

MOTORSPORTS SANCTIONING BODIES

Eligible Operations:

- Boat racing
- Drag racing
- Drifting
- Motorcycle racing
- Oval track racing
- Snowmobile racing
- Sports Car racing
- Tractors Pulling

Ineligible for this program:

- Drag boat racing
- Go Kart racing

Motorsports Sanctioning Bodies know that K&K Insurance has been the go-to for motorsports insurance for over 70 years, providing commercial property and casualty and accident and health insurance solutions for the motorsports industry.

Coverages Available & Program Highlights:

General Liability

- Broadened Coverage Form
- Separate Bodily Injury to Participants Limit (for motorized events, waivers required)
- Official Vehicle Physical Damage
- Motorsports Errors and Omissions
- Fireworks Liability
- Cyber Risk (\$25,000 sublimit)
- Products Liability (food and beverage)
- Host Liquor Liability
- Customized motorsports policy language
- 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)
- Contingent Coverage available if primary coverage is provided by the facility or event promoter.

Participant Accident Coverage

- Accidental Death and Dismemberment Benefit
- Accident Medical Benefit (available on Excess or Primary Basis)
- Temporary Total Disability-Weekly Accident Income Benefit
- Volunteer-Accident Medical Coverage for Motorsport Volunteers

Property

Inland Marine

Crime

Commercial Auto

Liquor Liability

Excess Liability

Workers' Compensation

Insuring the world's fun.®

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 sanctioning bodies, racing 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
- Premium installment plans available

Contact Information:

P.O. Box 2338 Fort Wayne, IN 46801-2338

Sanctioning Bodies 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)

All descriptions, summaries or highlights of coverage are for general informational purposes only and do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy.

Submission Instructions:

To request an insurance quotation through this program, please complete the appropriate PDF application (available at www.kandkinsurance.com) and submit as directed in the application. Coverage is subject to underwriting, may not be available to all applicants in all states, and may vary by state. It is important to carefully review the terms and conditions of any insurance quotation. Please contact a K&K representative if you have any questions.

Preliminary Underwriting Information Required:

- K&K Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs

For Workers' Compensation

- Five years of company loss runs (including current year)
- Experience Modification Worksheet

Race Teams Application(s):

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

K&K Application(s)

- Race Team Supplemental
(use in conjunction with ACORD General Applicant Information)
- Motorsports Racing Owners & Sponsors Liability Application
(if needed)
- Motorsports Off-track & Storage Application (if needed)

ACORD Application(s)

- Commercial Insurance
- Property
- Electronic Data Processing
- Inland Marine
- Crime
- Commercial General Liability
- Commercial Auto
- Garagekeepers Legal Liability
- Excess Liability
- Workers' Compensation

Insuring the world's fun.®



GENERAL APPLICATION

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 ☐ Other (explain): _____

☐ Limited Liability Corporation

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

Estimated number of events: _____

COVERAGE INFORMATION

Check the type of coverage and indicate the limits desired:

☐ General Liability

☐ Participant Accident and Health

(Applicable only to Motorsports)

☐ Property Casualty

☐ Workers' Compensation

☐ Other: _____

☐ Primary _____

☐ Excess _____

☐ Legal Liability To Participants _____

☐ AD&D _____

☐ Primary Medical _____

☐ Excess Medical _____

☐ Weekly Disability Income _____

☐ Property _____

☐ Inland Marine _____

☐ Auto _____

UNDERWRITING INFORMATION

1. Has this type of insurance ever been: ☐ Cancelled ☐ Declined ☐ Non-renewed If so, please explain. *(Not applicable in Missouri)*. _____
-
2. 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. _____
-
3. 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
4. Who reviews the contracts prior to signing?
☐ Corporate Officers ☐ Counsel ☐ Other (please explain) _____
5. 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	_____	_____	_____

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

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 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)



1712 Magnavox Way P.O. Box 2338
Fort Wayne, Indiana 46801-2338
(800) 348-1839 Fax (260) 459-5102
www.kandkinsurance.com
California License #0334819

MOTORSPORTS RACING OWNERS & SPONSORS LIABILITY

APPLICANT INFORMATION

☐ Racing Team ☐ Racing Sponsor

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

Doing Business as: _____

Years in business: _____ Years of racing experience: _____

Insured is: ☐ Corporation ☐ Partnership ☐ Joint venture ☐ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address (if different than mailing address): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Person: _____ Email: _____

