



MARTIAL ARTS SCHOOLS & PROGRAMS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/12 through 12/31/12

New Program Enhancements!

Lower Minimum Premiums; Higher Liability Aggregate Limit; Increased Limit for Medical Payments for Participants; Broadened Liability Coverage Endorsements

Higher liability limits are now available immediately online at www.martialartsinsurance-kk.com

PROGRAM DESCRIPTION

This program has been designed for U.S.-based martial arts schools and other organizations specializing in the instruction of martial arts. Coverage provided includes important liability protection for the school or organization, including its employees and volunteers, for liability claims arising out of its operations. For eligible martial arts schools or programs, your covered operations consist of premises, operations and activities involving registered participants of those activity(s) under your direct supervision or organized by you, which have been reported, paid for and approved by the company along with any ancillary event or activity held directly with the activity(s) at your location(s) or at approved off-site locations on your behalf.

In addition, coverage can also be considered for birthday party(s) supervised by you and related to the above described operations and activities.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

ELIGIBLE OPERATIONS

Schools or organizations providing instruction, practice, demonstrations and exhibitions in the following styles of martial arts are eligible for this program.

Note: If your style of martial arts is not listed, contact us for proper classification.

- Aikido
- Brazilian jiu jitsu
- Capoeira
- Chi kun
- Dim mak *
- Fitness boxing (non-contact)
- Goju-ryu
- Haganah *
- Hapkido
- Jeet kune do
- Judo
- Jujitsu
- Kali/escrima *
- Karate
- Kenjitsu
- Kickboxing (cardio/fitness only)
- Kickboxing (contact/sparring)
- Krav maga
- Kung fu
- Mixed martial arts (Ultimate/extreme/cage fighting)*
- Savate *
- Sayoc kali *
- Shaolinquan
- Taekwondo
- Tai chi
- Taijiquan
- Tang soo do
- Thai boxing/muay thai *
- Wushu

Karate includes various styles such as: Chito-ryu, Goju-ryu, Isshin-ryu, Shuri-ryu, Kyokushinkai, Seido juku, Keichu do, Keichu-ryu, Shorin-ryn, Shotokan, Shito-ryu, Uechi-ryu, Wado-ryu and Yoshukai karate

***Note:** Coverage for these styles apply only to instruction/training type programs. Events/competitions/tournaments in which the insured's members participate with these styles are excluded and not covered under this program.

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to, the following:

- Boxing (contact/sparring)
- Training programs for law enforcement, public safety and military personnel
- Wrestling

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at www.martialartsinsurance-kk.com

OR

Submit this enrollment form, with payment, to K&K.



E-MAIL info@martialartsinsurance-kk.com



FAX 1-260-459-5940



MAIL Regular: Overnight:

| | |
|--|---|
| K&K Insurance Martial Arts RPG P.O. Box 2338 Fort Wayne, IN 46801-2338 | K&K Insurance Martial Arts RPG 1712 Magnavox Way Fort Wayne, IN 46804 |
|--|---|



QUESTIONS Call 1-800-648-6406

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment, or sexual conduct
- Acupuncture and acupressure
- All operations listed as ineligible
- Amusement devices (eg: rides, slides, inflatables, bungees, dunk tanks)
- Asbestos
- Communicable diseases
- Distribution or sale of herbal, medicinal and/or nutritional products
- Employment-related practices
- Fireworks
- Non-registered participants at events/tournaments hosted by the named insured
- Tournaments or competitions involving the following styles: muay thai/thai boxing; kali/escrima; savate; sayoc kali; dim mak; haganah; and full contact mixed martial arts, including but not limited to: cage events, extreme and ultimate fighting
- Transportation of participants
- Use of bladed weapons
- Vertical climbing devices or equipment used for climbing (either permanently affixed or temporarily erected) exceeding ten (10) feet with no safety harness system, unless reported/approved by us

