



Proposal Request Form

Health Clubs / Fitness Centers / Exercise Studios (small to mid-size)

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS, PLEASE:**
1. Complete all sections (print legibly)
 2. Sign and date where required
 3. Email submission to: mm.specialty@kandkinsurance.com

GENERAL INFORMATION

I am a new account I am renewing my coverage

Full legal name of business: _____

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a: Sole Proprietorship Limited Liability Co. Corporation Partnership
 Other (describe): _____

This business is: Not-for-Profit For Profit

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 10 of the application for Electronic Disclosure and Consent)

Does the organization engage in any other business operations under the name of the insured above? Yes No

If yes, describe: _____

LOCATIONS

Please list locations you own or operate on a 24 hour basis, if different than the mailing location above.

(Note: Temporary leased spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations on the certificate request section if evidence of coverage or additional insured status is needed)

Loc #1: _____

Street Address	City	State	Zip Code
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Loc #2: _____

Street Address	City	State	Zip Code
----------------	------	-------	----------

Loc #3: _____

Street Address	City	State	Zip Code
----------------	------	-------	----------

Loc #4: _____

Street Address	City	State	Zip Code
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EFFECTIVE DATE

Start coverage on: ____ / ____ / ____

(final effective date is subject to company approval and will be reflected on the approved proposal.)

BUSINESS INFORMATION

Management Information:

1. How many of your employees are certified in CPR? _____ First Aid? _____
2. Indicate the percentage of your trainers/instructors who are certified through an industry-recognized certification organization?
100% 80% 60% 40% 20% 0%
3. Does the facility have an Automated External Defibrillator (AED)? Yes No
4. Does your state require you to provide an AED? Yes No
5. Do you have AED trained staff on duty during open hours? Yes No
6. Do you have written medical emergency and evacuation procedures in place? Yes No
7. Are employees, instructors, trainers available in each area of the facility for supervision, spotting and emergencies? Yes No
8. Do any of your instructors provide outside services on your clubs behalf? Yes No
If yes, explain: _____
9. Are all members required to sign waivers? Yes No
If yes, please confirm the following waiver provisions are met:
 - Waivers kept on file for each member and signed by parent/legal guardian when applicable Yes No
 - Waivers describe the risk(s) assumed and potential harm associated with activities Yes No
 - Waiver provides release of liability for the business Yes No

Facility Information:

1. What is the square footage of your facility(s)? Loc 1: _____ Loc 2: _____
2. Do you have locations outside of the U.S.? Yes No
3. Is club staffed at all times during open hours? Yes No
4. Do you inspect/perform maintenance on equipment at least on a monthly basis? Yes No
5. Is all equipment serviced per the manufacturer's requirements? Yes No
6. Is signage used throughout the facility to indicate proper use of equipment, club features and off-limit areas? Yes No
7. Are there GFI protectors on all outlets in all locker/shower/wet areas? Yes No
8. Please indicate all services offered at your facility(s):

<input type="radio"/> Aerobics/Step Aerobics	<input type="radio"/> Cryogenic chambers/therapy	<input type="radio"/> Pro Shop
<input type="radio"/> Aerobic Mini Trampoline	<input type="radio"/> Diet Center/Weight Control Services	<input type="radio"/> Racquetball Courts
<input type="radio"/> Basketball/Volleyball Courts	<input type="radio"/> Free Weights	<input type="radio"/> Restaurant
<input type="radio"/> Cardio Kick Boxing/Boxercise	<input type="radio"/> Handball Courts	<input type="radio"/> Running Tracks
<input type="radio"/> Camp Programs	<input type="radio"/> Jacuzzi	<input type="radio"/> Snack/Juice Bar
<input type="radio"/> Card Key Clubs (Complete 24-hour key card supplement)	<input type="radio"/> Martial Arts (non-contact only)	<input type="radio"/> Sports programs/leagues Type: _____
<input type="radio"/> Circuit Training/CardioEquip	<input type="radio"/> Masseur/Masseuse	<input type="radio"/> Steamrooms/Saunas
<input type="radio"/> Cold Plunge	<input type="radio"/> Ninja/Parkour/Obstacle Course	<input type="radio"/> Tanning Units No. of beds _____
<input type="radio"/> CrossFit Kids®	<input type="radio"/> Nursery/Babysitting	<input type="radio"/> Tennis Courts (INDOOR)
<input type="radio"/> CrossFit®	<input type="radio"/> Play grounds/area	<input type="radio"/> Tennis Courts (OUTDOOR)
<input type="radio"/> Other (please describe): _____		<input type="radio"/> Whirlpools/Spas

