



# General Applicant Information

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

<b>APPLICANT NAME:</b> <small>(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)</small>				
FEIN	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other			
Mailing Address:				
Operations Address:				
Op Address #2:				
Website Address:	Inspection Contact:			
E-Mail Address:	Phone #:			
Description of Operations:				
Do you conduct any Operations or Businesses or Activities not covered under this application of insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please describe:				
List any subsidiaries you own:				
Proposed Effective Date:	Proposed Expiration Date:	Operating Season:		
Length of time In Business:	Total Management Experience in this type of Operation:			
*** If a new Venture or Operation, <b>IT IS MANDATORY</b> to submit a Resume or a Summary or Qualifications ***				
Is this a new venture or operation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Your Insurance Ever Been Cancelled or Non-Renewed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes - Please explain:				
Lay Up Period:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date From:	Date To:	
<b>Submission requirements for all Operations:</b>				
<input type="checkbox"/>	Copies of Advertising Materials:			
<input type="checkbox"/>	Copy of the Waiver/Release forms signed by all participants			
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to your Staff			
<input type="checkbox"/>	3 Years of Loss Runs from Prior Carriers			
<input type="checkbox"/>	Copies of USCG licenses, instructor certifications, & CPR FIRST AID CERTIFICATIONS			

**PRIOR CARRIER INFORMATION**

NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

HAVE YOU HAD ANY INCIDENTS OR CLAIMS IN THE PAST 5 YEARS:     YES /  NO    (If yes please provide details below)

	\$
	\$
	\$

**REVENUE BREAKDOWN FOR ALL ACTIVITIES**

Total Instructional/Rental \$ Receipts for the Last 12 months:	All other \$ receipts:
Explain Other Receipts:	

Estimated Instructional/Rental \$ Receipts for the Next 12 Months:	All other \$ receipts:
Explain Other Receipts:	

**ALL OPERATIONS MUST BE DECLARED – Please check operations that APPLY**

EXPOSURE	ACTIVITIES COVERED	INSTRUCTIONAL REVENUE	ALL OTHER (Rentals or otherwise)
<input type="checkbox"/>	Board Surfing		
<input type="checkbox"/>	Kite Surfing / Windsurfing / Snow Kiting (Circle)		
<input type="checkbox"/>	Water Ski / Wakeboarding		N/A
<input type="checkbox"/>	Jet Pack / FlyBoard		N/A
<input type="checkbox"/>	Parasailing	N/A	
<input type="checkbox"/>	Jet Ski Rentals	N/A	
<input type="checkbox"/>	Motorized Boat Rentals	N/A	
<input type="checkbox"/>	Non Motorized Boat Rentals	N/A	
<input type="checkbox"/>	Misc Property Rentals	N/A	
<input type="checkbox"/>	Dive/ Excursion Vessel	N/A	
<input type="checkbox"/>	<b>Brokerage/Booking of Trips (attach certificates for all ventures for whom you Sell, Book, or Broker activities)</b>	N/A	
<input type="checkbox"/>	Retail Sales (T-shirts, hats, sunglasses, photos, etc.)	N/A	

