

BOWLING CENTERS

Eligible Operations:

- Batting cages
- Billiards
- Bowling
- Coin operated rides
- Food/Novelty
- Soft play
- Video arcades
- Other entertainment risks

Key Underwriting/Qualifying

Factors (Including but not limited to):

- \$10,000 minimum - Bowling centers

Ineligible for this program:

This program is ineligible in New York state.

- Amusement parks
- Bungee jumps
- Go-karts
- Mechanical bulls
- Night clubs
- Skateboarding
- Trampolines (note: bungee tramps accepted)
- Velcro jumps
- Water parks/slides

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Bowling Center Program
- Active participation in industry trade shows and 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 carriers rated "A" or higher by A.M. Best

K&K is committed to meeting the demands of the sports and entertainment marketplace and in response to clients requests, we have expanded our Bowling Program. In addition to bowling operations, the program now includes coverage for a wide variety of fun center operations. From miniature golf to video arcades, K&K has the crucial insurance solutions that entertainment centers need.

The Bowling Center program is not available in New York state.

Coverages Available & Program Highlights:

General Liability

- Employee Benefits Liability
- Liquor Liability (Not available AL or VA)
- Stop Gap
- Employment Practices Liability

Property

Boiler & Machinery

Inland Marine

Commercial Auto

Crime

Business Income

Excess Liability

Workers' Compensation

Common Associated Exposures:

- Bar/lounges
- Food concessions
- Restaurants

Insuring the world's fun.®

Contact Information:

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

Bowling Center Program

PHONE: 800.440.5580
FAX: 260.459.5810

EMAIL:
KK.VenueGaming@
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:

- Applications (See below)
- Five years of company loss runs
- Brochure (if available)
- Website address

Bowling Center Application(s):

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

K&K Applications

- Bowling Center Information Form

ACORD Applications

- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability
- Workers' Compensation

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 CA #0334819

BOWLING CENTER INFORMATION FORM

GENERAL INFORMATION

Date: _____

Named insured (as it is to appear on the policy): _____

Doing business as: _____

Contact person: _____

Mailing address: _____

Physical address: _____

City: _____ State: _____ Zip: _____

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

E-mail: _____ FEIN _____

Insured Is: Corporation Partnership Individual Joint venture Other: _____

Website: _____

Number of years in business under present management: _____

Number of years in business under present ownership: _____

Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or a major amusement park? Yes No

If yes, explain: _____

Proposed effective date: _____ Expiration: _____

Does applicant own or lease premises? Own Lease Other occupancies? _____

Trade associations which insured belongs to: _____

Prior insurance carrier: _____ Premium: _____

Has insurance ever been: Canceled Declined Non-renewed

Additional insureds / Address: _____

Franchisor: _____

Lessor: _____

Other: _____

Total annual receipts: \$ _____ Hours of operation: _____

Do you host any special events? Yes No

If yes, please explain. _____

Does insured own any other commercial property or have additional operations? Yes No

List and describe exposures and/or activities held off premises by insured: _____

REVENUE INFORMATION

Total Annual Gross Revenue: \$ _____

Arcades	\$ _____	Bungee Trampolines	\$ _____	Miniature Golf	\$ _____
Batting Cages	\$ _____	Climbing Walls	\$ _____	Paintball/Airsoft	\$ _____
Billiards	\$ _____	Golf Driving Ranges	\$ _____	Proshop	\$ _____
Bowling	\$ _____	Inflatables	\$ _____	Restaurant/Snack Bar	\$ _____
Bumper Boats	\$ _____	Kiddie Rides	\$ _____	Ropes Course	\$ _____
Bumper Cars	\$ _____	Laser Tag	\$ _____	Soft Play/Ball Crawl	\$ _____
		Liquor	\$ _____	Vending	\$ _____

Other – Please describe: _____ \$ _____
_____ \$ _____
_____ \$ _____

ADDITIONAL INFORMATION

Total number of employees: _____ Full time _____ Part time

Parking facilities provided: Yes No If yes, are they lighted? Yes No

Describe security (armed/unarmed): _____

Is security present during open hours? Yes No Closed hours? Yes No

Do you have a formal operations/training guide? Yes No

Describe first aid facilities: _____

Number of employees certified in CPR: _____ Minimum # of CPR trained employees on duty at any time: _____

