



LAND CONSERVANCY APPLICATION

SUBMISSION REQUIREMENTS

- ACORD Applications
- Schedule of vehicles
- Currently valued company loss runs for the current policy period plus four (4) prior years
- The liability waiver/hold harmless agreement the Applicant requires guests to sign, if applicable
- Drivers list with license numbers / dates of birth
- Conservation Application

SECTION I – GENERAL APPLICATION INFORMATION

Applicant Name: _____

Mailing Address: _____

Website Address: _____

FEIN: _____

Year business was established: _____

Number of Board Members: _____

1. Annual operating budget: \$ _____

Primary Funding: Federal State County Other: _____

2. List all individual programs: _____

3. Description of Applicants operations / mission: _____

4. Have there been any claims that allege negligence or failure to comply with any regulatory / licensing guidelines? Yes No

5. Indicate whether the Applicant’s organization or programs provide the following services (check all that apply):

Academic or Vocational School	Land Trust Alliance	Residential / Dormitory
Ameri-Corps	Landscaping	Youthworks Program

6. Has the Applicant discontinued any programs in the past five (5) years? Yes No
If yes, explain: _____

7. Risk Management Contact: _____ Risk Management’s Phone: _____
Risk Management Email: _____

SECTION II – MANAGEMENT PRACTICES / HIRING / STAFFING

1. Type of security provided for the protection of the Applicant’s premises or property:
Guards Video Cameras Other: _____
2. What precautions does the Applicant take to prevent non-staff members from accessing unauthorized areas of the property or project?

Staff

Total number of: Full Time (FT) Employees: Part Time (PT) Employees: Volunteers (Vol):

	# of Employees		# of Contracted		Total Annual Payroll	# of Volunteers	Annual Volunteer Hours Worked
	FT	PT	FT	PT			
Counselors – Youth Mentors					\$		
Ameri-Corps Members					\$		
Tour Guides					\$		
Field Survey Staff					\$		
Teachers – Academic					\$		
Teachers – Vocational					\$		
Conservation/Landscapers work on trails or open space					\$		
Conservation/Landscapers work on buildings or structures					\$		
*Other (describe):					\$		
*Other (describe):					\$		

*Please describe "other" professional staff not listed in the above chart in the provided area.

SECTION III – ABUSE AND MOLESTATION

1. Does the Applicant's current insurance program include Abuse and Molestation coverage? Yes No
 If yes, Occurrence or Claims Made – Retro Date: Limit of Liability: \$
 Carrier: Effective Date:
2. Does the Applicant's employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? Yes No
3. Does the Applicant have a written crisis plan in place for dealing with employees, victims, parents, authorities, and the media if the Applicant has incident of abuse? Yes No
4. Does the Applicant have written procedures for dealing with sexual abuse? Yes No
5. Is there a written supervision plan that monitors staff in day-to-day relationships with staff, both on and off premises? Yes No
6. Are formal written procedures in place for hiring? Yes No
7. Do volunteers work directly with staff? Yes No
8. Is there formal staff training on child / sexual abuse, including how to recognize the signs? Yes No
9. What procedures are in place to make sure no relationship occurs between staff and members?

10. Are there procedures prohibiting closed door one-on-one meetings? Yes No
11. Have any incidents resulted in an allegation of sexual abuse? Yes No
 Was the case settled? Yes No Was the case taken to trial? Yes No
 Amount paid for damages to the victim: \$
12. Does the Applicant run criminal background checks on volunteers BEFORE hiring? Yes No
 If no, do volunteers work directly with any youth? Yes No

SECTION IV – PROPERTY / PREMISES / LIFE SAFETY / EXTERNAL EXPOSURES

1. Number of buildings:
2. Type of construction:
3. Number of stories:
4. Are there sprinklers? Yes No
5. Smoke detectors: Battery Hardwired
 If battery, is there a regular inspection and replacement procedure? Yes No
6. Are Carbon Monoxide Detectors provided (where warranted)? Yes No
7. Are extinguishers provided? Yes No

- | | | | | | | | |
|-----|--|----------|-----------------|----------|---------------|-----------------|----|
| | Is there a regular inspection and replacement procedure? | | | | | Yes | No |
| 8. | Is the fire alarm: | Local | Central Station | Manual | Automatic | | |
| 9. | Does the Applicant have emergency lighting or backup generators in the event of a power failure? | | | | | Yes | No |
| 10. | Are all exits clearly marked & illuminated? | | | | | Yes | No |
| 11. | Does the Applicant have a written emergency evacuation plan? | | | | | Yes | No |
| | If yes, are there emergency evacuation procedures and floor plan posted? | | | | | Yes | No |
| | How often are drills held? | | | | | | |
| 12. | Does the Applicant have a disaster recovery plan in place? | | | | | Yes | No |
| 13. | Is there adequate lighting in the parking area? | | | | | Yes | No |
| 14. | Are security guards / patrols used? | | | | | Yes | No |
| | If yes, are guards: | Armed | Unarmed | Employed | Subcontracted | Off duty police | |
| | Are guards used: | 24 hours | Evenings | Other: | | | |
| | Annual payroll / cost for security patrol: \$ | | | | | | |
| 15. | Is crime and vandalism in neighborhood: | High | Medium | Low | | | |
| 16. | Does the Applicant have any plans for renovations or new construction? | | | | | Yes | No |
| | If yes, explain: | | | | | | |
| 17. | Does the Applicant have a formal maintenance housekeeping program in place? | | | | | Yes | No |
| 18. | Does the property have aluminum wiring? | | | | | Yes | No |