COVERAGES AND LIMITS

| Coverages | Option 1 | Option 2 |
|---|--------------------------------------|--------------------------------------|
| Commercial General Liability | Limits | Limits |
| Each Occurrence | \$ 1,000,000 | \$ 2,000,000 |
| General Aggregate (other than Products-completed Operations) | \$ 5,000,000 (per owned location) | \$ 5,000,000 (per owned location) |
| Products-completed Operations Aggregate | \$ 1,000,000 | \$ 2,000,000 |
| Personal and Advertising Injury | \$ 1,000,000 | \$ 2,000,000 |
| Damage to Premises Rented to You (Fire Legal Liability) | \$ 500,000 | \$ 500,000 |
| Medical Expense (other than participants) | \$ 5,000 | \$ 5,000 |
| Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii) | \$ 1,000,000 | \$ 2,000,000 |
| Professional Liability | \$ 1,000,000 | \$ 2,000,000 |
| Legal Liability to Participants | \$ 1,000,000 | \$ 2,000,000 |
| Medical Payments for Participants (excess) \$250 per claim deductible applies | \$ 150,000 | \$ 150,000 |
| Rates (per student/member) | \$ 17.50 | \$ 22.35 |
| Minimum Premiums | \$ 750.00 | \$ 1,125.00 |

Higher liability limits are available immediately online at www.martialartsinsurance-kk.com

Coverage provided under this program includes:

NEW - Commercial General Liability w/Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury. Additional coverages added with broadening endorsement are:

- Emergency Real Estate Consultant Fee - \$25,000
- Key Individual Replacement Cost - \$50,000
- Temporary Meeting Space - \$25,000
- Workplace Violence Counseling - \$25,000
- Identity Theft Exposure - \$25,000
- Lease Cancellation Moving Expense - \$2,500
- Terrorism Travel Reimbursement - \$25,000

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities of your martial arts school operations.

Professional Liability – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the sports activity.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your covered martial arts school operations. “Participant” means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. The benefit period is two years from the date of the accident.

Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

OPTIONAL COVERAGES AVAILABLE

Non-Registered Member Activity Coverage

This coverage is available for events and/or activities you conduct at your facility that involve non-registered members of your martial arts school and are incidental to your martial arts operations. When reported and paid for, coverage is extended to provide liability and excess medical coverage for non-registered members while participating in an event/activity you are hosting and supervising. Examples of such events and activities are: basketball and/or volleyball programs or classes; camps or clinics; meetings and/or seminars, yoga and/or exercise classes.

Unless this option is purchased, coverage is excluded for non-registered members who participate in any activities referenced above.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with K&K's Martial Arts Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.
3. A birthday party is not considered to be a subsidiary activity and a separate premium charge will apply.
4. Non-registered members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include members of your school if they are charged a separate registration fee to participate in the activity.

| | Option 1 \$1,000,000 CGL Limit | Option 2 \$2,000,000 CGL Limit |
|-------------------------------|---|---|
| Rate (per participant) | \$13.25 | \$17.78 |

Birthday Party Coverage

Coverage can be extended to cover birthday parties held at your martial arts school or organization premises.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with K&K's Martial Arts Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.

| | Option 1 \$1,000,000 CGL Limit | Option 2 \$2,000,000 CGL Limit |
|-------------------------|---|---|
| Rate (per party) | \$16.50 | \$22.00 |

Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Coverage

This coverage reimburses you for up to \$100,000 per claim for defense costs resulting from claims arising out of abuse or molestation.

Coverage Conditions:

1. Coverage is contingent upon review and approval from K&K.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with K&K's Martial Arts Schools & Programs RPG Insurance Program.

| | |
|--------------------------------------|----------|
| Rate (per operating location) | \$500.00 |
|--------------------------------------|----------|

OPTIONAL COVERAGES AVAILABLE CONTINUED

Equipment and Contents Coverage (Inland Marine) with NEW Additional Coverage Endorsement

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

NEW – Additional coverages automatically included in the coverage form are

- Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000)
- Money and Securities Coverage - \$5,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 at premises / \$2,500 away from premises
- Account Receivable Coverage - \$10,000 at premises / \$2,500 away from premises

Coverage Conditions:

1. This coverage is not available in New Jersey.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with K&K's Martial Arts Schools & Programs RPG Insurance Program.
3. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Martial Arts Schools & Programs RPG Insurance Program.
4. Receipt of purchase is required at the time of loss to show verification of purchase for improvements or betterments.

| Rates | | | |
|--------------------------|---------|------------|-----------------|
| Total Value per Location | Rate | Deductible | Minimum Premium |
| \$ 1 - \$ 10,000 | \$.03 | \$ 250 | \$ 100.00 |
| \$ 10,001 - \$ 100,000 | \$.026 | \$ 1,000 | \$ 100.00 |
| \$ 100,001 + | \$.026 | \$ 2,500 | \$ 100.00 |

Hosted Tournament Coverage

Hosted tournaments are those you organize and operate that include participants who are not members of your school or organization. Coverage excludes liability claims by non-registered members/participants that participate in tournaments you host unless this optional coverage is purchased. The named insured and their registered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage. Please contact us for additional information and supplemental questionnaire on this available optional coverage.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with K&K's Martial Arts Schools & Programs RPG Insurance Program.
2. Hosted tournament premiums are 100% fully earned and non-refundable once the tournament begins.
3. The same coverages and limits would apply to this optional coverage as purchased for your school or organization, EXCEPT for medical payments for participants coverage which is not extended to those non-registered members/participants of your hosted tournament (Note: You should require proof of medical payments for participants coverage being in place for all non-registered members/participants taking part in your hosted tournament).

