

CAMP OPERATORS APPLICATION

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the current policy period plus four (4) prior years
- Brochure
- Copy of employment application. The application must include a question asking if the Applicant has ever been convicted of a crime including sexual abuse
- Copy of consent form for pre-employment background check
- Copy of risk and consent form for campers
- Copy of camp registration form
- Copy of medical permission slip for campers
- Additional supplemental application(s) required (i.e. Go-Karts, Liquor Liability, Fireworks, Water Trampoline, etc.)
- Ropes Course and Zip line inspections
- ACORDS
- **If Abuse Coverage is requested a copy of the Applicant's Sexual Abuse Prevention Policy is required**

GENERAL INFORMATION - APPLICANT

Applicant Name:
 DBA (if applicable):
 Principal Contact:
 Mailing Street Address: _____ State: _____ Zip: _____
 Mailing City: _____
 Location Street Address: _____
 Location City: _____ County: _____
 State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____
 Website: www. _____ Email Address: _____
 Camp Website: _____ Years In Business: _____
 Risk Management Contact: _____ Phone: _____
 Email: _____
 Business Form: Corporation Partnership For Profit Non-Profit
 Joint Venture LLC Individual Other:
 FEIN: _____
 Effective Date: _____

Type of Camp: Day Resident Travel Sports Weight Loss
 (Indicate all that apply) Co-Ed Boys Girls Adult Special Needs
 Other (describe): _____
 Is the camp accredited by: ACA CCI Other: (specify) _____
 Camp location: _____

1. Does the Applicant operate any other businesses from this location? Yes No

(List information below for each business, use a separate sheet to list information if necessary)

If yes, type of entity:

Corporation Partnership Individual LLC Other:

Description of business:

PRIOR CARRIER INFORMATION			
	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

SECTION I – GENERAL INFORMATION

1. Opening day of camp: _____ Last day of camp: _____ Number of sessions: _____
2. More than one location? Yes No
If yes, attach list of locations and camp function at each.

3. Total number of camper days.

	Day Camps	Resident Camps
Number of campers per day		
X		
Number of day per week camp is open		
X		
Number of weeks per year camp is open		
=		
TOTAL CAMPER DAYS		

**** If more than one application please provide additional sheet and list each separately****

4. Age range of campers:
5. If a resident camp, what is the average length of stay?
6. Are the camp directors accredited? Yes No
 If yes, by whom:
7. Does the camp use volunteers? Yes No
 If yes, at what capacity:
8. Are there any certified medical personnel (doctor, nurse or other) on the premises during camp? Yes No
 Number of nurses: _____ Number of doctors: _____
 If yes, do all certified medical personnel have their own professional liability insurance with a minimum Limit of Liability of \$500,000? Yes No
 If no, please explain medical procedures:
9. Does the camp obtain medical permission slips? Yes No
10. Does the camp get written details on all prescription medication being used by its campers? Yes No
11. Nearest medical facility: _____ miles
12. Name of insurance carrier for the camp's Participant Accident and/ or Sickness policy:
- Policy Number: _____ Effective Date: _____ Limit per Camper: \$ _____
13. Does the Applicant require a risk/ consent form to be signed by each camper and their parent(s) and/or guardian(s)? If yes, please attach a copy. Yes No
14. Does the Applicant accept special needs campers? **(If yes, please complete Section VII)** Yes No
15. Does the Applicant require a Certificate of Insurance naming the organization as an Additional Insured from all subcontractors? Yes No
16. When was the last date of inspection by the Board of Health:
17. Describe cooking facilities (what type of equipment is used to cook):
18. Is there an automatic fire protection system over all cooking surfaces? Yes No
 If no, please explain:
19. Location of nearest fire department: _____ miles
20. Are there fire hydrants located on the Camp's premises? Yes No
 If no, location of the closest fire hydrant: _____ miles