External Exposures

- | | | | |
|-----|--|-----|----|
| 19. | Is property located in known flood zone? | Yes | No |
| 20. | Does the Applicant have a current flood program policy in force? | Yes | No |
| | If yes, attach a copy of the declaration page. | | |
| | If no, would the Applicant be interested in a flood quote (additional information will be needed to obtain a quote)? | Yes | No |
| 21. | Is property located in a known brush / wildfire area? | Yes | No |
| 22. | Is the property located in close proximity to an Earthquake fault? | Yes | No |

SECTION V – FACILITIES AND ACTIVITIES

Please check all applicable facilities and activities associated with the camp:

- | | | | |
|-------------------|----------------------|----------------------------|-------------------------------|
| Aircraft (Flying) | Circus Activities | Off Road Bikes (Motorized) | Skateboarding (ramps / jumps) |
| Adventure Program | Cross Country Skiing | Paintball | Skin or Scuba Diving |
| Alpine Skiing | Dams | Picnic Grounds | Trails |
| Archery | Gymnastics | Play Facilities | Trampolines |
| ATV's | Horse Back Riding | Rafting | Tubing |
| Backpacking | Ice Skating | Rifle Ranges | Water Skiing |
| Bicycling | Kayaking | Rock Climbing / Repelling | Waterslides over 15' high |
| Bridges | Lake or Ponds | Zip Line | Whitewater Canoeing |
| Caving | Lodging Facilities | | |
| Other: | | | |

- | | | | |
|----|---|-----|----|
| 1. | Is ice skating done on a rink and / or lake / pond? | | |
| | Are warning signs posted? | Yes | No |
| 2. | Are NRA standards met with all rifle ranges? | Yes | No |
| 3. | Total number of Dams: # | | |
| | List dams on owned or managed lands: | | |
| | a. Height: Age: Construction: Spillway: | | |
| | b. Height: Age: Construction: Spillway: | | |
| | Note: Downstream exposure is excluded | | |
| 4. | Total number of Bridges: # | | |
| | List bridges (including footbridges) on the Applicant's land: | | |
| | a. Length: Width: Height: Age: Construction: | | |
| | b. Length: Width: Height: Age: Construction: | | |

5. If any of the following activities apply, a supplemental application/questionnaire is required with this submission:

Fireworks Go-carts Paintball Rock Climbing Water Trampolines #

SECTION VI – SPECIAL EVENTS

1. List all special events conducted by the Applicant’s organization:

a. Event name:	Date(s):	Time:	Attendance:
Description:			
b. Event name:	Date(s):	Time:	Attendance:
Description:			
c. Event name:	Date(s):	Time:	Attendance:
Description:			
2. Will liquor be served? Yes No
 If yes, who will serve it:

Applicant’s employees / volunteers	Company hired for event	Individual hired for the event	Provided without separate charge
------------------------------------	-------------------------	--------------------------------	----------------------------------
3. Will the Applicant charge admission to the event? Yes No
4. Is a permit required for this event? Yes No
 If yes, what kind:
5. Will entry forms or waivers be signed? Yes No
 If yes, attach a copy.
6. Will volunteers be used? Yes No
 If yes, in what capacity?
7. Will the Applicant require an additional insured be added for coverage? Yes No
 If yes, attach a copy of Applicant’s contract.
8. List Educational programs conducted by the Applicant’s organization:

a. Program name:	Date(s):	# of hours:	Attendance:
Description:			
b. Program name:	Date(s):	# of hours:	Attendance:
Description:			
c. Program name:	Date(s):	# of hours:	Attendance:
Description:			

SECTION VII – AUTOMOBILE AND DRIVERS

1. Where does the Applicant keep owned vehicles?

Garage	Driveway	Parking Lot	Other:
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2. Are keys locked and secured away from non-drivers when not in use? Yes No
3. Are vehicles with eight or more seating capacity equipped with an audible backup warning device? Yes No
4. Does the Applicant provide transportation for volunteers or participants? Yes No
 If yes, is more than one staff member required in the vehicles? Yes No
5. Does the Applicant transport staff to projects? Yes No
 If yes, how many employees per vehicle?
6. Does the Applicant obtain a written authorization from new hire (driver) to release their driver information PRIOR to hiring? Yes No
 Does the Applicant run / obtain MVRs on all drivers? Yes No
 If yes, how often?
7. Does the Applicant have a formal Accident Review Committee that reviews each driver’s accidents or violations? Yes No
8. Do any employee drivers transport customers that are not employees? Yes No
 If yes, how often does this take place?
9. Does the Applicant contract out any driving services to third-parties? Yes No
10. Explain the Applicant’s driver safety program:

11. Is formal driver training provided for all new employees (who drive owned or non-owned) vehicles during work? Yes No
 If yes, explain the training:
12. Does anyone besides employees drive the Applicant's vehicles? Yes No
 If yes, explain:
13. Does the Applicant allow personal use of the Applicant's vehicles? Yes No
 If yes, by whom and for what reasons?