Does your facility have an automated external defibrillator (AED)? Yes No

Does your state require that you to have an AED available? Yes No

Is the AED easily accessible for those who have been trained in the use of the AED? Yes No

Do you have AED trained staff on duty during open hours? Yes No

Emergency lighting: Yes No Surveillance cameras: Inside Outside N/A Fire alarm: Yes No

Burglar alarm: Yes No Are burglar/fire alarms centrally monitored? Yes No

Which of the following do you use to minimize damage from lightning?

Overload Circuit Breakers In-Line Lightning Resistors Surge Protectors Ground Fault Circuit Interrupters

Other: _____

Is Assumption of Risk signage placed throughout facility? Yes No

Is there an emergency evacuation plan? Yes No

Do employee responsibilities entail any welding, construction, or similar exposures? Yes No

If yes, describe operations: _____

Do you subcontract any welding, construction, or similar exposures? Yes No

If yes, are additional insured certificates required from contractors? Yes No

If yes, describe operations: _____

ATTRACTION INFORMATION

ARCADES: N/A

of Units: _____ # of Attendants: _____

Does the insured own or lease games? Own Lease

Who provides service/maintenance on machines? Yes No

Are all machines properly grounded? Yes No

Are there any coin-operated rides? Yes No

Any interactive games or ride simulators? If yes, describe: _____

BATTING CAGES: N/A

of Units: _____ # of Attendants: _____

Minimum age: _____

Are participants allowed to swing bats outside of batting cages? Yes No

Is there a light or other indicator to show when final ball is pitched? Yes No

Are Reduced Injury Factor (RIF) baseballs used? Yes No

Signed batting cage guidelines are required.

BOWLING: N/A

1. How many total years of management experience do you have: _____

Total years at this location: _____

Hours of operation: _____

2. Number of lanes: _____

3. Lane construction: Wood Synthetic

Finish: Oil Water Base

Are all flammables stored in U.L. approved containers? Yes No

4. Do you contract lane refinishing? Yes No

5. Does your bowling center have automatic scoring equipment? Yes No

6. Do employees repair and/or maintain the automatic bowling equipment? Yes No

If no, who services? _____

7. Are food and drinks restricted from bowling area? Yes No

BILLIARDS: N/A

1. Indicate the number of tables: _____

BUMPER BOATS: N/A

of Units: _____ # of Attendants: _____

Manufacturer: _____ Maximum engine HP: _____

Age/height requirements: _____ Height of observation fence: _____

Is the depth of water 4' or less? Yes No

Is water rescue equipment (throw rings, shepherd hooks) present? Yes No

Does gas storage meet NFPA/Local fire code? Yes No

How are propellers protected? _____

BUMPER CARS: N/A

of Units: _____ # of Attendants: _____

Manufacturer: _____ oldest unit: _____

Age/height requirements: _____

Are cars equipped with a dash pad & headrest pad? Yes No

Type of seat belts: _____

Wheel pads on steering wheels? Yes No Cars inspected daily? Yes No

Are rider instructions posted and enforced? Yes No

Are spectators restricted from floor area when cars are in motion? Yes No

BUNGEE TRAMPOLINES: N/A

Do you have a copy of the manufacturer's maintenance and operations manual? Yes No

Are all attendants trained on manufacturer specifications for fitting harnesses and bungee cord adjustments? Yes No

What are the minimum and maximum age requirements for users? Minimum _____ Maximum _____

What are the minimum and maximum weight restrictions for users? Minimum _____ Maximum _____

What are the minimum and maximum height restrictions for users? Minimum _____ Maximum _____

Do you always maintain a one-to-one ratio of attendant supervision for each person on a trampoline? Yes No

If not, please describe procedure: _____

Is there a barrier or fence around the attraction to prevent pedestrian or observation traffic in the jumping area? Yes No

