INSTRUCTIONAL ACADEMIES AND ENRICHMENT PROGRAM

Insuring the world's fun!

This brochure is valid for effective dates from 3/1/18 through 2/28/19

PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of U.S.-based owners and operators providing instructional academies and enrichment programs who have a total annual revenue (revenue before expenses) of $500,000 or less. Liability coverage provided includes important protection for operations, including it's employees, for injuries to both guests and participants arising out of covered activities. This program can accommodate those organizations that have annual operations at facilities they own or manage, as well as those who have annual operations but do not own or lease a facility.

Optional coverages available under this program include liability for hired and non-owned auto liability (not available in Hawaii), independent contractors, coverage for equipment and contents and sexual abuse and sexual molestation liability.

INELIGIBLE OPERATIONS

The following operations are not eligible for this program.

- 24 hour facilities
- Bowling centers
- Boxing/Mixed martial arts facilities
- Day care/child facilities
- Gymnastic/Parkour facilities
- Health clubs
- Ice/Roller skating rinks
- Laser tag
- Paintball
- Skate parks
- Swimming pools/facilities
- Trade school, college or university classes

NOTE: Ineligible programs may qualify for coverage under another K&K program. Please contact our office for additional information.

K&K BENEFITS

- Experienced and professional staff dedicated exclusively to servicing this program
- Active participation in industry trade shows/meetings
- Over 65 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carrier rated A+ (Superior) by A.M. Best Company.

ELIGIBLE OPERATIONS/FACILITIES

- Academic instructional programs
- Annual camp/clinic operations
- Instructional cooking programs
- Music/art instruction
- Speed/agility training
- Sports training
- Youth enrichment programs

COVERAGES AVAILABLE

- General Liability - $1,000,000 to $5,000,000 per occurrence limits available
- Legal Liability to Participants
- Professional Liability
- Medical Expense for Participants (excess)
- Non-owned and Hired Auto

HOW TO OBTAIN A QUOTE

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed below.

In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received.
Please contact a K&K representative if you have any questions.

Preliminary Underwriting Information Required
- Application (see pages 2 - 10)
- Copy of sample waivers and contracts
- Four years of company loss runs
- Brochure (if available)
- 12 month income statement

FAX 1-260-459-5105

E-MAIL info@sportsinsurance-kk.com

MAIL

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

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

QUESTIONS **Call 1-800-426-2889**

K&K INSURANCE
Insuring the world's fun!

Instructional Academies and Enrichment Program Application

This brochure is valid for effective dates from 3/1/18 through 2/28/19

GENERAL INFORMATION

Insured/Business name (as it will appear on the policy):_____

Type of Entity: ❍ Sole Proprietorship ❍ Partnership ❍ Limited Liability Co. ❍ Corporation

Other: (describe): _____

Contact person: _____

Mailing address: _____

City: _____ State: _____ Zip:_____

Phone: (_____)_____ Fax: (_____) _____

E-mail: _____ Website: _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 10 of the application for Electronic Disclosure and Consent)

Tax ID Number: _____ Desired effective date:_____/_____/_____

Days and hours of operations:_____

Type of operation (describe):_____

Select Liability Limits needed: ❍ $1,000,000 ❍ $2,000,000 ❍ $3,000,000 ❍ $4,000,000 ❍ $5,000,000

STAFF

Number of staff (total): Employees_____ Independent Contractors_____ (not covered) - unless purchased