BUSINESS INFORMATION CONTINUED

Facility Information (continued):

9. Are all participants required to become members of your facilities? Yes No
If no, please explain: _____
10. Do you host any events that are open to the public? Yes No
If yes, please explain: _____
11. Do you have any club-sponsored teams or leagues that compete outside of your facility and/or against other clubs? Yes No
12. Indicate if you have any of the following Ineligible Services/Operations or
 Check here if none apply.
- | | |
|--|--|
| <input type="radio"/> Beauty/hair salon services | <input type="radio"/> Ice/inline/roller skating (including skating treadmills) |
| <input type="radio"/> Blood analysis | <input type="radio"/> Medical, therapy or health care services |
| <input type="radio"/> Drop-off child care services | <input type="radio"/> Physical therapy, physicals or stress testing |
| <input type="radio"/> Full-size trampolines | <input type="radio"/> Climbing walls |
| <input type="radio"/> Gymnastic and/or cheer classes | <input type="radio"/> Sports medicine, rehabilitation and/or therapy services |
| <input type="radio"/> Programs specifically designed for health disorders/diseases | <input type="radio"/> Swimming pools/lap pools |
- If yes, please describe the program: _____
13. Nursery/babysitting services
 Check here and skip questions if services are not offered
- | | |
|---|--|
| a. Are parents required to sign children in and out of the nursery? | <input type="radio"/> Yes <input type="radio"/> No |
| b. Are waivers signed by parent/guardian? | <input type="radio"/> Yes <input type="radio"/> No |
| c. Are staff members CPR and first aid trained? | <input type="radio"/> Yes <input type="radio"/> No |
| d. Are parents to remain in the facility while children are in your care? | <input type="radio"/> Yes <input type="radio"/> No |
| e. Does your employment application ask the staff applicant if they have ever been convicted of a crime? | <input type="radio"/> Yes <input type="radio"/> No |
| f. Is the nursery staff trained in policies applicable to the prevention of child/sexual abuse? | <input type="radio"/> Yes <input type="radio"/> No |
| g. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? | <input type="radio"/> Yes <input type="radio"/> No |
14. Restaurant or snack/juice bar/vending
 Check here and skip questions if services are not offered
- | | |
|--|--|
| a. Indicate the exposure <input type="radio"/> Restaurant <input type="radio"/> Snack/juice bar <input type="radio"/> Vending machines | |
| b. Is it open to the general public? | <input type="radio"/> Yes <input type="radio"/> No |
| c. Are deep fryers/grills protected by an automatic extinguishing system?
If yes, are they inspected at least once a month? | <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No |
15. Pro shop
 Check here and skip questions if services are not offered
- | | |
|---|--|
| a. Do you sell nutritional products or fitness equipment (manufactured by someone else) under your own label/brand?
If yes, does the manufacturer carry products liability coverage? | <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No |
| b. Do you manufacture or produce any nutritional products/fitness equipment? | <input type="radio"/> Yes <input type="radio"/> No |
16. Tanning
 Check here and skip questions if services not offered
- | | |
|---|--|
| a. Is a tanning waiver & release signed by each participant? | <input type="radio"/> Yes <input type="radio"/> No |
| b. Are warnings and photosensitizing medications posted in and around the tanning area? | <input type="radio"/> Yes <input type="radio"/> No |
| c. Do employees control the timing of the tanning beds? | <input type="radio"/> Yes <input type="radio"/> No |
| d. Are protective eye goggles required to be worn? | <input type="radio"/> Yes <input type="radio"/> No |
| e. Do employees clean/disinfect the tanning beds after every use? | <input type="radio"/> Yes <input type="radio"/> No |
| f. Is tanning available only to members? | <input type="radio"/> Yes <input type="radio"/> No |

BUSINESS INFORMATION CONTINUED

Facility Information (continued):