- | | | | |
|-----|--|-----|----|
| 21. | Do all sleeping quarters have smoke detectors?
If yes, are the smoke detectors: Battery Operated Hard Wired
Is there a CO alarm installed? | Yes | No |
| 22. | Do all bunk beds have a continuous guard rail along the wall side of the bunk? | Yes | No |
| 23. | Do any employees live on the camp premises year round?
If yes, describe who and why. | Yes | No |

If no, describe security and upkeep measures:

- | | | | |
|-----|--|-----|----|
| 24. | How many buildings are occupied year round?
Who is using the buildings? | | |
| 25. | Does the Applicant own all buildings associated with the camp and located on the premises?
If no, please explain. | Yes | No |
| 26. | Is the Applicant compliant with the Zackery Lystedt Law? (Only applicable in Washington) | Yes | No |

SECTION II – CAMP PERSONNEL

- | | | | |
|----|--|-----|----|
| 1. | What is the ratio of counselors to campers during all organized activities? | to | |
| 2. | What is the ratio of counselors to campers during non-active times? | to | |
| 3. | Are counselors always present with campers while on premises? | Yes | No |
| 4. | Regarding counselors from the prior year. What percentage return as personnel for the next year? | | % |
| 5. | What is the minimum age of the Applicant's counselors? | | |
| 6. | Does the Applicant offer a counselor in training (or other similar type) program?
If yes, what is the minimum age: | Yes | No |
| 7. | Does the Applicant mandate that counselors attend training classes? | Yes | No |
| 8. | What experience is required of the Applicant's counselors for employment (e.g. training, certification, or previous experience)? Please describe in detail. | | |

SECTION III - AUTOMOBILE

N/A

- | | | | |
|---|--|-----|----|
| 1. | Does the camp provide transportation for the campers to and from camp? | Yes | No |
| 2. | Does the camp hire: Vans Buses Other (describe):
What is the size of bus (number of passengers): | | |
| 3. | Do drivers who transport campers have at least seven years of driving experience?
If no, what are the standards/ requirements? | Yes | No |
| 4. | Does the Applicant have a fleet maintenance supervisor? | Yes | No |
| Employee Automobile Information: | | | |
| 5. | Are the vehicles ever used by employees for personal use? | Yes | No |
| 6. | Does the Applicant have a formal driving policy in place with MVR standards?
If yes: | Yes | No |
| a. | Is driving policy communicated in writing to all employees? | Yes | No |
| b. | Is a signed acknowledgement form kept on file? | Yes | No |
| c. | Do driving standards include the following: | | |
| i. | No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? | Yes | No |
| ii. | No more than 3 moving violations within past 3 years? | Yes | No |
| iii. | No more than 3 or more accidents (regardless of fault) within past 3 years? | Yes | No |

7. How often does the Applicant check MVR reports? Yes No
8. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes No
9. Describe any ongoing training provided to drivers: Yes No
10. Does the Applicant have GPS tracking capability? Yes No
11. Does the Applicant allow employees to drive personal vehicles for company purposes? Yes No
- If yes:**
- a. Are the driving policy and standards for these drivers the same as in questions 6-8 above? Yes No
- b. Does the Applicant require these employees to have adequate personal insurance limits? Yes No

SECTION IV – RENTAL OF CAMP PREMISES

N/A

1. Are camp premises rented or leased to an outside entity? Yes No
If yes, does the Applicant require a Certificate of Insurance naming the camp as an Additional Insured? Yes No
2. Is a formal contract/ agreement signed by applicable entities? Yes No
If yes, please attach a sample.
Annual gross receipts for the rental of premises to other entities: \$
3. While other entities are on camp premises, is there a representative of the camp on premises at all times? Yes No
If yes, please explain:
4. Are there any activities that take place during the rental period that do NOT take place during normal camp operations? Yes No
If yes, please describe:
5. Is liquor sold or furnished during the rental period? Yes No
If yes, the Liquor Liability Supplemental Application must accompany this application.

