>		YES ACTIVITY		
	1 8	arts (Go-Kart Operations Minimum Underwriting	Skateboarding ramps/jumps		
		elines required)	Skin or scuba diving (Supple)		
		ides (Supplemental required)	Snow tubing/Sledding (Suppl		iired)
		table elements, #	Trampolines, #	_	
		ping pad/pillow (Supplemental required)	(Supplemental required)		
		ntain boarding	Bungee trampolines, #		
		tball (Supplemental required)	Tubing		
	Circus activities Pett Cross southy skiing		 Water skiing Waterslides over 15' in heigi 	ht #	
	Cross country skiing Parming Rap Rap	ranges, #	 Whitewater canoeing/kayaki 		
		c climbing/climbing wall	□ Zip lines, #	ny/raruny	
	Field sports	e courses	• Other		
		dle animals	□ Other		
	Does camp have a safety plan for all activities chec			🗅 Yes	🗅 No
	Does camp contract with others for program servic	es for any of these activities?		🗅 Yes	🗅 No
	If yes, please explain:				
	Are certificates of insurance provided (If yes, attac	h sample)?		🗅 Yes	🗅 No
	Are any contracts signed with these groups (If yes,	attach copies)?		🗅 Yes	🗅 No
	Do any activities take place off the camp premises')		🗅 Yes	🗅 No
	If yes, please explain, including explanation of trans	sportion:			
	If shooting/riflery is provided, are NRA standards m	et?	D N/A	🗅 Yes	🗅 No
16.	. INFLATABLE ELEMENTS 🗅 N/A (ie: moonbound	e, water trampoline, iceberg, blob, soft p	lay courses/wibits, etc)		
	Type of inflatable (official name):				
	Average number of participants/campers for each i	nflatable:			
	Age group for each inflatable: Are inflatables:				
	Are inflatables: • Owned • Lea	sed/Rented			
	Are inflatables:	□ Taken off premises □ Both			
	Are all employees/lifeguards trained in the operatio			🗅 Yes	🖵 No
	Are rules posted for all users?			Yes	
	How will the unit(s) be protected from unauthorized	use?			
	Are there any requirements to enter the inflatable?				
	Are there any restrictions in place for inclement we		🗆 Yes 🗔 No		
	If yes, please explain:				
	Confirm that NO inflatable will be set up outdoors, i	f wind qusts exceed 20 mph on the day	of operation?	🗅 Yes	
		while guoto oxoood 20 mph on the day		- 103	
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17	. SPECIFIC TO WATER BASED INFLATABLE ELEMENTS ONLY 🛄 N/A		
	Are the element(s) maintained at all times (when in use) in at least 6' of water?	🖵 Yes	🗅 No
	Are the element(s) supervised at a ratio of at least 1 lifeguard to 4 patrons?	🖵 Yes	🗅 No
	Will diving off any of the element(s) be permitted?	🗅 Yes	🖵 No
	Are lifejackets required?	🗅 Yes	🖵 No
	Are the units permanently anchored in the lake/body of water?	🗅 Yes	🖵 No
	Will any element(s) be pulled by a motorboat?	🗅 Yes	🗅 No
	Softplay/Wibits — required photos of each element (include with submission) and describe each element:		
18	. 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
	Are limits of \$1,000,000 required? If no, explain:	🗅 Yes	D No
		Yes Yes	No No

	If yes, please explain:
	Are instructors CHA certified?
	Are all saddle animals vaccinated?
19	. Petting ZOO 🗔 N/A
	What kind of animals?
	Are all animals properly vaccinated?

Are all animals properly vaccinated? Is there a hand washing station? If no, explain:	□ Yes □ Yes	
20. WATERSLIDE (over 15 feet in height)	Number of waterslides:	

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:	

21. IF CAMP 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

IF CAMP 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:			

C Yes

□ Yes □ No

🗅 No

Are there other bodies of water on premises *(not just those normally utilized)* and are there depth markings, signage, barriers, and/or general supervision utilized to prevent unauthorized use?

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?