Person is: ☐ Owner ☐ Promoter ☐ Agent ☐ Other: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

Name of Agency/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

COVERAGE INFORMATION

Policy term requested: From: _____ To: _____

1. Liability Limits: ☐ 1,000,000 ☐ 2,000,000 ☐ 3,000,000 ☐ 4,000,000
☐ 5,000,000 ☐ 10,000,000 ☐ Other* _____ *Agent, Please attach Acord umbrella

2. Sanctioning Body: _____ Classification: _____

3. Number of competition vehicles entered for team/sponsor in each race event: _____ Estimated Number of Events: _____

4. Schedule of Racing Events **-REQUIRED-** please attach: _____

5. Driver(s) Name(s): _____ Drivers Age: _____
Racing Experience: _____

6. Additional Insured(s) to be listed on policy: **(If additional space is needed, please list and attach a separate sheet.)**

[Sponsor(s), Owner(s), Driver(s)]	Relationship to Team
_____	_____
_____	_____
_____	_____
_____	_____

7. Describe any Racing/Owners Sponsors Liability claims in past 5 years _____

PLEASE SEND INFORMATION ON THE FOLLOWING COVERAGES:

- ☐ **Off-Course & Storage** – All perils protection while the competition vehicle and the race equipment are being transported and/or stored.
- ☐ **Race Team Coverages** – General Liability, Building, Contents, Business Auto including Tractors/Trailers, other business related insurance coverages.
- ☐ **Primary Testing Coverage**

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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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PERMANENT FACILITY EVENT ENROLLMENT FORM

**IF A CERTIFICATE OF INSURANCE IS NEEDED, PLEASE SUBMIT THIS APPLICATION,
ALONG WITH PREMIUM, ONE WEEK PRIOR TO THE EVENT TO INSURE PROPER MAIL TIME.**

1. Facility Name: _____
2. Type of Event: _____
3. Club, Association, or Promoter: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
4. Event Dates: _____
Practice Dates: _____
Qualifying Dates: _____
Competition Dates: _____
5. Number of Vehicles: _____ Maximum number of vehicles on track at one time: _____
Type of Vehicles: _____
Number of Participants: _____
Event open for public viewing? ☐ Yes ☐ No
If yes, estimated public attendance: _____
6. **Coverages Requested:**
Liability Limits: \$ _____
Participant Accident: \$ _____
Accidental Death & Dismemberment: \$ _____
Medical: \$ _____ ☐ Primary ☐ Excess
Weekly Indemnity: \$ _____ For a period of _____ weeks.
7. Premium Remitted: _____ Check No.: _____
8. Additional Insureds and Relationship: _____

9. Send Certificate to:
Name: _____ Email: _____
Address: _____
Phone: _____ Fax: _____
10. Authorized Signature: _____
11. Special Requests: _____

RETURN TO: K&K INSURANCE GROUP, INC., P.O. BOX 2338 1712 MAGNAVOX WAY, FORT WAYNE, INDIANA 46801

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.

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

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

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

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

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)
------	------	------	-------	----------	------------------------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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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)



LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy: _____
Telephone Number: (____) _____ Fax Number: (____) _____
2. Name Liquor License is in: _____
3. Liquor License Number: _____ Class of License: _____
4. Is coverage for a specific event? ☐ Yes ☐ No If yes, explain what kind of event, where event will be held and date of event(s). _____
5. Opening and closing hours of event(s) (for each event): _____
6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). _____
7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ☐ Yes ☐ No
If yes, please explain: _____
8. Has applicant incurred claims for liquor liability during the last three years? ☐ Yes ☐ No
If yes, please explain: _____
9. Has any insurer cancelled or non-renewed coverage during the last three years? ☐ Yes ☐ No
If yes, please explain: _____
10. Type of alcohol beverages sold: _____ What proof: _____
11. Annual Gross Sales:
- | Event | Alcoholic Beverage Sales | Food Sales |
|-------|--------------------------|------------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
12. Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No
If yes, what type? _____
13. Do you maintain security personnel at event entry check points? ☐ Yes ☐ No
If yes, what type? _____
Do they exercise the right of search and seizure of contraband items? ☐ Yes ☐ No
If yes, how do they notify the public of this? _____
14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? ☐ Yes ☐ No
15. If site is completely enclosed, are minors allowed to enter? ☐ Yes ☐ No

(Continued on next page)