SECTION V – CAMP ACTIVITIES

N/A

1. Please check all applicable activities associated with the camp.

Adventure Program	Fireworks	Rifle Ranges** #
Alpine Skiing	Flying	Rock Climbing/ Repelling
Archery	Go Karts	Rope Courses/ Climbing Towers
ATV's	Gymnastics	Rugby
Backpacking	Horse Back Riding	Skateboarding (ramps/ jumps)
Bicycling	Ice Hockey*	Skin or Scuba Diving
Boating	Ice Skating*	Trampolines***
Bubble Soccer/ Knockerball/ Zorbs	Kayaking	Tubing
Caving	Lakes/ Ponds/ Rivers	Water Skiing
Circus Activities	Off Road Bikes (Motorized)	Waterslides over 15' high #
Contact Football	Paintball	Whitewater Canoeing/ Rafting
Cross Country Skiing	Pools	Ziplines
Drones	Rafting	

*Is ice skating/ hockey done on a rink and/ or lake/ pond?

**Are NRA standards met with all rifle ranges?

***Land Trampolines excluded under this policy.

Yes No
Yes No

If any of the following activities apply, a supplemental application/ questionnaire is required with this submission.

Drones
Fireworks

Go Karts
Paintball

Water Trampolines - Number:

2. Does the camp have a written safety plan for all applicable checked activities? Yes No
(If yes, please attach a copy for all applicable activities)
3. Does the camp broker have a contract with others for any of the applicable activities? Yes No
If yes, please explain:

4. Does the Applicant require Certificates of Insurance from all brokered activity providers? Yes No

5. **Boating and Water Activities**

Please indicate all that apply by listing the number of each unit:

Canoes	Motorboats over 76hp	Rowboats
Jet Skis	Motorboats greater than 21' in length	Sailboats
Kayaks	Paddle Boats	Tubes
Motorboats less than 76hp	Rafts	Windsurf Boards

- a. Does the Applicant require all campers to wear life jackets during all applicable water activities? Yes No
- b. Is a lifeguard always on duty during water activities? Yes No
- c. Does the Applicant require qualified counselors to accompany campers at all times during water activities? Yes No
- d. Are campers permitted to operate motorized boats? Yes No
- e. Are water activities restricted to campers only during the specified activity time? Yes No
- f. Describe in detail the use of the powered boats:

- g. Are there any whitewater exposures? Yes No
 Describe exposure:
 Counselors affiliated with the whitewater exposure. Please describe their experience and/ or certification:

6. **Swimming Pools**

- a. Total number of pools:
- b. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No
 If no, provide timetable and action plan.
- c. Maximum depth of each pool:
 Are the depth markings clearly visible in and around the pool? Yes No
- d. Is each pool fenced in? Yes No
 Height of fencing around each pool:
- e. Are lifeguards present at all swimming times? Yes No
 If yes, what is the ratio of swimmers to lifeguards: _____ to _____
 Are all lifeguards certified? Yes No
 If yes, how are they certified and by whom?
- f. Are the pool rules posted at each pool area? Yes No
- g. Is swimming allowed at night? Yes No
 If yes, is the pool lighted? Yes No
- h. Are any of the pools open to the public? Yes No
- i. Is there a diving board? Yes No
 If yes, what is the height (in feet)? _____
 What is the depth of the water in the diving area? _____
 Is the diving area clearly marked? Yes No
 Does the diving area extend out at least 16 feet from the end of the diving board? Yes No
- j. Is there a water slide? Yes No
 If yes, please list in feet: Height: _____ Length: _____
 Depth of water where slide enters: _____
 If used in a pool, are the slides approved by the manufacturer for pool use? Yes No

How do swimmers enter the water when launching off the slide?
 at an angle or horizontally

Are there spotters at the bottom of each slide? Yes No
 Who is responsible for the maintenance of the slides:
 Are there signs posted regarding proper sliding techniques? Yes No
 Is head-first sliding allowed? Yes No

Please attach rules for use of the water slide.

