



FITNESS INSTRUCTOR

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 12/1/11 through 11/30/12

PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of a U.S.-based personal training, exercise, aerobic or yoga/pilates instructor directly supervising an individual or group engaged in fitness and exercise activities.

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

This program does not provide coverage for the operation, ownership or maintenance of a fitness, sports or dance facility. For information regarding coverage for a facility, please call 1-800-506-4856.

INELIGIBLE OPERATIONS

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

- Acrobatic/partner yoga instructors
- Certified athletic trainers
- Coaching of competitive athletic teams
- Instructors under the age of 18
- Instructors operating outside of the U.S.
- Instruction of sports skill activities*
- Instructor's employment as an exempt or a non-exempt employee of a school, university or college

* Information and applications for sports instructor insurance are available at www.sportsinsurance-kk.com or by calling our office at 1-800-426-2889.

ELIGIBLE OPERATIONS

An instructor age 18 or older conducting private or group instruction for any of the following is eligible to enroll in this program:

- Aerobics
- Aquatic exercise
- Cardio kickboxing
- Children's fitness programs
- Dance
- Exercise
- Fitness bootcamp
- GYROTONIC®
- Personal training
- Pilates
- Qigong
- Spinning
- Strength
- Tai Chi
- Yoga
- ZUMBA®

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing on-line at www.fitnessinsurance-kk.com

OR

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



E-MAIL info@fitnessinsurance-kk.com



FAX 1-260-459-5590



MAIL

Regular: K&K Insurance
Fitness RPG Programs
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance
Fitness RPG Programs
1712 Magnavox Way
Fort Wayne, IN 46804



QUESTIONS Call 1-800-506-4856

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 K&K Insurance Group, Inc.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Dietician services
- Employment-related practices
- Medical, therapy or health care services
- Operation, ownership or management of a fitness, dance or sports facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal medicinal and/or nutritional products
- Training programs for law enforcement, public safety and military personnel
- Those operations listed as ineligible
- Weight control programs

COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 6
Commercial General Liability (CGL)	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 1,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Legal Liability to Participants	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Professional Liability	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
Premiums:					
Certified Instructor - 1 year	\$ 144.00	\$ 179.00	\$ 269.00	\$ 519.00	\$ 1,019.00
Certified Instructor - 2 years	\$ 258.00	\$ 323.00	\$ 484.50	Not Available	Not Available
Non-Certified Instructor - 1 year	\$ 184.00	\$ 230.00	\$ 345.00	\$ 595.00	\$ 1,095.00
Non-Certified Instructor - 2 years	\$ 331.00	\$ 414.00	\$ 621.00	Not Available	Not Available

Refer to page 5 for \$4,000,000 CGL premium rates (option 5)

Coverage provided under this program includes:

Commercial General Liability – 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.

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in fitness/exercise activities under the direction of the insured.

Professional Liability – provides protection against wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of fitness/exercise activities) that occur under the operations of the insured.

Abuse, Molestation, Harassment, or Sexual Conduct Defense Cost Reimbursement – this coverage reimburses you for up to \$100,000 for defense costs resulting from claims out of abuse or molestation.

FREQUENTLY ASKED QUESTIONS

1. Can I apply for coverage over the phone?

Unfortunately, we are not able to accept your enrollment information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to K&K via e-mail, fax or mail.

2. What is a general aggregate?

This is the maximum amount to be paid out in any policy period for all losses.

3. What types of fitness certifications are acceptable to obtain the premium discount?

An acceptable certification or accreditation program is one that establishes standards and guidelines for the delivery of quality and professional fitness services as well as the development of ethic statements for fitness professionals. An individual will take a series of classes with testing at the end to become a certified professional in a fitness program. Normally to maintain certification yearly continuing education classes are required. A few examples of acceptable certifications are: AFAA, ACE, NAFTA, NASM, NESTA, ISSA, Cooper Institute, Yoga Alliance and Stott Pilates (SPX).

4. What are certificate requests? How do I complete this section on the enrollment form?

A certificate is a document prepared by K&K providing you evidence of insurance. You will automatically receive a certificate providing proof of coverage once coverage is bound. You only need to complete the certificate request section if you have been asked to provide another certificate, to an entity such as the facility where you work.

5. I have been asked by the facility that I instruct at to add them as an "additional insured" to my policy. What does this mean and how do I do that?

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

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please remember to provide their complete name, address and relationship to you. All requests must be in writing.

6. I need \$4,000,000 in CGL coverage. Is this option available?

Yes. Please refer to page 5 for rates.

7. Will I receive a policy after I submit the enrollment form?

No. You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each member—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 - Fitness Instructor Insurance

Valid for effective dates from 12/1/11 through 11/30/12

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 4 - 9) with payment

GENERAL INFORMATION

I am a new account I am renewing my coverage

Instructor's name (as it should appear on the policy): _____

Doing business as (DBA): _____
(additional name(s) under which the named insured operates)

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

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.)

Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION

Type of instructor (check all that apply):

<input type="radio"/> Aerobics	<input type="radio"/> Dance	<input type="radio"/> Personal training	<input type="radio"/> Strength
<input type="radio"/> Aquatic exercise	<input type="radio"/> Exercise	<input type="radio"/> Pilates	<input type="radio"/> Tai chi
<input type="radio"/> Cardio kickboxing	<input type="radio"/> Fitness bootcamp	<input type="radio"/> Qigong	<input type="radio"/> Yoga
<input type="radio"/> Children's fitness programs	<input type="radio"/> GYROTONIC®	<input type="radio"/> Spinning	<input type="radio"/> ZUMBA®

Are you age 18 or older? Yes No

Do you conduct operations outside of the United States? Yes No

Do you own or operate your own fitness or dance studio? Yes No

(If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf.)

Do you provide instruction of sports skills? Yes No

(Sports skills instructors should apply for coverage through K&K's Sports Instructor Insurance Program.)

Coverage is not provided for an instructor's employment as an exempt or non-exempt employee of a school, university or college; for the coaching of organized competitive athletic teams; for activities of a certified athletic trainer; acrobatic/partner yoga instructors, and the operation, ownership or maintenance of a fitness, dance or sports facility.

Please check the appropriate program and option:

I am a Certified instructor (certificate information must be provided)

Certification organization: please check all that apply on page 6

Certification number and their expiration date(s): _____

PREMIUM CERTIFIED	Options	Limits of Liability (CGL)	1 – Year Premium	2 - Years Premium	Florida Applicant	
					1- Year Premium	2 – Years Premium
	Option 1	\$ 500,000	<input type="radio"/> \$ 144.00	<input type="radio"/> \$ 258.00	<input type="radio"/> \$ 145.87	<input type="radio"/> \$ 261.35
	Option 2	\$ 1,000,000	<input type="radio"/> \$ 179.00	<input type="radio"/> \$ 323.00	<input type="radio"/> \$ 181.33	<input type="radio"/> \$ 327.20
	Option 3	\$ 2,000,000	<input type="radio"/> \$ 269.00	<input type="radio"/> \$ 484.50	<input type="radio"/> \$ 272.50	<input type="radio"/> \$ 490.80
	Option 4	\$ 3,000,000	<input type="radio"/> \$ 519.00	Not Available	<input type="radio"/> \$ 525.75	Not Available
	Option 5	\$ 4,000,000	<input type="radio"/> \$ 769.00	Not Available	<input type="radio"/> \$ 779.00	Not Available
	Option 6	\$ 5,000,000	<input type="radio"/> \$1,019.00	Not Available	<input type="radio"/> \$1,032.25	Not Available

I am a Non-certified Instructor

PREMIUM NON-CERTIFIED	Options	Limits of Liability (CGL)	1 – Year Premium	2 - Years Premium	Florida Applicant	
					1- Year Premium	2 – Years Premium
	Option 1	\$ 500,000	<input type="radio"/> \$ 184.00	<input type="radio"/> \$ 331.00	<input type="radio"/> \$ 186.39	<input type="radio"/> \$ 335.30
	Option 2	\$ 1,000,000	<input type="radio"/> \$ 230.00	<input type="radio"/> \$ 414.00	<input type="radio"/> \$ 232.99	<input type="radio"/> \$ 419.38
	Option 3	\$ 2,000,000	<input type="radio"/> \$ 345.00	<input type="radio"/> \$ 621.00	<input type="radio"/> \$ 349.49	<input type="radio"/> \$ 629.07
	Option 4	\$ 3,000,000	<input type="radio"/> \$ 595.00	Not Available	<input type="radio"/> \$ 602.74	Not Available
	Option 5	\$ 4,000,000	<input type="radio"/> \$ 845.00	Not Available	<input type="radio"/> \$ 855.99	Not Available
	Option 6	\$ 5,000,000	<input type="radio"/> \$1,095.00	Not Available	<input type="radio"/> \$1,109.24	Not Available

TOTAL COST SUMMARY		
Program Premium (from above)	\$	
Annual Risk Purchasing Group Membership Fee (required)	\$	10.00
Total Cost Due	\$	

COSTS ARE 100% 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.

