

PROFESSIONAL SPORTS TEAMS

Eligible Operations:

- Professional sports teams or league wide programs
- Major & minor league sports teams
- Team owned or managed sports facilities

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Management must have at least three years management experience
- Waiver/release forms required for all activities where spectators participate
- Minimum account premiums:
Minor League Baseball- \$5,000
NFL- \$10,000
Other professional teams- \$2,500

Ineligible for this program:

- Boxing *
- Mixed Martial Arts *
- Rugby *
- Wrestling *

* K&K offers spectator liability only

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Professional Sports Program
- Endorsed by Minor League Baseball
- 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
- Premium installment plans available

Professional sports teams can benefit from the knowledge K&K Insurance Group has gained through years of experience working closely with top sports organizations across the country. Our reputation as a leader in the sports, leisure and entertainment insurance industry comes from over 65 years of covering some of the toughest risk in sports. For professional-level coverage and world class service—turn to K&K.

Coverages Available & Program Highlights:

General Liability

- Broadened Coverage Form
- No Deductible
- Legal Liability to Participants
- Fireworks Liability
- Liquor Liability
- Lessors and Sponsors Can be Included as Additional Insureds
- Employee Benefits Liability

Property

- Over 25 Property Enhancements
- Equipment Breakdown Included

Inland Marine

Commercial Auto

- Owned Autos
- Nonowned/Hired Auto

Crime

Excess Liability

Event Cancellation & Non-appearance - ShowStoppers

Workers' Compensation (non-players)

Common Associated Exposures:

Professional sports teams in the following areas:

- | | |
|--------------|------------|
| - Arena | - Hockey |
| - Football | - Lacrosse |
| - Baseball | - Soccer |
| - Basketball | - Softball |
| - Football | - Tennis |
| - Golf | |

Related ancillary activities such as:

- Office premises
- Concessions
- Practice games
- Public appearances such as interviews and autograph signing sessions
- Entertainment prior to, at half time, post game

Insuring the world's fun®

Contact Information:

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

Professional Sports Teams 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 current year
- Most current financial statement or pro forma on new business ventures
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copies of all contracts
- Copy of operations manual
- Evidence of Work Comp (where applicable)

Professional Sports Teams Application(s):

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

K&K Application(s)

- Professional Sports Information Form (for all sports except baseball)
- National Association of Professional Baseball Leagues Information Form (baseball only)
- Baseball Team Property Checklist (if needed)
- Inflatable Liability Questionnaire (if needed)
- Nonowned/Hired Auto Questionnaire (if needed)
- Security Supplemental Information
- Fireworks Application
- Liquor Liability Application (if needed)
- Hot Tub Liability Questionnaire (if needed)

ACORD Application(s)

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

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 (800) 441-3994 Fax (260) 459-5120
 www.kandkinsurance.com
 CA# 0334819

NATIONAL ASSOCIATION OF PROFESSIONAL BASEBALL LEAGUES INFORMATION FORM

APPLICANT INFORMATION:

1. Name of Insured (as will appear on policy): _____
2. Doing Business As: _____
 If there is more than one Named Insured, please provide a list of names including each entity's business operations and relationship to the first named insured including their percentage of ownership.
3. Insured is: Corporation Partnership Joint Venture LLC Other (explain): _____
4. Mailing Address: _____
 City: _____ State: _____ Zip: _____
5. E-mail Address: _____ Website: _____
6. Contact Person: _____ Title: _____
7. Phone: _____ Fax: _____
8. Tax ID: _____

AGENT INFORMATION: (if applicable)

1. Name of Agency/Brokerage: _____
2. Contact Person: _____ Title: _____
3. Mailing Address: _____
 City: _____ State: _____ Zip: _____
4. E-mail Address: _____ Website: _____
5. Phone: _____ Fax: _____

UNDERWRITING INFORMATION:

1. Policy Period Requested: From _____ To _____
2. Check the type of coverage desired: GL EBL (# of employees _____) Liquor Fireworks Auto IM
 Sexual Abuse & Molestation Property Crime Excess D&O WC Other: _____
3. Do you engage in any other business operations under the name of the insured as will appear on the policy? Yes No
 If yes, provide explanation including whether or not other insurance coverage applies including carrier and policy number: _____
4. Has this insurance ever been cancelled, declined, or non-renewed? Yes No
 If yes, please explain: _____
5. Does your current general liability policy have a deductible or self insured retention? Yes No
 If yes, amount: _____
6. Additional Insureds: (Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).