Directors' & Officers' Liability including Employment Practices Liability for Not-for-Profit Organizations

This coverage provides important protection for not-for-profit martial arts schools and organizations for claims arising out of allegations of errors, omissions, or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices. Please contact us for additional information on this available optional coverage.

FREQUENTLY ASKED QUESTIONS

1. How soon does coverage start? When will we receive proof of coverage?

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

2. Can I apply for coverage over the telephone?

Unfortunately, we are not able to accept your enrollment information over the telephone. You can apply for coverage by completing the enrollment form and submitting it to us via e-mail, fax or mail or by purchasing online at www.martialartsinsurance-kk.com.

3. I need to receive a quote from your company, how do I do this?

This program does not offer quotes, as the rates are provided for you within this brochure. Simply complete the premium calculation on page 7 to determine your annual premium and then remit your completed enrollment form with payment to begin coverage. Please note, we cannot bind coverage until the day after we receive both your completed enrollment form and the appropriate payment.

4. We are a newly formed school and we are not sure how many students we will have, how should I report my student count?

You need to report the number of students you project to have within an annual term. You may add additional students at any time by using the martial arts supplemental form.

5. Do you provide coverage for mixed martial arts?

We are able to provide coverage for mixed martial arts, but only for your instructional and training programs. Mixed martial arts events, competitions and tournaments in which you or your members participate are not covered under this program. Refer to the exclusions section of this brochure for other styles that are excluded for tournaments and competitions.

6. Am I allowed to transport students to activities such as classes, tournaments or exhibitions?

This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that you consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.

7. What is a minimum premium?

A minimum premium is the least amount of premium you will be charged for your insurance coverage. example, if the calculated premium for your school or organization is less than the minimum premium, the amount due will be the minimum premium. If the calculated premium for your school or organization exceeds the minimum, the total calculated premium is the premium due.

8. I have been asked by my landlord or sponsor to add them as an "additional insured" to my policy. What does this mean?

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. By providing an entity additional insured status, they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

9. How do I add another entity or organization as an additional insured to my policy?

You may add an entity as an additional insured under the certificate request section of the enrollment form. Please make sure to check the box in the certificate request area noted "additional insured", and provide their entire name, address and relationship to you.

10. Will we receive a policy after submitting the enrollment form?

Coverage offered under this program is exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member will receive their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804.



Enrollment Form Martial Arts Schools & Programs

Valid for effective dates from 1/1/12 through 12/31/12

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 6 - 14) with payment

| | |
|------------------------|--|
| GENERAL INFORMATION | <input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage |
| | Named insured (as it should appear on the policy): _____ <small>(the legal name of the business or organization; an individual name is acceptable if you are a sole proprietor)</small> |
| | Doing business as (DBA): _____ <small>(additional name(s) under which the named insured operates)</small> |
| | Mailing address: _____ |
| | City: _____ State: _____ Zip: _____ |
| | Contact name: _____ Phone: (____) _____ |
| | Cell: (____) _____ Fax: (____) _____ |
| | E-mail: _____ Website: _____ |

| | |
|-----------|--|
| LOCATIONS | List operating locations if different from mailing address. |
| | Location 1: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;">Street AddressCityStateZip</div> |
| | Location 2: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;">Street AddressCityStateZip</div> |

| | |
|-------|--|
| DATES | Coverage will begin the day after the completed enrollment form and premium are received and approved by K&K, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy). |
| | <input type="radio"/> Start my coverage on this date: ____ / ____ / ____ |