7. **Lakes, Ponds or Rivers**

- a. Total number of: Lakes: Ponds: Rivers:
 b. Maximum depth of each: Lake: Pond: River:
 Are the depth markings clearly visible in and around each body of water? Yes No
 c. Is each body of water roped off? Yes No
 d. Do any of the bodies of water have diving boards? Yes No
 If yes, height of each diving board:
 Depth of water at each diving board entry:
 e. Are lifeguards present at all swimming times? Yes No
 If yes, what is the ratio of swimmers to lifeguards? to
 Are all lifeguards certified? Yes No
 If yes, how are they certified and by whom?
 f. Are water safety rules posted at each body of water? Yes No
 g. Does the Applicant have water structures like water trampolines, blobs, inflatable platforms, etc. Yes No
If yes, list the type(s) of structure(s)
 i. Is there a minimum of 2 lifeguards assigned to each structure at all times? Yes No
 ii. Do the lifeguards have 360 degree visibility around the structures? Yes No
 iii. Is a maximum 25 pound weight difference between participants on a blob enforced? Yes No
 iv. Is only one person at a time allowed to be bounced off the blob? Yes No
 v. Are personal floatation devices worn at all times? Yes No
 vi. Is there a barrier in place to prevent access to unsupervised structures? Yes No
 vii. Is a "no swimming" radius of at least 20 feet around trampolines and blobs enforced at all times? Yes No
 viii. Are all rules posted in a prominent place? Yes No
Please attach rules for use of the structures.
 h. Are any of the bodies of water open to the public? Yes No
 i. Is a rescue vehicle available? Yes No

8. **Gymnastics**

- a. Does the camp instruct on floor exercises only? Yes No
 If no, list all apparatus used:
 b. Details of instructors' qualifications:
 c. What is the ratio of campers to counselors? to
 d. **Confirm trampolines ARE FOUR FEET OR LESS IN DIAMETER AND NO MORE THAN TWO FEET ABOVE FLOOR LEVEL.** Yes No

9. **Saddle Animals**

- a. Number owned: Number leased:
 i. Is an outside stable used? Yes No
 ii. From whom are the horses leased from and what type of contractual agreements are in place with the owners?
 iii. What capacity are the horses used in the off-season?

iv. Where do they stay, how are they cared for, and who handles the activities?

b. Does the camp offer **(check all that apply)**:

- | | | | | | | |
|---------|---|------|------------------|------------------|-------|------|
| Jumping | Vaulting | Polo | Rodeo Activities | Other (specify): | | |
| c. | Are all riders required to wear ASTM approved safety helmets? | | | | Yes | No |
| d. | Does the Applicant provide riding instructors for the mentally or physically handicapped? | | | | Yes | No |
| | If yes, are the counselors NAHRA certified? | | | | Yes | No |
| e. | Does the camp conduct hayrides? | | | | Yes | No |
| | If yes, does the wagon have sides or is it open? | | | | Sides | Open |
| | Is a counselor in the wagon during rides? | | | | Yes | No |
| f. | Are the campers taken on trail rides? | | | | Yes | No |
| g. | What is the ratio of instructor to campers during trail rides: | | | | | to |
| h. | Are the animals used during the camp rental periods? | | | | Yes | No |
| i. | How are the riders matched with horses: | | | | | |

j. Describe the type of experience required of the instructors:

- | | | | | | | |
|----|--|----------|------|------------------|------------------|----|
| k. | Does the Applicant have any animals at the camp other than saddle animals? | | | | Yes | No |
| | If yes, describe number and types of each: | | | | | |
| | Are all animals' inoculations up to date? | | | | Yes | No |
| l. | Does the camp teach: | | | | | |
| | Jumping | Vaulting | Polo | Rodeo Activities | Other (specify): | |
| | Are these instructors certified? | | | | Yes | No |
| | If yes, by whom? | | | | | |

