



Western Heritage
Insurance Company

Cooper Insurance Service, Inc.
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www.playground-contractors.org

**GENERAL LIABILITY AND PROFESSIONAL LIABILITY APPLICATION
FOR PLAYGROUND CONTRACTORS**
(Installer, Manufacturers/Dealers, Representatives/Distributors, Inspectors)

Applicant's Name and Mailing Address:

Additional Contact Information:

Web site Address: _____

E-mail Address: _____

Audit Contact Name/Phone Number: _____

Inspection Contact Name/Phone Number: _____

(If more than one location, attach separate sheet)

Proposed Policy Period: _____ to _____

(12:01 a.m. Standard Time at the Mailing Address: of the Applicant)

Applicant is:

- Individual
- Partner
- Corporation
- Joint Venture
- Limited Liability Company
- Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

GENERAL INFORMATION

1. Years in business: _____
2. Are you a Certified Playground Installer (NPCAI Playground Construction School)? Yes No
 If yes: NPCAI Certification Number: _____ NPCAI Member Number: _____
 License Number (if state required): _____ Type of License: _____
3. Nature of Operations: _____

4. Have you operated under any other name(s)? Yes No
 If yes, list name, address, years in operation and exposures: _____

5. Are you involved in any operations outside of the playground industry? Yes No
 If yes, describe: _____
6. Are you a subsidiary of another entity or do you have any subsidiaries? Yes No
 If yes, explain: _____
7. Were any operations sold, acquired or discontinued in the last five years? Yes No
 If yes, explain: _____
8. Have you been active in or are you currently active in a joint venture? Yes No
 If yes, explain: _____

LIMITS REQUESTED

LIMITS—GENERAL LIABILITY (OCCURRENCE FORM)	(please indicate if higher limit is desired)
General Aggregate—\$2,000,000	\$
Each Occurrence—\$1,000,000	\$
Products & Completed Operations Aggregate—\$2,000,000	\$
Personal & Advertising Injury—\$1,000,000	\$
Damage to Premises Rented to You—\$100,000	\$
Medical Expense (any one person)—\$1,000	\$

BI/PPD PER CLAIM DEDUCTIBLE (will be issued with no deductible unless noted otherwise):

- \$1,000 \$2,500 \$5,000

UNDERWRITING INFORMATION

1. Operations:

CLASSIFICATION/CODE		SALES	PAYROLL
Manufacturers	59306		
Dealers/Distributor	15062		
Contractor/Installer	97223		
Inspection Work	96317		
Landscaping/Irrigation	97047		
Excavation	94007		

SUBCONTRACTORS	CODE	COST
Subcontracted Work	91581	

2. Does your firm sell or install any of the following items:

OTHER EXPOSURES	SALES	% OF SALES	PAYROLL	% OF PAYROLL
<input type="checkbox"/> Batting cages				
<input type="checkbox"/> Skate parks				
<input type="checkbox"/> Bleachers (height & number of rows)				
<input type="checkbox"/> Water slides/water parks				
<input type="checkbox"/> Bridges (max. height 10 ft.)				
<input type="checkbox"/> Docks/piers/ponds				
<input type="checkbox"/> Climbing walls (no higher than 8 ft.)				
<input type="checkbox"/> Sporting/athletic equipment (need list)				
<input type="checkbox"/> Shade Structures				
<input type="checkbox"/> Surfacing				

3. Special Hazards—do any of your operations involve the following:

- a. Use of cranes? Yes No
 If yes, with or without operators? Yes No
 If yes, length of boom? _____
- b. Demolition of structures? Yes No
- c. Structural alterations? Yes No
- d. Other special hazards? Yes No
 If yes, specify other: _____

If yes to any of the above, please provide full details of all operations: _____

4. Are all products sold manufactured in the United States? Yes No
 List all manufacturers you represent: _____

Are you listed as Additional Insured/Vendor on the manufacturer's policy? Yes No

5. Do you lease employees to or from other employers? Yes No

6. Do you have a written safety program? Yes No

Describe what safety precautions are in place: _____

How do you protect the general public from potential injury? _____

7. Any exposure to flammables, explosives or chemicals? Yes No

If yes, explain: _____

8. Provide average numbers of Additional Insured per year: _____

Provide average number of Additional Insured per year with Completed Ops & Primary and/or Non-Contributory requirements: _____

