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 CA# 0334819

# BOY SCOUT COUNCIL INFORMATION FORM

To be completed with applicable ACORD applications.

## GENERAL INFORMATION

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

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

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

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

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

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 years 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 so, why: \_\_\_\_\_

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

### Prior Carrier Information (New Business Only)

<u>YEAR</u>	<u>PREVIOUS AGENT</u>	<u>COMPANY</u>	<u>LIABILITY LIMITS</u>	<u>PREMIUM</u>	<u>LOSSES</u>

## COVERAGE INFORMATION

Location of council office: \_\_\_\_\_

Total sq. footage of council office: \_\_\_\_\_

Does council have a formal training program in place for staff?  Yes  No

Does council have a written safety program for all activities/operations?  Yes  No

Does each camp location have a ranger or caretaker who lives on premises year round ?  Yes  No

If not, explain security/up keep for premises: \_\_\_\_\_

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

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

Describe cooking facilities (ie. deepfryers, grills, ovens, etc.): \_\_\_\_\_

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

If yes, what type: \_\_\_\_\_

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

Is there a fire station (paid or volunteer) within a 5 mile radius?  Yes  No

Are there fire hydrants on or near premises?  Yes  No

Do all sleeping rooms have smoke detectors?  Yes  No

Are any buildings sprinklered?  Yes  No

If so, which ones: \_\_\_\_\_

### TRANSPORTATION

Do you allow any council employees or volunteers to transport scouts in their personal vehicles?  Yes  No

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

Does council hire:  vans  buses  other

#### Annual cost to hire vehicles:

A. Where the council 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 council as additional insured.

Minimum age of drivers who transport scouts? \_\_\_\_\_

Minimum age of drivers not transporting scouts? \_\_\_\_\_

Is a fleet safety program in place?  Yes  No

If yes, please describe: \_\_\_\_\_

Are vehicles ever loaned or given to employees/volunteers 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: \_\_\_\_\_

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

- A. Company copies of loss history for last five (5) years.
- B. Diagram, map or photos of camp including any natural or man-made hazards.
- C. Copy of certificate of insurance from transportation company, naming council as additional insured is required if Excess Hired Auto coverage is provided.
- D. Auto schedule must include seating capacity for each scheduled van or bus.

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)