HIGH RISK (THE FOLLOWING ARE HIGH RISK EXPOSURES)

10. Rope Courses/ Climbing Towers

a. **Rope Courses**

i. Describe area and high and low elements: **(enclose diagram)**

- | | | | |
|------|--|-----|----|
| ii. | Has the course been inspected by a certified independent consultant? | Yes | No |
| iii. | What are the counselor's qualifications for this course? | | |
| iv. | How are they kept restricted when not in use? | | |
| v. | What is the ratio of campers to counselors? | | to |
| vi. | What is the height of both high and low ropes courses: | | |
| vii. | When was the last inspection? (please provide copy of inspection) | | |

b. **Climbing Towers**

i. Number of climbing towers: Affixed: Movable:
If the Applicant has movable, explain:

ii. Describe activities performed on climbing towers and include a diagram showing heights, location, settings and equipment used:

iii. What are the counselor's qualifications for this course?

iv. What is the ratio of campers to counselors? _____ to _____

v. What is the height of each tower/ wall? _____

vi. Where are the towers? _____ Inside _____ or _____ Outside _____

vii. How are they kept restricted when not in use? _____

viii. When is the safety training done? _____

ix. What type of certification system is used? _____

x. What type of equipment is used? Please describe the system. _____

c. **Zip Lines**

i. Number of Low Courses? _____ Number of High Courses? _____

ii. Are the zip lines inspected annually by a certified independent contractor? _____ Yes _____ No

If yes:

a. By whom? _____

b. When was the last inspection done? _____

Please provide copy of inspection.

iii. Describe staff training: _____

iv. What are heights and lengths of the zip lines: _____ Height: _____ Length: _____

v. What sort of breaking system does the Applicant's course use? _____

vi. Does the Applicant have padding on its platforms and landing areas? _____

Yes _____ No _____

A COPY OF THE APPLICANT'S SEXUAL ABUSE PREVENTION POLICY IS REQUIRED

- | | | |
|---|-----|----|
| 1. Does the Applicant have a written policy specifically defining and prohibiting grooming behaviors?
If yes: | Yes | No |
| a. Is this policy communicated and confirmed in writing to all employees, volunteers, and/ or independent contractors that have access to children? | Yes | No |
| b. Does the policy prohibit contact with minor participants outside of the Applicant's operations (including social media)?
If yes, please describe:
Comments: | Yes | No |
| | | |
| 2. Does the Applicant conduct documented sexual abuse awareness training for all of the following that have access to children? | | |
| a. Employees | Yes | No |
| b. Volunteers | Yes | No |
| c. Independent Contractors | Yes | No |
| IF YES, PLEASE SUBMIT A WRITTEN COPY OF THE TRAINING DOCUMENT. | | |
| Comments: | | |
| | | |
| 3. Does the Applicant specifically train their hiring manager(s) with respect to detecting high risk behaviors/ responses in the hiring process? | Yes | No |
| 4. Does the Applicant perform criminal background checks for all: | | |
| a. Employees | Yes | No |
| b. Volunteers | Yes | No |
| c. Independent Contractors | Yes | No |
| Comments: | | |
| | | |
| 5. In addition to criminal history question(s), does the Applicant's employment application(s) for employees, volunteers, and independent contractors contain question(s) to elicit high risk responses specific to child sexual abuse? | Yes | No |
| 6. Does the Applicant allow any one-on-one opportunity between employees, volunteers and/ or independent contractors and the children they serve?
If yes, please describe: | Yes | No |
| | | |
| 7. Does the Applicant have any operations where employees, volunteers and/ or independent contractors will be physically touching another person?
If yes, please describe: | Yes | No |
| | | |
| 8. Does the Applicant have formal sexual abuse reporting procedures in place for all players, employees, volunteers and/ or independent contractors? | Yes | No |
| 9. Has the Applicant ever had an incident which results in an allegation of sexual abuse?
If yes, please describe: | Yes | No |