| | |
|-------------------------|--|
| BUSINESS INFORMATION | Styles of martial arts offered and any other types of operations/activities provided by your operation. (check all that apply) |
| | <input type="radio"/> Aikido <input type="radio"/> Haganah* <input type="radio"/> Kickboxing (cardio/fitness only) <input type="radio"/> Shaolinquan |
| | <input type="radio"/> Brazilian jiu jitsu <input type="radio"/> Hapkido <input type="radio"/> Kickboxing (contact/sparring) <input type="radio"/> Taekwondo |
| | <input type="radio"/> Capoeira <input type="radio"/> Jeet kune do <input type="radio"/> Krav maga <input type="radio"/> Tai chi |
| | <input type="radio"/> Chi kun <input type="radio"/> Judo <input type="radio"/> Kung fu <input type="radio"/> Taijiquan |
| | <input type="radio"/> Dim mak* <input type="radio"/> Juijitsu <input type="radio"/> Mixed martial arts* <input type="radio"/> Tang soo do |
| | <input type="radio"/> Fitness boxing (non-contact) <input type="radio"/> Kali/escrima* <input type="radio"/> (ultimate/extreme/cage fighting) <input type="radio"/> Thai boxing/muay thai* |
| | <input type="radio"/> Goju-ryu <input type="radio"/> Karate <input type="radio"/> Savate* <input type="radio"/> Wushu |
| | <input type="radio"/> Kenjitsu <input type="radio"/> Sayoc kali* |
| | <input type="radio"/> Other (please describe, subject to approval): _____ _____ |

***Note:** Coverage for these styles apply only to instruction/training type programs. Events/competitions/tournaments in which the insured's members participate with these styles are excluded and not covered under this program.

Do you have any climbing devices exceeding 10 feet in height? Yes No

If yes, please provide:

The maximum height of the climbing device: _____

A description of the device: _____

Is a safety harness required? Yes No

(If over 10 feet, please include pictures of the device with this submission for review. Prior approval is required for climbing walls exceeding 10 feet with no safety harness utilized.)

Do you have any activities that occur away from the facility/premises other than competitions, demonstrations, parades or fundraising activities? Yes No

If yes, please describe: _____

(Activities held off-site must be reported prior to occurring and approved by us except for competitions, demonstrations, parades and fundraising activities.)

Do you have camps/clinics? Yes No

If yes, describe the type of camps/clinics you have along with the events/activities taking place at the camps/clinics: _____

(Non-registered members of your school are excluded from coverage, unless you purchased the non-registered member activity coverage.)

FOR NEW ACCOUNTS ONLY

1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?

Name(s): _____ Expiration date(s): _____

2. Is your current carrier non-renewing your coverage? Yes No

3. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.)

Program Rating

Premium is determined by applying the appropriate option and rate for your school or organization to the greatest number of students/registered members that your program could have annually. **If the total program premium is less than the minimum premium, the total premium due is the minimum premium.**

Quotes for higher liability limits are available immediately online at www.martialartsinsurance-kk.com

| Options | Rates/Premium Calculation | Program Premium |
|--|--|--|
| <input type="radio"/> Option 1 \$1,000,000 CGL Limit | $\$ 17.50 \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ number of students | Minimum Premium = \$750.00 \$ _____ (A) |
| <input type="radio"/> Option 2 \$2,000,000 CGL Limit | $\$ 22.35 \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ number of students | Minimum Premium = \$1,125.00 \$ _____ (A) |

Non-registered Member Activity and Birthday Party Coverage

Please select all of the activities and/or birthday parties you have at your school or organization and report the total number of non-registered or separately enrolled participants in each of the activities listed below along with the number of birthday parties. **Use the rate for the same limit selected above. These activities must be incidental to your martial arts operations.**

| | Type of Activity | No. of Participants | X | \$1 Mil Rate | \$2 Mil Rate | = | Premium |
|---|--|------------------------------|---|--------------|--------------|---|---------|
| <input type="radio"/> | Basketball and/or volleyball programs or classes | | X | \$13.25 | \$17.78 | = | \$ |
| <input type="radio"/> | Camps/Clinics | | X | \$13.25 | \$17.78 | = | \$ |
| <input type="radio"/> | Exercise and/or yoga classes | | X | \$13.25 | \$17.78 | = | \$ |
| <input type="radio"/> | Exhibitions, seminars or demonstrations (involving guest participation) | | X | \$13.25 | \$17.78 | = | \$ |
| <input type="radio"/> | Other (please describe): _____ Note: This is subject to approval by K&K | | X | \$13.25 | \$17.78 | = | \$ |
| <input type="radio"/> | Birthday parties | No. of parties held annually | X | \$16.50 | \$22.00 | = | \$ |
| Non-registered Activity and Birthday Parties Premium (add all lines above) | | | | | | | \$ (B) |

Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Coverage

Coverage is contingent upon underwriting approval and review of the following questionnaire.

