



1712 Magnavox Way  
 Fort Wayne, Indiana 46801-2338  
 (877) 355-0315 Fax (260) 459-5990  
 www.kandkinsurance.com  
 CA #0334819

# RESORT RENEWAL APPLICATION

Name of Insured: \_\_\_\_\_

1. Total Annual Revenue \$ \_\_\_\_\_

Hotel/Motel:	\$ _____	Golf:	\$ _____
Cabin rental:	\$ _____	Spa:	\$ _____
Restaurant:	\$ _____	Boat/Rental:	\$ _____
Liquor:	\$ _____	Bike Rental:	\$ _____
Grocery/Gift shop:	\$ _____	Other: _____	\$ _____
Facility rental:	\$ _____	Other: _____	\$ _____

*(weddings, corporate events, family reunions, etc.)*

2. Please indicate if there have been any changes to the following:

Emergency/Safety plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operations/Site layout	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Activities/Special events	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Buildings/Premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Autos/Drivers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lease agreements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LPG gas procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any of the above questions were answered "Yes" as respects changes from last year, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any changes to Watercraft (type/size/number)?  Yes  No

If yes: Canoes/Rowboats \$ \_\_\_\_\_ Boats up to 15HP # \_\_\_\_\_ Boats 16-76 HP # \_\_\_\_\_ Boats over 76 HP # \_\_\_\_\_

3. A. Would you like a quote for sexual abuse and molestation coverage (if eligible)?  Yes  No
- B. 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 which includes reporting suspected child/sexual abuse after learning of such an allegation?  Yes  No
- C. Do you have a plan of supervision, including procedures to limit one-on-one interaction between an adult and youth, that monitors staff in day to day relationships with campers or members?  Yes  No

D. 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

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

E. Does staff screening include criminal background checks annually on all new (including seasonal) employees/volunteers and every 5 years on year-round employees/volunteers?  Yes  No

1. If yes, provide name of service provider you use to conduct criminal background checks \_\_\_\_\_  
\_\_\_\_\_

F. Does new staff screening include at least two references and a personal interview before being hired-accepted as employee/volunteer?  Yes  No

G. Does the camp/operation require annual completion of a voluntary disclosure statement (as permitted by state law)?  Yes  No

1. If yes, please attach a copy of the disclosure statement

H. Does the staff screening include an annual check of all employees/volunteers on the National Sex Offender Public Website?  Yes  No

I. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility?  Yes  No

1. Was a claim made against your facility?  Yes  No

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

2. How much money was paid as damages to the victim? \_\_\_\_\_

3. What has been done to prevent such occurrences from happening in the future? \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

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

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