SECTION VII – SPECIAL NEEDS CAMPERS

N/A

- | | | | |
|--|----------|-----|-----------------------|
| 1. What percent of campers have special needs: | % | | |
| 2. What percent of Applicant’s supervisory personnel have a degree in, or at least 24 weeks experience in, an area relevant to the special needs being served: | % | | |
| 3. Are staff/ camper ratios adjusted for special needs campers? | | Yes | No |
| If yes, what is the ratio? | Staff to | | Special needs campers |
| 4. Is the entire staff informed about the limitations/ abilities of the special needs campers regarding activities, sleeping arrangements, diet, medical requirements, etc.? | | Yes | No |
| 5. Are independent contractors that Applicant uses specially trained to supervisor/instruct special needs campers? | | Yes | No |
| 6. Does the Applicant’s crisis management plan include contingency plans for these campers? | | Yes | No |
| 7. List the specific medical procedures the Applicant provides: | | | |
| | | | |
| 8. Do the professionals carry their own malpractice insurance? | | Yes | No |
| If yes, does the Applicant request a Certificate of Insurance as proof? | | Yes | No |
| 9. Does the Applicant have a maintenance program for medical apparatus or equipment that is provided to campers? | | Yes | No |
| 10. Does the Applicant provide outside services, such as counseling hotlines, seminars or other activities specific to special needs campers or their families? | | Yes | No |
| If yes, describe: | | | |

SECTION VIII - DIRECTORS & OFFICERS/ EMPLOYMENT PRACTICE LIABILITY

**THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY.
PLEASE READ YOUR POLICY CAREFULLY.**

DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
If no, provide an explanation:

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets	\$	\$
Net Assets/ Fund Balance	\$	\$
Annual Revenue	\$	\$
Net Revenue	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/ Controls	Date Created/ Acquired	For Profit or Non-Profit
i.e. ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit
	%		
	%		
	%		

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. Yes No

Any disciplinary action by any regulatory agency or association? Yes No
Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
Any other criminal actions? Yes No

5. In the past 24 or next 12 months has the Applicant been, or anticipate being involved in any merger, acquisitions or consolidation with another entity? Yes No
If yes, please attach details.

EMPLOYMENT PRACTICE LIABILITY INFORMATION

1. Please provide the following employee count information:

U.S. based employees:

Total Full-Time:

Volunteers:

Leased:

TOTAL SUM OF ABOVE:

Total Part-Time:

Temporary:

Total Non U.S. based employees:

2. Has a reduction in employees or change in of status occurred in the past 12 months or is anticipated in the next 12 months?

Voluntary:

Involuntary:

Layoffs:

3. Does the Applicant have an employment handbook that includes an "At Will" statement? Yes No

4. Does the Applicant use an employment application for every potential employee? Yes No

5. Does the Applicant use outside employment counsel for employment advice? Yes No

6. Does the Applicant have a full time, dedicated human resource staff? Yes No

7. Total number of current employees with annual compensation greater than \$100,000:

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION:

1. With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage?
(Not Applicable in Missouri) Yes No
 If yes, please provide details:

2. Has the Applicant given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance?
If yes, complete a Claim Supplemental for each incident. Yes No

3. No person applying for this coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below.

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | | |
|----|---|------|----|-----|
| 1. | Fire Protection and Testing | | | |
| | a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| | i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| | ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| | iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| | 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| | iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| | v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. | Emergency Water Response (domestic and AS water lines) | | | |
| | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| | b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 3. | Automatic Water Shutoff Devices | | | |
| | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. | Unused/Vacant Spaces | | | |
| | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 5. | Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| | a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| | i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. | General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

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APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:

Address of Applicant:

City:

State:

Zip:

Website: www:

Nature of Operations:

1. Annual sales or revenue: \$

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

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PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

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PRODUCER LICENSE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP)