



EVENT PLANNER

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 7/1/24 through 3/31/2025

PROGRAM DESCRIPTION

This program has been designed for U.S.-based firms or individuals who organize, coordinate, promote and facilitate special events from inception through completion. Events may be social or corporate, including company events and those for charities and nonprofit organizations. This coverage is not intended to include catering operations or halls exposure. In addition, equipment and contents coverage is available as an option to provide protection for direct loss or damage to the event planner's office supplies, equipment, furnishings, improvements and betterments, signs and non-structural glass.

Please note, this program does not provide liability coverage for the actual events planned, organized, coordinated or arranged by the event planner. For more information regarding our Short Term Special Event Program, please contact us or visit our website at www.eventinsurance-kk.com.

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

EXCLUSIONS

The following represent only some of the exclusions contained in this policy and state variations may apply.

- Abuse, molestation, or exploitation
- All operations listed as ineligible
- Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls or devices, dunk tanks)
- Asbestos
- Communicable disease
- Cyber incident, data compromise, and violation of statutes related to personal data
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy liability
- Operations outside of the U.S.
- Outside concessionaires and vendors working in conjunction with your business

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

ELIGIBLE OPERATIONS

Fee-based professionals or businesses, who have annual gross sales of \$2,000,000 or less, domiciled in the U.S. that plan, organize, coordinate and/or arrange public or private events and social gatherings for others.

For those with annual gross sales exceeding \$2,000,000, please contact us for coverage options.

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to the following:

- Athletic event promoters
- Caterers
- Concert promoters
- Event production companies*
- Rental companies
- Talent agencies/companies
- Travel agencies
- Those who own their own retail store or event/banquet facility

*An event production company is a business that hosts events and profits in all money proceeds of their hosted events. (e.g.: ticket sales/merchandise/food/etc.)

EASY WAYS TO ENROLL FOR COVERAGE

WEB

For information and applications, visit us on-line at www.kandkinsurance.com

OR

Submit this enrollment form, with payment, to us.

FAX

1-260-459-5502

MAIL

Regular:

K&K Insurance
Event RPG
P.O. Box 2338
Fort Wayne, IN
46801-2338

Overnight:

K&K Insurance
Event RPG
1712 Magnavox Way
Fort Wayne, IN
46804

FOR SERVICE REQUESTS ONLY

E-MAIL

info@eventinsurance-kk.com

QUESTIONS

Call 1-877-648-6404

COVERAGES AND LIMITS

| Coverages | Option 1 | Option 2 |
|--|-------------------------------|-------------------------------|
| Commercial General Liability (CGL): Each Occurrence | Limits \$ 1,000,000 | Limits \$ 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 participants) | \$ 5,000 | \$ 5,000 |
| Rates | Option 1 | Option 2 |
| Annual Coverage (based on annual gross sales) | .00541 | .00812 |
| Annual Coverage Minimum Premiums | \$ 500.00 | \$ 750.00 |
| Single Event Coordinator Coverage - applies only during event, no before/after coverage (coverage cannot exceed 30 consecutive days) | \$ 181.00* | \$ 264.00* |

*Risk purchasing group administration fee is included in the cost.

*** Higher liability limit options available ***

Coverage provided under this program includes:

Commercial General Liability with Enhancement 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. Additional or broadening coverages added with the enhancement endorsement are:

Extended property damage – expected or intended injury resulting from use of reasonable force to protect persons or proper; Non-owned watercraft – extended to 58 feet; Property damage to borrowed equipment - \$10,000 each occurrence; Property damage to customers' goods - \$10,000 each occurrence; Broadened coverage – Damage to premises rented to you – definition expanded; Property damage from elevator use; Personal and advertising injury from televised or videotaped material (if not professionally produced); Medical personnel - \$100,000 Any one person; Broadened definition of Insured – Newly acquired or formed organization for up to 180 days; Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings; Knowledge or notice of occurrence; Unintentional failure to disclose all hazards; Waiver of transfer of rights of recovery against others to us (Waiver of subrogation); Mental anguish resulting from bodily injury; Broadened definition of mobile equipment; Additional coverages:

- Emergency Real Estate Consultant Fee - \$25,000
- Temporary Meeting Place - \$25,000
- Identify Theft Exposure - \$25,000
- Terrorism Travel Reimbursement - \$25,000
- Key Individual Replacement Cost - \$50,000
- Workplace Violence Counseling - \$25,000
- Lease Cancellation Moving Expense - \$2,500

Damage to Premises Rented to You – This coverage is solely for the premises, and the contents of such premises, rented to you if the damage is caused by fire, lightning, explosion, smoke and leaks from sprinklers.