1. Do you require all independent contractors or subcontracted services to carry their own insurance and name you as an additional insured under their policy? ❍ Yes ❍ No ❍ N/A
   If no, explain: _____
2. Is a written emergency plan (weather, fire, medical) and evacuation procedure in place? ❍ Yes ❍ No
3. Are signed waivers required for all participants? ❍ Yes ❍ No
4. Do you keep signed waivers for at least 3 years? ❍ Yes ❍ No
5. Are all incident/injuries reported to the insurance company? ❍ Yes ❍ No
6. Is there at least one ADULT staff member onsite at all times during open hours? ❍ Yes ❍ No
7. Do individuals wear necessary safety equipment at all times while participating? ❍ Yes ❍ No ❍ N/A
8. If you suspect an individual has a concussion, do you have an action plan that includes:
   a. Immediately removing the individual from participating? ❍ Yes ❍ No
   b. Keeping the individual out of all activities until they provide written clearance from a licensed physician? ❍ Yes ❍ No
9. Do you operate/run any teams or leagues? ❍ Yes ❍ No ❍ N/A
10. Do you operate/run any camps or clinics? ❍ Yes ❍ No ❍ N/A
11. Do you offer any nursery/baby-sitting/child care services? ❍ Yes ❍ No
    If yes, please complete Nursery/Babysitting Services Section on page 5
12. Does your staff include any physical therapists, athletic trainers, dieticians, massage therapists? ❍ Yes ❍ No
    If yes, do they have their own insurance and provide you Additional Insured status on their policy? ❍ Yes ❍ No
13. Do you ever transport your members/participants?
    (Note: Transportation of athletes/member is excluded under this policy) ❍ Yes ❍ No
14. Do you own or lease/operate your own facility? ❍ Own ❍ Lease ❍ No
    If yes, you must complete Facility Based Operations Section on page 3

FACILITY BASED OPERATIONS

❍ **Check here and skip questions if you do not own/operate a facility**

Type of facility:_____ ❍ Indoor ❍ Outdoor ❍ Both

Address: _____

City: _____ State: _____ Zip:_____

Total Square Footage:_____ Type of Flooring:_____

1. Are the rules posted and enforced at all times? ❍ Yes ❍ No
2. Are signs clearly posted to identify exits and hazards? ❍ Yes ❍ No
3. Are restrooms checked/cleaned during operations? ❍ Yes ❍ No
4. Are parking lots well-lit and/or patrolled? ❍ Yes ❍ No
5. Are there any overnight camps, lock-ins, or events held at the facility? ❍ Yes ❍ No

   If yes, describe and complete <u>OVERNIGHT</u> Events/Attractions Section on page 5:_____

   _____
6. Are there any off-site activities? ❍ Yes ❍ No

   If yes, describe: _____
7. Do you operate a batting cage? ❍ Yes ❍ No

   If yes, complete Batting Cage Section on page 6
8. Do you sublease or rent space or fields to others? ❍ Yes ❍ No

   (please provide copy of contract)
9. Do you have any amusement devices, including inflatables? ❍ Yes ❍ No

   Type: _____

   For all devices do you have padding underneath the device(s)?_____ ❍ Yes ❍ No ❍ N/A

   Are the devices used only during instructional classes? ❍ Yes ❍ No ❍ N/A

   If no, please describe the other times when the devices may be used: _____

For inflatable Devices, please complete Inflatable Device Section on page 9

REVENUE

Event/Activity	Income (Revenue before Expenses)
Membership fees/admissions	$_____
In-house leagues	$_____
In-house camps/clinics/youth training	$_____
Facility rental leagues/camps/activities	$_____(Must secure proof of insurance from renters)
Batting cages	$_____(Complete page 6)
Pro shop/retail sales	$_____
Concession/Vending	$_____(Complete page 5)
Liquor/Alcohol sales	$_____(Complete page 5)
Birthday parties	$_____
Equipment rental	$_____
Other:_____	$_____
TOTAL ANNUAL REVENUE	$_____

INSTRUCTIONAL OR ENRICHMENT SPORT/ACTIVITY
Enter number of participants
(Total participants over a course of year)

Sport/Activity	Youth (18 and under) Participants	Adult (19 and over) Participants
❍ Art Class/Instruction		
❍ Baseball		
❍ Basketball		
❍ Batting Cages		
❍ Cooking Class/Instruction		
❍ Fencing		
❍ Field/Floor Hockey		
❍ Fitness		
❍ Football - Flag		
❍ Football -Tackle (Youth)		Not Eligible
❍ Golf		
❍ Inline Hockey		
❍ Lacrosse		Not Eligible
❍ Music Instruction		
❍ Speed & Conditioning		
❍ Soccer		Not Eligible
❍ Softball		
❍ Tennis		
❍ Ultimate Frisbee		
❍ Volleyball		
❍ Wrestling		Not Eligible
❍ Youth Enrichment Class		Not Eligible
❍ Other:_____		
❍ Other:_____		

