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 www.morrowinsurance.com

# CAMP INSURANCE INFORMATION FORM

## A. GENERAL INFORMATION

Name of Insured (as will appear on policy): \_\_\_\_\_

Doing business as: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Person is:  Owner  Promoter  Agent  Other: \_\_\_\_\_

Camp Season Phone: \_\_\_\_\_ Off Season Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Agency/Brokerage: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Camp Web Site: \_\_\_\_\_

Insured is:  Corporation  Partnership  Joint Venture  For Profit  501 3C Non Profit

Other (explain): \_\_\_\_\_

Number of year in business: \_\_\_\_\_ Number of years under present management: \_\_\_\_\_

State the location in which the organization is headquartered/chartered: \_\_\_\_\_

Policy period requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Has your coverage ever been cancelled or non-renewed?  Yes  No

If yes, why: \_\_\_\_\_

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

## B. COVERAGE INFORMATION

ADDITIONAL INSUREDS	RELATIONSHIP	ADDRESS

Location of camp: \_\_\_\_\_

Location of off-premises office: \_\_\_\_\_

Is off-premises office located in a commercial building or residence?

Total sq. footage of off-premises office: \_\_\_\_\_

Any other insured locations:

List all other operations of the named insured that are not camp related (ie. Missionary work, school, nursery/day care program, church operations, etc.): \_\_\_\_\_

Is the camp accredited by: **ACA:**  Yes  No **CCCA:**  Yes  No **Other:** \_\_\_\_\_

Are the camp directors accredited?  Yes  No

If yes, by whom? \_\_\_\_\_

Type of Camp (check all that apply):

Day Camp     Resident Camp     Travel Camp     Sports Camp     Special Needs     Adult

Date camp opens: \_\_\_\_\_ closes: \_\_\_\_\_

Camper days: **A.** Average number of campers per day: \_\_\_\_\_

**B.** Number of days per week:                    x \_\_\_\_\_

**C.** Number of weeks per year:                    x \_\_\_\_\_

Total Number of camper days ( A x B x C ) = \_\_\_\_\_

\*If more than one camp or more than one location, please attach on additional sheet of paper and list each separately.

Are any camp sessions designed for those with physical or mental handicaps, challenges, or illnesses?     Yes     No

If yes, explain: \_\_\_\_\_

Do you obtain a certificate of insurance from subcontractors, naming your organization as an

additional insured on their policy?     Yes     No

Date of last board of health inspection: \_\_\_\_\_

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-season": \_\_\_\_\_

Are all buildings at the insured premises owned by the named insured?                     Yes     No

If no, please specify: \_\_\_\_\_

Do you have volunteers?                     Yes     No

If yes, for what position(s)? \_\_\_\_\_

Are doctors, nurses, and/or certified medical personnel on the premises during camp?                     Yes     No

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 slides? (If yes, attach copy)                     Yes     No

Does camp require details regarding all prescription medicines being used by campers?                     Yes     No

The nearest hospital or emergency medical facility is \_\_\_\_\_ miles away.

Does camp carry primary accident medical and/or sickness insurance?                     Yes     No

If yes, name of insurer? \_\_\_\_\_ Limit per camper? \_\_\_\_\_

Would you like a quote for excess camper medical insurance?                     Yes     No

Does camp require an acknowledgement or risk/consent form to be signed by each camper and their parent(s)/guardian(s)? (If yes, attach copy)                     Yes     No

Is there an Ansul or similar automatic fire protection system over all cooking surfaces?                     Yes     No

If yes, what type? \_\_\_\_\_

If no, explain: \_\_\_\_\_

Distance to nearest fire station: \_\_\_\_\_ (road miles)     Paid Fire Department     Volunteer Fire Department

Distance to nearest fire hydrant from the insured premises: \_\_\_\_\_ (road miles)

Do all sleeping rooms have smoke detectors?                     Yes     No

Are any buildings sprinklered?                     Yes     No

If yes, which ones? \_\_\_\_\_

**C. CONFERENCE / RENTALS / LEASING**  N/A

Is camp leased to outside entities (e.g. conferences, retreats, reunions, weddings, etc.)?

