



HEALTH CLUB-LIMITED SERVICES PROGRAM

Insurance Program and Enrollment Form

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

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

PROGRAM DESCRIPTION

This program has been designed for U.S.-based owners and operators of health clubs offering programs and services that may include personal training, aerobics, yoga, pilates, free weights, resistance machines, cardio machines and a variety of exercise classes for members. Coverage provided includes important liability protection for the health club, including its employees, for liability claims arising out of the operations of the health club at a designated location. Note: coverage does not extend to independent contractors of the health club unless the optional coverage available with this program is purchased.

Optional coverages available under this program include professional liability for independent contractors, coverage for equipment and contents of the health club, medical payments for participants (members) of the health club and off-site operations.

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

INELIGIBLE OPERATIONS

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

- Unattended/unstaffed 24 hour key card/key pad/key code access operations or unattended/unstaffed operations
- Annual sales more than \$500,000
- Childcare services/facilities
- Climbing walls
- Cycling (other than stationary)
- Dance, gymnastics and martial arts schools/studios *
- Facilities or operations outside of the U.S.
- Ice skating, roller skating or skating treadmills
- Medical, therapy or health care services
- Physical therapy
- Physicals or stress testing
- Salon services or indoor tanning
- Saunas or steam rooms
- Sports medicine
- Sports rehabilitation services/therapy
- Sports skills instructional facilities, academies, schools or programs
- Swimming pools, hot tubs, whirlpools, jacuzzis or cold plunge

*For information regarding customized insurance programs for dance, gymnastics and martial arts schools/studios, please contact K&K.

ELIGIBLE OPERATIONS

U.S.-based health clubs with annual sales of \$500,000 or less qualify for this program

Note: Health clubs that offer programs and services that are not eligible for this program should contact K&K for other available insurance programs.

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
- Acupuncture
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- Dietician services
- Employment-related practices
- Fungi or bacteria
- Lead
- Massage therapy
- Nuclear energy liability
- Sale or distribution of herbal, medicinal and/or nutritional products
- Training programs for law enforcement, public safety and military personnel
- Weight control programs

COVERAGES AND LIMITS

Select one of the following options that best fits your business needs.

On-site Coverage:

Applies to the instruction activities of you and your employees and the business operations at your insured premises only.

On-site and Off-site Coverage:

Applies to the instruction activities of you and your employees and the business operations at your insured premises and also extends to locations away from your insured premises (e.g.: training or class instruction at other locations).

Coverages	On-site Health Club Coverage		On-site and Off-site Health Club Coverage	
	Option 1	Option 2	Option 1	Option 2
Commercial General Liability Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000 per owned location	\$ 4,000,000 per owned location	\$ 3,000,000 per owned location	\$ 4,000,000 per owned location
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Rates (per \$1,000 of annual sales)	\$ 7.00	\$ 10.50	\$ 7.70	\$ 11.55
Minimum Premiums	\$1,000.00	\$1,500.00	\$1,100.00	\$1,650.00

* Visit www.fitnessinsurance-kk.com for Higher Liability Limits *

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.

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

Professional Liability for Independent Contractors (non-employees)

This coverage option allows you to purchase professional liability for those independent contractor (non-employees) instructors or trainers while conducting instruction activities on behalf of your health club operations. Coverage can apply to your reported location(s) only or can also be extended to include any off-site operations you may have.

Coverage Conditions:

1. You must have commercial general liability coverage for your facility with K&K's Health Club-Limited Services RPG Insurance Program and coverage must follow the same limit option purchased for your location(s).
2. Coverage will be effective the day after we receive the request with premium and will expire on the expiration date of your Health Club-Limited Services RPG Insurance Program.
3. An instructor age 18 or older conducting private or group instruction on your behalf for any of the following is eligible for this coverage.