Activities not covered:

Bungee jumping, boxing, concerts, comedy shows, licensed day-care operations, swimming pools/water attractions, skate parks, BMX operations, ice rink operations, tanning bed operations, amusement devices, go-karts or other motorized racing, carnivals/circuses/fairs, paint ball/reball, mixed martial arts, rock climbing walls, children's play structures, inflatable games, Gymnastics, Ice Hockey, Laser Tag, Adult Soccer, Bubble Soccer, Dodgeball, Adult Lacrosse, Adult Tackle Football, Man-made challenges/obstacles or obstacle runs, Iron Man/Tough Man Events

SNACK BAR EXPOSURES

❍ **Check here and skip questions if services not offered**

1. Are all cooking surfaces properly fire protected? ❍ Yes ❍ No
2. What type of Automatic Extinguishing System (AES) is in place?_____
3. Do you have a contract for servicing and maintaining the automatic extinguishing system? ❍ Yes ❍ No
4. How often is this system serviced & maintained? ❍ Monthly ❍ Quarterly ❍ Semi-Annually ❍ Annually
5. How often are filters cleaned?_____ By whom? _____
6. How often are hoods/duct cleaned?_____ By whom? _____

LIQUOR

❍ **Check here and skip questions if services not offered**

1. Are alcoholic beverages sold? ❍ Yes ❍ No ❍ N/A
2. License holder: _____ Liquor license# : _____
3. Have you ever been fined or had your liquor license revoked or suspended? ❍ Yes ❍ No
4. If yes, please explain: _____
5. Do all servers receive alcohol awareness training? ❍ Yes ❍ No
   If yes, please describe training:_____
6. Are patrons allowed to carry alcoholic beverages onto the premises? ❍ Yes ❍ No
   If no, do you have signs posted stating same? ❍ Yes ❍ No
7. Do you stop serving at least one hour prior to closing? ❍ Yes ❍ No

NURSERY/BABYSITTING

❍ **Check here and skip questions if services not offered**

1. Are parents required to sign children in and out of the nursery? ❍ Yes ❍ No
2. Are waivers signed by parent/guardian? ❍ Yes ❍ No
3. Are staff members CPR and first aid trained? ❍ Yes ❍ No
4. Are parents to remain in the facility while children are in your care? ❍ Yes ❍ No
5. Does your employment application ask the staff applicant if they've ever been convicted of a crime? ❍ Yes ❍ No
6. Is the nursery staff trained in policies applicable to the prevention of child/sexual abuse? ❍ Yes ❍ No
7. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? ❍ Yes ❍ No

OVERNIGHT EVENTS/ACTIVITIES

❍ **Check here and skip questions if services not offered**

1. What type of events/activities have overnight events/activities? (check all that apply)
   ❍ Parent's night out ❍ Overnight Camps/clinic ❍ Other:_____
2. Typical age group attending:_____
3. Typical hours of the event/activity:_____A.M./P.M. to_____A.M./P.M.
4. Are all the supervisors over the age of 21? ❍ Yes ❍ No
5. Do you have any parents/volunteers to assist with supervision? ❍ Yes ❍ No
   If yes, do you run background checks on all of these individuals? ❍ Yes ❍ No
6. Do you have at least 2 employees on-site during the event/activity? ❍ Yes ❍ No
7. Describe the type of activities that take place during the event/activity:_____
8. Do you require separate waivers to be signed by all participants and/or their parents and/or guardian? ❍ Yes ❍ No
9. Do these overnight events/activities take place at your facility? ❍ Yes ❍ No
   If no, please explain:_____

BATTING CAGE OPERATIONS

❍ **Check here and skip questions if services not offered**

How many batting cages do you have?_____

The following guidelines have been established as minimum requirements for batting cage operations:

FAST PITCH BATTING CAGE OPERATIONS

1. Patrons must be required to wear batting helmets.
2. Patrons must be at least 4'6" (54 inches) tall or a height specified by the manufacturer.
3. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage).
4. Occupancy must be limited to one (1) person per cage.
5. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain sight.
6. Batting cages must be completely self-contained or closed.
7. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
8. Accuracy and maintenance checks must be performed on a regular basis.
9. Maximum ball speed of any machine must not exceed 80 miles an hour.
10. Children under the age of 12 must not be allowed access to the cages with ball speeds in excess of 65 MPH.
11. There must be a light or other indicator to show when final ball is pitched.