If yes, are certificates of insurance naming camp as an additional insured required?  Yes  No

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

If no, explain: \_\_\_\_\_

Are contracts/agreements signed with these entities? (If yes, attach sample)  Yes  No

**Gross receipts from leased periods: \$** \_\_\_\_\_

During leased periods, does camp director/management or any other employees remain on the premises?  Yes  No

If yes, please explain: \_\_\_\_\_

Do activities take place during leased period that do not take place during usual camp operations?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you sell or furnish liquor during leased periods?  Yes  No

If yes, please complete the Liquor Liability Application.

**D. PERSONNEL**

Ratio of counselors to campers during activities: \_\_\_\_\_

Ratio of counselors to campers during non-activity hours: \_\_\_\_\_

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? \_\_\_\_\_

What is the 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: \_\_\_\_\_

**E. TRANSPORTATION**

Is camp responsible for campers transportation to and from camp?  Yes  No

Does camp allow any employee or volunteer to transport campers in their personal vehicles?  Yes  No

If yes, please complete the Employee/Volunteer Transportation Questionnaire.

Does camp hire:  vans  buses  other \_\_\_\_\_

**Annual cost to hire vehicles:**

**A. Where the camp must insure the vehicle \$** \_\_\_\_\_ (Primary)

**B. Where the lessor insures the vehicle \$** \_\_\_\_\_ (Excess) \*

\* Please be sure to collect a certificate of insurance evidencing automobile liability coverage 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 their use?  Yes  No

Who is responsible for maintenance of vehicles? \_\_\_\_\_

Do you own 15-passenger buses or vans?  Yes  No

If yes, please describe safety procedures, specifically with regard to top loading and/or trailer pulling: \_\_\_\_\_

## **F. ACTIVITIES**

Are any of the following activities provided by the camp? *(Additional underwriting information may be required)*

<u>YES</u>	<u>ACTIVITY</u>	<u>YES</u>	<u>ACTIVITY</u>	<u>YES</u>	<u>ACTIVITY</u>
<input type="checkbox"/>	Adventure program	<input type="checkbox"/>	Go-karts <b>3</b>	<input type="checkbox"/>	Skin or scuba diving <b>5</b>
<input type="checkbox"/>	Alpine skiing	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Trampolines, # _____ <b>6</b>
<input type="checkbox"/>	Archery	<input type="checkbox"/>	Inflatable elements, # _____	<input type="checkbox"/>	Bungee trampolines, # _____
<input type="checkbox"/>	ATVs/dirt bikes <b>1</b>	<input type="checkbox"/>	Mountain boarding	<input type="checkbox"/>	Tubing
<input type="checkbox"/>	Bicycling	<input type="checkbox"/>	Paintball <b>4</b>	<input type="checkbox"/>	Water skiing
<input type="checkbox"/>	Back packing	<input type="checkbox"/>	Petting Zoo	<input type="checkbox"/>	Waterslides over 15' tall, # _____
<input type="checkbox"/>	Caving	<input type="checkbox"/>	Rappelling	<input type="checkbox"/>	Whitewater canoeing/kayaking/rafting
<input type="checkbox"/>	Circus activities	<input type="checkbox"/>	Rifle ranges, # _____	<input type="checkbox"/>	Zip lines, # _____
<input type="checkbox"/>	Cross country skiing	<input type="checkbox"/>	Rock climbing/climbing wall	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Farming	<input type="checkbox"/>	Rope courses	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Fireworks <b>2</b>	<input type="checkbox"/>	Saddle animals		
<input type="checkbox"/>	Field sports	<input type="checkbox"/>	Skateboarding ramps/jumps		

**1 – ATV/Dirt Bike Questionnaire required**

**2 – Fireworks Supplemental required**

**3 – Go-Kart Operations Minimum Underwriting Guidelines required**

**4 – Paintball Supplemental Application required**

**5 – Diving Questionnaire required**

**6 – Trampoline Questionnaire required**

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

Does camp contract with others for program services for any of these activities?  Yes  No

