

GAMING

Eligible Operations:

- Bingo halls
- Card clubs
- Casinos
- Tribal gaming

Key Underwriting/Qualifying

Factors (Including but not limited to):

- \$3,500 minimum account premium

Ineligible for this program:

- Cruising vessels

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Gaming 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 covers gaming risks from bingo halls to casinos through our tailor-made programs. Don't gamble on your insurance coverage; choose K&K to protect your gaming operations and keep the good times rolling.

Coverages Available & Program Highlights:

General Liability

- Written on an Admitted Basis in Most States
- Broadened Coverage Form
- Liquor Liability
- Employee Benefits Liability

Property

Boiler and Machinery

Inland Marine

Commercial Auto

Garagekeepers Legal Liability

Crime

Excess Liability

Workers' Compensation (subject to availability)

Common Associated Exposures:

- Concessions
- Entertainment
- Hotel/motel
- Gift shops
- Restaurants/lounges
- Valet parking

Insuring the world's fun.®

Contact Information:

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

Gaming Program

PHONE: 800.440.5580
FAX: 260.459.5810

EMAIL:
KK.VenueGaming@
kandkinsurance.com

WEBSITE:
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 detailed company loss runs and payrolls
- Schedule of activities & special events
- Most current financial statement
- Copies of contracts
- Copy of Gaming Contract (if applicable)

Gaming Application(s):

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

K&K Application(s)

- Gaming Supplemental Questionnaire
- Gaming Business Income Worksheet

ACORD Application(s)

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

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 www.kandkinsurance.com
 CA #0334819

GAMING SUPPLEMENTAL APPLICATION

Named Insured: _____

Contact Person: _____ Title: _____

Location of Premise: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Web Site Address _____

Where are the following coverages placed or being placed?

Workers Compensation Carrier: _____ Effective Date: _____

Excess/Umbrella Carrier: _____ Effective Date: _____

GENERAL LIABILITY- To be used in conjunction with the ACORD Application

1. Provide description of gaming operation/gaming machines (bingo,slots, etc.): _____

Provide square feet of casino/gaming area: _____ Provide total payroll for casino/gaming operation: \$ _____

Provide gross sales receipts for casino/gaming operations: \$ _____ Restaurants: \$ _____

Gift shops: \$ _____ Hotel/motel: \$ _____

2. (Hotels, hospitals and habitational exposures ONLY) Are hard-wired smoke alarms installed in every room? Yes No

3. Are certificates of insurance obtained from all sub-contractors and vendors naming our insured as an additional insured?
 Yes No

4. Hours of casino operation: _____

5. Is the security system monitored? Yes No If so, by whom? _____

6. Distance to the nearest responding police station? _____

7. What is the total number of security staff: _____ Number of security staff on duty each shift? _____

Number of security staff on duty each shift that are armed? _____ Unarmed? _____

If armed, what firearm training is required? _____

8. Is security contracted? Yes No

10. Are background checks run on all employees? Yes No If so, to what extent? _____

11. Are references required? Yes No Are references checked? Yes No

PROPERTY- To be used in conjunction with the ACORD Application (COVERAGE NOT REQUESTED)

1. Is there a cooking exposure? Yes No (If yes, please complete the cooking supplement.)

2. Are there property locations in protection class 7-10? Yes No If yes, describe the water source and its location? (Provide information regarding water towers, water wells, fire hydrants, etc.). _____

3. What type of access system is available? _____

4. Describe the fire department and whether or not it is considered a paid or volunteer fire station. _____

5. What is the fire department's response time? _____

LIQUOR LIABILITY (DOES EXPOSURE EXIST? Yes No; COVERAGE NOT REQUESTED)

1. Name of License Holder _____ Liquor License # _____

2. Have you ever been fined or had your license revoked or suspended? Yes No If yes, describe circumstances: _____

3. Do all servers receive alcohol awareness training? Yes No If yes, describe training: _____
4. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
5. Do you stop serving at least one hour prior to closing? Yes No
6. Current liquor liability carrier: _____
7. Have there been any alcohol related claims in the last five years? Yes No If yes, please provide details: _____