<ul style="list-style-type: none"> • Aerobics • Cardio kickboxing • Children's fitness programs • Dance 	<ul style="list-style-type: none"> • Exercise • GYROTONIC® • Fitness bootcamp • Personal training 	<ul style="list-style-type: none"> • Pilates • Spinning • Tai chi • Yoga 	<ul style="list-style-type: none"> • ZUMBA®
---	---	--	--
4. Ineligible instructors or those offering the following operations that are not eligible for this coverage are:

<ul style="list-style-type: none"> • Certified athletic trainers • Coaching of competitive athletic teams • Instructors under the age of 18 • Instructors operating outside of the U.S. 	<ul style="list-style-type: none"> • Instruction of sport skills activities • Instructor's employment as an exempt or non-exempt employee of a school, university or college
---	--

Rates (per instructor)	Option 1 \$1,000,000 Limit	Option 2 \$2,000,000 Limit
On-site coverage only	\$ 155.00	\$ 232.50
On-site and off-site coverage	\$ 170.00	\$ 255.00

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 health club with K&K's Health Club-Limited Services 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 Health Club-Limited Services 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

OPTIONAL COVERAGES AVAILABLE CONTINUED

Medical Payments for Participants Coverage

This coverage pays the medical and dental expenses incurred by a "participant" when an accidental injury occurs while participating in fitness or exercise activities at the insured's owned/operated locations. "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. A \$100 corridor deductible applies to each claim, and the benefit period is two years from the date of the accident.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your location(s) with K&K's Health-Club Limited Services RPG Insurance Program.
2. This coverage does not extend to off-site operations.

Limit	Deductible	Rate	Minimum Premium
\$5,000 (per claim)	\$100 (corridor deductible)	\$10.00 (per participant)	\$1,000.00

FREQUENTLY ASKED QUESTIONS

1. Does this policy provide coverage for the owner(s) of the health club and any of its employees?

Yes, this program provides commercial general liability as well as legal liability to participants and professional liability for the insured's owned/operated location(s) and any employees of the named insured while working on their behalf.

2. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the health club?

Independent contractors (non-employees) are covered only if the optional coverage available with this program is purchased. If this optional coverage is not purchased, as a health club owner, you need to require that all independent contractors (non-employees) working at your location(s) obtain professional liability coverage and name your business as an additional insured to their instructor policy and submit proof of this coverage to you.

3. Does coverage extend to off-site health club operations?

Coverage only extends to off-site operations if that coverage option is chosen. Otherwise, coverage is limited to the premises address of the health club location(s).

4. I have been asked by my landlord 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 the policy limits have not been exhausted) under your policy with no responsibility for premium payments.

5. Is Abuse and Molestation coverage available?

Yes, we are able to provide coverage upon receipt of a completed questionnaire and approval from the carrier that reimburses you for up to \$100,000 per claim for defense costs resulting from claims arising out of abuse, molestation, harassment or sexual conduct. If approved, an additional premium charge will apply. Please contact K&K for the questionnaire.

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

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 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 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 - Health Club-Limited Services 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 5 - 12) with payment

We can offer limits above \$2,000,000. Quotes available immediately for higher limits online at www.fitnessinsurance-kk.com

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): _____ (the legal name of the organization or business; typically the name that would appear on any contracts or agreements)	
	Doing business as (DBA): _____ (additional name(s) under which the named insured operates)	
	Mailing address: _____	
	City: _____ State: _____ Zip: _____	
	Contact name: _____ Phone: (____) _____	
	Cell: (____) _____ Fax: (____) _____	
	E-mail: _____ Website: _____	

LOCATIONS	List operating locations if different from mailing address.				
	Loc #1:	_____			
		Street Address	City	State	Zip Code
	Loc #2:	_____			
	Street Address	City	State	Zip Code	

DATES	Annual 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	Are employee(s) or a company representative on site during all open hours? <input type="radio"/> Yes <input type="radio"/> No	
	FOR NEW ACCOUNTS ONLY, please complete the following:	
	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? <input type="radio"/> Yes <input type="radio"/> 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.) _____		