## GENERAL OPERATIONS INFORMATION

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in the Activity?  Yes  No
2. Do you cross check waiver signature with identity?  Yes  No
3. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness?  Yes  No
4. Are any operations conducted outside the United States?  Yes  No  
 If "yes": What % of receipts related to International operations      %  
 Do you require Travel Medical/Accident Coverage be purchased?  Yes  No  
 If "no": Do you require participants to confirm that their health insurance carrier covers them internationally?  Yes  No
5. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety?  Yes  No
6. Do you hire Concessionaires, Independent Contractors or Subcontractors?  Yes  No  
 If "yes": For what Activities - Duties?  
 If "yes": Do you obtain Proof of Insurance with AI status from them?  Yes  No
7. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees?  Yes  No  
 If "yes": Do you require them to sign a special waiver prior to allowing them to Train or Try-Out?  Yes  No
8. Do you have a formal written PROCEDURE & TRAINING manual for your operations?  Yes  No
9. Is there at least one supervisor, site manager, or employee on duty at all times that obtains CPR/1<sup>st</sup> Aid Certification?  Yes  No
10. Have you or any operators had their driver's license either revoked or suspended in the past 3 yrs?  Yes  No  
 If "yes": Explain
11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately?  Yes  No
12. Do you Sell products that you manufacture, install or assemble?  Yes  No  
 If "yes": Explain
13. Are there any attractive nuisances on the premises (playgrounds, ponds, machinery, or other structures)?  Yes  No  
 If "yes": Please list all
14. In the last 5 years, have you been engaged or are presently engaged in a similar business operation under another business name?  Yes  No  
 If "yes": Business Name, Start/End Date, & Location
15. Are background checks completed on all employees?  Yes  No  
 If no, are background checks completed on employees who work with minors?  Yes  No
16. Are employees cross checked on the National Sex Offender Registry?  Yes  No
17. Do you own or utilize any mobile equipment (e.g. golf karts, ATV's, tractors, etc.)?  Yes  No
18. Do you & your employees and/or crew participate in a USCG approved drug & alcohol testing program?  Yes  No
19. Do you broker or book trips for other vendors?  Yes  No  
 If "yes", do you have a written contract with the vendors you book for? – **SEND COPY**  Yes  No  
 If "yes", are you listed as an additional insured on the vendors insurance?  Yes  No  
 If "yes", please list all activities you make bookings for:

**CAPTAIN / CREW / PERSONNEL**

NAME	POSITION	AGE	USCG LICENSED	CERTIFYING KITESURFING ORG	EXP DATE for USCG or CERTIFYING ORG

ADDITIONAL INSURED (As they are to appear on the Policy) Check if Excess is Required for the Additional Insured:				Check Here if None: <input type="checkbox"/>		
Name	Address	Relationship to you	Excess Required	Occ Limit	Agg Limit	

LOSS PAYEE (As they are to appear on the Policy):		Check Here if None: <input type="checkbox"/>		
Mortgagee	Address	Loan #	Boat # or Name	

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is acceptance by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Binder of Coverage will be confirmed with a signed Binder or a Policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a Certificate of Insurance or Binder for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_ Applicant's Title: \_\_\_\_\_  
 Applicant's Printed Name



## BOARD SURFING / STAND UP PADDLING SUPPLEMENTAL

<b style="color: red;">APPLICANT NAME:</b> <small>(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)</small>	
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<b>OPERATIONS, LOCATION, &amp; EQUIPMENT INFORMATION</b>
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1. How many years have you been in the Board Surfing /SUP Instruction Industry?	
2. How many years have owned and ran a Board Surfing/SUP Instruction Business?	
3. Do you have a chase boat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you require HULL Coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is the age allowed for Participants?	Min ____ Max ____
5. What is the Instructor to Student Ratio?	____ : ____
6. Do you verify if participants can swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What is your procedure if the participate can't swim? Please explain:	
8. Describe in detail your Maintenance Procedures for chase vessels:	
9. Describe how weather conditions are monitored (weather apps, tv, radio, etc.):	
10. What weather is compatible for Board Surfing / Stand Up Paddling Operations:	
11. Describe the procedure for medical emergencies (Attach a copy of written procedure with application):	

**SCHEDULE OF WATERCRAFT INCLUDING SURFBOARDS/SUP & CHASE VESSELS**

#	YEAR	MFG/MODEL	HULL ID # - Chase Vessels UNIT # - Boards	PHYSICAL DAMAGE COVERAGE Chase Vessels only
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

**SCHEDULE OF INSTRUCTORS**

#	NAME	YEARS EXPERIENCE	CPR/FIRST AID DATES
1			
2			
3			
4			
5			

*Attach a copy of your procedures manual and/or provide a detailed description of your operations from the time the participant **arrives** until the participant **departs**.*

*Attach copies of CPR/1st Aid*

*Attach copies of Boat Safety Certificate (only if motorized vessel is part of operation)*

**BOARDSURFING / STAND UP PADDLING – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY**

**BY AFFIXING MY INITIALS, APPLICANT AGREES TO ADHERE TO EACH OF THE FOLLOWING MANDATORY REQUIREMENTS FOR BOTH OBTAINING AND MAINTAINING INSURANCE COVERAGE  
ADHERENCE TO THESE GUIDELINES IS MATERIAL TO THE ISSUANCE OF INSURANCE COVERAGE**