BASIS	ALCOHOL	FOOD
Sales	\$ _____	\$ _____
Comps. (Gaming)	\$ _____	\$ _____
LIABILITY LIMITS REQUESTED:		\$ _____ per occurrence
		\$ _____ aggregate

CHILD CARE/DAY CARE (DOES EXPOSURE EXIST? Yes No; COVERAGE NOT REQUESTED)

1. Describe briefly the type of attention given to minors in the absence of parents: _____
2. What is the typical range of ages served in this program? _____
How many of each age grouping are typically involved, when present, at any one time?

	MALE	FEMALE		MALE	FEMALE
Age 1-2	_____	_____	Age 10-12	_____	_____
Age 3-6	_____	_____	Age 13-17	_____	_____
Age 7-9	_____	_____			

3. What is the common ratio of adults to children? _____
4. How many adult staff directly supervise the activities? _____ Total individuals: _____
At a given time: _____
5. What qualifications do you require of adult staff? _____
6. Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees - prior to selection? Yes No After selection? Yes No
Please attach these policies/procedures or characterize below: _____
7. How do children arrive and depart your program/facility? _____
8. What system do you use for checking in and out the children as they arrive and depart? _____
9. What meals or snacks are provided? _____
10. What policies and procedures are in place for investigating an allegation of child sexual abuse by staff? _____
11. What adult staff training program(s) do you require and/or provide concerning child sexual abuse prevention? _____

ABUSE & MOLESTATION (COVERAGE NOT REQUESTED)

1. Type of facility: _____
2. Please check each that describes your current and/or planned operations.
- | | |
|---|--|
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> After School Program (on school property) |
| <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Amateur Sports League | <input type="checkbox"/> Amateur Sports Team |
| <input type="checkbox"/> Transportation of Participating Children | <input type="checkbox"/> One-On-One Training |
| <input type="checkbox"/> Other _____ | |

3. 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
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. Are copies of the procedures provided to each member of your staff? Yes No
8. 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
9. Do you periodically review your written procedures to verify that they are up to date? Yes No
10. Have you ever had an incident which resulted in an allegation or claim of sexual abuse at your facility? Yes No
 If yes, please explain in detail, including the amount of damages paid to the victim. _____

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

CRIME - To be used in conjunction with the ACORD Application. (COVERAGE NOT REQUESTED)

For limits over \$100,000, contact K&K directly for a separate application.

1. Identify and describe all safes: _____

 Provide U.L. grading: _____
2. Describe the alarm system installed in/on all safes: _____

 Provide U.L. Grade: _____ Central Station? _____ Police Connection? _____
3. Identify and describe all vaults: _____
 Provide U.L. Grade: _____
4. Describe the alarm system connection to the vaults: _____
 Provide U.L. Grade: _____ Central Station? _____ Police Connection? _____
5. Are surveillance cameras utilized in the vault room or counting room? Yes No
6. Describe procedures for opening safes and vaults. _____

7. How many people have access to the counting room? _____
8. Describe access controls to the counting room? _____

9. Number of surveillance cameras on the gaming floor: _____ Cashier's Area: _____
 How long are videos kept? _____ Are they stored: On-Site Off-Site
10. Frequency of chips and tokens inventory: _____ Frequency of cash count: _____
11. How frequently are dealers logs verified and balanced? _____
12. Is a supervisor on duty and present during counting? Yes No
13. Are purses and packages prohibited from the Counting Room? Yes No
 Are pockets forbidden? Yes No
14. Describe procedures for bank deposits to include, transport and average size of deposit: _____

 Number of messengers: _____ Number of Guards: _____
15. Is credit extended? Yes No Describe credit procedures: _____

16. Are markers safeguarded? Yes No Describe: _____

Are original markers allowed off-premises? Yes No

17. Are employees required to take drug tests? Yes No

18. Please describe any other procedures you may have in place to control the theft, disappearance and destruction of moneys and securities: _____

AUTO/GARAGE - To be used in conjunction with the ACORD Application. (COVERAGE NOT REQUESTED)