17. Sauna/steam room/whirlpool/hot tub

Check here and skip questions if services are not offered

Check all that apply: Sauna Steam room Whirlpool Hot tub

- a. Are the above monitored for usage during open hours? Yes No
- b. Are rules posted regarding the proper use and safety precautions? Yes No
- c. Do the above heating elements have a protective cover to prevent burns? Yes No
- d. Are all manufacturer recommendations followed for the above usage? Yes No
- e. If applicable, does your whirlpool or hot tub currently meet the requirements of the Title XIV of public Law 110-140, known as the "Virginia Graeme Baker pool and spa safety act" as Enacted on 12/18/08 Yes No

18. Massage Therapy

Check here and skip question if services are not offered.

a. How many massage therapists work in your operations?

of Employed Therapists: _____

of Subcontracted/independent contractor therapists: _____

b. Are all massage therapists required to complete at least one of the following? Yes No

- State licensing/certification
- Board Certification
- Education & Training with an Accredited School
- Membership & Training through a Professional Association

19. Martial arts/kickboxing

Check here and skip questions if services are not offered

- a. Are the styles of martial arts/kickboxing offered fitness and/or non-contact based? Yes No
- b. Is the instructor certified/experienced in martial arts? Yes No
- c. Do you offer structured classes in martial arts or MMA training? Yes No
- d. Are bladed weapons used? Yes No

20. Do you contract any services and/or lease out any space within your facility? Yes No

If yes, do you require them to carry their own insurance and name you as an additional insured? Yes No

21. Do you have any independent contractors (non-employees) working at your facility? Yes No

If yes, how many? _____

22. Does your facility have a boxing ring/cage? Yes No

(Facilities with boxing rings/cages are subject to additional underwriting questions and may not be eligible.)

23. Do you offer any sports activities/programs (ex: basketball, volleyball)? Yes No

If yes, please list the type of sports programs you have: _____

BUSINESS INFORMATION CONTINUED

NEW ACCOUNTS ONLY

Do you have current coverage in place? Yes No

If no, please check/explain:

New business operation Other, please explain: _____

If yes:

a) Name(s) of current carrier(s): _____ Expiration date(s): _____

Expiring premium: General Liability \$ _____ Property \$ _____ Other \$ _____

b) Is your current carrier non-renewing your coverage? Yes No

If yes, why? _____

c) In the past 5 years, have you had any losses? Yes No

If yes, please provide current loss runs with at least 5 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years.

24 Hour Key Card/Key Pad/Key Code Access Facilities

This section MUST be completed for any location/facility that allows members 24-hour access-code entry to the premises. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

Check here and skip questions if no 24-hour (non-staffed) access is offered.

Are all of the following true regarding 24 hour access?

- 1. All members have key/swipe cards to access the facility. Yes No
- 2. All unauthorized areas (such as sauna/steam room/hot tub/cold plunge) are locked off with access only allowed during normal business hours when an employee/staff member is present. Yes No
- 3. A panic system which is monitored by an outside source and was installed as recommended by the vendor. Yes No
- 4. Digital surveillance is in place and operational at all times Yes No
- 5. No minors are allowed without a parent or guardian during non-staffed hours Yes No

RATING / EXPOSURE INFORMATION

Commerical General Liability (per occurrence) \$ 1,000,000 \$ 2,000,000 \$ 3,000,000 \$ 4,000,000 \$ 5,000,000

- CGL policies include endorsement for Professional Liability
- All limit options include a \$5,000,000 general aggregate policy limit

Medical Expense (other than athletic/recreation participation, and children in a nursery/babysitting environment)
 \$ 0/exclude \$5,000

Hired Auto & Non-Owned Auto Liability will be included in the CGL on all policies except for IL, LA, UT, VT, and WI,
 (a separate policy to satisfy UM/UIM requirements in these states may be available upon request)

Check if coverage is desired and provide information:

- Employee Benefits Liability** # of Employees per location _____
- Stop Gap Liability** (available in OH, ND, WA, WY) Total Payroll _____

Provide total gross annual sales for each category to obtain total annual sales
 (for multiple operating locations, provide sales information for each).