9. List five of your largest jobs in the last five years:

LOCATION	DESCRIPTION OF JOB	JOB COST	PROJECT DURATION	PROJECT COMPLETION DATE

SUBCONTRACTOR EXPOSURE

1. If you NEVER hire subcontractors, please check here .
2. If you do hire subcontractors, please answer the following questions:
 - a. Are Certificates of Insurance required from subcontractors? Yes No
 - b. Do your subcontractors carry liability coverage with limits equal to or greater than your own limit? ... Yes No
If no, what are the minimum limits you accept?
 - c. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? Yes No
 - d. Are you named as an additional insured on the subcontractors' policy? Yes No

Please explain all no responses to Questions a-d above: _____

- e. How long are Certificates of Insurance kept (should be kept for ten [10] years)? _____
If less than ten (10) years, provide details: _____
- f. What type of work is subcontracted? _____
- g. Does insured provide any Project management, supervision, oversight, engineering or design of projects other than your OWN installations per manufacturers' guidelines?..... Yes No
If yes, provide detailed explanation: _____

SPECIAL ENDORSEMENTS

Please indicate any special endorsements needed:

- | | |
|---|--|
| <input type="checkbox"/> Blanket Additional Insured | <input type="checkbox"/> Completed Operations for Additional Insureds |
| <input type="checkbox"/> Per Project Aggregate | <input type="checkbox"/> Primary and/or Non-Contributory Insurance Basis |
| <input type="checkbox"/> Stop Gap Coverage | <input type="checkbox"/> Waiver of Subrogation |
| <input type="checkbox"/> XCU Coverage | |

CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS

NAME & ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS INSURER AND LOSS HISTORY: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.

YEAR	COMPANY	LIMITS	PREMIUM	CLAIMS PAID/LOSSES RESERVED/DESCRIPTION

1. Is Professional Liability Coverage (E&O) in place? Yes No
 If yes, please provide name of carrier, limits and dates: _____
 If no, subject to Underwriter approval, Professional Liability Coverage will be included in the policy.
 Please include a copy of your current policies.

HISTORY

1. During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to you (Not applicable in Missouri)? Yes No
 If yes, explain reason: _____

2. Were there any bankruptcies, tax or credit liens against you in the past five years? Yes No

3. Have you ever been involved in or are you aware of pending litigations against any contractor or firm concerning construction defect claims? Yes No
 If yes, explain: _____

DEFINITIONS

- **MANUFACTURER:** You are the manufacturer of the product. Submit product brochures, advertising and descriptive materials, quality control protocol and detailed instructions for installation including warnings and defense documents.
- **DEALER/DISTRIBUTOR/MANUFACTURERS REPRESENTATIVE:** You distribute products manufactured by others. Submit a list of manufacturers you represent and whose products you offer for sale to others as well as Certificates of Insurance that confirm you are named as an Additional Insured—Vendor by all manufacturers represented. The Certificates must contain current data.
- **CONTRACTOR:** You and your employees install the equipment and/or hire subcontractors to do the work and you supervise the jobsite. Submit a copy of the contract you use with all subcontractors. The contract must contain a hold harmless clause in your favor, require subcontractors to name you as an additional insured and require subcontractors to carry limits equal to or greater than your coverage. It is your responsibility to solicit any legal interpretations of contract language which requires the above items.
- **INSPECTOR:** You provide an inspection of existing installations to determine if the equipment has any deficiencies. Submit a copy of your certification and copy of your inspection contract.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE, AND THAT NO MATERIAL OR RELEVANT FACTS HAVE BEEN SUPPRESSED OR MISSTATED AND AGREE THAT THE POLICY, IF ISSUED, WILL BE ISSUED ON THE RELIANCE OF SUCH REPRESENTATIONS.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof.

FRAUD WARNINGS

FRAUD WARNING: 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 such person to criminal and civil penalties **(Not applicable in Nebraska, Oregon and Vermont).**

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

NOTICE TO FLORIDA APPLICANTS: 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 the third degree.

NOTICE TO MAINE APPLICANTS: 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.

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

APPLICABLE IN OHIO: Any person who knowingly and with intent to defraud any insurance company 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 such person to criminal and civil penalties.

APPLICABLE IN 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.

FRAUD WARNING (Applicable in 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS: 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.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.