



Hibbs ♦ Hallmark & Company

Hibbs-Hallmark & Company
P.O. Box 8357
Tyler, TX 75711
800) 765-6767 * 903) 581-5988 Fax

A.C.C.T.
EXPERIENTIAL SERVICE PROVIDER INSURANCE PROGRAM
IMPORTANT: THIS IS NOT A BINDER

NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."

Name of Insured as it is to appear on policy
Doing Business as:
Mailing Address:
City: State: Zip:
Telephone number: Fax number: Email:
Address of actual operation if different from above:
City: State: Zip:
Name of Owner or Insurance Contact:: Web Site:

Describe all general liability claims (regardless of fault) that have occurred in the last 5 years. If none, state "none":

Claim: Amount Paid: Date:
Claim: Amount Paid: Date:
Claim: Amount Paid: Date:
Claim: Amount Paid: Date:
Claim: Amount Paid: Date:

Please attach copy of Loss Runs from current/prior insurance carriers

Are you aware of any circumstances that may result in a claim being made against you or the company?

If "yes", please provide details of the incident(s).

Have all prior claims, potential claims and suits indicated above been reported to your former insurance carrier?

Current insurance company: Expiration Date: Liability Premium:

Number of years in business at this location: years? Total experience in this type of business: years?

Deductible requested (Select One): \$1,000 \$2,500 \$5,000 Proposed Effective Date:

Have you ever had similar insurance cancelled or non-renewed? [] yes [] no If yes, please explain:

Do you provide (check all that apply):

- Outdoor Adventure-Based Programs [] yes [] no If yes, complete sections A & B
Facilitator/Instructor Training [] yes [] no If yes, complete sections A, B & C
Challenge Course Construction and/or Inspections [] yes [] no If yes, complete sections A, B & D

SECTION A – GENERAL INFORMATION

1. Name & Locations of Challenge Course (list all locations): _____

2. Do You : ____ Own ____ Lease Premises? If lease, describe arrangement: _____

3. If you lease multiple courses throughout the year, what is your course selection criterion? _____

- Do you ask to review a current inspections report? _____
4. Who originally built your course? _____
5. When was it built? _____ Was it built to ACCT Standards? _____
6. Have you made any additions to the course since it's original construction? _____
7. If "yes", list date added, element name, construction vendor name: _____

8. Do you allow other organizations to use or rent your facilities [] yes [] no
9. If yes, explain: _____
10. Do you provide supervision when others rent your facilities? [] yes [] no
11. What is the nature of the supervision? _____
12. Total Gross Receipts from Course Rental \$ _____
13. When others rent your facility, do you require certificates of insurance naming you as additional insured? [] yes [] no
14. Do you use a hold harmless agreement with the contracting entity? [] yes [] no
Please provide a copy of the contract used when others rent your facilities
15. Legal Status: [] individual [] partnership [] corporation [] joint venture [] for profit [] non-profit
[] tax exempt [] other
16. Years in Business: _____ Years under present management: _____
17. Date of last ropes course inspection by professional firm _____
18. Name of Firm _____
19. Do you have your course inspected annually by a professional firm? ____ Yes ____ No
20. How often do you inspect the course _____
21. Do you maintain a log documenting inspections for course elements and all related equipment? ____ Yes ____ No
22. Have you made the recommended improvements on the course since the last professional inspection? ____ Yes ____ No
23. If "no", why not? _____
24. Membership Status with the Association of Challenge Course Technology (ACCT):
Associate/Institutional Member of ACCT [] yes [] no
Professional Vendor Member [] yes [] no
25. Are you a member of any other associations: _____
26. What Sexual Abuse & Molestation Limit of Liability do you want quoted:
() \$25,000/\$50,000

SECTION B – OUTDOOR-ADVENTURE BASED PROGRAMS

- 1. Total anticipated number of participant days in next 12 months for all activities listed below: # _____
- 2. Anticipated Gross Receipts for all activities listed below: \$ _____