If yes, please explain: \_\_\_\_\_

If shooting/riflery is provided, are NRA standards met?  N/A  Yes  No

**INFLATABLE ELEMENTS**  N/A *(ie: moonbounce, water trampoline, iceberg, blob, etc...)* \_\_\_\_\_

Type of inflatable (official name): \_\_\_\_\_

Average number of participants/campers for each inflatable: \_\_\_\_\_

Age group for each inflatable: \_\_\_\_\_

Are inflatables:  Owned  Leased/Rented

Are inflatables:  Kept on premises  Taken off premises  Both

Are all employees/lifeguards trained in the operation rules of the inflatable element usage?  Yes  No

Are rules posted for all users?  Yes  No

How will the unit(s) be protected from unauthorized use? \_\_\_\_\_

Are there any requirements to enter the inflatable? (removal of shoes, glasses, etc.) \_\_\_\_\_

Are there any restrictions in place for inclement weather? (ie: wind, rain, etc.)  Yes  No

If yes, please explain: \_\_\_\_\_

Confirm that NO inflatable will be set up outdoors, if wind gusts exceed 20 mph on the day of operation?  Yes  No

**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

**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?  
If no, explain: \_\_\_\_\_
- Is safety equipment (e.g. helmets, heeled boots, long pants, etc.) required?  Yes  No
- Are horses available for riding during leased periods?  
If yes, explain: \_\_\_\_\_
- Are instructors CHA certified?  Yes  No
- Are all saddle animals vaccinated?  Yes  No

**PETTING ZOO**  N/A

- What kind of animals? \_\_\_\_\_
- Are all animals properly vaccinated?  Yes  No
- Is there a hand washing station?  Yes  No
- If no, explain: \_\_\_\_\_

**WATERSLIDE** (over 15 feet in height)  N/A

- 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?  
If yes, where: \_\_\_\_\_

<p><b>IF CAMP UTILIZES A POOL:</b> <input type="checkbox"/> N/A</p> <p>Total number of pools: _____</p> <p>Is it open to members of the public? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Maximum depth of swimming area: _____</p> <p>Is it fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No Height: _____</p> <p>Are depth markings clearly visible in and around the pool? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of diving boards: _____ Height: _____</p>	<p><b>IF CAMP UTILIZES A LAKE/POND/RIVER:</b> <input type="checkbox"/> N/A</p> <p>Is it open to members of the public? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Maximum depth of swimming area: _____</p> <p>Is swim area roped off? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is signage posted clearly stating the depth of water and the rules for the lake/pond? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of diving boards: _____</p> <p>Height of diving boards: _____</p>
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<p><b>(CONT'D)</b></p> <p><b>IF CAMP UTILIZES A POOL:</b> <input type="checkbox"/> N/A</p> <p>Depth of water at diving board entry: _____</p> <p>Is a lifeguard provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>    If yes, ratio of swimmers to lifeguards: _____</p> <p>Are lifeguards certified?</p> <p>    If yes, by whom? _____</p> <p>Are rules posted at the pool area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any nighttime swimming allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>    If yes, is pool lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total number of lakes/ponds/rivers: _____</p>	<p><b>(CONT'D)</b></p> <p><b>IF CAMP UTILIZES A LAKE/POND/RIVER:</b> <input type="checkbox"/> N/A</p> <p>Depth or water at diving board entry: _____</p> <p>Is a lifeguard provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>    If yes, ratio of swimmers to lifeguards: _____</p> <p>Are lifeguards certified?</p> <p>    If yes, by whom? _____</p> <p>Rescue vehicle available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any nighttime swimming allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>    If yes, describe lighting: _____</p> <p>Total number of lakes/ponds/rivers: _____</p>
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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?  Yes  No

Is/Are you pool(s)/spa(s) compliant with the Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No

**TUBING, RAFTING, CANOEING, KAYAKING, SAILING, OR BOATING:**  N/A

If your camp provides any of the following activities, please **list the number of boats in each category** below:

Canoes	Kayaks	Motorboats under 76 HP
Rowboats	Paddleboats	Motorboats over 76 HP
Sailboats	Personal Watercraft	Are any boats over 21' in length?

