



Hibbs ♦ Hallmark & Company

Hibbs-Hallmark & Company
P.O. Box 8357
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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: _____

Legal Status: [] individual [] partnership [] corporation [] joint venture [] for profit [] non-profit

Years in Business: _____ Total experience in this Type of Business: _____ years

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: _____

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

Legal Status: [] individual [] partnership [] corporation [] joint venture [] for profit [] non-profit
[] tax exempt [] other

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

Current insurance company: _____ Expiration Date: _____ Liability Premium: _____

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: _____

Membership Status with the Association of Challenge Course Technology (ACCT):

Associate/Institutional Member of ACCT [] yes [] no
Professional Vendor Member [] yes [] no

Are you a member of any other associations: _____

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 Course you lease or own (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 criteria? _____

- 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. Date of last ropes course inspection by professional firm _____
9. Name of Firm _____
10. Do you have your course inspected annually by a professional firm? Yes No
11. How often do you and your staff inspect the course _____
12. Do you maintain a log documenting inspections for course elements and all related equipment? Yes No
13. Have you made the recommended improvements on the course since the last professional inspection? Yes No
14. If "no", why not? _____
15. Do you allow other organizations to use or rent your facilities Yes No
If yes, explain: _____
16. Do you provide supervision when others rent your facilities? Yes No
17. What is the nature of the supervision? _____
18. Total Gross Receipts from Course Rental \$ _____
19. When others rent your facility, do you require certificates of insurance naming you as additional insured? Yes No
20. 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

SECTION B – OUTDOOR-ADVENTURE BASED PROGRAMS

- 1. Total estimated number of participants served 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):

- | | |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> challenge/ropes course _____ | <input type="checkbox"/> portable elements _____ |
| <input type="checkbox"/> indoor / classroom work _____ | <input type="checkbox"/> backpacking _____ |
| <input type="checkbox"/> orienteering _____ | <input type="checkbox"/> rock climbing _____ |
| <input type="checkbox"/> rappelling _____ | <input type="checkbox"/> *multi-pitch climbing _____ |
| <input type="checkbox"/> mountaineering _____ | <input type="checkbox"/> *glacier travel _____ |
| <input type="checkbox"/> * snow and ice climbing _____ | <input type="checkbox"/> caving _____ |
| <input type="checkbox"/> lodging _____ revenue \$ _____ | <input type="checkbox"/> camping _____ |
| <input type="checkbox"/> bicycle touring _____ | <input type="checkbox"/> mountain biking _____ |
| <input type="checkbox"/> snowshoeing _____ | <input type="checkbox"/> cross country and back country skiing _____ |
| <input type="checkbox"/> * horseback riding and animal packing _____ | <input type="checkbox"/> flatwater canoe / kayak _____ |
| <input type="checkbox"/> zipline tours _____ | <input type="checkbox"/> *river rafting _____ |
| <input type="checkbox"/> sea kayaking _____ | <input type="checkbox"/> sailing _____ |
| <input type="checkbox"/> food service revenue _____ | <input type="checkbox"/> *snorkeling _____ |
| <input type="checkbox"/> * scuba diving _____ | <input type="checkbox"/> *inflatables _____ |
| <input type="checkbox"/> * white water canoeing & kayaking _____ | <input type="checkbox"/> *extended expeditions & remote wilderness travel _____ |
| | <input type="checkbox"/> other _____ |

****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 individual participants to sign a waiver? Yes No Initial _____
- 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 you train per year (**NOT your own employees**) # _____
 - 2. List activities or subjects for which you offer training _____
 - 3. Is your training curriculum aligned with **ACCT** standards? Yes No
 - 4. Do you offer a verification for successful skills training completion Yes No
- If Yes, in what form? i.e. certificate of completion, certification? _____
6. How do you train and/or supervise them? _____
-

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

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

- 1. Annual payroll expense for construction, inspection & repair of courses \$ _____
 - 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", explain? _____
 - 8. Do you require subcontractors to provide certificates of 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: _____

Colorado Exposures (Due to the Colorado House Bill HB 10—1394, policy coverage's for professionals in the construction industry may be altered and/or restricted. Please answer the questions accurately to determine if your coverage is applicable in Colorado):

- 1. Do you perform any work in Colorado? Yes No If no, skip to question 2.
 - 2. Do you currently engage, or plan on engaging, in any form of "groud up" construction (residential or commercial) as a general, sub-contractor, or artisan contractor in the state of Colorado? Yes No
- If yes, please explain _____
- 3. Do you currently engage, or plan on engaging, in any repair/service, remodeling/tenant improvement or addition (Residential or Commercial) work in the state of Colorado? Yes No
- If yes, please complete below.
- a. Percentage of work: _____ % Internal _____ % External

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 or Website: _____

Attach list of entities needing certificate of insurance, including additional insureds. (State nature of relationship.)

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

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EXPERIENTIAL SERVICE PROVIDERS INSURANCE PROGRAM

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 _____

9. Do you conduct criminal background checks on staff? Yes No

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

Certificate Holder: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Description: _____

2. Describe your relationship with the entity listed above.

Client Landlord Other: _____ Explain: _____

3. 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)

Requested By: _____

Signature: _____

Date: _____

(Must be signed by the Insured)



ACCT ACCIDENT MEDICAL INSURANCE ENROLLMENT FORM

Name of ACCT Member: _____

Address: _____

Contact Person: _____ Email: _____

Phone: _____ FAX Number: _____

Effective Date: _____ Termination Date: _____

of Youth Participants: _____ # of Adult Participants: _____
(Age 18 & Under) (Age 19 & Over)

Type of Events/Activities to be Covered: _____

Table with 2 columns: Benefit, Amount. Includes: Primary Accident Medical Maximum Benefit (\$ 5,000), Deductible (Corridor) (\$100 Per Injury), Accidental Death & Dismemberment (\$5,000), Dental Expense Benefit Maximum (\$1,000, \$250 per tooth), Rate per Participant per Day (\$0.25)

_____ X \$0.25 = _____
Total # of Participants per year Rate Per Participant Total Premium Due

PREVIOUS INSURANCE INFORMATION: (Check here if no prior coverage)

Table with 4 columns: YEAR, INSURANCE CARRIER, PREMIUM PAID, CLAIMS PAID. Rows for years 20__ TO 20__.

I understand & agree that if this form is accepted by the company, coverage will begin on the date of acceptance or on the date requested, whichever is later, subject to payment of the required premium. Premium computation is subject to audit and may change based on final numbers. The \$250 Minimum Premium Required is Fully Earned and Non-Refundable.

The above information is correct to the best of my knowledge. I hereby elect NOT to purchase this coverage:

Authorized Signature

Name (printed)

Title

Date

WORKERS' COMPENSATION INSURANCE APPLICATION

Name of Business: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Federal Tax Identification Number: _____

Legal Status of Business:

Corporation 5013C Sole Prop. Partnership Other _____

Years in Business: _____

Primary Work Location Address: _____

Proposed Effective Date: _____ Experience Modifier: _____

Employers' 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: _____

Provide estimated annual payroll or copy of last workers' compensation audit

Classifications	Estimated Annual Payroll
8810 Clerical	_____
8809 Executive Officers	_____
8742 Outside Sales	_____
8868 School Professionals	_____
5403 Carpentry NOC	_____
Other: _____	_____

Executive Officers	Ownership %	Include/Exclude

Is a formal safety program in place? Yes No

Current Carrier: _____ Current Premium: _____

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

Signature _____

Date _____