OPTIONAL COVERAGES AVAILABLE

Professional Liability - \$1,000,000 Coverage Limit

Only available with annual coverage option

This coverage option provides protection against wrongful acts (negligent act, error, omission or breach of duty in the discharge of your event planning services) that occur under the operation of the insured.

Coverage Conditions:

1. You must have commercial general liability coverage for your operations through our Event Planner RPG Insurance Program.
2. Coverage will be effective the day after we receive the request with premium and will expire on the expiration date of your Event Planner RPG Insurance Program.

| Rate (based on annual gross sales) | Limit | Minimum Premium |
|------------------------------------|-----------------------------|-----------------|
| \$.0032 | \$ 1,000,000 per occurrence | \$ 500 |

OPTIONAL COVERAGES AVAILABLE CONTINUED

Equipment and Contents Coverage (Inland Marine) Only available with annual coverage option

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and leased personal property, HVAC or building glass where you are a tenant and who have contractual responsibility to insure due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

Additional coverages automatically included in the coverage form are

- Business Income with Extra Expense – actual loss sustained (up to \$50,000)
- Money and Securities Coverage - \$10,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 on premises / \$2,500 off premises
- Account Receivable Coverage - \$10,000 on premises /\$2,500 off premises
- Employee Theft - \$5,000 any one occurrence
- Forgery or Alteration - \$10,000 any one occurrence
- Robbery or Safe Burglary of Other Property - \$10,000 inside the premises / \$10,000 outside the premises
- Additional Acquired Property – up to \$15,000
- Concession Equipment - \$50,000 any one occurrence
- Pollutant Cleanup - \$25,000

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your operations with our Event Planner RPG Insurance Program.
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Event Planner RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification for any improvements or betterments.
4. This coverage may not be available in all states.

| Rates | | | |
|--------------------------|---------|------------|-----------------|
| Total Value per Location | Rate | Deductible | Minimum Premium |
| \$ 1 - \$ 10,000 | \$.03 | \$ 250 | \$ 100.00 |
| \$ 10,001 - \$100,000 | \$.026 | \$ 1,000 | \$ 100.00 |
| \$ 100,001 + | \$.026 | \$ 2,500 | \$ 100.00 |

Sexual Abuse or Sexual Molestation Liability OR Abuse, Molestation, or Exploitation Defense Reimbursement

Only available with annual coverage option

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 or in any way involving sexual abuse or sexual molestation, whether threatened or actual. This limit is a part of, and not in addition to, the general liability limit section.
- Option 2: \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, or exploitation.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 10.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your organization with our Event Planner RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception (may vary by state).

| Rates | | |
|--|--|--|
| Option | Rate - No Professional Liability | Rate - with Professional Liability |
| Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability | \$.00108 Based on annual gross sales (\$150.00 minimum premium) | \$.00172 Based on annual gross sales (\$150.00 minimum premium) |
| Option 2 - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement | \$ 100.00 (Flat rate) | \$ 100.00 (Flat rate) |

OPTIONAL COVERAGES AVAILABLE CONTINUED

Hired Auto Liability and Non-Owned Auto Liability - \$250,000 Coverage Limit

Only available with annual coverage option

Hired Auto Liability and Non-owned Auto Liability (not available for facility locations that are in: IL, LA, UT, VT or WI) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired, leased, rented or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to those vehicles that are rented, leased, hired or borrowed on a long-term basis.