Name	Address	Relationship to you	Certificate required
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Stadium Name: _____
8. Stadium Address: _____
 City: _____ State: _____ Zip: _____
9. Do you own or lease the facility? Own Lease

10. Stadium Seating Capacity: _____
11. Are you affiliated with a Major League Baseball Team Yes No
 If yes, which team? _____
12. Does your stadium meet the 2015 netting recommendations as proposed by MLB? Yes No
 If not, are there plans to make changes in the future? Yes Not yet determined or scheduled
 If yes, estimated completion date: _____
13. Number of years in business: _____ Number of years management experience: _____
14. Estimated annual turnstile attendance: _____
 Turnstile attendance for the last three years: Year 1 _____ Year 2 _____ Year 3 _____
15. Non-Game Day event attendance for self promoted events: _____
 Type of Events: _____
16. Non-Game Day event attendance for events promoted and insured by others: _____
 Type of Events: _____
 Do you receive a certificate naming you as additional insured with limits of at least \$1,000,000? Yes No
17. Do you have Rap and/or Hip Hop Concerts? Yes No
 If yes, please provide details: _____

18. Do you operate seasonal haunted houses? Yes No
 If so, please verify fire safety codes are met and that fire marshal certification is obtained, if applicable Yes No
19. Do you operate amusement devices such as the following? Mechanical rides Water slides Rock climbing walls
 Dunk Tanks Sledding/Tubing/Snow Magic Bungee Jumping Trampolines/Bungee Trampolines Go-carts Inflatables
 Other: _____
 If Yes, please provide details including whether or not other insurance is provided by the attraction owner, how is the attraction supervised and whether or not participants/parents/guardians sign waivers: _____

20. Please list and describe your typical patron on-field/between innings interactive activities: _____

- Do participants (or parents/guardians) sign waivers? Yes No
21. Do you have hot tubs available for stadium guests? Yes No
 If Yes, please describe chemical safety measures with regard to storage and use: _____

 How often is the water changed? _____
 Is the area supervised at all times of use? Yes No
 Describe surface area with regard to nearby electrical hazards, foul ball protection and slip/fall control: _____

- Age requirement: _____
 Waivers signed by all users? Yes No
22. Are you responsible for annual stadium operations Yes No

23. During home games, who is responsible for the following activities:

	STADIUM/ FACILITY	TEAM	OTHER/DESCRIBE	INSURANCE CERTIFICATE ON FILE?
Parking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concession Sales (<i>excluding alcohol</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid/Medical	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are responsible for security, who provides:

City/County/State

Private Agency

If private agency, do they provide a certificate of insurance naming you as an additional insured with limits of at least \$1,000,000?

Yes No

Are you held harmless & indemnified by contract?

Yes No

Team Staff

If your staff, are they armed?

Yes No

If yes, please attach training procedures.

24. Is there an emergency evacuation plan established for this facility?

Yes No

25. Please describe your medical response procedures and staff: _____

LIQUOR LIABILITY:

1. Does your organization sell or serve alcoholic beverages?

Yes No

Type of alcoholic beverages sold: _____

2. Annual gross alcohol sales: _____

3. Annual gross food sales: _____

4. Has applicants' alcohol beverage license ever been revoked, suspended or fined?

Yes No

Has applicant incurred claims for liquor liability during the last three years?

Yes No

Has any insurer cancelled or non-renewed coverage during the last three years?

Yes No

If you responded "Yes" to any of the three previous questions, please explain: _____

5. Are patrons allowed to carry alcoholic beverages onto your premises?

Yes No

If yes, please explain: _____

6. Name the formal alcohol awareness training program that the servers receive (e.g. TIPS, TAMs, TABC): _____

7. Do you stop alcohol sales at the bottom of the seventh inning? Yes No

8. Does another entity sell or serve alcoholic beverages on your behalf? Yes No

If yes, do they provide liquor liability coverage naming you as additional insured with limits of at least \$1,000,000?

Yes No

To provide contingent liquor liability coverage, we will require a copy of this certificate.

Are you held harmless & indemnified by contract?