	<u>Location 1</u>	<u>Location 2</u>	<u>Location 3</u>	<u>Location 4</u>
• Membership fees (exclude revenue from initiation/sign up fee)	\$ _____	\$ _____	\$ _____	\$ _____
• Snack/juice bar	\$ _____	\$ _____	\$ _____	\$ _____
• Pro shop sales	\$ _____	\$ _____	\$ _____	\$ _____
• Restaurant	\$ _____	\$ _____	\$ _____	\$ _____
• Tanning	\$ _____	\$ _____	\$ _____	\$ _____
• Liquor (if any)	\$ _____	\$ _____	\$ _____	\$ _____
• Massage therapy	\$ _____	\$ _____	\$ _____	\$ _____
• Sports programs	\$ _____	\$ _____	\$ _____	\$ _____
• Other revenue	\$ _____	\$ _____	\$ _____	\$ _____
Location total:	\$ _____	\$ _____	\$ _____	\$ _____
Total Sales for all locations				\$ _____

Provide a description of "Other revenue" if listed above: _____

OPTIONAL COVERAGES

Sexual Abuse or Sexual Molestation Liability Coverage

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

\$100,000 / \$300,000 **Other limit** _____ (higher limit may be available if required by franchise agreement or written contract)

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
If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? Yes No
If yes please explain: _____
4. 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
If yes:
 - 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
5. 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 #5: _____

OPTIONAL COVERAGES CONTINUED

Employment Practices Liability

Additional Premium will apply

Please check here and skip this section if you do not want this coverage

NOTICE: THE EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGEMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY.

General Information (Note: This coverage is not available in Louisiana.)

1. Number of full-time employees and recognized volunteers: _____
 Number of part-time employees and recognized volunteers: _____
 (Other than full-time will be counted as one-half an employee/recognized volunteer.)

2. Check the following boxes to identify your desired Limit of Insurance and Deductible:

Aggregate Limit of Liability	Vermont - Aggregate Limit of Liability Defense/Indemnity	Per Claim Deductible
<input type="radio"/> \$100,000 This is the minimum limit requirement in Minnesota, New Hampshire, New York, and North Dakota. N/A Arkansas, Montana, and New Mexico	<input type="radio"/> \$125,000/\$125,000	<input type="radio"/> \$2,500 <input type="radio"/> \$5,000
<input type="radio"/> \$500,000 This is the minimum limit requirement in Arkansas and New Mexico.	<input type="radio"/> \$500,000/\$500,000	<input type="radio"/> \$2,500 <input type="radio"/> \$5,000
<input type="radio"/> \$1,000,000 This is the minimum limit requirement in Montana.	Not applicable in VT	<input type="radio"/> \$2,500 <input type="radio"/> \$5,000

3. Desired effective date: _____ / _____ / _____ Employment Practices Liability Retroactive Date: _____ / _____ / _____

4. Have there been any Employment Practices Liability claims, suits or complaints and/or is there any now pending against the insured or any executive, officer or owner? Yes No
 If yes, please provide details: _____

5. Does the insured and any executive, officer or owner have any knowledge or information of any act, error or omission which might give rise to an Employment Practices Liability claim, suit or complaint? Yes No
 If yes, please provide details: _____

6. Has the insured been in continuous business with no bankruptcy filing for three (3) years or more? Yes No

7. Are all job applicants required to complete and sign an employment application? Yes No

8. Does the insured utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace? Yes No

9. In the past 12 months and the coming 12 months combined, has there been or does the insured expect any layoffs or reductions in work force totaling more than 15% of the total employee count? Yes No

OPTIONAL COVERAGES CONTINUED

Property Coverage (buildings or business personal property)

Please check here and skip this section if you do not want this coverage

Complete this section for each individual location and building to be covered. Blanket limits are not available.