Coverage Conditions:

1. You must have commercial general liability coverage for your operations through our Event Planner RPG Insurance Program.
2. Coverage will be effective the day after we receive the request with premium and will expire on the expiration date of your Event Planner RPG Insurance Program.

| Rate (flat)* | Limit |
|--------------|------------|
| \$ 250.00 | \$ 250,000 |

* Rate is subject to GL premium being \$25,000 or less. Contact us if your premium rates to more than \$25,000 on page 8.

FREQUENTLY ASKED QUESTIONS

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

Coverage can be bound the day after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

2. When should we make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing coverage with us, use the expiration date of your existing coverage. Coverage will be in effect for one year.

3. What does annual gross sales mean?

Annual gross sales is a measure of your overall sales that have not been adjusted for customer discounts or returns. This can be calculated by simply adding all sales invoices, not including operating expenses, cost of goods sold, payment of taxes or any other charge.

4. What is the co-insurance penalty referenced with the equipment and contents coverage?

The equipment and contents coverage available with this program contains a 100% co-insurance clause. With a 100% co-insurance clause, you are agreeing to accept a penalty if a covered loss occurs and all of your equipment and contents are not insured to their replacement cost value. For this reason, it is vital that the values of your equipment and contents be accurately reported and updated annually to reflect inflation and other increases in cost. If they are undervalued, a co-insurance penalty may be applied at the time of a loss. The penalty equals the difference between the amount of the loss and the amount actually paid by the carrier.

The simple formula used to derive at the amount to be paid by the carrier is as follows:

“Did” / “Should” x Loss Amount – Deductible = Amount Paid

“Did” = the amount of coverage you did purchase

“Should” = the replacement value of your equipment and contents that you should have insured

5. What does the term “replacement cost” value mean with regards to equipment and contents coverage?

Replacement cost means that the value of covered property will be based on the replacement cost at the time of loss without any deduction for depreciation. It is limited to the cost of repair or replacement with similar property and used for the same purpose.

6. Am I covered if I rent party supplies and equipment?

Yes, but only if you are renting the equipment/supplies to the client for whom you are planning an event. This program is not intended to cover operations where equipment and supplies are rented to the general public and there are no event planning services being provided by you.

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

No. You will receive a certificate of insurance as proof of coverage. By applying for this insurance, you are applying for membership in the Sports, Leisure and Entertainment Risk Purchasing Group (RPG), a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). Coverage is offered exclusively through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as 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. For a copy of the RPG master policy, please submit your request in writing to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804.



Enrollment Form Event Planner

Valid for effective dates from 7/1/24 through 3/31/25

INSURANCE

Insuring the world's fun!

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, and competitive rates 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. Remit completed enrollment form (pages 5 - 16) with payment**

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): _____

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 13 of the application for Electronic Disclosure and Consent)

OFFICE LOCATION

List office location if different from mailing address.

| Street Address | City | State | Zip |
|----------------|------|-------|-----|
| | | | |

DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy).

Start my coverage on this date: _____ / _____ / _____

BUSINESS INFORMATION

1. Form of business: Not-for-profit For-Profit

2. Types of events you organize (check all that apply)

- | | | |
|--|--|--|
| <input type="radio"/> Auto/RV/Motorcycle/Boat shows | <input type="radio"/> Gun and/or Knife shows | <input type="radio"/> Picnics |
| <input type="radio"/> Antique & Collectible shows | <input type="radio"/> Health and/or Science fairs | ____ Corporate (employee only) |
| <input type="radio"/> Athletic Events/Exhibitions/Contests | <input type="radio"/> Home and/or Garden shows | ____ Corporate (other) ____ Private |
| <input type="radio"/> Auctions – describe: _____ | <input type="radio"/> Meetings, Seminars or Speaking engagements | <input type="radio"/> Political gatherings, Conventions or Rallies |
| <input type="radio"/> Baby or wedding showers | ____ Corporate/Business ____ Private | <input type="radio"/> Reunions |
| <input type="radio"/> Barbecues | ____ Public | <input type="radio"/> Sightseeing trips |
| <input type="radio"/> Beauty pagents and/or fashion shows | <input type="radio"/> Open houses | <input type="radio"/> Talent shows and/or Contests |
| <input type="radio"/> Charity events – describe: _____ | <input type="radio"/> Parties | <input type="radio"/> Theatrical and/or Movie Premiers |
| <input type="radio"/> Church gatherings or baptisms | ____ Anniversary ____ Birthday | <input type="radio"/> Weddings and/or Wedding receptions |
| <input type="radio"/> Computer and/or electronic shows | ____ Dinner ____ Holiday ____ Office | |
| <input type="radio"/> Concerts | ____ Theme | |
| <input type="radio"/> Conventions/Trade shows/Exhibitions | ____ Sports Event (e.g. Super Bowl) | |
| ____ Corporate ____ Trade ____ Industry | ____ Other – describe: _____ | |
| <input type="radio"/> Festivals - describe: _____ | | |