1. Are all prospective employees/volunteers required to complete a written application? Yes No
2. Does your employment/volunteer application ask the applicant if they have ever been convicted of a crime? Yes No
3. Are references obtained and checked prior to hiring a staff member? Yes No
4. Do you have frequent discussions with your staff on the importance of providing a safe environment for the children in your care? Yes No
5. Do you have written procedures for responding to a reported abuse incident? Yes No
6. Is a copy of the written procedure provided to each member of your staff? Yes No
7. Is mandatory notification to local law enforcement included in your written procedures? Yes No
8. Is suspension of the accused employee/volunteer part of your written procedure? Yes No
9. Has any member of your organization ever been involved in an incident which resulted in an allegation of abuse or molestation? Yes No

| | Rate / Premium Calculation | Premium Due |
|-----------------------|---|--------------|
| <input type="radio"/> | \$500.00 x _____ Number of Locations | \$ _____ (D) |

Equipment and Contents Coverage (Inland Marine) This coverage is not available in New Jersey.

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

| | |
|---|--------------|
| Individually list any items with values over \$5,000 | Value |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Provide values for categories below
(DO NOT include those values already shown above)

| | |
|---|----------|
| <u>Supplies & Inventory</u> (office supplies, items held for sale) | \$ _____ |
| <u>Equipments & Contents</u> (athletic equipment, electronics, furniture, phone/fax system, office contents, etc.) | \$ _____ |
| <u>Improvements & Betterments</u> (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase. | \$ _____ |
| <u>Signs</u> (indoor or outdoor) | \$ _____ |
| <u>Misc. Equipment</u> - please describe: _____ | \$ _____ |
| _____ | |

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: List physical addresses where equipment and contents are stored

P.O. boxes cannot be accepted

| | | | |
|-------------------|-------|-------|-------|
| Location 1: _____ | _____ | _____ | _____ |
| Address | City | State | Zip |
| Location 2: _____ | _____ | _____ | _____ |
| Address | City | State | Zip |

Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

| Equipment and Contents Premium | |
|--|--|
| <input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply) | |
| $\$.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ <small style="display: block; text-align: center;">Total Replacement Value</small> | \$ _____ (E) <small style="display: block; text-align: center;">Equipment and Contents Premium (\$100.00 minimum premium applies)</small> |
| <input type="radio"/> My total replacement value is over \$10,000 (\$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000) | |
| $\$.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ <small style="display: block; text-align: center;">Total Replacement Value</small> | \$ _____ (E) <small style="display: block; text-align: center;">Equipment and Contents Premium (\$100.00 minimum premium applies)</small> |

| | | | | |
|--|---|------------|------------|-----------------------|
| TOTAL COST SUMMARY | Program Premium (from page 7) | \$ | (A) | |
| | Non-registered Member and/or Birthday Party Premium (from page 8) | \$ | (B) | |
| | Liability Premium (add lines above) | \$ | | |
| | Use this section if purchasing limits above \$2,000,000: If no additional limits are needed, skip this section and add the Liability Premium to the Total Liability Premium line, Line C | | | |
| | If the total \$2,000,000 Liability Premium is the minimum premium, \$1,125.00 For Additional \$1,000,000 (\$3,000,000 Total CGL Limit), Add \$250.00 <input type="radio"/> For Additional \$2,000,000 (\$4,000,000 Total CGL Limit), Add \$500.00 <input type="radio"/> For Additional \$3,000,000 (\$5,000,000 Total CGL Limit), Add \$750.00 <input type="radio"/> | | | |
| | If the total \$2,000,000 Liability Premium is above \$1,125.00, contact K&K for more details and a quote. | | \$ _____ | Additional amount due |
| | Total Liability Premium (add all lines above) | \$ | (C) | |
| | Optional Coverages: | | | |
| | Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Premium | \$ | (D) | |
| | Equipment and Contents Premium | \$ | (E) | |
| | Total Premium Due-subtotal (add lines C, D & E above) | \$ | (F) | |
| | Florida Applicants Only Florida applicants need to add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the amount due. | | | |
| Total Premium Due (total premium due, Line F x 1.013) | \$ | (G) | | |
| Annual Risk Purchasing Group Membership Fee (Required) | \$ 10.00 | (H) | | |
| Total Cost Due: Lines F + G + H | | | | |

| | | |
|--------------------------------------|--|-------------|
| DOCUMENT DELIVERY | You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option. | |
| | <input type="radio"/> E-mail to: _____ | attn: _____ |
| | (selecting this option confirms your consent for coverage documents to be delivered via e-mail) | |
| | <input type="radio"/> Fax to: _____ | attn: _____ |
| <input type="radio"/> Mail to: _____ | attn: _____ | |