Are user restrictions, warning and safety signs clearly posted by the entrance to the attraction? Yes No

Do you inspect all the equipment daily? Yes No

Do you document your inspections with a written checklist and findings? Yes No

Is secured padding provided over the trampoline springs and frame perimeter? Yes No

Is the flooring beneath and surrounding the perimeter of the attraction padded? Yes No

CHILDCARE/CHILD DROP-OFF/LOCK-INS: N/A

1. Describe the programs for which you allow minor children to be dropped off and supervised by employees: _____

2. What is the average daily attendance of children dropped off/left in your care? _____

3. What are the maximum hours per day that a child may be in your care? _____

4. What is the ratio of attendants to children who are left in your care? _____

5. What is the minimum age of childcare staff? _____ of children? _____

6. Do you perform background checks on all staff who are onsite with children who are dropped off and left in your care? Yes No

7. What system do you use for checking in and out the children as they arrive and depart? _____

8. Do you comply with state and local requirements for having minor children in your care? Yes No

CLIMBING WALLS: N/A

of Attendants: _____ # of Walls: _____

Who built the wall(s)? _____ Height of wall(s): _____

What safety equipment will the participants be using? _____

Does your organization have an inspection policy and/or practices in place for all critical safety equipment? Yes No

Describe your equipment check policy for wall, hardware, and rental gear. _____

How often are the checks done? _____ Are records kept? Yes No

Are signs posted indicating age/size limitations and operation instructions? Yes No

Are waivers signed by all adult climbers and by the parent/guardian of minor climbers? Yes No Provide a copy.

Do attendants receive formal training on operating the rock wall and harnessing? Yes No

Is employee training documented? Yes No

GOLF DRIVING RANGES: N/A

of Stalls: _____

Are there partitions between stalls/tee boxes? Yes No Maximum one person allowed per tee box? Yes No

Describe partitions between tee boxes: _____

Are other attractions exposed to range? Yes No Explain: _____

Do all ranges face away from the public access areas? Yes No

INFLATABLES: N/A

of Units: _____ # of Attendants: _____

Are all inflatables properly anchored/secured/tied down? Yes No

Type of flooring in inflatables area: _____

Do inflatables have signs clearly indicating age, height, or size limitations? Yes No

Are your inflatables inspected by the state and/or your employees? Yes No

Are daily maintenance records kept? Yes No

Are all inflatables manned by an operator/attendant? Yes No

Do you rent inflatables? Yes No

If yes,

Are they rented with operators/attendants? Yes No

Do you deliver the inflatables? Yes No

Do you set up the inflatables? Yes No

Do you tear down the inflatables? Yes No

Do you use the manufacturer's checklist for the set up and use of the equipment? Yes No

If used outdoors, are there procedures to suspend use during inclement weather? Yes No

Attach a copy of rental agreement if applicable.

Attach a list of inflatables. (see attached addendum)

KIDDIE RIDES: N/A

of Units: _____ # of Attendants: _____

Are all rides in full compliance with ASTM F24 Standards? Yes No

Is there a daily maintenance checklist with written records kept? Yes No

Coin-operated? Yes No

(Complete attached addendum)

LASER TAG: N/A

of Attendants: _____

- Is there an emergency lighting system? Yes No
- Are all games refereed? Yes No
- Do you rent laser tag equipment? Yes No

Are rules posted? Yes No

If yes,

- Is equipment rented with operators/attendants? Yes No
- Do you deliver the equipment? Yes No
- Do you set up the equipment? Yes No
- Do you tear down the equipment? Yes No

Do you use the manufacturer's checklist for the set up and use of the equipment? Yes No

If used outdoors, are there procedures to suspend use during inclement weather? Yes No

Attach a copy of rental agreement if applicable.