BUSINESS INFORMATION CONTINUED

Note: This program is intended to cover liability coverage for the planning and organizing of the event planner. Coverage is not provided for the sponsor/host of the event. Coverage for the event itself should be purchased separately by the event host/client.

3. Number of events planned for the current year: _____ Number of events planned last year: _____
4. What is your annual gross sales?: \$ _____
5. Do you sponsor or promote any events? Yes No
If yes, provide details: _____
6. Are you involved in any other operations or businesses? Or are you owned by, controlled by or affiliated with any other company? Yes No
If yes, provide details: _____
7. Do you have any subsidiaries? Yes No
If yes, provide details: _____
8. Within the past 5 years, have you changed your business name, acquired any business or merged or consolidated with another entity? Yes No
If yes, provide details: _____
9. Do you own or lease (long term) a hall/banquet facility? Yes No
10. Do you or your employees provide any of the following services? Yes No
- Automotive tours (Car/Bus/Jeep/Other)
 - Booking agent
 - Construction of temporary structures
 - Babysitting
 - Fireworks
 - Horseback riding
 - Hot air balloon rides
 - Rope courses
 - Security operations:
 - Bodyguard/Personal security
 - Bouncers/Crowd control
 - Parking/Traffic control
 - Watchmen/Guard service
 - Shuttle/Taxi/Limo service
 - Valet service

The exposures/activities listed above are not covered by this program. If any of these exposures/activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.

11. Do you sign contracts on behalf of your client? Yes No
12. Is a contract executed between you and your clients and/or with 3rd parties? Yes No
If yes,
a) Are all contracts printed in English? Yes No
b) Do your contracts include a hold harmless agreement? Yes No
c) Do you use a standard client contract, which outlines your responsibilities? Yes No
d) Does the contract include a clause where each party holds the other party harmless?
If no, do you assume any liability of the client and/or third party? Yes No
e) Do you assume, by contract or verbally, responsibility for any injury or damage that may occur during an event? Yes No
f) Please provide a copy of your standard client contract.
13. Do you have any employees and/or volunteers? Yes No
If yes, how many employees? _____ And how many volunteers? _____
14. Are subcontractors/independent contractors used? Yes No
If yes:
a. Do you confirm they have liability insurance covering their operations? Yes No
b. Do you ever use uninsured contractors or subcontractors to provide products or services for an event? Yes No

Note: Independent contractors (non-employees) are not covered by this program. You should obtain a certificate of insurance from any subcontractor used, and it is recommended that you request additional insured status on their policy.

BUSINESS INFORMATION CONTINUED

15. Do you rent, furnish, or install any of the following? Yes No

If yes,

a. To whom:

Clients Only - I'm planning their event General Public – I do not plan their event

b. Type:

Amusement Devices Barricades Bleachers Dance Floors Folding Chairs/Tables

Sound Equipment Stages/Staging Tents Portable Restrooms Space Heaters

Linens/Tableware Decoration Flowers Candy/Popcorn/Drink Machines

Other – describe: _____

16. Do you own or operate a retail store? Yes No

If yes,

a. Describe the product you are selling: _____

b. What percentage of your revenue is from retail/product sales? _____

c. Is the store open to (check all that apply):

