



WALK/RUN EVENT

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 3/1/19 through 2/29/20

PROGRAM DESCRIPTION

This program is designed for U.S.-based organizations and/or groups organizing a walking and/or running event. Coverage provides important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. The program also includes medical payments for participants (on an excess basis) for those participating in the event. To qualify for program coverage, the following criteria must be met:

- Maximum number of participants is 10,000
- Maximum number of event days is 3 days or less
- Total course distance cannot exceed 16 miles

Coverage is also included for ancillary activities/events (banquets, concerts, award ceremonies) that are ONLY for those participants in your walking and/or running event. Optional coverages are available for separate ticketed and/or open to the public ancillary activities/events.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

INELIGIBLE OPERATIONS

All other sports tournaments/events that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- Activist rallies/marches/protests
- Adventure races
- College or university level championships events
- Endurance races
- Events involving animals other than service animals, unless reported and approved by the company*
- Events with water activities or cycling activities
- Events where the distance is more than 16 miles
- Hiking events
- Iron man events
- Mud runs/warrior runs/zombie runs/obstacle course runs/urbanathons (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs, or other similar man-made obstacles)
- Full marathons (distances greater than 16 miles)
- Political events
- Professional sport events, try-outs and training camps/clinics
- Triathlons/duathlons

(Please note, this is not a complete listing of ineligible operations. Contact us with questions regarding eligibility.)

* Contact us for additional information needed for coverage consideration

ELIGIBLE OPERATIONS

Walking and/or running events with a course distance of less than 16 miles, including but not limited to:

- Children's walk/runs
- 5k or 10k walk/run
- Timed/competitive walk/runs
- Non-competitive charity walk/runs
- Fundraising walk/runs
- Walkathons

NOTE: This is not a complete list of eligible operations/programs. If your type of operation/program is not listed, please contact us for eligibility.

PROGRAM REQUIREMENTS

- 1) ALL participants and/or parents/guardians of minor participants must sign a release/waiver.

EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at www.sportsinsurance-kk.com

OR

Submit this enrollment form, with payment, to us.



FAX 1-260-459-5105



MAIL

Regular: K&K Insurance
RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance
RPG Program
1712 Magnavox Way
Fort Wayne, IN 46804



QUESTIONS Call 1-800-426-2889

FOR SERVICE REQUESTS ONLY



E-MAIL info@sportsinsurance-kk.com

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- 24 hour premises liability
- Abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased)
- Amusement devices (eg: rides, slides, inflatable's, bungees, climbing walls, dunk tanks)
- Ancillary activities that require a separate submission charge and are open to the public (unless optional coverage is purchased)
- Asbestos
- Claims arising out of the operations of independent concessionaires, exhibitors and vendors at your event
- Cryogenic chambers/therapy
- Employment related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy
- Operation, ownership or management of any facility or premise, other than while being used for covered activities
- Pollution
- Those operations listed as ineligible
- Haunted attractions
- Room and board liability
- Legal liability to participants coverage and medical payment for participants coverage for professional athletes and celebrity (national/local) participants.
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

COVERAGES AND LIMITS

Options	Option 1	Option 2
Commercial General Liability Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than members/participants)	\$ 5,000	\$ 5,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Medical Payments for Participants (excess - \$100 deductible)	\$ 25,000	\$ 25,000
Rates (per participant, per event)		
Class A: Non-Competitive/Charity Walk and/or Run Events	\$.52	\$.64
Class B: Competitive (Timed) Walk or Run Events	\$.88	\$ 1.06
Minimum Premiums (per event)		
Class A Only Event (Non-Competitive)	\$ 150.00	\$ 225.00
Class B Only Event (Competitive)	\$ 300.00	\$ 450.00
Class A & B Combined Event	\$ 300.00	\$ 450.00

• **Contact us if higher limits are needed** •

Coverage provided under this program includes:

Commercial General Liability with Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your covered activities. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim, and the benefit period is two years from the date of the accident. A “participant” means a person, practicing, instructing or participating in any physical exercises or games, sports or athletic contests.

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy policy by submitting a written request to us.

OPTIONAL COVERAGES AVAILABLE

Ancillary Activities / Events

This coverage is available for ancillary events and/or activities you conduct before/during/after your walk and/or running event that are open to the public and/or are separate ticketed events. When reported and paid for, coverage is extended to provide liability coverage for the event/activity you are hosting and supervising that is correlated to and in conjunction with your running/walking event. Examples of such events and activities are auctions, banquets, award ceremonies, galas, and concerts. Please contact us if you need to confirm your ancillary event/activity eligibility.

