

BOWL/ALL-STAR GAMES

Eligible Operations:

- College bowl games
- College/high school all-star games

Key Underwriting/Qualifying

Factors (Including but not limited to):

- \$3,500 minimum account premium

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Bowl/All-star Program for over 20 years
- 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 carriers rated "A" or higher by A.M. Best
- Premium installment plans available

K&K provides winning insurance protection for both college bowl games and college/high school all-star games. Successful teams know that covering all the bases is part of the game plan—and adding K&K to your lineup is great strategy.

Coverages Available & Program Highlights:

General Liability

- Broadened Coverage Form
- No Deductible
- Volunteers as Insureds
- Liquor Liability Available in Most States
- Legal Liability to Participants
- Employee Benefits Liability available
- Fireworks Liability
- Sponsors, Lessors as Additional Insureds

Directors and Officers Liability

Property

- Over 25 Property Enhancements

Inland Marine

Commercial Auto

- Nonowned/Hired Auto
- Donated Autos/Courtesy Vehicles
- Owned Autos

Crime

Excess Liability

Excess Accident Medical (Participant Accident)

- K-12
- High School Athletics
- College Athletics

Catastrophic Accident Medical

- High School Athletics
- College Athletics

Sexual Abuse & Molestation

Workers' Compensation

Event Cancellation & Non-appearance

Common Associated Exposures:

- | | |
|---|-----------------------|
| - Ancillary events | - Golf tournaments |
| - Awards/banquets/ ceremonies | - Parades |
| - Food, souvenir & beverage concessions | - Setup/teardown days |
| | - Tryouts & practices |

Insuring the world's fun®

Contact Information:

1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338

Bowl/All-star Games Program

PHONE: 800.441.3994
FAX: 260.459.5120

EMAIL:
KK.Sports@kandkinsurance.com

WEB SITE:
kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

Submission Instructions:

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. 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(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs, including most current year
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copy of procedure/rule manuals
- Copy of waiver & release forms
- Copies of all contracts

Bowl/All-star Games Application(s):

(Applications can be obtained from our web site: kandkinsurance.com)

K&K Application(s)

- K&K Bowl/All-star Games Application
- Nonowned/Hired Application (if needed)
- Liquor Liability Application (if needed)
- Fireworks Supplemental Application (if needed)
- Security Supplemental Information (if needed)
- Sexual Abuse & Molestation Supplemental (if needed)

ACORD Application(s)

- Property
- Crime
- Commercial Auto
- Computer Coverage
- Inland Marine
- Event Cancellation
- Excess Liability
- Workers Compensation

Insuring the world's fun[®]



1712 Magnavox Way
 P.O. Box 2338
 Fort Wayne, Indiana 46801
 (800) 441-3994 Fax (260) 459-5120
 www.kandkinsurance.com
 CA #0334819

BOWL/ALL-STAR GAMES APPLICATION

APPLICANT INFORMATION

Name of Insured (as will appear on policy): _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

LOCATION INFORMATION

Office Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____

Person is: Owner Promoter Agent Other: _____

Phone: _____ Fax: _____

Federal Tax ID Number: _____

Email Address: _____ Web Site Address: _____

Nature of operations/description of event: _____

Insured is: Corporation Partnership Joint Venture Not for Profit Organization
 Limited Liability Corporation Other (explain): _____

Number of years in business: _____

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

Estimated number of events: _____

AGENCY/BROKERAGE INFORMATION

Name of Agency/Brokerage (if applicable): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Federal Tax ID Number _____ Email Address: _____

COVERAGE INFORMATION- Check the type of coverage and indicate the limits and deductibles desired:

| | | Limits Requested | Deductible |
|---|--|------------------|------------|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Primary | \$ _____ | \$ _____ |
| | <input type="checkbox"/> Excess | \$ _____ | \$ _____ |
| | <input type="checkbox"/> Legal Liability To Participants | \$ _____ | \$ _____ |
| <input type="checkbox"/> Participant Accident | <input type="checkbox"/> AD&D | \$ _____ | \$ _____ |
| | <input type="checkbox"/> Primary Medical | \$ _____ | \$ _____ |
| | <input type="checkbox"/> Excess Medical | \$ _____ | \$ _____ |
| | <input type="checkbox"/> Weekly Disability Income | \$ _____ | \$ _____ |
| <input type="checkbox"/> Property | <input type="checkbox"/> Property (ACORD application required) | \$ _____ | \$ _____ |
| | <input type="checkbox"/> Inland Marine (ACORD application required) | \$ _____ | \$ _____ |
| | <input type="checkbox"/> Crime (ACORD application required) | \$ _____ | \$ _____ |
| <input type="checkbox"/> Auto (ACORD application required) | | \$ _____ | \$ _____ |
| <input type="checkbox"/> Workers' Compensation (ACORD application required with Experience Modification Worksheet) | | \$ _____ | \$ _____ |
| <input type="checkbox"/> Other: _____ | | \$ _____ | \$ _____ |