*(e.g. Jet Skis, Waverunners, etc.)*

Explain uses for powered boats and personal watercraft: \_\_\_\_\_

Are lifejackets, etc. required to be worn by each participant during all water activities?  Yes  No

Are campers always accompanied by qualified counselors?  Yes  No

Are campers ever permitted to operate motorized boats?  Yes  No

Are lifeguards always in attendance during these activities?  Yes  No

Is area restricted to campers only during these activities?  Yes  No

Completely describe any "white water" exposures, including the experiences of counselors: \_\_\_\_\_

**GYMNASTICS:**  N/A

Floor exercises only?  Yes  No

List all apparatus used: \_\_\_\_\_

Is counselor/instructor a certified USGA gymnastics instructor?  Yes  No

    If so, do you require a copy of the certificate?  Yes  No

    If not, explain the instructor's qualifications: \_\_\_\_\_

**ROPES COURSES/ZIP LINES:**  N/A

Completely describe the area and type of high/low elements: \_\_\_\_\_  
\_\_\_\_\_

Is the course inspected annually by a certified independent consultant (ACCT/PVM: AEE: PRCA)?  Yes  No

If yes, by whom? \_\_\_\_\_

Describe staff training (*by whom, how often, confirmation that all ropes course staff are included in the training*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SKATEBOARDING/SKATEPARK:**  N/A

Is safety equipment (*helmet, knee pads, elbow pads, etc.*) required?  Yes  No

If elements/obstacles are present (*ramps, rails, boxes, banks, quarterpipes, etc.*), please describe and indicate size of each. \_\_\_\_\_  
\_\_\_\_\_

If halfpipe, indicate height: \_\_\_\_\_

How is skatepark protected from unauthorized usage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLIMBING WALLS/ROCK CLIMBING/RAPPELLING:**  N/A

Number of indoor climbing walls: Stationary/permanent: \_\_\_\_\_ Moveable: \_\_\_\_\_

Number of outdoor climbing walls: Stationary/permanent: \_\_\_\_\_ Moveable: \_\_\_\_\_

List equipment used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List counselors/instructors qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAVING:**  N/A

Cave type:  Vertical  Horizontal

If vertical, how deep? \_\_\_\_\_

Has the cave been approved for safety?  Yes  No

**G. SEXUAL ABUSE/MOLESTATION QUESTIONNAIRE**

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

Do you discuss the following at staff orientation: child/sexual abuse, how to recognize the signs, and what to do if a camper or member reports someone has 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/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 questions, 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PLEASE BE SURE TO ATTACH THE FOLLOWING WITH THE APPLICATION**

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- A.** Camp brochure/literature defining activities (if no camp website).
  - B.** Schedule of events/activities or calendar of camp season (if no camp website).
  - C.** Company copies of loss history for last five (5) years.
  - 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 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)
  - 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 as additional insured is required if Excess Hired Auto coverage is provided.
  - M.** Copy of most recent ropes course/zip line inspection.
  - N.** Auto schedule must include seating capacity for each scheduled van or bus.
  - O.** Appropriate Questionnaire or Supplemental Application when the insured has any of the following: go kart; fireworks; paintball; trampoline; scuba/skin diving.
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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

\_\_\_\_\_  
Producer's Name (if applicable)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Date (MM/DD/YYYY)

## WORKERS' COMPENSATION INSURANCE APPLICATION

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: Phone Number: \_\_\_\_\_

FEIN#: \_\_\_\_\_

Legal Status of Business: \_\_\_\_\_

Corporation    5013C    Sole Prop.    Partnership    Other \_\_\_\_\_

Primary Work Location Address: \_\_\_\_\_

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?  Yes    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: From \_\_\_\_\_ To \_\_\_\_\_

### 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.

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 guilty of a felony of the their degree.





## PROPERTY INSURANCE APPLICATION

Name of Insured (as will appear on policy): \_\_\_\_\_

Policy period requested: From \_\_\_\_\_ To \_\_\_\_\_

### Property Coverage Information

Please complete the attached Schedule (page 13) for each location described 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 Expense Limit:** \_\_\_\_\_

Mortgagee, Loss Payee, or Additional Insured: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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 guilty of a felony of the their degree.