SOFTBALL/SLOW PITCH BATTING CAGES

1. Patrons must be at least 4'0" (48 inches) tall or a height specified by the manufacturer.
2. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage).
3. Occupancy must be limited to one (1) person per cage.
4. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain sight.
5. Batting cages must be completely self-contained or closed.
6. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
7. Accuracy and maintenance checks must be performed on a regular basis.
8. There must be a light or other indicator to show when final ball is pitched.

I acknowledge and warrant that the above guidelines are followed at all times

_____ _____

Applicant's Signature Date

Note: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive written approval for the exception from K&K.

ABUSE & MOLESTATION

❍ **Check here and skip questions if services not offered**

1. Identify current hiring practices for paid and volunteer staff:
   a) Are employment applications required for positions? ❍ Yes ❍ No
   b) Is prior employment verified for each applicant and recorded in applicant's file? ❍ Yes ❍ No
   c) Are references obtained? ❍ Yes ❍ No
   d) Are references checked? ❍ Yes ❍ No
   e) Are criminal records checked? ❍ Yes ❍ No
   f) Does your employment application include questions regarding prior criminal convictions? (If allowed by State/Local laws) ❍ Yes ❍ No
   g) Do you advise every applicant that criminal background checks will be performed? ❍ Yes ❍ No

2. Identify staff status (check all that apply): ❍ Employees ❍ Volunteers ❍ Parent-volunteers

3. Are all staff members age 21 years or older? ❍ Yes ❍ No

4. Do you discuss the importance of providing a safe environment for the children in your care? ❍ Yes ❍ No

5. Does your orientation include how to recognize the signs of an abused child? ❍ Yes ❍ No

6. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? ❍ Yes ❍ No

7. Do you have periodic refresher courses to ensure that your entire staff can recognize the signs of sexual or physical abuse and knows what procedures to follow? ❍ Yes ❍ No

8. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? ❍ Yes ❍ No

9. Has a claim ever been made against your facility? ❍ Yes ❍ No
   If yes, please explain in detail, including the amount of damages paid to the victim:

10. What has been done to prevent such occurrences from happening in the future?_____
_____

HIRED AUTO & EMPLOYERS' NON-OWNERSHIP LIABILITY COVERAGE

❍ **Check here and skip questions if services not offered**

Coverage is contingent upon underwriting review and approval of the following questions

1. Are all drivers (employees and volunteers) over the age of 18? ❍ Yes ❍ No
2. Do you obtain MVRs for employees and volunteers who drive on your behalf? ❍ Yes ❍ No
3. Do all drivers (employees and volunteers) carry personal automobile liability insurance? ❍ Yes ❍ No

INLAND MARINE - EQUIPMENT AND CONTENTS

❍ **Check here and skip this section if you do not want this coverage option**

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)	$_____
Equipments & Contents (athletic equipment, electronics, furniture, non-structural glass, 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.) Receipt of purchase is required at the time of loss to show verification of purchase.	$_____
Signs (indoor or outdoor)	$_____
Misc. Equipment - please describe: _____ _____	$_____
Total replacement value for all location(s) (add all lines above)	**$**_____

Step 2: Complete ONLY if your replacement cost value is over $100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)
   _____
2. Do you have a security system in place? ❍ Yes ❍ No
   a. If yes, please describe:_____
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? ❍ Yes ❍ No
   a. If yes, please describe:_____
4. Please attach a complete inventory list with values of each item

Step 3: Check/complete if you have a: ❍ Loss Payee Request ❍ Lenders' Loss Payee Request

RE (please identify equipment):_____ Value of equipment: $_____
Entity name:_____
Mailing address:_____
City: _____ State _____ Zip:_____

INFLATABLE AMUSEMENT DEVICE

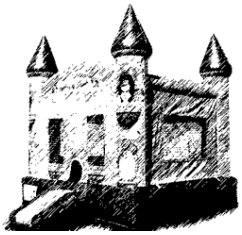
❍ **Check here if you do not own any inflatable amusement devices**

Coverage is contingent upon underwriting review and approval of the following questionnaire. Please indicate the type and how many of each unit(s) you use in the operation. If basic design is not shown below, a photograph MUST accompany this questionnaire.