ADDITIONAL INSURED: (Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).

| | NAME | ADDRESS | RELATION TO YOU * |
|----|-------|---------|-------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |

* If the additional insured is an owner, manager, or lessor of the premises to you, please indicate the part of the premises leased or rented to you by the designated additional insured, as respects your activity or operation.

GENERAL INFORMATION

1. Has this type of insurance ever been: Cancelled Declined Non-renewed
If so, please explain. _____
2. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?
 Yes No If yes, please explain. _____
3. As respects your operation(s), do you enter into any contracts/lease agreements? Yes No
If yes, what contracts do you enter into? _____
- a. Does the Named Insured assume liability for the other party? Yes No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
- b. Does the other party assume the Named Insured's liability? Yes No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
- c. Does each party assume its own liability? Yes No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
4. Who reviews the contracts prior to signing?
 Corporate Officers Counsel Other (please explain) _____

5. Is a K&K approved Waiver and Release form read and signed by all persons entering a restricted area prior to entry? Yes No

(Please attach a copy of forms(s))

6. For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured.

| | CERTIFICATES (Provide copies.) | LIMITS | ADDITIONAL INSURED |
|----------------------|--------------------------------|--------|--------------------|
| Food Concessionaires | _____ | _____ | _____ |
| Vendors/Exhibitors | _____ | _____ | _____ |
| Contractors/Others | _____ | _____ | _____ |

7. Are athletes specifically excluded from the school's overall insurance program? Yes No
What specific coverages are provided? _____

UNDERWRITING INFORMATION

1. Date of the bowl game? _____
Anticipated attendance for the game? _____
Estimated gross receipts for the game? _____

2. Provide a list of events with the estimated number of spectators and participants: _____

Please describe your half-time activities: _____

3. Facility Information:

| <u>Name</u> | <u>Age</u> | <u>Seating Capacity</u> | <u>Location</u> |
|-------------|------------|-------------------------|-----------------|
| _____ | _____ | _____ | _____ |

4. Will "Standing Room Only" be permitted? _____
5. Please advise who is responsible for the security at the facility and clearly describe the number and type of security personnel used at various events (Total number of security per event, number of campus security, number of hired security, etc.)
(Please attach security procedures for the facility listed above)

6. If ushers are used, do they receive prior training? _____

7. Describe precautions taken to prevent spectators from entering restricted areas: _____

8. Will liquor be sold or served for any events? Yes No **If yes, please complete liquor application.**
9. Are restroom facilities available to spectators at all events? _____

10. Are emergency evacuation procedures in place? Yes No Tested? Yes No **If yes, please attach a copy.**

11. Are signs posted and are public address announcements made warning of the assumption of risk in attending spectator activities?

12. Will first aid facilities be available to spectators for all activities? _____
Please explain: _____

13. Please list who is included as a participant: _____

14. Please indicate any additional information which you feel is important here: _____

15. Are athletes of your member institutions covered by the NCAA Catastrophic Insurance Program or an equivalent program? _____

| | Name of Institution | Coverage Carried | Limits |
|----|---------------------|------------------|--------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

PARADE SECTION

1. Date(s) of parade: _____ Beginning and ending hours: _____
Attach a diagram of the location (parade route from beginning to end).
2. The road(s) must be closed in both directions, please confirm: Yes No
3. Number of floats: _____ Number of equestrians: _____ Number of bands: _____
6. Number of motorized: _____ Estimated number of participants: _____
 Estimated total spectator attendance: _____
9. Are the animals insured against third-party liability claims by the owner? Yes No
 If yes, what is the minimum limit carried? _____
10. Are souvenirs or other items allowed to be thrown into the crowd? Yes No
 If yes, explain: _____

PRIOR CARRIER INFORMATION- Four years currently valued loss runs must be submitted for any of the four years K&K was not on the account.

| Year | Previous Agent | Company | Liability Limits | Premium | Losses |
|-------|----------------|---------|------------------|---------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

No Prior Insurance

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copies of all lease agreements and contracts entered into on behalf of insured.
- Diagrams and photographs of each location showing all spectator and participant areas.
- Copy of the previous/present policy.
- Broker of Record letter. (if applicable)
- Copies of waiver/release forms.
- Copy of security procedures at the facility.
- Copy of emergency procedures.
- Four years of company loss runs (company copy including reserves).