- Do you have locations or any operations outside of the U.S.? Yes No
- Is your health club a dance, gymnastics or martial arts school/studio? Yes No
- Does your health club have any of the following features or services?
- Childcare services Yes No
 - Climbing walls Yes No
 - Ice skating, roller skating or skating treadmills Yes No
 - Medical, therapy or health care services Yes No
 - Physical therapy, physicals or stress testing Yes No
 - Salon services or indoor tanning Yes No
 - Sports medicine Yes No
 - Sports rehabilitation services/therapy Yes No
 - Sports skills instructional programs Yes No
 - Swimming pools, saunas, steam rooms, hot tubs, whirlpools, jacuzzis or cold plunge Yes No

The exposures/activities listed above are not eligible under this program. If you have answered yes to any of the questions, please contact our office to determine if other coverage/program options are available, or visit www.fitnessinsurance-kk.com to review additional fitness insurance programs available.

Are all individuals (including instructors and trainers) working in your health club your employees? Yes No

If no, please list all individuals who are independent contractors (non-employees) working at your health club. If additional space is needed, please attach a separate list to this enrollment form.

Name(s) of Independent Contractor(s) at Your Health Club	Does This Individual Carry Their Own Professional Liability Insurance?
	<input type="radio"/> Yes, their limit of coverage is \$ _____ <input type="radio"/> No, purchasing the optional coverage available with this program
	<input type="radio"/> Yes, their limit of coverage is \$ _____ <input type="radio"/> No, purchasing the optional coverage available with this program
	<input type="radio"/> Yes, their limit of coverage is \$ _____ <input type="radio"/> No, purchasing the optional coverage available with this program
	<input type="radio"/> Yes, their limit of coverage is \$ _____ <input type="radio"/> No, purchasing the optional coverage available with this program
	<input type="radio"/> Yes, their limit of coverage is \$ _____ <input type="radio"/> No, purchasing the optional coverage available with this program

Select an option and calculate premium.

- Check if a higher liability (CGL) limit is needed and to obtain a quote. Limit requested: \$ _____
 Quoted Premium Due: \$ _____ (Office Use Only)

On-site Health Club Coverage		On-site and Off-site Health Club Coverage	
Coverage only applies to the operations of the health club at their own insured location(s).		Coverage applies to the operations of the health club at their own insured location(s) and also extends to their operations conducted at locations owned/operated by others.	
<input type="radio"/> Option 1 \$1,000,000 Limit Rate = \$.007 Minimum Premium = \$1,000.00	<input type="radio"/> Option 2 \$2,000,000 Limit Rate = \$.0105 Minimum Premium = \$1,500.00	<input type="radio"/> Option 1 \$1,000,000 Limit Rate = \$.0077 Minimum Premium = \$1,100.00	<input type="radio"/> Option 2 \$2,000,000 Limit Rate = \$.01155 Minimum Premium = \$1,650.00

Annual Sales	X	Rate	=	Premium
\$ _____	X	\$ _____	=	\$ _____
Minimum Premium Please enter minimum premium from above.				\$ _____
Program Premium If the total calculated premium is less than the minimum premium, the premium due is the minimum premium.				\$ _____

Professional Liability for Independent Contractors (non-employees) Coverage

Premium is determined by applying the appropriate rate to the total number of independent contractors (non-employees) which you are seeking coverage for. Coverage for these instructors only applies while conducting activities on behalf of your health club. You must choose the same limit option that was selected for your health club above.

Name of Instructor	Type of Coverage Needed
1.	<input type="radio"/> On-Site Only <input type="radio"/> On-Site & Off-Site
2.	<input type="radio"/> On-Site Only <input type="radio"/> On-Site & Off-Site
3.	<input type="radio"/> On-Site Only <input type="radio"/> On-Site & Off-Site

On-site Coverage Only

Option 1 \$1,000,000 Limit	<input type="radio"/> \$155.00 x _____ = \$ _____ # of Instructors Prof. Liability Premium
Option 2 \$2,000,000 Limit	<input type="radio"/> \$232.50 x _____ = \$ _____ # of Instructors Prof. Liability Premium
Higher Limit Option \$ _____	<input type="radio"/> \$ _____ x _____ = \$ _____ # of Instructors Prof. Liability Premium