Clients Only - I'm planning their event General Public – I do not plan their event

17. Do you plan or provide services for athletic events (walks, runs, golf tournaments, sport tournaments, etc.)? Yes No

If yes, please describe type of event and your involvement? _____

18. Do you prepare or sell food as a part of your services? Yes No

If yes, describe: _____

19. Do you plan or promote concerts of any genre? Yes No

20. Do you host events where you profit from the proceeds (ticket sales, merchandise, food, etc.)? Yes No

If yes:

a. Please explain: _____

b. Do you obtain separate event insurance for these events? Yes No

21. In the last five years have any of your customers:

a. Made allegations or complained about the performance, non-performance or timeliness of your products/services? Yes No

If yes, please explain: _____

b. Refused to pay or stopped paying fees or dues due to alleged problems with your products/services? Yes No

If yes, please explain: _____

22. In the past 5 years have you or any of the employees had their professional licenses or certifications suspended or revoked? Yes No

If yes, please explain: _____

23. Are you aware of any actual or alleged fact, circumstance, situation, error or omission, which can reasonably be expected to result in a claim, suit, or proceeding being made against you? Yes No

24. FOR 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): _____

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.

PROGRAM PREMIUM CALCULATION

Please select one option based upon the desired coverage period and limit needed.

Check if a higher liability (CGL) limit is required and indicate limit needed. \$ _____

Annual Coverage Option

Premium is determined by applying the appropriate rate to the annual gross sales of your operations. If the total program premium is less than the minimum premium, the total premium due is the minimum premium.

| Options | Option 1 - \$1,000,000 CGL | Option 2 - \$2,000,000 CGL |
|-------------------------------------|----------------------------|----------------------------|
| Rates (based on annual gross sales) | \$.00541 | \$.00812 |
| Minimum Premiums | \$ 500.00 | \$ 750.00 |

| Option | Rate | X | Annual Gross Sales | = | Premium | Minimum Premium | Greater of Two Totals = Premium Due |
|--------|------|---|--------------------|---|---------|-----------------|-------------------------------------|
| | \$ | X | \$ | = | \$ | \$ | \$ (A) |

Single Event Coordinator Coverage Option:

• Applies only during event, no before/after coverage

• Coverage cannot exceed 30 consecutive days

* includes \$15.00 risk purchasing group administration fee

| Cost | Option 1 - \$ 1,000,000 CGL | Option 2 - \$ 2,000,000 CGL |
|------|----------------------------------|----------------------------------|
| | <input type="radio"/> \$ 181.00* | <input type="radio"/> \$ 264.00* |

Should you have more than "1" single event, please provide event information, as requested below, for each event on a separate piece of paper and attach with this enrollment form. Separate policies will be issued for each event.

Name of event/activity: _____

Type of event/activity: _____

Date(s) of event/activity (including set up/tear down): ____/____/____ to ____/____/____

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

Location of event/activity: _____

Venue name Street address City State Zip

Premium calculation: \$ _____ x _____ = \$ _____

Rate from above
of Events
Premium Due

OPTIONAL COVERAGES PREMIUM CALCULATION

Professional Liability Coverage - Only available with annual coverage option

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

Premium is determined by applying the rate to the annual gross sales of your operations. If the calculated premium is less than the minimum premium, the total premium is the minimum premium. If higher limits are needed, please contact us. Limit requested: \$ _____

| \$1,000,000 Professional Liability Rate | X | Annual Gross Sales | = | Premium | Minimum Premium | Greater of Two Totals = Premium Due |
|---|---|--------------------|---|---------|-----------------|-------------------------------------|
| \$.0032 | X | \$ | = | \$ | \$ 500.00 | \$ |

Hired Auto Liability & Non-Owned Auto Liability Coverage - Only available with annual coverage option

(Not available for facility locations that are in: IL, LA, UT, VT or WI)

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

Coverage is contingent upon underwriting review and approval of the following questions

1. Are all drivers (employees and volunteers) over the age of 18? Yes No
2. Do you obtain MVRs for employees and volunteers who drive on your behalf? Yes No
3. Do all drivers (employees and volunteers) carry personal automobile liability insurance? Yes No

| | | |
|--------------|---|-----------|
| Rate: | <input type="radio"/> \$250,000 Hired Auto & Employers' Non-ownership Liability | \$ 250.00 |
|--------------|---|-----------|

* Rate is subject to GL premium being \$25,000 or less. Contact us if your premium rates to more than \$25,000.