**ALL OPERATIONS - ALL APPLICANTS MUST INITIAL STATEMENTS**  
\*\*\* PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY \*\*\*

No.	Initials	Requirements
1		Your managers, employees and instructors shall possess all relevant skills and knowledge of your operation and its activities including, but not limited to: A. Following established guidelines for safe operating procedures B. Proficiency in emergency techniques C. Understanding all following all instructions for the proper use of safety equipment D. When to notify appropriate medical personnel
2		Your managers, employees and instructors must be current in CPR and First Aid.
3		Operator shall be responsible to evaluate and determine that weather conditions are favourable for operation. Operator shall not knowingly operate in rain, fog, squalls, blizzards or during a known lightning storm within 5 miles from the designated area of operation.
4		No operator shall knowingly conduct activities during a small craft warning alert and/or when a storm frontal system is approaching within 7 miles from the operating area.
5		All operators are required to abide by all local, state, and federal laws, including USCG licensing when applicable. Under no circumstances will activities take place without first informing nearby authorities in accordance with local regulations.
6		Participants shall be given a safety briefing prior to the start of the activity. The Instructor shall ensure that the safety briefing is instructive, informative and capture the undivided attention of all participants, and should include: A. A description of the activity. B. The safety precautions while underway. C. The procedure in the event of an unexpected emergency. D. The proper use of hand signals. It is the Instructor's responsibility to preclude any participant who appears to be afraid or intimidated prior to the activity.
7		You shall maintain a serviced and manned watercraft, (e.g. Jetski or an approved alternative) fit for the purpose of emergency rescue/retrieval of participants.
8		All equipment must be inspected daily before the commencement of activities. Equipment that a reasonable and prudent person would consider damaged and/or worn so as to create a potential hazard to life or health, will never be used in the activity.
9		Written logs of all inspections and maintenance shall be maintained.
10		Prior to participation in an activity, each participant <u>shall</u> be required to sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter "Release") provided and approved by the carrier. In the event a participant is less than 18 years of age, both the participant and their parent or legal guardian must sign the Release. All Releases must be held on file for a minimum of five (5) years.
11		You <u>will not</u> allow any participant to take part in the activity when you know, suspect or believe they are or might be under the influence of alcohol or drugs.
12		You <u>will not</u> allow any participant to take or consume alcohol or drugs during the activity.

13	All vendors or subcontractors shall maintain a current certificate of insurance with your business named as "Additional Insured" and with a minimum limit of \$1,000,000.
14	The board surfing student / instructor ratio shall not exceed 5 students to 1 instructor
15	A 'Student Log' shall be maintained for all participants.
16	Board surfing activities will not occur without first informing the beach warden, lifeguard, park ranger, Coast Guard or other nearby authorities as directed by local regulations.
17	Board surfing shall not be conducted within 100 yards of any water hazards such as piers, bridges, docks, vessels, etc.
18	All training sites must be clearly marked, especially where an activity is conducted in areas shared by the general public.
19	Operators shall provide to all board surfing participants a special water survival training briefing, which includes, but is not limited to, drowning prevention techniques.
20	All instructors or employees must be equipped at all times with a fully functional and sufficient: VHF radio, first aid kit, whistle and an emergency cell phone. All personnel must be aware of this equipment and how it is operated.

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE CARRIER FOR APPROVAL.

No.	Explanation and Comments:

I understand that First Flight Insurance Group, Inc. for the insuring carrier, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE & TITLE

\_\_\_\_\_  
 PRINTED NAME & TITLE

\_\_\_\_\_  
 DATE



# FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

**THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY**

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

For residents of 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby <b>ELECT</b> to <b>PURCHASE</b> coverage for acts of terrorism for a prospective premium of <b>15% of premium quoted.</b>	
	I hereby <b>ELECT</b> to have coverage for acts of terrorism <b>EXCLUDED</b> from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.	
Policyholder/Applicant's Signature	DATE	
Print Name	#4472	Syndicate on behalf of certain Underwriters at Lloyd's