The following coverage conditions apply:

1. This is an optional coverage and is not available on a stand-alone basis
2. Total attendance for the ancillary activity/event must be 3,000 or less
3. Ancillary activity/event is held at a single location
4. Event must take place in the United States
5. The same coverage limits would apply to this optional coverage as purchased for your run/walk event
NOTE: Sexual abuse or sexual molestation coverage does not extend to separate ticketed and/or open-to-public ancillary activities/events
6. Ancillary activity/event must take place within 3 days of the actual run/walk event date
7. Ancillary activity/event must be a single day event
8. All exclusions listed previously still apply for your ancillary activities/event, including but not limited to amusement devices (inflatables, climbing walls, mechanical rides, etc.)
9. No overnight stay (camping) exposures
10. If liquor liability coverage is needed, please contact us for additional information needed for coverage consideration.

Coverages and Limits

Optional Coverage	Option 1	Option 2
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-Completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal Injury and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000

Premium (per event)

Number of Total Attendees (per activity/event)	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
1 - 250 Attendees	\$ 100.00	\$ 150.00
251 - 500 Attendees	\$ 200.00	\$ 300.00
501 - 750 Attendees	\$ 300.00	\$ 450.00
751 - 1,500 Attendees	\$ 450.00	\$ 675.00
1,501 - 3,000 Attendees	\$ 750.00	\$ 1,125.00
3,001+ Attendees	Must be submitted separately and reviewed by underwriter for quote/rate and approval.	

OPTIONAL COVERAGES (continued)

Sexual Abuse or Sexual Molestation Liability **OR** Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

- Option 1:** \$1,000,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or sexual molestation. Limit is part of, and not in addition to, the general liability limit selected.
- Option 2:** \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 9.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your event with our Amateur Sports Run/Walk Event Program.
3. Only one option may be purchased.

Options	Rates
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Rate Per Participant, Per Event = .07 \$150.00 Minimum Premium Applies
Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (Flat rate)

FREQUENTLY ASKED QUESTIONS

1. How soon does coverage start? When will we receive proof of coverage?

Coverage can be bound once we receive a completed enrollment form and appropriate premium. The effective date of coverage can either be the first day of set up or the first day of your event. If your event has already begun, coverage will be bound and become effective the following day. Please allow adequate time for us to process your enrollment form and issue certificates.

2. What happens if I need to cancel or re-schedule my event?

Cancellations or changes must be reported prior to the scheduled start date of your event, and confirmed in writing for a refund or credit to be considered.

3. How do I determine who should be the Named Insured?

The named insured is the organization hosting the event and who is to be protected by this coverage in the event of a lawsuit. The named insured is typically required to sign the contract with the location where the event is being held. If an entry fee is charged to participate in the event, the entry fee is typically paid to the named insured as well.

4. What are open and closed courses?

Open road courses are defined as courses that do not have barriers blocking vehicles from the path of the

participants running. A closed course means that barriers are in place and vehicles are blocked off so that the participants are not in the pathway of moving vehicles.

5. Will we receive a policy after submitting the enrollment form?

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804.

6. The city or location has requested to be added to the policy as an additional insured? How do I get this done and what is the cost?

Additional insured requests can be submitted on page 11 of this enrollment form under the "Certificate Requests" section. Please be sure to complete all sections so that we can process your request accurately. We do not charge to add additional insured's to the policy.

7. Do you have any ancillary activities (banquets, concert, award ceremony, etc)? Yes No
 If yes, please describe: _____
 Do any of your ancillary activities require a separate admission charge and/or are open to the public? **(IF YES, MUST COMPLETE PAGE 8)** Yes No
8. Will alcoholic beverages be sold/provided at this event? Yes No
 If yes, who holds the liquor permit? Insured Facility Caterer/vendor Sponsor
 If provided, when is it provided? Before the race During the race After the race
 Is liquor liability coverage needed? Yes No
 If yes, please contact us for additional information needed for coverage consideration
9. Do you require all "participants" and/or parents/guardians of minors to sign a release/waiver? Yes No

IF YOUR EVENT INCLUDE DISTANCES OF 10K (6.2 MILES) OR LONGER, YOU MUST ANSWER THE FOLLOWING ADDITIONAL QUESTIONS.