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Equipment and Contents Coverage (Inland Marine) - Only available with annual coverage option
TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS

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

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

| Individually list any items with values over \$5,000 | Value |
|---|--------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Provide values for categories below
 (DO NOT include those values already shown above)

| | |
|--|----------|
| Supplies & Inventory (office supplies, items held for sale) | \$ _____ |
| Equipments & Contents (tables, chairs, table coverings, event supplies, non-structural glass, electronics, phone/fax system, office contents, etc.) | \$ _____ |
| Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase. | \$ _____ |
| Signs (indoor or outdoor) | \$ _____ |
| Misc. Equipment - please describe: _____ | \$ _____ |
| _____ | |

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place? Yes No
 - a. If yes, please describe: _____
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No
 - a. If yes, please describe: _____
4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

| Equipment and Contents Premium | |
|---|--|
| <input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply) | |
| $\$0.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \quad \quad \quad \$ \underline{\hspace{2cm}} \quad \quad \quad \text{(D)}$ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Total Replacement Value Equipment and Contents Premium (\$100.00 minimum premium applies) </div> | |
| <input type="radio"/> My total replacement value is over \$10,000 (\$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000) | |
| $\$0.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \quad \quad \quad \$ \underline{\hspace{2cm}} \quad \quad \quad \text{(D)}$ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Total Replacement Value Equipment and Contents Premium (\$100.00 minimum premium applies) </div> | |

OPTIONAL COVERAGES PREMIUM CALCULATIONS

Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation or Exploitation Defense Reimbursement

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

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

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 and training 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.

| Please Complete All Questions | Employees | Volunteers/Independent contractors |
|--|--|--|
| The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants. | | |
| Do you have employees and/or volunteer/independent contractors? Are employee/volunteer/independent contractor 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: _____

6. Calculate premium

| Rates | |
|---|---|
| <input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability Choose the applicable option | <p>NO Professional Liability Option \$0.00108 x _____ = \$ _____ (E) Annual gross sales from page 8 \$150.00 Minimum Premium applies</p> <p>WITH Professional Liability Option \$0.00172 x _____ = \$ _____ (E) Annual gross sales from page 8 \$150.00 Minimum Premium applies</p> |
| <input type="radio"/> Option 2 - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement | \$100.00 (E) |

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.

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

2. This certificate is for: General Liability Coverage Equipment & Contents/Inland Marine Coverage (if applicable)

3. What is the additional insured's relationship to you?

Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter

Lessor of equipment/contents (liability) Loss Payee (equipment/contents)

Other (please identify/explain): _____

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

4. Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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

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

Other (please explain): _____

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

6. For specific 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: _____

7. For Loss Payee: Type of equipment (please describe): _____

Replacement cost value: _____

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 notable exclusions are contained in the commercial general liability coverage provided by this program (note: state variations may apply). Abuse, molestation, or exploitation (unless reported to, approved by us, and the appropriate premium paid); Any events or activities involving or promoting tobacco or cannabis; Asbestos; Commercial general liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Communicable disease; Cyber incident, data compromise, and violation of statutes related to personal data; Employment related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy; Operations outside of the U.S.; Outside concessionaires and vendors in conjunction with your business; Sexually transmitted disease; Silica or silica-related dust; Specified recreational vehicles and activities – Aircraft/hot air balloon; Airport; Amusement device: The ownership, operation, maintenance or use of any device or equipment a person rides for enjoyment, including, but not limited to: mechanical or non-mechanical ride, slide, or water slide (including any ski or tow when used in conjunction with a water slide); inflatable recreational device; or vertical device or equipment used for climbing whether permanently affixed or temporarily erected. This exclusion does not apply to video games or computer games; Animal (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Bungee; Dunk tank; Haunted attraction; Performer; Rodeo; Saddle animal; Snowmobile; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Unmanned aircraft; Those operations listed as ineligible: Athletic event promoters; Caterers; Concert promoters; Event production companies; Rental companies; Talent agencies/companies; Those who own their own retail store or event/banquet facility; Travel agencies