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



NONOWNED/HIRED AUTO QUESTIONNAIRE

(To be completed and returned with Commercial Auto ACORD application)

Named Insured: _____

Do you have a Business Auto Policy for owned autos? Yes No

If yes, can coverage be obtained under your Business Auto Policy? Yes No

If no, please explain: _____

NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business? Yes No

If so, please provide details regarding duties involved: _____

2. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their auto? Yes No

3. Do you run motor vehicle reports on each employee? Yes No

4. Please explain what other controls you have in place to protect your company's liability? _____

5. Number of Employees _____ Number of Volunteers _____

HIRED AUTO LIABILITY

1. During the last three years have you leased, borrowed or hired any vehicles for your business? Yes No

2. If you anticipate some usage this year:

A. What type of vehicle (trucks, cars, buses)? _____

B. What is the estimated cost to lease or hire the vehicles? _____

3. When leasing, hiring or borrowing are the vehicles used to:

A. Transport participants, volunteers or staff only? Yes No

If yes, how many? _____ For how long? _____

Number of times per year: _____ Distance traveled per trip: _____

B. Haul equipment: Yes No

If yes, please explain and identify frequency and distance traveled per trip: _____

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries: _____ Distance traveled per trip: _____

How long the vehicles will be used: _____ Year built: _____ Cost new: _____

5. Does the leasing company provide drivers or do you use your own? _____

6. Do you purchase liability insurance from the leasing company? Yes No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds? Yes No If yes, please explain: _____

8. What is the estimated annual cost to hire/lease all vehicles? _____

9. Do you hire vehicles for more than or less than 30 days for any one time? More Less

If more than 30 days, vehicles should be scheduled.

HIRED AUTO PHYSICAL DAMAGE

- 1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? _____

- 2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? _____

- 3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? Yes No
- 4. What is the maximum number of vehicles leased at one time? _____
- 5. Please provide the garage location of the vehicles (city and state): _____
- 6. Requested Comprehensive Deductible? \$ _____ Collision Deductible? \$ _____

LIST OF DRIVERS- Please provide the following information for each driver.

| Name | Birth Date | Driver's License Number | State Licensed |
|------|------------|-------------------------|----------------|
| | | | |
| | | | |
| | | | |

LEASED VEHICLES

If leased, what is the term of the lease? _____

| VIN# | Year | Make | Model | New Cost | Garaging Location (City and State) |
|------|------|------|-------|----------|------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date

Date



LIQUOR LIABILITY APPLICATION

1. Named Insured as is to appear on policy: _____

Telephone Number: (____) _____ Fax Number: (____) _____

2. Name Liquor License is in: _____

3. Liquor License Number: _____ Class of License: _____

4. Is coverage for a specific event? Yes No

If yes, explain what kind of event, where event will be held and date of event(s) _____

5. Opening and closing hours of event(s) (for each event) _____

6. Opening and closing hours of alcoholic beverage sales for each event. *(Must cease a minimum of 1/2 hour before event closing).* _____

7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No

If yes, please explain: _____

8. Has applicant incurred claims for liquor liability during the last three years? Yes No

If yes, please explain: _____

9. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No

If yes, please explain: _____

10. Type of alcohol beverages sold: _____ What proof: _____

11. Annual Gross Sales:

| Event | Alcoholic Beverage Sales | Food Sales |
|-------|--------------------------|------------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

12. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No

If yes, what type? _____

13. Do you maintain security personnel at event entry check points? Yes No

If yes, what type? _____

Do they exercise the right of search and seizure of contraband items? Yes No

If yes, how do they notify the public of this? _____

14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No

15. If site is completely enclosed, are minors allowed to enter? Yes No

16. Are the servers professional (two years bartending experience or more)? Yes No

Are the servers non-professional (less than 2 years or no bartending experience)? Yes No

Explain: _____

17. Name the formal awareness training program that the servers receive: _____

18. At what point of sale are I.D.'s checked? _____

19. Are rules and regulations clearly displayed for patrons' viewing? Yes No

Explain: _____

20. In what size container is the alcoholic beverage served at each event? Cup _____ oz. Pitcher Other: _____

21. Can patrons purchase more than two alcoholic beverages at one time? Yes No

If yes, please explain: _____

22. Is there any type of designated driver program in effect? Yes No

Explain: _____

23. Is there any other Liquor Liability coverage being provided? Yes No

If yes, explain and attach a copy of the certificate of insurance: _____

24. Liability limits requested \$ _____ (per occurrence) \$ _____ (aggregate)

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



1712 Magnavox Way P.O. Box 2338
Fort Wayne, IN 46801-2338
CA# 0334819

SECURITY SUPPLEMENTAL APPLICATION

Name of applicant: _____ Date: _____

Who is primarily responsible (via contract) for liability coverage of off-duty police?: Insured Municipality

