

MOTORSPORTS

Independent Clubs

Eligibility:

- Independent Clubs
- Organizations operating the premises for covered programs
- Autocross
- Business meetings
- Caravans
- Concours
- Gymkhanas
- Parades
- Poker runs
- Rallies
- Slaloms
- Social Functions
- Tours
- Other than one car at a time events

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Must meet K&K Motorsports Guidelines
- \$500 minimum premium

Ineligible for this program:

- Wheel to wheel racing
- Boating risks
- Hill climbs
- Drifting

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Motorsports Programs for over 70 years
- Attendance at industry conventions including RPM Promoters Workshops, Performance Racing Industry Trade Show (PRI)
- Active industry involvement through associations and event attendance
- 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
- Interest-free premium installment plans available

K&K offers affordable general liability protection for independent car club shows, meetings, rallies and social functions. General Liability coverage extends to officers, members, and volunteers while participating in covered activities and excess liability limits are available by request.

Coverages Available & Program Highlights:

General Liability

- Broadened Coverage Form
- Fireworks Liability
- Motorsports Errors & Omissions
- Bodily Injury to Participants (for motorized events, waivers required)
- Official Vehicle Physical Damage
- Cyber Risk (\$25,000 sublimit)
- Products Liability (food & beverage)
- Additional insureds (including officials, car owners, drivers, pit crews, sponsors, persons or organizations operating, managing, sanctioning, sponsoring or providing the premises for competitive covered programs)

Participant Accident

- Accidental Death & Specific Loss
- Increased Accident Medical Limits
- Weekly Accident Income Benefits

Additional Products:

Commercial Auto

Crime

Business Income

Directors' & Officers' Liability

Garage Liability

Inland Marine

Liquor Liability

Property

Excess Liability

Event Cancellation & Non-appearance

Insuring the world's fun.®

Contact Information:

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

Motorsport Independent Clubs Program

PHONE: 800.348.1839

FAX: 260.459.5102

EMAIL:

KK.Motorsports@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:

- K&K Application(s) (see below)
- Five years of company loss runs
- Completed ACORD applications for other requested coverages
- Copy of contracts where insured assumes liability of others

Independent Club Application(s):

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

K&K Application(s)

- Motorsports Independent Car Club ICEL Application
- Motorsports Independent Motorcycle ICEL Application

ACORD Application(s)

- Property
- Commercial Auto
- Crime
- Inland Marine
- Excess Liability

Insuring the world's fun.®



INDEPENDENT CLUB EVENT LIABILITY (ICEL) INSURANCE COVERAGE

Coverage Information

General Liability Coverage for Car Club Social Events

We offer affordable general liability protection for limits of \$1 million for your club's car shows, meetings, rallies, and social functions. While participating in your covered activities, the general liability coverage extends to your officers, members, and volunteers. Excess liability limits are available by request.

Our program automatically includes Products Liability (food or drink) and \$1 million Commercial General Liability. Legal Liability to Participants (LLP), which applies to motorized events and protects your club if it is found to

be legally liable for a participant's injuries, is included. (LLP coverage is effective only upon receipt of each participant's signature on a Release and Waiver of Liability Agreement provided by K&K Insurance Group, Inc.) For your competitive events, such as autocrosses, gymkhanas or rallies, we can also provide general liability for officials, car owners, drivers, pit crews, sponsors, advertisers, and any person or organization operating, managing, sanctioning, sponsoring or providing the premises for your covered program.

How to Apply for Coverage

To apply for a quote, fill out and return the following forms:

- ICEL FORM A #1097
- AUTOCROSS EVENT MINIMUM QUALIFICATIONS #1144
- ICEL MEMBERSHIP LIST SUPPLEMENTAL #1243
- FRAUD WARNING FORM #1030

Coverage for your non-competitive events, such as business meetings, social functions will be in effect once the

completed application and premium payment have been received and approved by the program administrator. Coverage for competitive events is not included in the basic plan and is not automatic with Order Form A. If you wish to have coverage for a competitive event, please let us know at least two weeks in advance of your event so we can provide you with an event premium quotation and supplemental application.

How Payment Works

Premium payment is required to initiate coverage. If you are being charged the minimum earned premium of \$1,500, your initial premium will act as a nonrefundable deposit from which your per-member charge and competitive event premium will be drawn. Here are two sample scenarios:

Scenario One:	Scenario Two:
<p>A club with 100 members has a charge of \$5 per member for their annual premium. The minimum premium is \$1,500, so that amount is paid up front.</p> <p style="text-align: center;"> \$1,500 minimum annual premium - \$500 member charge <hr style="width: 20%; margin: 0 auto;"/> \$1,000 remaining premium balance </p> <p>Any competitive event premiums can be drawn from the \$1,000 balance within the policy period.</p>	<p>A club with 700 members has a charge of \$5 per member for their annual premium. The minimum premium is \$3,500, so that amount is paid up front.</p> <p style="text-align: center;"> \$3,500 minimum annual premium - \$3,500 member charge <hr style="width: 20%; margin: 0 auto;"/> \$0 remaining premium balance </p> <p>Any competitive event premiums must be paid at the time coverage is requested.</p>

You will be notified when your account balance is too low to cover an upcoming competitive event. From that point on, through the remainder of your policy period, each time you order your individual competitive event insurance, you must remit the appropriate event premium with your order.