On-site and Off-site Coverage

Option 1 \$1,000,000 Limit	<input type="radio"/> \$170.00 x _____ = \$ _____ # of Instructors Prof. Liability Premium
Option 2 \$2,000,000 Limit	<input type="radio"/> \$255.00 x _____ = \$ _____ # of Instructors Prof. Liability Premium
Higher Limit Option \$ _____	<input type="radio"/> \$ _____ x _____ = \$ _____ # of Instructors Prof. Liability Premium

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)

Supplies & Inventory (office supplies, items held for sale) \$ _____

Equipment & Contents (athletic equipment, electronics, furniture, phone/fax system, office contents, etc.) \$ _____

Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) \$ _____

Signs (indoor or outdoor) \$ _____

Misc. Equipment – please describe _____ \$ _____

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

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

• No P.O. boxes can 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

My total replacement value is between \$1 – \$10,000
 (\$250 deductible will apply)
 \$.03 x \$ _____ = \$ _____ \$ _____
Total Replacement Value Equipment and Contents Premium
(\$100.00 minimum premium applies)

My total replacement value is over \$10,000
 (A \$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)
 \$.026 x \$ _____ = \$ _____ \$ _____
Total Replacement Value Equipment and Contents Premium
(\$100.00 minimum premium applies)

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Medical Payments for Participants Coverage

Premium is determined by applying the rate to your total peak membership count for all owned/operated locations. If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium.

$$\text{○ } \$10.00 \times \frac{\text{Number of members}}{\text{(based on total peak membership)}} = \$ \underline{\hspace{2cm}}$$

$$\text{Medical Payments for Participants Premium} = \$ \underline{\hspace{2cm}}$$

(\$1,000.00 minimum premium applies)

COSTS 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.

TOTAL COST SUMMARY	Program Premium (Required Coverage)	\$	A
	Professional Liability for Independent Contractors Premium (Optional Coverage)	\$	B
	Equipment and Contents Premium (Optional Coverage)	\$	C
	Medical Payments for Participants Premium (Optional Coverage)	\$	D
	Premium Due - Subtotal (add lines A thru D)	\$	E
	FLORIDA APPLICANTS ONLY		
	Florida applicants need to add a 1.3% state mandated Hurricane Catastrophic Fund Assessment fee to the premium due		
	FL Premium Due - Subtotal: Multiply line (E) x 1.013	\$	F
Annual Risk Purchasing Group Membership Fee (Required)	\$ 10.00	G	
Total Cost Due: Lines (E) or (F) + (G)	\$		

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: _____	
<p>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.</p>		

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: _____

CERTIFICATE REQUESTS

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)
 - All locations
 - Location: _____

Street address
City
State
Zip
- 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
- Lessor of equipment and contents
- Franchisor
- Mortgagee
- Other (please identify/explain): _____

Special certificate language needed (please explain/attach):

Date certificate needed by: ____/____/____

If applicable:

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: _____

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 #: _____

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.

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Acupuncture; 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); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Any adult-themed parties/meetings/trips, including, but not limited to parties/meetings, trips during which demonstration of products and/or services used in the adult entertainment industry takes place; Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Dietician services; Employment-related practices; Fireworks; Fitness/Exercise operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; Fungi or bacteria; Haunted attractions; Lead; Massage therapy; Nuclear energy liability; Performers; 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: Unattended/unstaffed 24 hour key card/key pad/key code access operations or unattended/unstaffed operations, Childcare services/facilities, Climbing walls, Cycling (other than stationary); Dance, gymnastics & martial arts schools/studios, Facilities or operations outside the U.S., Ice skating, roller skating or skating treadmills, Medical, therapy or health care services, Physical therapy, Physicals or stress testing, Salon services or indoor tanning, Saunas or steam rooms, Sports medicine, Sports rehabilitation services/therapy, Sports skills instruction facilities, academies, schools or programs, Swimming pools, hot tubs, whirlpools, jacuzzis or cold plunge.

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.

Named insured (from page 5): _____

PAYMENT INFORMATION

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: _____