CERTIFICATE REQUESTS	
	You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates.
	Indicate the type of certificate that you are requesting: <input type="radio"/> Additional insured OR <input type="radio"/> Evidence of coverage
	Certificate holder/entity name: _____
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Relationship to you: <input type="radio"/> Owner/lessor of premises <input type="radio"/> Sponsor <input type="radio"/> Co-promoter
	Special certificate language needed (please explain or attach information): _____

	Date certificate needed by: _____ / _____ / _____

Certification Listing - please check those certifications that you currently hold:

- 7 Centers Yoga Arts
- AAI
- AABS
- AAHRFFP
- AAPTE
- ABSolution
- ACE
- ACIM/CPTF
- Accredited Fitness Related Degree
- ACSM
- AEA (if qualified)
- AFAA
- AFPA
- AFTA
- Amazing Athletes
- American Ballet Theatre (ABT)
- AMFPT
- An Coimisium le Rinci Gaelacha
- Army Physical Fitness Course
- Arthur Murray
- ASFA
- ATA
- Art of Strength-Kettleball
- Balanced Body University
- BASI Pilates
- BFIT
- Bikram's Yoga College of India
- Body Access
- Body Balance Movement Therapy
- BTFA
- Burdenko Method
- Centerspace
- Chi For Longevity
- Child Light Yoga
- Clinical Exercise Physiologist
- Cooper Institute
- Core Dynamics Pilates
- Core Power Yoga
- Corfit
- Crossfit
- CSCCa
- Designing Bodies
- Devalila Yoga Teacher Training
- ECA
- ECITS
- ESA
- Excel Pilates
- Expert Rating
- Fit Forever
- FitLaunch
- Fitness Firm
- Fitness Institute International
- Fitness Together
- Fitour
- Fitour Pilates
- FRA
- Franklin - Methode
- Gyrokinesis
- GYROTONICS®
- GYROTONICS® Sales Corp.
- Health & Exercise Sciences Degree
- Health Wellness & Fitness Professional
- Healthy Me Cardio Kickboxing
- HFI
- IDEA
- IFA
- IFPA
- IFTA
- IM=X Pilates
- Integral Yoga
- International Pilates
- INTRAFITT
- ISCA
- ISFTA
- ISMA
- ISSA
- It's Yoga
- IYANGNY/Iyengar Yoga
- Johnny G Spinning
- Karuna Yoga
- Kore Pilates
- Kripalu Center for Yoga & Health
- LesMills Body Flow
- MadDog Spinning
- Mind/Body Meditation
- Momentum
- NAFC
- NAFF
- NAFTA
- NAHF
- NASM
- NATA
- National Dance Council of America
- National Institute of Health Science (NIHS)
- National Institute of Preventive Medicine
- NCCPT
- NCEP
- NCSF
- NCSM
- NDEITA
- NESTA
- NETA
- NFPA
- NFPT
- NFTA
- NGA
- NHCA
- NIA
- NPTI
- NSCA
- NSPA
- Parrillo Performance
- Pavel Tsatsouline
- Peak Pilates
- Performing Arts - Dance Degree
- Personal Trainer Program
- PFIT
- Physical Mind Institute
- Pilates Academy International
- Pilates Certifications Center Inc
- Pilates Elite
- Pilates Institute of Southern California
- Pilates Method Alliance (PMA)
- Pilates Santa Fe
- Pilates Teacher Training Program
- Pilates Training Institute
- PIYo
- PLC/Pilates Leadership Concepts
- Polestar
- Power Pilates
- Powerhouse Pilates
- Regeneration Institute of Pilates
- Retrofit Pilates
- Romana's Pilates
- Royal Academy of Dance
- Russian Kettlebell Challenge
- S.S. & Company
- Sal Anthony's Movement Salon
- Scirion Institute of Exercise Physiology
- SCW (Les Mills)
- Senior Fitness Assoc. (SFA)
- Sheppard Method
- SMART
- SPA
- Spinning.com
- Stott Pilates (SPX)
- Synergy Fitness Professionals
- Tai Chi 24
- Tai Chi Teacher Training
- Tai Chi Health
- The Kundalini Research Institute
- The Pilates Center
- USA Boxing
- USA Weightlifting
- USISTD (US Imperial Society of Teachers for Dance)
- USWFA
- Vishwa Yoga Darsha – Ashram
- WFA (World Fitness Assoc.)
- WITS
- YMCA
- Yoga Alliance
- Yoga Fit
- Yoga Institute
- Yoga Works
- Zumba®
- Other:

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. Please select only one option.

- E-mail to: _____ attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- Fax to: _____ attn: _____
- Mail to: _____ attn: _____

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 I.D.: _____

Note: There are no commissions included in this program unless purchased online at www.fitnessinsurance-kk.com. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to K&K. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: Abuse, molestation, harassment or sexual conduct; 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, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed 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); Dietician services; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of a fitness, dance or sports facility; Performers; Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of medicinal, herbal and/or nutritional products; Snowmobile; Training programs for law enforcement, public safety and military personnel; Weight control programs; Those operations listed as ineligible: Acrobatic/partner yoga instructors, Certified athletic trainers, Coaching of competitive athletics, Instructors under the age of 18, Instructors operating outside of the U.S., Instruction of sports skills activities, Instructor's employment as an exempt or non-exempt employee of a school, university or college

PAYMENT INFORMATION

- 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

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.

FOR K&K USE ONLY

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 #: _____