INDEPENDENT CLUB EVENT LIABILITY (ICEL) INSURANCE COVERAGE

Coverage Available

Basic Plan Coverage:

<u>Coverage:</u>	<u>Limits Available:</u>
General Liability	\$1,000,000 up to \$10,000,000 CSL
Legal Liability to Participants	\$1,000,000 up to \$10,000,000 CSL
Products Liability (food & drinks)	Included

Optional Coverage Plans Available: (additional premium and approval required)

<u>Coverage:</u>	<u>Limits Available:</u>
Accidental Death and Dismemberment Benefits for Participants	\$3,000 up to \$50,000
Excess Medical Expense Benefits for Participants	\$3,000 up to \$100,000
Weekly Indemnity Benefit for Participants	\$25.00 for 26 weeks up to \$200.00 for 52 weeks

Commercial General Liability Protection includes, but is not limited to, these valuable coverages:

- **Contractual Liability:** Provides liability coverage for bodily injury or property damage liability that the insured assumes under an “insured contract” as defined in the policy.
- **Personal Injury and Advertising Liability:** Protects against claims resulting from libel, slander, defamation, etc., including advertising-related claims.
- **Host Liquor Liability:** Protects against claims resulting from the gratuitous dispensing of alcoholic beverages.
- **Incidental Medical Malpractice Liability:** Protects against claims arising out of the giving, or failure to give medical services.
- **Additional Insureds:** Adds coverage protecting club members.
- **Extended Bodily Injury Liability:** Protects from claims arising from the use of reasonable force to protect persons or property.

This is a general summary of coverages. Actual coverages are detailed in the insurance policy, and are subject to the detailed provisions, conditions and exclusions of the policy.



INDEPENDENT CLUB EVENT LIABILITY (ICEL) INSURANCE COVERAGE

Frequently Asked Questions

1. What coverages are available?

Our basic plan offers general liability protection, with limits of \$1 million available (Excess limits are available by request). Legal Liability to Participants protection, with coverage limits matching the General Liability, and Products Liability Protection (Food and Drink), are also included.

For competitive events, optional plans offering additional coverage for participants is available, including Accidental Death and Dismemberment (AD&D) Benefits for Participants with limits of \$3,000; Excess Medical Benefits for Participants with limits of \$3,000; and Weekly Indemnity Benefit for Participants with benefit limits of \$25.00 for 26 weeks. Higher limits are available upon request, but must be approved by the program administrator.

2. When is the insurance effective?

Your insurance will be effective when we've received your completed plan application (Order Form A) and premium payment and approve the risk. You should receive your policy and all necessary supplies to administer your insurance program within 30 days of the effective date of your coverage.

3. Do I need to notify you of club events?

You should provide a schedule of events to K&K, but you do not need to notify us prior to each of your non-competitive events, such as business meetings and social functions. However, competitive events, such as autocrosses, gymkhanas or rallies, and other public events operated by your club, such as parades and car shows are not included in the basic membership premium and require that you arrange for coverage at least two weeks before the event. Contact us for an event premium quotation and supplemental application.



1712 Magnavox Way
 Fort Wayne, Indiana 46801
 (800) 348-1839 Fax (260) 459-5118
 www.kandkinsurance.com
 CA# 0334819

INDEPENDENT CLUB EVENT LIABILITY (ICEL) INSURANCE APPLICATION **FORM A**

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

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Location Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Contact Person: _____

Person is: Owner Promoter Agent Other: _____

Day Phone:(_____) _____ Night Phone:(_____) _____ Fax:(_____) _____

E-mail Address: _____

Web Site Address: _____

Name of Agency/Brokerage (if applicable): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Fax:(_____) _____ E-mail address: _____ Tax ID #: _____

Nature of operations/description of event: _____

Insured is: Corporation Partnership Joint Venture Limited Liability Corporation

Other (explain): _____

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

Club membership count: _____

Liability limits desired: \$1,000,000 CSL per occurrence \$2,000,000 CSL per occurrence \$3,000,000 CSL per occurrence

\$4,000,000 CSL per occurrence \$5,000,000 CSL per occurrence \$6,000,000 CSL per occurrence

\$7,000,000 CSL per occurrence \$8,000,000 CSL per occurrence \$9,000,000 CSL per occurrence

\$10,000,000 CSL per occurrence

Councils and Associations (list full name and membership count of each individual club to be insured through the council): _____

Estimated number of competitive events to be conducted this year (Apply for individual event coverage using Order Form B:

A. Number of Gymkhanas, Slaloms and Autocrosses: _____

B. Number of Rallies: _____

COVERAGE INFORMATION

Check the type of coverage and indicate the limits desired:

- General Liability
 - Primary _____
 - Excess _____
 - Legal Liability To Participants _____

- Participant Accident and Health
(Applicable only to competitive events)
 - AD&D _____
 - Primary Medical _____
 - Excess Medical _____
 - Weekly Disability Income _____

- Property Casualty
 - Property _____
 - Inland Marine _____
 - Auto _____

- Workers' Compensation

- Other: _____

UNDERWRITING INFORMATION

Has this type of insurance ever been: Cancelled Declined Non-renewed

If so, please explain. (Not applicable in Missouri). _____

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. _____

As respects your operation(s), do you enter into any contracts? 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

Who reviews the contracts prior to signing? Corporate Officers Counsel Other: (please explain) _____

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	_____	_____	_____

Is a K&K approved Waiver and Release form read and signed by all persons entering a restricted area prior to entry? Yes No
(Applicable only to Motorsports)

PRIOR CARRIER INFORMATION (NEW BUSINESS ONLY)

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

I understand that I am applying for coverage for car club social events only and that if I need coverage for competitive events, such as autocrosses, gymkhanas or rallies, I will obtain a competitive event quote and submit the required supplemental application (Order Form B), which will be supplied when I notify you of that intent.

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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INDEPENDENT CLUB EVENT LIABILITY (ICEL) MEMBERSHIP LIST SUPPLEMENTAL

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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 another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV

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

Applicable in CO

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

Applicable in FL and OK

Any person 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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

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

Applicable in OR

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

Applicable in VT

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.

MARKEL FRAUD APPS (2021/09)

NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

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)