SECTION VIII – HIRED AND NON-OWNED VEHICLES

1. Does the Applicant use BLM or NFS vehicles? Yes No
 If yes, how many BLM? If yes, how many NFS?
2. Does the Applicant hire vehicles? Yes No
 If yes, what types of vehicles does the Applicant hire?
 Does the Applicant rent or lease vehicles from Enterprise rental program? Yes No
3. Total number of Enterprise vehicles:
 Annual cost of hire other than Enterprise: \$

SECTION IX – ADDITIONAL INSUREDS AND SUBCONTRACTOR INFORMATION

ADDITIONAL INSUREDS (if necessary use another sheet of paper)		
Name	Complete Address	Interest

1. Does the Applicant carry workers compensation insurance on its employees and volunteers? Yes No
2. Does the Applicant use subcontractors in its business? Yes No
3. Does the Applicant always obtain certificates of insurance from subcontractors? Yes No
 If yes, what are the minimum General Liability Limits the Applicant requires?
 Per occurrence: \$ Products and completed operations aggregate: \$
 General aggregate: \$
4. Does the Applicant require all subcontractors to name them as additional insured? Yes No
5. Does the Applicant have a standard formal written contract in place with its contractors? Yes No
 If yes, does the agreement contain an indemnification / hold harmless clause in the Applicant's favor? Yes No
6. How long does the Applicant maintain records of subcontractor documents noted above?

SECTION X – LAKES / PONDS / LAND / TRAILS

1. Does the public have access to the lake area? Yes No
2. Are there boat docks? Yes No
 If yes, where?
3. If swimming is allowed, is there a lifeguard on duty? Yes No
 If yes, during what hours?
4. Lake use (check all that apply):
- | | | | |
|-------------|--------------|---------------|--------------|
| Canoes | Ice Skating | Power Boats * | Swimming |
| Fishing | Jet Skis | Row Boats | Water Skiing |
| Ice Fishing | Paddle Boats | Sail Boats | |

*Maximum horse power and length allowed:

5. Owned Watercraft (List all owned watercraft) Total number of watercraft:

BOAT SCHEDULE (if necessary use another sheet of paper)							
Year	Make & Model	Length	HP	OB / IB / IO	# Pass	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No

6. Non-Owned Watercraft – Describe usage of any non-owned watercraft greater than 55 feet long:

- | | | | |
|---|---------------------|-----|----|
| 7. Is there watercraft rental?
If yes, what types? | Annual receipts: \$ | Yes | No |
| 8. Are there separate and designated usage areas? | | Yes | No |
| 9. Is the lake / pond susceptible to freezing? | | Yes | No |

Land / Trails

- | | | | |
|--|---------------------------|----------------|----|
| 10. How many acres of land is the property on? | | | |
| 11. How many trails does the Applicant: | | | |
| Own: | Approximate no. of miles: | Average width: | |
| Hold easements on: | Approximate no. of miles: | Average width: | |
| Manage under contract: | Approximate no. of miles: | Average width: | |
| 12. Are trails (if listed above) included in the number of acres listed above? | | Yes | No |
| 13. How is land (or trails) used? | | | |
| 14. How is access to the Applicant's land (or trails) controlled? | | | |

- | | |
|-----------------------------------|------------------------------|
| 15. Hours of operation: | |
| 16. Estimated annual receipts: \$ | Number of visitors per year: |

SECTION XI - CAMPS

- | | | |
|--|-----|----|
| 1. Is written permission / waiver of liability obtained from every participant under age 18? | Yes | No |
| 2. What is the average length of stay or project?
Average number of days per project: Number of staff at each project:
Average number of participants per day: | | |
| 3. Number of staff members at each camp: | | |
| 4. Are sleeping quarters co-ed? | Yes | No |
| 5. Are restrooms / showers co-ed? | Yes | No |
| 6. Indicate and describe if any of the following exposures exists in the camp projects:
<div style="display: flex; justify-content: space-around; margin-top: 5px;"> Invasive species removal Landscaping Survey Trail maintenance </div> | | |
| 7. Does the Applicant host field trips?
If yes, please explain: | Yes | No |
| 8. What dormitory or residential provisions are provided to the staff / members: | | |

G97 HCB L=I' WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | |
|---|------|----|-----|
| 1. Fire Protection and Testing | | | |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines) | | | |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 3. Automatic Water Shutoff Devices | | | |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. Unused/Vacant Spaces | | | |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)