10. Is the course: Opened Closed (See FAQ's page 4 for definition)
11. Are there water stations throughout the event course? Yes No
12. Does the event have medical staffing in place during the event hours? Yes No
13. Is the course on a marked/paved roadway or pathway with directions? Yes No
14. Are there checkpoint personnel to monitor the course prior to, and throughout the event? Yes No

PROGRAM COST CALCULATION

Use the rates below to calculate premium. Premium is determined by applying the appropriate rate for the class and coverage option selected to the maximum amount of participants per event and is subject the minimum premium for that class and coverage option. TBD for participant numbers cannot be accepted. Please select only one limit option to apply for all activities or operations. All of your participants are required to be reported in the premium calculation, and a list/roster may be requested as verification. Coverage applies only to those events reported and approved prior to taking place.

NOTE: If you have more than one event, you will need to complete separate enrollments for each event

Event Class (Rates Per Participant)	Option 1 \$1,000,000 CGL Limits	Option 2 \$2,000,000 CGL Limits
Class A: Non-Competitive/Charity Walk and/or Run Events	\$.52	\$.64
Class B: Competitive (Timed) Walk or Run Events	\$.88	\$ 1.06
Minimum Premiums (per event)		
Class A Only Event (Non-Competitive)	\$ 150.00	\$ 225.00
Class B Only Event (Competitive)	\$ 300.00	\$ 450.00
Combined Event (includes Class A and B events)	\$ 300.00	\$ 450.00

• Contact us if higher limits are needed •

Event Class	Coverage Option 1 or 2	# of Participants	X	Rate (from above)	=	Premium
<input type="radio"/> Class A			X	\$	=	\$
<input type="radio"/> Class B			X	\$	=	\$
Premium from all Classes Combined (A-B)						\$ a

Minimum Premiums: From Chart Above	
Class A ONLY: Option 1 = \$150 Option 2 = \$225	\$ b
Class B and/or combined A&B: Option 1= \$300 Option 2 = \$450	
Total Liability Premium: (greater amount from line a or b)	\$

Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation or Harassment or Sexual Conduct Defense Cost Reimbursement

Check here and skip this section if you do not want this coverage option

Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or independent contractors? Yes No
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
 - a. Are you aware of any occurrences that could lead to a claim? Yes No
If yes to 2. or 2.a., please explain: _____
3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
 - b. Are written procedures provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member? Yes No
 - c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? Yes No
4. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

Check here and skip the chart below if you have no employees, volunteers, or independent contractors

Please Complete All Questions <small>The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.</small>	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers/Independent contractors (Check Here if No Volunteers/Independent contractors <input type="radio"/>)
Are employee/volunteer applications required? If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses? If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service? If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #4: _____

5. Please select Option 1 or 2 below and complete

Options	Activity Type	Rate (per participant)	X	Total # of Participants (see page 7)	=	Premium (\$150.00 minimum premium applies)
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	All classes	\$.07	X		=	\$
<input type="radio"/> Option 2 - \$100,000 - Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement						\$100.00

NOTE: Sexual abuse or sexual molestation coverage does not extend to separate ticketed and/or open-to-public ancillary activities/events

OPTIONAL COVERAGES PREMIUM CALCULATION

CERTIFICATE REQUESTS

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

When is this certificate needed? : ____/____/____

This certificate is for: General Liability Coverage Ancillary Activity Events

What is the additional insured's relationship to you?

- Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter
- Other (please identify/explain): _____

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Does the certificate holder/additional insured require any special wording or endorsements? Yes No

If yes, check all that apply: CG2026 Primary Waiver of subrogation

Other (please explain): _____

NOTE: If you are not sure, please attached a copy of the insurance requirements/instructions you've received.

If applicable:

For ancillary events: Date(s) of event/activity: ____/____/____ to ____/____/____

Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M.