Yes No

FIREWORKS LIABILITY:

1. Do you contract with a fireworks company to provide shows as part of your operations? Yes No

Does this entity provide you with a certificate of insurance naming you as additional insured with limits of at least \$1,000,000?

Yes No

To provide contingent fireworks liability coverage, we will require a copy of this certificate.

2. Are you held harmless & indemnified by contract? Yes No

3. If this operation is not subcontracted, do your employees conduct fireworks shoots? Yes No

If yes, what are their qualifications? _____

4. Describe fire fighting protocol: _____

CAMPS/CLINICS:

1. Do you operate youth camps and/or clinics? Yes No
Average number of campers per day: _____
Number of days per week: _____
Number of weeks per year: _____
2. Do you have any overnight camps? Yes No
Average number of campers per day: _____
Number of days per week: _____
Number of weeks per year: _____
4. Do you discuss child/sexual abuse during camp/clinic staff orientation, including how to recognize the signs and how to handle allegations? Yes No
5. Does your staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? Yes No
If the application contains this type of question, and the applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
6. Does your state permit you to do criminal background investigations on staff members? Yes No
If yes, do you request and receive such background investigations on all staff members? Yes No
If yes, who provides this service? _____
7. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? Yes No
If yes, please provide details: _____

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copies of contracts with respects to stadium lease and other contracts where you assume liability of another party.**
- Five years currently valued loss runs.**
- Copies of certificates of insurance naming you as additional insured from fireworks shooter, amusement ride operator, liquor concessionaire, where applicable**
- Copies of waiver/release forms.**
- Accord applications if you would like quotes for Property, Inland Marine, Crime, Auto, Excess or Worker's Compensation.**

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 (MM/DD/YY)

Date (MM/DD/YY)



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 1.800.553.8368 Fax 1.260.459.5624
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 CA# 0334819

Workers Compensation Supplemental Application

General Information Current number of seasonal employees: _____

Percent of employee turnover in the last 12 months: Full time: _____ Part time: _____

If California, please provide the zip code with the highest exposure: _____

Benefits Group medical insurance? Yes No What percentage of employees are covered by the plan? _____%

Who is eligible? All employees Only full time Other: _____ CPR training provided? Yes No

Hiring Practices Check all that apply:

- Audio Testing Orthopedic Back Test Reference Check Validate Work History
- Criminal Background Check Pre/Post Employment Physical Substance Abuse Testing Written Application
- Formal Interview

Are written job descriptions provided? Yes No

Safety Designated full time safety director? Yes No Name: _____

Do you have a designated safety committee? Yes No Meeting frequency: Daily Weekly Monthly Annually

Does the safety committee present their findings to a management team? Yes No

What is reviewed by the safety committee during their meetings? _____

Safety meetings held for all employees? Yes No Frequency: _____

Safety training program in place for employees? Yes No

Safety incentive program? Yes No What is the incentive? _____

Slip & Fall prevention program? Yes No Proper lifting program? Yes No

Personal protective safety equipment provided? Yes No

Equipment safeguards utilized? Yes No Equipment inspection/maintenance program? Yes No

If yes, describe: _____

Hazardous materials communication program? Yes No Accident investigation program? Yes No

Are supervisors held accountable for injuries? Yes No

Management Does the insured have a return to work program? Yes No With full pay? Yes No

Written Informal Modified duty offered to injured employees? Yes No

Is the insured willing to implement safety recommendations made by the carrier? Yes No

Is the insured willing to implement loss control recommendations made by the carrier? Yes No

Premises Housekeeping/cleanliness at the jobsite Excellent Good Poor

Condition of equipment: Excellent Good Poor Proper safeguards? Yes No

Do employees perform maintenance and custodial work at your facilities? Yes No

If yes, are the employees responsible for housecleaning, laundry, cooking or yard work/landscaping? Yes No

If yes, do employees maintain the exterior?

Vehicle/Driving Exposure Is there a driver safety program? Yes No Are MVR's run? Yes No

How often?: _____ Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations: _____

Driving distance? _____ Frequency of driving? Daily Weekly Other _____

Number of company vehicles? _____ Number of employees authorized to operate company vehicles? _____

What is the purpose of the driving exposure? _____

Do more than 3 employees travel together in any one vehicle? Yes No

Vehicles inspection/maintenance program? Yes No



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)