NOTE: Each participant counts as one “participant day” regardless of the amount of time spent in the event/program

- 3. Types of services provided (indicate # of participant days in each activity per year):

- o challenge/ropes course _____
- o indoor / classroom work _____
- o orienteering _____
- o rappelling _____
- o mountaineering _____
- * snow and ice climbing _____
- o lodging _____
- o bicycle touring _____
- o snowshoeing _____
- * horseback riding and animal packing _____
- o river Crossing _____
- o sea Kayaking _____
- o swimming _____
- * scuba Diving _____
- * white water canoeing & kayaking _____
- o portable elements _____
- o backpacking _____
- o rock climbing _____
- * multi-pitch climbing _____
- * glacier travel _____
- o caving _____
- o camping _____
- o mountain biking _____
- o cross country and back country skiing _____
- o flatwater canoe / kayak _____
- * river rafting _____
- o Sailing _____
- * Snorkeling _____
- * inflatables _____
- * extended expeditions & remote wilderness travel _____

****EXCLUDED ACTIVITIES***

- 4. Apart from the operations mentioned on this application, are there any other operations conducted on the same premises? []yes []no
- 5. Including gross receipts, describe additional operations: _____
- 6. Are you requesting coverage for: [] challenge course only [] all activities listed above (Complete supplemental)
- 7. Participant demographics (indicate approximate % of each per year):
Youth (under 18) school groups _____ campers _____ youth at risk _____ Adjudicated Youth _____
Adults (age 18+) corporation _____ non-corporate _____ therapeutic _____ disabled _____
Other (explain) _____
- 8. What is your staff to participant ratio? _____
- 9. Do you require all participants to sign a waiver? ____ Yes ____ No **(Please attach a copy of your waiver)**
- 10. If “no”, why not? _____
- 11. Who signs waivers on behalf of participants under the age of 18? _____
- 12. Describe how you maintain the waiver in your records? _____

- 13. Was waiver and release form created and/or reviewed by an attorney familiar with local laws? [] yes [] no
- 14. Date waiver last updated: _____
- 15. Name of attorney/legal counsel who reviewed waiver: _____
- 16. Number of staff: full-time _____ full-time/seasonal _____ part-time _____ contract _____
- 17. Please provide a list of training completed in the last 12 months by the Course Manager: _____

SECTION C – FACILITATOR/INSTRUCTOR TRAINING PROVIDERS

***Complete this section if you train facilitators for other challenge courses.**

1. Number of facilitators trained per year (**NOT your own employees**) # _____
 2. List activities or subjects for which you offer training _____
 3. Is your training curriculum aligned with ACCT operations standards? [] yes [] no
 4. Do you adhere to AEE or ACA standards for all other training? [] yes [] no
 5. Do you offer a verification for successful skills training completion [] yes [] no
 6. Do you sub-contract out any training to other individuals or organizations? [] yes [] no
If yes, do you require those individuals or organizations to adhere to the same standards as you? [] yes [] no
 7. How do you train and/or supervise them? _____

 8. Do you require subcontractors to provide certificates of insurance naming you as additional insured? [] yes [] no
-

SECTION D – CHALLENGE COURSE BUILDERS, INSPECTORS, PRODUCT MANUFACTURER:

***Complete this section if you build and/or inspect courses owned by others.**

1. Annual construction payroll, repair payroll, inspections payroll \$ _____
 2. Estimated number of courses built per year # _____
 3. Estimated number of courses repaired/upgraded per year # _____
 4. Estimated number of course inspections completed per year # _____
Please provide a copy/sample of your inspection report.
 5. Do you adhere to ACCT standards? [] yes [] no
 6. Do you sub-contract any construction/repair/inspections to other individuals or organizations? [] yes [] no
 7. If "yes", how do you supervise and train them? _____
-
8. Do you require subcontracts to provide certificates insurance naming you as additional insured? [] yes [] no
 9. Do you adhere to OSHA Material Handling standards? [] yes [] no
 10. Other than standard construction of rope courses, do you manufacture or market any other products? [] yes [] no
 - a) If yes, please explain _____
 - b) What are your annual gross sales of these products? \$ _____
- Please attach additional explanation if necessary and attach brochures: _____

THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THE SIGNED APPLICATION, TO BE ACCEPTED:

- 1) **Copies of all staff adventure course training certificates and/or resumes for key personnel**
- 2) **Need proof of Association for Challenge Course Technology membership**
- 3) **Copy of course inspection conducted within the past 12 months by a professional firm**
- 4) **Company Brochures**
- 5) **Attach list of entities needing certificate of insurance, including additional insureds. (State nature of relationship.)**
- 6) **Loss Runs/Claim History from current/prior insurance carriers.**

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

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.

Ohio

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.

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Declaration

I/We hereby declare that the above statements and responses are accurate and true and that I/we have not omitted, misrepresented, or misstated any facts. I/We acknowledge that the statements and responses contained in this application shall become a part of the insurance policy issued by the Company and that any misrepresentation or omission may void such policy.

I/We understand and agree that the completion of this application does not bind the Company to issue, nor me to purchase a contract of insurance. Furthermore, I/we understand and agree that any misrepresentation or omission in this application may void the contract and give the Company a right to rescind the contract, in addition to any other right or remedy the Company may have. I/We understand that failure to correct a misrepresentation on this or any other application, or the failure to disclose a material fact that I/we become aware of subsequent to the completion of this application but prior to the effective date of the policy to which it applies, may void the policy.

Applicants Name: _____

Applicants signature: _____ Date: _____

(Application must be signed by Insured)

Please Return Application to:
HIBBS-HALLMARK & COMPANY
P.O. BOX 8357
TYLER, TX 75711
(800) 765-6767 * (903) 581-5988, FAX

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SUPPLEMENTAL APPLICATION

For all questions, include: description of the activity/event, type of participant, where activity takes place, how often you offer the activity/event and how close is the nearest medical facility .

1. Open Water Canoe/Kayak: (In addition to above, include Class of Water) _____

List Instructor Qualifications: _____

2. Backpacking: Overnight trips? Yes No _____

List Instructor Qualifications: _____

3. Cross Country Skiing: _____

List Instructor Qualifications: _____

4. Caving: _____

List Instructor Qualifications: _____

5. Rock Climbing: (In addition to above, include who is in charge of belaying.) On Natural Rock Face? Yes No

List Instructor Qualifications: _____

6. Orienteering: _____

List Instructor Qualifications: _____

7. Rappelling: Top Roped? Yes No _____

List Instructor Qualifications: _____

8. Overnight Camping: _____

Describe measures taken to prevent intimate inappropriate behavior. _____

Length of Camping Trips _____

Do you conduct criminal background checks on staff? Yes No

Do you check the sexual offenders database? Yes No

**REQUEST FOR CERTIFICATE OF INSURANCE/
ADDITIONAL INSURED CERTIFICATE**

Named Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

1. Request is for: Certificate of Insurance
 Additional Insured (\$150 charge)
 Unlimited Additional Insured's (\$250 charge)
 Waiver of Subrogation (\$100 - \$500 charge; varies)
 Primary/Non Contributory (\$100 - \$500 charge; varies)

2. Describe your relationship with the entity listed below.

Client Landlord Other: _____

3. Give exact name and address of certificate holder as it should appear on the certificate. This information will also be used to mail the certificate.

Entity: _____

Person's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date(s) of Event: _____

Print Name: _____

Signature: _____

Date: _____

(Must be signed by the Insured)

EXPERIENTIAL SERVICE PROVIDERS INSURANCE PROGRAM

INLAND MARINE APPLICATION

Inland marine provides coverage against physical damage to your personal property schedule in the policy, subject to the terms & conditions of the policy.

Deductible Options: \$500 \$1,000 \$2,500

Schedule of Property to Insure:

Description

Serial #

Actual Cash Value

Note: Scheduled property can include your ropes course, climbing tower, equipment, office equipment, etc.