16. Are the servers professional (two years bartending experience or more)? ☐ Yes ☐ No
Are the servers non-professional (less than 2 years or no bartending experience)? ☐ Yes ☐ No
Explain: _____
17. Name the formal awareness training program that the servers receive: _____

18. At what point of sale are I.D.'s checked? _____
19. Are rules and regulations clearly displayed for patrons' viewing? ☐ Yes ☐ No
Explain: _____
20. In what size container is the alcoholic beverage served at each event? ☐ Cup _____ oz. ☐ Pitcher ☐ Other: _____
21. Can patrons purchase more than two alcoholic beverages at one time? ☐ Yes ☐ No
If yes, please explain: _____
22. Is there any type of designated driver program in effect? ☐ Yes ☐ No
Explain: _____
23. Is there any other Liquor Liability coverage being provided? ☐ Yes ☐ No
If yes, explain and attach a copy of the certificate of insurance: _____
24. Liability limits requested \$_____ (per occurrence) \$_____ (aggregate)

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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)



FIREWORKS SUPPLEMENTAL APPLICATION

1. Name of Insured: _____
2. Date(s) of fireworks exposure: _____
3. Specific location of fireworks display(s): _____
4. Estimated spectator attendance: _____
5. Name of organization shooting fireworks: _____

6. Will other coverage be provided? ☐ Yes ☐ No

If yes, please attach copy of certificate with your name listed as additional insured (minimum limit of \$1,000,000 required).

7. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

Name

Experience

If insured is shooting fireworks, provide copy of current license.

8. Is a permit required by State, City, County authority for this fireworks display? ☐ Yes ☐ No

If yes, please explain _____

9. Provide diagram of the fireworks display area, detailing the following information:

- a. Spectator fencing – distance from launch site to spectators
- b. Launch site
- c. Direction of launch
- d. Spectator parking lot
- e. Concessions area
- f. Surrounding areas

10. Describe firefighting equipment on site of event: _____

11. If no firefighting equipment on site, give distance to nearest fire station: _____

Fire protection is: ☐ Volunteer ☐ Paid

12. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? ☐ Yes ☐ No

If no, give distance in miles to nearest medical facility: _____ and response time in minutes: _____

13. Have you displayed fireworks before? ☐ Yes ☐ No

If yes, describe any claims/losses that have occurred and the amount of loss: _____

14. Limit of Liability requested (cannot be greater than the event limit): ☐ \$500,000 ☐ \$1,000,000

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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)



WILDFIRE PREVENTION QUESTIONNAIRE

PLEASE NOTE - This application is to be used when the risk is in one of the following 15 states: Alaska, Arizona, California, Colorado, Florida, Idaho, Montana, New Mexico, Nevada, Oklahoma, Oregon, Texas, Utah, Washington, Wyoming.

NAMED INSURED (as will appear on policy): _____

1. What are your procedures for clearing brush/debris/shrubs/vegetation and other combustible materials from around buildings and the property in general to help prevent the spread of wildfires (*should be 100' of clearance*)?

2. Are trees and branches pruned back to a minimum of 10 feet from all buildings? ☐ Yes ☐ No

3. Is the property served by the local municipal water system? ☐ Yes ☐ No

If not, what water is immediately available for firefighting? (e.g., *Water tower, pumper truck, pond, lake, stream with capability of pumping water into a fire*) _____

4. Name of the fire department serving your facility: _____

Fire Department Address: _____

City: _____ State: _____ Zip: _____

5. What is the distance of the fire department listed above from your facility? _____

Is it full-time or volunteer? _____

6. Are the access roads to your facility paved and reasonably maintained all year? ☐ Yes ☐ No

7. Are the majority of your interior roadways (check one): ☐ Paved ☐ Gravel ☐ Dirt

Are there any steep grades that could hinder vehicle movement? ☐ Yes ☐ No

8. Type of fire prevention material on site (e.g., *Fire Gel, Fire Retardant, Foam*)? _____

9. Explain the training you have received on applying the fire prevention material: _____

10. What is the breakdown of roofing materials on your buildings? _____ % Asphalt _____ % Metal

_____ % Tile/Slate

_____ % Other (describe) _____

11. _____ % Percentage of buildings that have protective screens on all exterior openings such as sub-floor ventilation/crawl spaces and attic louvers to prevent the entry of windblown sparks, flying firebrands and embers.

12. Describe any type of natural breaks or man-made fire breaks surrounding the property: _____

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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)

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 CA

For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 (2024/01)

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.

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)