MINIATURE GOLF: N/A

Total # of Holes: _____ # of Courses: _____ # Attendants: _____

- Do fountains and waterfalls have ground fault interrupters in place? Yes No
- Is appropriate safety warning and rule/regulation signs posted at club rental counter and/or hole #1? Yes No

PAINTBALL/AIRSOFT: N/A

Equipment Sales: \$ _____

Maximum # of participants per game: _____ Minimum Age: _____

Total square footage of playing area: _____ Are rules posted? Yes No

Are signs posted stating rules and procedures? Yes No

Are waivers signed by all participants? (attach copy) Yes No

Are written instructions and procedures provided to all participants? Yes No

Are participants whom violate the safety rules ejected? Yes No

Are participants separated by level of experience? Yes No

Are all games refereed? Yes No

What is the ratio of participants to judges? _____

Are spectators properly protected from the paintball area? Yes No

Does all equipment meet ASTM standards? Yes No

Can participants bring own equipment? Yes No

If yes, do you verify that fps is less than 300? Yes No

What type of protective gear is supplied to participants? _____

What type of air system is used? _____

Are barrel plugs or socks mandatory? Yes No

What is the feet per second (fps) used at your facility? _____

Do you permit full automatic or burst/turbo shooting? Yes No

What is the average age of rental equipment? _____

Do you repair or modify equipment sold? Yes No

Do you sell US made products? Yes No

Do you purchase products through a US wholesaler? Yes No

CONTINUED

Do manufacturers provide certificates of insurance naming you as an additional insured? Yes No

Do you have a formal maintenance plan? Yes No

How often is equipment inspected? _____

PRO SHOP: N/A

What is the pro-shop exposure? your operation Lessor's Risk - Square footage _____

RESTAURANT/SNACK BAR N/A

1. What is the restaurant exposure? Full Serve Snack Bar Lessor's Risk - Square footage _____

2. Indicate which of the following apply and the number of each:

ranges _____ ovens _____ deep fryers _____

grills _____ broilers _____ griddles _____

3. Are portable fire extinguishers provided in the kitchen? Yes No

4. What type of Automatic Extinguishing System (AES) is in place?: _____

5. Do you have a contract for cleaning the hoods and ducts? Yes No

6. How often are they cleaned? Monthly Quarterly Semi-Annually (Semi-Annually required)

7. How often are filters cleaned? _____

ROPES COURSE: N/A # Of Units: High _____ Low _____

Describe the area and type of high/low elements: _____

Who is the course manufacturer? _____

How many climbers are permitted on the course at one time? _____ What is the attendant to participant ratio? _____

What is the height of the course? _____ Minimum age requirement? _____ Minimum height requirement? _____

Do participants have to sign a waiver and release of liability? Yes No Provide Copy

Are the climbers harnessed by attendants? Yes No

Does the system have a protective feature preventing participants from being able to unharness, unhook carabiners, or disconnect while on the course? Yes No

SOFT PLAY / BALL CRAWL: N/A

Describe: _____

Number of employees supervising play area: _____

Are there signs indicating age, height, or size limitations? Yes No Is there playground equipment? Yes No

What type of flooring under equipment? _____

MISCELLANEOUS:

1. Is there a dance floor? Yes No

2. Do you have live entertainment? Yes No

If yes, please describe _____

3. Are any services subcontracted? Yes No

Do you have any tenants? Yes No

If so, do you obtain a certificate of insurance with limits of \$1,000,000? Yes No

Please list: Subcontractor or Tenant Operation/Relationship

LIQUOR LIABILITY: (Not available VT or AL) N/A

1. Are alcoholic beverages sold? Yes No

2. License holder: _____ Liquor license# : _____

3. Have you ever been fined or had your license revoked or suspended? Yes No

4. If yes, please explain: _____

5. Do all servers receive alcohol awareness training? Yes No

If yes, describe training: _____

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

7. Do you stop serving at least one hour prior to closing? Yes No

NONOWNED/HIRED AUTO LIABILITY:

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

If yes, coverage should be obtained under your Business Auto Policy.