Type of event/activity: _____ Name of event/activity: _____

Location of event/activity: _____

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability; Abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased); Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games); Ancillary activities that require a separate admission charge and/or are open to the public (unless optional coverage is purchased-attendance must be 3,000 or less); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in any other sport/athletic activity other than walking or running; Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Employment-related practices; Events held outside the United States; Events with over 10,000 in total attendance; Events that last more than 3 days (not including set-up and tear-down), unless reported, approved, and the appropriate premium has been paid; Fireworks; Fungi or bacteria; Haunted attractions; Heavy metal/screamo, electronic/techno, rap, hip-hop concerts/shows; Lead; Legal liability to participants for professional athletes and celebrity participants; Medical payments for participant for professional athletes and celebrity participants; Nuclear energy liability; Operation, ownership or management of any facility or premises, other than while being used for covered activities; Operations of independent concessionaires, exhibitors and vendors at your event; Performers; Rodeos; Room and board liability; Saddle animals; Snowmobile; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Activist rallies/marches/protests; Adventure races; College or university level championships events; Endurance races; Events involving animals other than service animals, unless reported and approved by the company; Events with water activities or cycling activities; Events where the distance is more than 16 miles, Hiking events; Iron man events; Mud runs/warrior runs/zombie runs/obstacle course runs/urbanathons (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs, or other similar man-made obstacles); Full Marathons; Political events; Professional sports events, tryouts and training camps/clinics; Triathlons/duathlons.

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS. CANCELLATIONS OR CHANGES MUST BE REPORTED PRIOR TO YOUR SCHEDULED START DATE. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE. CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

Program Premium (required coverage) - from page 7	\$	
Ancillary Activities/events (optional coverage) - from page 8	\$	
Sexual Abuse/Sexual Molestation Premium (optional coverage) - from page 9 <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$	
Premium Subtotal (add all lines above)	\$	(a)
Risk Purchasing Group Administration Fee (required)	\$ 15.00	(b)
Total Cost Due (add a + b)	\$	

Warranty, Compensation & Electronic Disclosure and Consent
PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 12

Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

K&K Insurance Group (K&K), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through K&K, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by logging onto this website, or by mailing a written notice to: K&K Insurance; 1712 Magnavox Way; Fort Wayne, IN 46804.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time, by mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.kandkinsurance.com.
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Please select preferred method for document delivery. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

E-mail to: _____ attn: _____
 Fax to: _____ attn: _____
 Mail to: _____ attn: _____

Warranty and Disclosure Statement: I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form 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 am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Compensation and Other Disclosure Information: K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to warranty@kandkinsurance.com.

In addition, premiums paid by clients to K&K for remittance to insurers, client refunds and claim payments paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, K&K may be considered to have an incentive to place your insurance coverages with a particular insurance company. Where K&K participates in contingent commission arrangements with insurance companies, K&K may be entitled to additional commission in the range of 0 to 5% depending upon whether and when specified thresholds are achieved.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each a "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

Applicant name (from page 6): _____

Applicant or agent signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

If an agent: Check here to acknowledge you are signing on behalf of the named insured

AGENTS: YOU MUST CONTINUE TO NEXT PAGE AND COMPLETE AGENT WARRANTY SECTION
Enrollments cannot be accepted unless this section is completed

PAYMENT OPTIONS

Submit a completed enrollment (including signed Warranty Statement, page 12) and payment to:

Applicant name: _____ Effective date: _____

PAY BY ACH (Bank Account):

- **E-mail** info@sportsinsurance-kk.com
or
- **Fax** 1-260-459-5105

I (we) authorize K&K Insurance Group to initiate a single electronic debit from the account shown below:

Name on Bank Account: _____ Bank Name: _____

Draft Amount : \$ _____ Checking, or Savings

Bank Account Routing/Transit Number* _____ Bank Account Number* _____

*See below for an explanation of where to locate these two sets of numbers on your bank check.

Authorized Signature(s)/Not required if authorization by phone

Date: _____

Authorized Signature(s)/Not required if authorization by phone

Date: _____

EXPLANATION OF CHECK NUMBERS

1. Bank Routing/Transit Number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

⑆044072324 | ⑆000123456789 | ⑆123

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. CHECK NUMBER

PAY BY CHECK: (Payable to K&K Insurance Group)

- **Mail** Regular Mail Overnight Mail
K&K Insurance K&K Insurance
Amateur Sports RPG Program Amateur Sports RPG Program
P.O. Box 2338 1712 Magnavox Way
Fort Wayne, IN 46801-2338 Fort Wayne, IN 46804

PAY BY CREDIT CARD:

- **Fax only** 1-260-459-5105
 VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Cardholder phone number: (____) _____

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.