	UBING, RAFTING, CANOEING, KAYAKING, SAILING OR BOATING IN/A your camp provides any of the following activities, please list the <u>NUMBER</u> of boats in each category below:			
	Canoes, rowboats, kayaks, paddleboats, SUPs	Motorboats under 76 HP Motorboats over 76 HP		
	Sailboats Personal Watercraft	Ann ann haata ann 041 in lan ath0		
	(e.g. Jet Skis, Waverunners, etc.)	Are any boats over 21° in length?		
	Explain uses for powered boats and personal watercraft:			
	Are lifejackets, etc. required to be worn by each participant during all w	ater activities?	🗆 Yes	🗅 No
	Are campers always accompanied by qualified counselors?		🗅 Yes	
	Are campers ever permitted to operate motorized boats?		🗅 Yes	
	Are lifeguards always in attendance during these activities? Is area restricted to campers only during these activities?		□ Yes □ Yes	
	WHITEWATER 🗅 N/A			
	What type: Raft Kayak Canoe Tube Instructors qualifications or outfitter used:			
	If outfitter, do you obtain certificate of insurance?		🗅 Yes	D No
	Are you named as Additional Insured on guide's insurance?		🗅 Yes	
	Completely describe any "whitewater" exposures:			
2 3	GYMNASTICS D N/A			
	Floor exercises only?		🗅 Yes	D No
	List all apparatus used:			
	Is counselor/instructor a certified USGA gymnastics instructor?		🗅 Yes	
	If so, do you require a copy of the certificate? If not, explain the instructor's qualifications		🗅 Yes	
	ROPES COURSES/ZIP LINES			
	Completely describe the area and type of high/low elements:			
	Is the course inspected annually by a certified independent consultant (A By whom (name of ACCT/PVM; AEE; PRCA, vendor used)?	ACCT/PVM; AEE; PRCA)?	🗅 Yes	D No
	Describe staff training (by whom, how often, confirmation that all ropes			
25.	SKATEBOARDING/SKATEPARK 🗅 N/A			
	ls safety equipment <i>(helmet, knee pads, elbow pads, etc.)</i> required? If elements/obstacles are present <i>(ramps, rails, boxes, banks, quarterpip</i>		□ Yes n?	
	If halfpipe, indicate height:			
	How is skatepark protected from unauthorized usage?			
	CLIMBING WALLS/ROCK CLIMBING/RAPPELLING DN/A	Mayaahla		
	NUMBER of indoor climbing walls: Stationary/permanent: NUMBER of outdoor climbing walls: Stationary/permanent:	Moveable:		
	List equipment used:			
	List counselors/instructors qualifications:			

27. CAVING 🛛 N/A

	Has the cave been approved for safety?		🗅 Yes	🗅 No
 	Would you like a quote for sexual abuse an Do you discuss at staff orientation, child/se contact with youth regarding the preventior molested him/her which includes reporting Do you have a plan of supervision, including day to day living relationships with campers Does your staff (paid and volunteer) employ crime including sex related or child abuse r <i>If yes, please attach copy</i> If application contains this type of question, are they refused a position of employment? Does your state permit you to do criminal b a) If yes, do you request and recei b) If yes, what service provider is Have you ever had an incident which result a) Was a claim made against your ca	kual abuse, how to recognize the signs, provide preventative training to all ac and timely reporting of child abuse, and what to do if a camper or member suspected child abuse within 24 hours of learning of such an allegation? procedures to limit one-on-one interaction between an adult and youth, tha ? ment application include questions about whether the individual has ever be elated offenses? and applicant checks "yes" to prior convictions, ackground investigations on staff members? re such background investigations on all staff members? used? ed in an allegation of sexual abuse at your camp?	reports so Ves t monitors Yes	gular omeone No s staff in No ted for any No No No No
	 b) How much money was paid as da c) What has been done to prevent su 	ch occurrences from happening in the future?		
	 Not applicable, we have no volunte No, please explain: 	ers.		
□ A □ B	 Camp brochure/literature defining activities (if no camp website). Schedule of events/activities or calendar of camp season (if no camp website). Company copies of loss history for last five (5) years. 	 ATTACH THE FOLLOWING WITH THE APPLIC has changed within the past 12 months). G. Copy of staff application and, when applicable, background check consent form (if not on camp website). H. Copy of camper registration form (if not on camp website). M. Auto schedule must capacity for each sc 	d is requir overage is t ropes co t include s	red if s provided. vurse/zipline reating

- D. Diagram, map or photos of camp 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 camp management personnel (required when camp ownership, operation or management
- □ I. Copy of camp acknowledgment of risk and consent form for campers (if not on camp website).
- J. Copy of medical permission slip for campers (if not on camp website)
- K. Copy of contract or lease agreement used for lessors of premises, if applicable.
- L. Copy of certificate of insurance from transportation company, naming camp
- **0.** Appropriate Questionnaire/Supplemental Application when the insured has any of the following: ATV/Snowmobile/ Dirt Bikes; Employee Transportation in Personal Vehicles; Fireworks; Go Karts; Hayride; Jumping Pad/Pillow; Paintball; Scuba/Skin Diving; Snow Tubing/ Sledding; Trampolines
 P. Workers Compensation Supplemental (if
 - **P.** Workers Compensation Supplemental (If coverage to be quoted)

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

Applicant's Signature	Producer's Signature (if applicable)
Applicant's Name (print)	Producer's Name (print)

Date (MM/DD/YYYY) Copyright © 2019 K&K Insurance Group, Inc. All Rights Reserved.