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

Explain: _____

Total number of employees: _____ Total number of volunteers: _____

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

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

5. If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) do you hire, lease and/or borrow? (Explain and identify) _____

6. Attach a List of Drivers.

7. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)? Yes No

If no, all drivers and operators will be required to hold the appropriate driver's license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:

- Alert Driving: www.alertdriving.com
- National Safety Council: www.nsc.org
- Smith System Training: www.smith-system.com

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

RIDES, INFLATABLES, SLIDES ADDENDUM:

Name	Description	Attraction Height	Age/Height Requirements	Manufacturer

- **Please submit the following with completed application:**
 - Five years (including current year) insurance company loss runs

Applicant's Signature

Date



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 800-440-5580 Fax 260-459-5810
 www.kandkinsurance.com
 CA #0334819

BATTING CAGE OPERATIONS MINIMUM UNDERWRITING GUIDELINES

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" 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 site.
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 48" (four feet) 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 site.
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.

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.

Applicant's Signature

Date



ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Type of facility: _____

2. Please check each that describes your current and/or planned operations.

- Day Camp
- Overnight Camp
- After School Program (on school property)
- Transportation of Participating Children
- Other _____
- Amateur Sports League
- Field Trips
- Amateur Sports Team
- One-On-One Training
- Health/Fitness Club
- Community Center
- Ice/In-line Skating

3. Identify the types of facilities used for your operations:

- College/University Sites
- Rented Camp
- Owned Camp
- Local School
- Leased Facility
- Community Center
- Owned Facility
- Church
- Club
- Other _____

4. 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 checked? Yes No
- d. Do you disclose that criminal background checks will be processed? Yes No
- e. Does your employment application include questions about whether the individual has ever been convicted of a crime, including child sex or child abuse related offenses? Yes No
- f. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
- g. Does staff screening include criminal background checks on all new (including seasonal) staff members, prior to hire? Yes No
- h. Does staff screening include criminal background checks on all hired staff members every 5 years? Yes No
- i. Provide the name of the data/service provider you use to pull criminal background information: _____
- j. When hiring new staff do you require at least two references and a personal interview before hiring the candidate? Yes No
- k. Do you require the completion of a Voluntary Disclosure statement (as permitted by state law)? Yes No
If yes, please provide a copy of your disclosure statement.
- l. Does the screening process include an annual check of all staff members on the National Sex Offender Public website? Yes No

All questions pertain to full or part-time staff and volunteers. If you have a different policy for Volunteers, please advise and outline the differences.

5. What qualifications do you require of your staff: College degree? Yes No Other _____

Certification in one ore more of the following:

- CPR Yes No
- Teaching Yes No
- Coaching Yes No
- Counseling Yes No
- Childcare Yes No
- Other Certifications _____

6. Identify staff status (check all that apply): Employees Volunteers Parent-volunteers
Are all staff members age 21 years or older? Yes No

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

8. Do you discuss at orientation child sexual abuse/molestation and how to recognize the signs and what to do if a guest or member reports someone molested him/her? Including the reporting steps of a suspected child sexual abuse/molestation situation, after learning of such an allegation? Yes No
9. 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
10. Are copies of the procedures provided to each member of your staff? Yes No
11. 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
12. Do you periodically review your written procedures to verify that they are up to date? Yes No
(Attach copies of your written procedures provided to your staff regarding recognizing and preventing sexual abuse or molestation.)
13. Do you have a plan of supervision, including procedures to limit one-on-one interaction between an adult and youth, that monitors staff in day to day relationships with youth/minors? Yes No
14. Have you ever had an incident or claim reported which resulted in an allegation of sexual abuse? Yes No
- a. Was a claim made against your organization? Yes No
 If yes, please provide details of the claim/incident: _____
- b. How much money was paid as damages to the victim? _____
- c. 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

 Date (MM/DD/YY)

 Producer's Signature (if applicable)

 Date (MM/DD/YY)

 Applicant's Name (print)

 Producer's Name (print)



MANDATORY SIGNATURE SUPPLEMENT

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.

Applicable in AL

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.

Applicable in AR, LA, MD, 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 DC

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 FL

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 KY

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.

Applicable in ME, TN, 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 NM

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.

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 NY

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.

Applicable in OH

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.

Applicable in OK

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 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.

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.

Applicable in VA

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 benefits.

FRAUD APPS (2019/11)

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)