Who is primarily responsible (via contract) for Workers's Compensation of off-duty police?: Insured Municipality

Are all the applicant's security guard employees licensed by the state as a security guard? Yes No

If no, explain: _____

INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

| | EMPLOYEES | | OFF-DUTY POLICE | | OTHER INDEPENDENT CONTRACTORS | |
|-----------|-----------|---------|-----------------|---------|-------------------------------|---------|
| | Armed | Unarmed | Armed | Unarmed | Armed | Unarmed |
| Full-Time | | | | | | |
| Part-Time | | | | | | |

Are background investigation and checks conducted on all employees who perform security duties? Yes No

If yes, mark appropriate box:

- Criminal background checks
- Fingerprints
- Background cleared prior to hire
- Previous employer
- Drug screening
- Other: _____
- Motor vehicle report
- Personal references

What firearm training is required for armed security employees? _____

Does applicant have a formal training program for security employees? Yes No

If yes, explain or attach a copy of training manual _____

Provide the number of dogs to be used in security operations: _____

During the past four years, have any claims been presented to your current or prior insurance carrier for security related incidents? Yes No

If yes, please explain those incidents in detail below or provide a separate exhibit. _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date

Date



ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Identify current hiring practices for paid and volunteer staff:

Are employment applications required for positions? Yes No

Is prior employment verified for each applicant and recorded in applicant's file? Yes No

Are references obtained? Yes No Are references checked? Yes No

Are criminal records checked? Yes No

Does your employment application include questions regarding prior criminal convictions? Yes No

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

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

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

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

5. 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

6. 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

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

8. 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: _____

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

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)



ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.

1. Does the Applicant have written procedures and a plan of supervision that monitors staff and volunteers in day-to-day relationships with its members, both on and off the premises? Yes No

2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy? Yes No
If yes, please attach a copy

- a. If yes, does the written policy include:
 - i. Definition of sexual and physical abuse/molestation? Yes No
 - ii. Incident reporting procedures? Yes No
 - iii. Investigation procedures? Yes No
 - iv. Disciplinary procedures? Yes No
 - v. Retaliation warning? Yes No
 - vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? Yes No

b. Are procedures in place to monitor the implementation and on-going execution of this policy? Yes No

3. Does the Applicant's employment process include a criminal background check on all employment and volunteer candidates, whether direct employee, volunteer or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment or participation is made? Yes No

Please identify and explain any current employees, volunteers or independent contractors who are not subject to criminal/sex offender registry background checks:

Who is your vendor for the Criminal Background and Sex Offender Registry checks? (Required) _____

4. Does the Applicant verify employment-related references? Yes No

5. Does the Applicant conduct personal interviews? Yes No

6. Is there a formal policy regarding staff training on:
- a. Appropriate and inappropriate physical contact with clients or children? Yes No
 - b. Appropriate and inappropriate verbal interactions with clients or children? Yes No
 - c. Appropriate and inappropriate electronic communications with clients or children? Yes No
 - d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? Yes No
 - e. Recognition of the signs of abuse or molestation? Yes No

7. Does any employee, volunteer or independent contractor
- a. have one-on-one access to clients or children in a closed door or transportation setting? Yes No
 - b. physically touch another person as part of their job responsibilities? Yes No
- If yes, please explain: _____
-
8. Please indicate the age range of members, patrons, students, or populations served (check all that apply):
- 0 - 18 years of age 18 – 25 years old 25 – 50 years old over 50 years old All
9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation? Yes No
- If yes, please describe: _____
-
- a. Was a suit brought against the organization? Yes No
 - b. Was the case settled? Yes No
 - c. Was the case taken to trial? Yes No
 - d. How much money was paid as damages to the victim? _____
10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage? Yes No
11. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017? Yes No
12. Additional remarks/information: _____
- _____
- _____
- _____

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

FOR MAINE APPLICANTS ONLY: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR UTAH APPLICANTS ONLY: THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature: _____ Date: _____

Applicant Name: _____

Title: _____

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: 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 THAT 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD WARNING (continued)

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

AIG FRAUD APPS (2021/06)

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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 also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)