CERTIFICATE REQUESTS

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

This certificate is for our: Program coverage (commercial general liability) Equipment and contents coverage

Check the type of certificate you are requesting:

Additional insured Evidence of coverage Loss payee

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Mortgagee

Franchisor Lessor of equipment and contents

Other (please identify/explain): _____

Special certificate language needed (please explain/attach): _____

Date certificate needed by: _____ / _____ / _____

If applicable:

RE: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____

Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M.

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

For loss payee:

Type of equipment (please describe): _____

Limit: _____

AGENTS ONLY

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/contact name: _____

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax ID #: _____

Note: Agents do not have authority to issue binders or a certificate of insurance on behalf of this program. A 10% commission is available to licensed agents for this program. Please remit net payment.

UW Rec:____/____/____ Status: N R Broker: Y N Comm:_____% OPS Rec:____/____/____
 GL Exp Policy #:_____/CP #:____ Exp Dates:____/____/____ to ____/____/____
 IM Exp Policy#:_____ Exp Dates:____/____/____ to ____/____/____
 SAM IM D&O GL Option:_____ Delivery: M F E Date: ____/____/____ Pay Plan:____ Bill: AB AD CBG
 Opt Form: 2026 2011 8016 8018 876 2404 Comments:_____
 GL Policy #:_____/CP #:_____ GL Prem:_____ Eff Date:____/____/____ to ____/____/____
 IM Policy #:_____ IM Prem:_____ SAM Policy #:_____ SAM Prem:_____
 D&O Policy #:_____ D&O Prem:_____ Insured #:_____

**PREMIUMS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS
 COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED
 IN EFFECT UNTIL PREMIUM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

Select Payment Plan: Check one:

- 100% Plan**
 - 100% of the total premium is due to bind coverage
 - 30% / 70% Plan**
 - 30% of the total premium + \$10 RPG fee is due to bind coverage
 - Florida Applicants must also include the entire 1.3% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage
 - The balance of the premium (70%) will be due within 30 days of the effective date
 - 25% + 3 Plan**
 - 25% of the total premium + \$10 RPG fee is due to bind coverage
 - Florida Applicants must also include the entire 1.3% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage
 - The balance of the premium will be due in (3) consecutive monthly installments
- Check here if you prefer to be mailed an invoice for any future balances/installments.**

If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box above.

Making your Payment:

- Check:** Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____
- Credit Card:** If you are making your payment by credit/debit card, please complete the following:
 - VISA MASTERCARD DISCOVER AMERICAN EXPRESS
 - Card number: _____
 - Reference number (last 3 digits on back of card): _____ Expiration date: _____
 - I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____
 - Print name (as on card): _____
 - Cardholder signature:** _____

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

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 of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA 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 of the third degree.

APPLICABLE IN HAWAII For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA **WARNING:** 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.

APPLICABLE IN 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.

READ AND SIGN

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Acupuncture and acupressure; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designated for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Communicable diseases; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Non-registered participants at events/tournaments hosted by the named insured; Performers (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Rodeos; Saddle animals; Snowmobiles; The sale or distribution of herbal, medicinal and/or nutritional products; Tournaments or competitions involving the following styles: Muay thai/Thai boxing; Kali/escrima; Savate; Sayoc kali; Dim mak; Haganah; Full contact and submission mixed martial arts, including but not limited to: cage events, extreme fighting and ultimate fighting; Transportation of athletes/participants; Use of bladed weapons; Vertical climbing devices or equipment used for climbing (either permanently affixed or temporarily erected) exceeding ten (10) feet with no safety harness system, unless reported/approved by us; Those operations listed as ineligible: Boxing (contact/sparring); Training programs for law enforcement, military or public safety personnel; Wrestling

WARRANTY AND DISCLOSURE STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form 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.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to: underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium. The total may also include an annual RPG membership fee up to ten dollars.

I understand that subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant or agent signature: _____ Date: _____

Printed name: _____ Title: _____

If an agent: Check here to acknowledge you are signing on behalf of the named insured.

Named insured (from page 6): _____