1. What auto controls and/or procedures does the insured have in place to prevent losses from occurring? _____

2. Indicate driver assignments to specific vehicles. _____

3. Identify all vehicles garaged at home of employees. _____

4. Who is authorized to drive vehicles? _____

5. Identify all vehicles used to transport employees/guests. Advise as to frequency of use, maximum radius of operation and passenger capacity. _____

6. Is shuttle service contracted? Yes No

7. Is there a scheduled vehicle maintenance program in existence? Yes No

8. Indicate address of all guest or employee parking areas. Indicate if owned or leased. Include area map.

 Owned Leased

 Owned Leased

 Owned Leased

 Owned Leased

9. Identify those vehicles which fall under 638 Funds? _____

MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

- Copy of your plot plan for all locations as well as a completed Unoccupied/Vacant Building Schedule.
- Copy of written procedures given to staff regarding the recognition/prevention of sexual abuse or molestation.
- Copies of any security contracts or security training manuals given to employees.
- Complete list of drivers, license #, date of birth and the states licensed (MVRs if applicable).
- Copy of vehicle schedule with usage attached.
- Copy of shuttle service contract and certificate of insurance, if applicable.
- Copy of compact agreement. (Tribal Gaming only)
- Copy of five years loss runs, including most current year.
- Most current financial statements.

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)



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 www.kandkinsurance.com
 CA #0334819

COOKING SUPPLEMENTAL

Insured: _____

Equipment: Indicate which of the following apply and the number of each:

Ranges _____ Ovens _____ Deep Fryers _____ Grills _____ Broilers _____ Griddles _____

1. Are deep fryers control by 475°F high-limit thermostat? Yes No
2. Is the distance between other cooking surfaces and the deep fryer a minimum of 16 inches? Yes No
3. Are all combustibile walls greater than 18 inches from the nearest cooking unit? Yes No

Vents, Hoods & Ducts: Provide the following information; note necessary details in the narrative:

1. Are all cooking units covered by hoods and vents? Yes No
2. Are vents protected by filters (not mesh type) or a grease extractor system? Yes No
 If yes, how often are they cleaned? _____ By whom? _____
3. Are hoods vented to the outside by ducts? Yes No
4. Do vents extend into or through roof space or other concealed areas? Yes No
5. Are hoods vented at least 18 inches from combustibile material or otherwise suitably protected? Yes No
6. Are adequate clean-out openings provided? Yes No
7. Is grease build-up noted anywhere on the exhaust system? Yes No
8. Is there a contract with a commercial firm to clean and service the exhaust system? Yes No
9. Does the cleaning schedule appear adequate? Yes No
10. Are wiring and lighting protected from grease build-up? Yes No
11. How often is the hood and duct system cleaned? _____ By whom? _____

Protection: Provide the following information; note necessary details in the narrative:

1. Is an automatic extinguishing system provided in the hood and duct? Yes No
 Manufacturer: _____
2. Does the system cover all cooking surfaces? Yes No
3. Is automatic fuel shut-off provided? Yes No
4. Is an accessible means of manual activation of the extinguishing system provided? Yes No
5. Are separate temperature high-limit controls provided on the deep fryers? Yes No
6. Are proper portable fire extinguisher provided in the kitchen? Yes No
7. Is maintenance contract maintained on the extinguishing system? By whom? Yes No
8. How often is the extinguishing system serviced? _____ By whom? _____

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Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



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 In Canada (800) 753-2632
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 CA #0334819

GAMING BUSINESS INCOME WORKSHEET

Insureds Name _____
 Contacts Name/Title _____
 Location of Premise _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