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 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 injury, 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	PRODUCER'S SIGNATURE (if applicable)
PRINT NAME	PRINT NAME
DATE (MM/DD/YY)	DATE (MM/DD/YY)

WORKERS' COMPENSATION INSURANCE APPLICATION

Name of Business:	
Mailing Address:	
Contact Person: Phone Numbe	r:
FEIN#:	
□ Corporation □ 5013C	□ Sole Prop. □ Partnership □ Other
Primary Work Location Addre	ss:
Proposed Effective Date:	Experience Modifier:
Employer's Liability Limits:	
	\$100,000 / \$500,000 / \$100,000 (Statutory) \$500,000 / \$500,000 / \$500,000 \$1,000,000 / \$1,000,000 / \$1,000,000

State(s) from which you operate:

Classifications	Estimated Annual Payroll
9015 Camp Operations	
8810 Clerical	
8809 Executive Officers	
8742 Outside Sales	
Other:	

Is a formal safety program in place? \Box Yes \Box No

Claims History (past 5 years): Request 3 or 5 year loss history from current agent and attach.

Signature

Date

COMMERCIAL AUTO INSURANCE APPLICATION

Name of Insured (as will appear on policy):
Policy period requested: FromTo
Commercial Auto Coverage Information
* Please complete the attached Drivers Schedule for each possible driver (page 10).
* Please complete the attached Vehicle Schedule for all owned or leased vehicles (page 11).
Desired Limits for Liability and Uninsured/Underinsured Motorists: (check one)
□ \$500,000 CSL □ \$1,000,000 CSL
Desired Limit for Personal Injury Protection or Medical Payments: (check one)
□ PIP or □ Med Pay □ \$2,500 □ \$5,000 □ \$10,000
List ALL Auto Claims for the Past 3 Years:
Is Hired and Non-Owned Liability coverage desired?

It is understood and agreed that no insurance is in effect until this coverage request is accepted by the company or companies in writing.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or a request for coverage containing false, incomplete, or misleading information is guilt of a felony of the their degree.

LIST OF DRIVERS

Name	State	Drivers License #	Date Of Birth

VEHICLE SCHEDULE

ltem	Year	Make & Model	Vin #	Cost	Liab	PIP	U/M	Comp Ded.	Coll Ded.
		EXAMPLE							
1	1998	CHEV 1/2 TON PICKUP	1GM4X63897214	21,000	X	X	Χ	500	500
									<u> </u>

PROPERTY INSURANCE APPLICATION

Name of Insured (as will appear on	policy):			
Policy period requested: From		To		
Property Coverage Information				
Please complete the attached Sched	ule (page 13) for ea	ach location describ	bed below:	
Physical Location #1 Address:				
Physical Location #2 Address:				
Check coverages to apply:				
Deductible:	\$250	\$500	\$1,000	□ \$2.500
Cause of Loss:	□ Basic Form	Broad Form	□ Special Form	
Buildings &/or Contents:	Blanket	□ Scheduled		
Business Income/Extra Exp	ense Limit:			
Mortgagee, Loss Payee, or Addition	al Insured:			
It is understood and agreed that no i company or companies in writing.	nsurance is in effec	ct until this coverag	ge request is accepte	d by the
Signature:		Date:		

Title:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or a request for coverage containing false, incomplete, or misleading information is guilt of a felony of the their degree.

PROPERTY SCHEDULE

Loc #	Bldg #	Description – including name, address, & occupancy	Year Built	Stories	Construction	Sq. Ft.	Bldg Limit.	Contents Limit
		EXAMPLE						
1	1	Camp Office, 100 Main St	1995	1	Frame	2500	112,000	10,000
1	2	Dining Hall, 100 Main St.	1990	1	Brick	3500	400,000	50,000

Types of Construction: (F) Frame, (BV) Brick Veneer, (B) Brick, (ICM), (SFR) Semi Fire Resistive, (FR) Fire Resistive