❍ Bounce House

# of units:_____

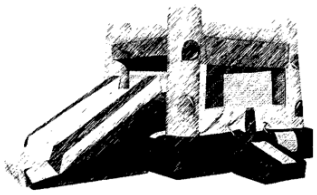
Model/serial #(s):_____



❍ Bounce House with entry ramp

# of units:_____

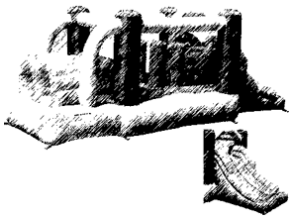
Model/serial #(s):_____



❍ Bounce House with slide

# of units:_____

Model/serial #(s):_____



❍ Obstacle Course with slide

# of units:_____

Model/serial #(s):_____

1. Do you have a copy of the maintenance and operations manual on site? ❍ Yes ❍ No
2. Is the inside jump surface of the device greater than 100 square feet (10' x 10')? ❍ Yes ❍ No
   If yes, please provide the square footage:_____
3. Does the device include any slide with a fall height greater than 8 ft.? (If yes, provide photo and provide fall height) ❍ Yes ❍ No
4. Are all employees responsible for operating the device trained with written documentation of such training maintained? ❍ Yes ❍ No
5. Is the inflatable amusement device ever loaned or rented to another party? ❍ Yes ❍ No
6. Is the inflatable amusement device used indoors at your premises only? ❍ Yes ❍ No
7. Do you inspect and document the inflatable amusement device before each use? ❍ Yes ❍ No
8. Is the inflatable amusement device supervised at all times during use? ❍ Yes ❍ No
9. Do you operate the inflatable device in compliance with ASTM? ❍ Yes ❍ No
10. Is signage addressing warnings and proper use of the device clearly displayed? ❍ Yes ❍ No
11. Is the inflatable device cleaned and sanitized on a regular schedule and records of the cleaningi maintained? ❍ Yes ❍ No

INDEPENDENT CONTRACTORS

❍ **Check here and skip this section if you do not want this coverage option**

You and your employees are covered automatically for liability. Please list all individuals who are independent contractors (non-employees) working at your facility that you would like to extend coverage to while working on your behalf. If additional space is needed, please attach a separate list to the enrollment form.

Name(s) of Independent Contractor(s) at Your Studio/Facility
1.
2.
3.
4.
5.
6.
7.

IMPORTANT INFORMATION. PLEASE READ.

Warranty & Electronic Disclosure and Consent
PLEASE READ, COMPLETE #9 BELOW, AND SIGN BELOW

Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

K&K Insurance Group (K&K), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through K&K, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by logging onto this website, or by mailing a written notice to: K&K Insurance; 1712 Magnavox Way; Fort Wayne, IN 46804.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time, by mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.kandkinsurance.com.
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Please select preferred method for document delivery. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

❍ E-mail to: _____ attn: _____

❍ Fax to: _____ attn: _____

❍ Mail to: _____ attn: _____

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.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my book 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. We reserve the right to decline/void any ineligible 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 business name (from page 2): _____

Applicant or agent signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

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

AGENT INFORMATION

AGENTS:

Please complete the information below.

Agency name:_____ Agent/contact name:_____

Agency complete mailing address:_____

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

Agent/contact e-mail address: _____ Tax I.D._____

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of $1,000,000 for myself, my officers, and employees. If requested by K&K, I will provide K&K with reasonably satisfactory evidence of all of the above mentioned items.

I understand there is a 10% commission paid on this program Fees cannot be included in the payment remitted to us. I understand that agents to do have the authority to issue binders or a certificate of insurance on behalf of this program.

Agent signature: _____ **Date:** _____

GENERAL FRAUD STATEMENT

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK Any person 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)*. *Applies in FL Only.

Applicable in KS 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, NY, OH and PA Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.*Applies in NY Only.

Applicable in ME, TN, VA and WA It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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