ANNUAL TOTAL COST SUMMARY

| | | |
|--|----------|-----|
| Program Premium (from page 8) | \$ | |
| OPTIONAL COVERAGES: | | |
| Professional Liability Premium (from page 8) - Optional coverage with annual policy only | \$ | |
| Hired Auto Liability and Non-Owned Auto Liability (from page 8) - Optional coverage with annual policy only | \$ | |
| Equipment and Contents Premium (from page 9) - Optional coverage with annual policy only | \$ | |
| Sexual Abuse/Sexual Molestation Premium: (from page 10) - Optional coverage with annual policy only <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) - For annual coverage only | \$ 15.00 | (B) |
| Total Cost Due (add lines A + B) | \$ | |

ATTENTION: AGENTS

AGENTS: YOU MUST COMPLETE THE AGENT WARRANTY SECTION BELOW. Enrollments cannot be accepted unless this section is completed.

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. _____

Agent License #: _____

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.

Note: Agents do not have authority to issue binders or a certificate of insurance on behalf of this program. A 10% commission is available to licensed agents for this program. Please remit net payment. Commissions will not be calculated on any fees added to the total program.

Agent signature: _____

Date: _____

COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE ONCE COVERAGE BEGINS*

COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.

**NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED
BY THE COMPANY OR THEIR REPRESENTATIVE.**

CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

*Sexual Abuse/Sexual Molestation options are 100% fully earned at inception; as a well as single event coverage is 100% fully earned at inception (may vary by state).

**PLEASE READ, COMPLETE #9 BELOW, (if you do not wish to receive documents via email)
AND SIGN ON PAGE 14**

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: _____

COMPENSATION AND REPRESENTATION STATEMENT

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 an "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.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) 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 complete the insurance.

I am aware that accurate reporting is required for premium calculation and that my books and records, as they relate to this coverage, may be examined or audited by the company at any time during the coverage period and up to three years thereafter. I acknowledge that intentional misrepresentation or misreporting may jeopardize coverage and that the company 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.

Applicant business name (from page 5): _____

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

Printed name: _____ **Title:** _____

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

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 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.

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.

PAYMENT PLAN OPTIONS

Submit a completed enrollment (including signed Representation Statement) and payment to:
Applicant Business Name: _____ Effective Date: _____

Step 1: Select Payment Plan: Check one.

- 100% Plan** - 100% of the total cost is due to bind coverage
- 30% / 70% Plan - only available with annual coverage**
- 30% of the total premium + \$15 RPG fee is due to bind coverage
 - The balance of the premium (70%) will be due within 30 days of the effective date
- 25% + 3 Plan - only available with annual coverage**
- 25% of the total premium + \$15 RPG fee is due to bind coverage
 - The balance of the premium will be due in (3) consecutive monthly installments

Step 2: Select future installment option: Check one.

- Please mail me an invoice for any future balance/installments
- If paying by credit card, please automatically charge my credit card provided below for any outstanding balances or installments.

Step 3: Making your Payment:

Pay by check: (Payable to K&K Insurance Group)

- | • Mail | <u>Regular Mail</u> | <u>Overnight Mail</u> |
|---------------|--|---|
| | K&K Insurance Event RPG Program P.O. Box 2338 Fort Wayne, IN 46801-2338 | K&K Insurance Event RPG Program 1712 Magnavox Way Fort Wayne, IN 46804 |

Pay by credit card:

- Fax** 260-459-5502
- OR**
- Mail** See above for mailing address

- 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: (_____) _____

For your security, we cannot accept credit card payments via e-mail. Please fax or mail only.

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

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-877-648-6404 • Fax 1-260-459-5502
Website www.kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (FL license #L00729) (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)