Schedule of Buildings and/or locations

Premises Information Building # _____ Location # _____	Is your facility part of a shopping center or mall? <input type="radio"/> Yes <input type="radio"/> No			
	Building Description: _____			
	<input type="radio"/> Own <input type="radio"/> Rent	If you rent your premises, are you required to insure building glass or any other building item? <input type="radio"/> Yes <input type="radio"/> No If yes, what are you required to insure? _____ What is the replacement value? _____		
Description of Property	Limit/Value*	Coverage Request, if any: (coinsurance, valuation, cause of loss, deductible, etc.)		
Building*	\$	_____		
Personal Property/Contents*	\$	_____		
Tenants Improvements & Betterments*	\$	Deductible: <input type="radio"/> \$1,000 <input type="radio"/> \$2,500 <input type="radio"/> \$5,000		
Business Income*	\$	Select coinsurance: <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%		
TOTAL	\$			
Construction Type <input type="radio"/> Non-combustible <input type="radio"/> Masonry Non-Combustible <input type="radio"/> Modified Fire Resistive <input type="radio"/> Frame/Joisted Masonry <input type="radio"/> Fire Resistive	Distance to: <input type="radio"/> Hydrant _____ Feet <input type="radio"/> Fire Station _____ Miles	Number of Stories _____	Year Built _____	Total Square footage Building: _____ Total Square footage Occupied: _____
If building is more than 20 years old, provide year of updates. If none, check here: <input type="radio"/> Wiring, Year: _____ Plumbing, Year: _____ Roofing, Year: _____ Heating, Year: _____		Roof type: <input type="radio"/> Asphalt shingle <input type="radio"/> Cedar Shake <input type="radio"/> Metal <input type="radio"/> Tar/gravel buildup Floor: (not floor covering): <input type="radio"/> Concrete <input type="radio"/> Wood <input type="radio"/> Other: _____ Heating/Cooling: <input type="radio"/> None <input type="radio"/> Heat Pump <input type="radio"/> Electric baseboard <input type="radio"/> Portable heater <input type="radio"/> Gas/Oil <input type="radio"/> Forced air <input type="radio"/> Other: _____		
Protection: <input type="radio"/> Sprinkler _____% <input type="radio"/> Burglar Alarm				
Fire Alarm: <input type="radio"/> Central Station <input type="radio"/> Local <input type="radio"/> Fire extinguishers <input type="radio"/> Smoke alarms				

Cooking Check here if no cooking on premises.

1. Explain extent of food service: _____
2. Is there deep-fat frying or grilling? Yes No
3. Is there an ansul system? Yes No
4. Is there an automatic fuel shut-off device? Yes No
5. How frequently do you clean the hood/duct system? Daily Weekly Monthly Other _____
6. Does a professional service clean the hood and duct system at least annually? Yes No

Signs (Optional Coverage) Check here if coverage is not desired.

Value of each sign	Sign Type
\$	<input type="radio"/> Indoor <input type="radio"/> Outdoor
\$	<input type="radio"/> Indoor <input type="radio"/> Outdoor

PLEASE READ AND SIGN

Agreement

I am an authorized representative of the applicant and represent that reasonable inquiry has been made to obtain the answers to questions on this application. I represent the answers are true, correct and complete to the best of my knowledge. I agree that if the information supplied on the application changes between the date of the application and the effective date of the insurance, I will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to purchase the insurance.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By selecting 'Yes' and typing my name below, I am electronically signing the application and agreeing to the Electronic Delivery and Signature Consent Disclosure below: Yes No

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)

Electronic Signature Disclosure and Consent, and Representation Statement

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 faxing, emailing 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 faxing, emailing or 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. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

If you **DO NOT** want to be emailed please check here and select your preferred method of document delivery.

Fax to: _____

attn: _____

Mail to: _____

attn: _____

ATTENTION: AGENTS

AGENTS: YOU MUST COMPLETE THE ATTACHED WARRANTY SECTION BELOW.

Please complete the information below.

Agency name: _____ Agent/contact name: _____

Agency complete mailing address: _____
Address City State Zip

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax I.D. _____

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by K&K, I will provide K&K with reasonably satisfactory evidence of all of the above mentioned items.

Agent signature: _____ **Date:** _____

Agent insurance license #: _____



How to submit and reduce processing delays:

- 1. Confirm all sections are completed
- 2. Confirm signatures and dates are completed on pages
- 3. Email submission to: mm.specialty@kandkinsurance.com
- 4. Questions? Call: 1-866-216-8302

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-866-216-8302
Website www.kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (FL license #L007299, TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

IMPORTANT INFORMATION. PLEASE READ.

Fair Credit Report Act Notice

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us

Fraud Warning

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

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

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

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

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

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

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

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

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

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: 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.