	COLUMN 1 Year Ending _____	COLUMN 2 Year Ending _____
A. Total Gross Gaming Win	_____	_____
B. Hotel Revenue	_____	_____
C. Restaurant Revenue	_____	_____
D. Gift Shop Revenue	_____	_____
E. Other Revenues (Describe)	_____	_____
F. Total Revenues	_____	_____
G. Non-Contributing Expenses	_____	_____
1. Goods or Supplies In	_____	_____
2. Casino Operations	_____	_____
3. Hotel Operations	_____	_____
4. Restaurant Operations	_____	_____
5. Gift Shop Operations	_____	_____
6. Gaming Tax	_____	_____
7. Contracted Services	_____	_____
8. Ordinary Payroll (Only If Deleted) See Attached Form	_____	_____
9. Cost of Utilities Excess Min.	_____	_____
10. Miscellaneous Expenses	_____	_____
H. Total Deductions	_____	_____
I. Business Income Value (F – H) = 100% limit	_____	_____
J. x _____ Co-Insurance %	_____	_____
K. + Extra Expense Values	_____	_____
Business Income Limit (J + K)	_____	_____

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Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

Explanation for Worksheet Question G.8

Business interruption coverage can be written to include:

1. All Payroll
2. Provide Payroll only for a limited number of days (30 day increments)
3. Provide Payroll only for specific classes of employees
4. Payroll may be entirely excluded or may be provided for any combination mentioned here.

“Ordinary Payroll” means Payroll Expense for your employees except:

1. Officers
2. Executives
3. Department Managers
4. Employees Under Contract
5. Additional exemptions such as Specific Job Classes or Specific Employees.

“Ordinary Payroll Expenses” include:

1. Payroll
2. Employee Benefits (if directly related to payroll)
3. FICA (employers portion)
4. Union Dues
5. Workers’ Compensation premiums.

A. If the business income insurance is to cover all ordinary payroll, do not complete section G.8.

B. If the business income is to cover all ordinary payroll only for a specific time period, please provide:

Payroll Amount: \$ _____ Number of Days (30 day increments) _____

C. If business income is to be written on specific classes of employees, please identify the classes, the limit of coverage to be provided and/or the length of time the coverage is to be provided in 30 day increments:

Class: _____ Payroll to be Included \$ _____

Class: _____ Payroll to be Included \$ _____

Class: _____ Payroll to be Included \$ _____

Include on line G.8. only the remaining payroll expense to be deducted.



PUBLIC TRANSPORTATION QUESTIONNAIRE

(To be completed to provide coverage under the Commercial Auto Policy)

The following information must be provided to properly underwrite any vehicle used to transport passengers:

1. What is the exact use of the vehicle? _____

2. Who will operate the vehicle? _____

Please provide copies of current motor vehicle reports or the information needed to obtain them.
(ie: each driver's full name, birth date and driver's license number)

3. What criteria is used in the hiring of drivers? (Explain) _____

4. Is a fleet safety program in place? If so, please describe _____

5. Are vehicles ever loaned or given to employees for their use? Yes No

6. Is the vehicle equipped with seat belts for passengers? Yes No Drivers Yes No

7. What is/are the type(s) of vehicle(s) used? (ie: shuttle, bus, van) _____

Capacity of vehicles(s):	8 or less	9-20	21-60	60 or more
Total number leased	# _____	# _____	# _____	# _____
Total Number owned	# _____	# _____	# _____	# _____
Average days per week used	# _____	# _____	# _____	# _____
Radius of operation:	<input type="checkbox"/> less than 50 miles (local)	<input type="checkbox"/> 51 - 200 miles	<input type="checkbox"/> 60 or more	

8. What is the average term of the lease? _____

9. Cost of Hire for Season: _____

10. Is the leasing or rental company providing the primary insurance for the vehicle? Yes No
If Yes, please attach a certificate of insurance.

11. What percentage of driving takes place on: Paved/Main Roads _____% Dirt/Gravel Roads _____%
Steep/Winding Grades _____%

12. Who is responsible for maintenance of vehicles? _____

13. Do you maintain a maintenance schedule and daily pre-use inspection log? Yes No
If Yes, please provide a sample copy.

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)



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CA# 0334819

SECURITY SUPPLEMENTAL INFORMATION

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' 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 investigations 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 Reference

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 number of dogs to be used in your 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, 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 (MM/DD/YY)

Date (MM/DD/YY) 1096 (10/03)



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)