CASINOS AND GAMING

Eligible Operations:

(Including but not limited to)

- Bingo halls
- Card clubs
- Casinos
- Tribal gaming

Key Underwriting/Qualifying Factors (Including but not limited to)

- $3,500 minimum account premium

Ineligible for this program:

(Including but not limited to)

- Cruising vessels

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Gaming Program
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated “A” or higher by A.M. Best

K&K offers property and liability coverage for a variety of gaming facilities including casinos, bingo halls, card clubs and tribal gaming operations.

- $3,500 minimum account premium
- Management must have at least three years of management experience

Coverages Available & Program Highlights:

General Liability

- Written on an Admitted Basis in Most States
- Broadened Coverage Form
- Liquor Liability
- Employee Benefits Liability

Property

Boiler and Machinery

Inland Marine

Commercial Auto

Garagekeepers Legal Liability

Crime

Excess Liability

Workers’ Compensation (subject to availability)

Common Associated Exposures:

- Concessions
- Entertainment
- Hotel/motel
- Gift shops
- Restaurants/lounges
- Valet parking

Insuring the world’s fun®

Contact Information:

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

Casinos and Gaming Program

PHONE: **800.440.5580**
FAX: **260.459.5810**

EMAIL:
KK.VenueGaming@
kandkinsurance.com

WEBSITE:
www.kandkinsurance.com

Submission Instructions:

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

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of detailed company loss runs and payrolls
- Schedule of activities & special events
- Most current financial statement
- Copies of contracts
- Copy of Gaming Contract (if applicable)

Casino and Gaming Application(s):

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

K&K Application(s)
- Gaming Supplemental Questionnaire
- Gaming Business Income Worksheet

ACORD Application(s)
- Property
- General Liability
- Crime
- Commercial Auto
- Inland Marine
- Umbrella/Excess Liability
- Workers' Compensation

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K&K INSURANCE
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1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338
800-440-5580 Fax 1-260-459-5810
www.kandkinsurance.com CA# 0334819

GAMING INSURANCE QUESTIONNAIRE

GENERAL INFORMATION

1. Name of Insured (Applicant): _____
2. Location/Address (if different from ACORD): _____
3. What is the insured's FEIN number?_____
4. What is the insured's website address? _____
5. Number of years in business?_____
6. Does the insured conduct any other operations under this name? ❑ Yes ❑ No
   If yes, please explain: _____
7. Kind of operation: ❑ Casino ❑ Off-track Betting Parlor ❑ Card Club ❑ Bingo Hall
   ❑ Other: _____
8. Does any named insured not share 51% common ownership with the first named insured? ❑ Yes ❑ No
9. Is the proposed insured a subsidiary of another company? ❑ Yes ❑ No
   If yes, name of parent company:_____

UNDERWRITING INFORMATION

1. Annual Hotel Receipts:_____ Annual Payroll of Gaming Operations: _____
   Annual Attendance - Bingo Hall only:_____ Gift Shop:_____ Parking:_____
2. Date gaming facility was constructed:_____
   Construction: ❑ Joisted Masonry ❑ Frame ❑ Fire Resistive ❑ Non-Combustible ❑ Mixed
   ❑ Other Describe: _____
   Date of any major reconstruction:_____
   Does gaming facility contain a theatre or live show area? ❑ Yes ❑ No
   Does the building have sprinklers? ❑ Yes ❑ No
3. Does the insured have central station alarms? ❑ Yes ❑ No
   If yes, distance to the nearest fire station?_____
4. Is a log kept of inspections completed and maintenance ❑ Yes ❑ No
5. Are tables and chairs in good condition and subject to regular inspection and repair? ❑ Yes ❑ No
6. Medical Services
   Do you have employees trained in First Aid? ❑ Yes ❑ No
7. Patron Services
   Are curbs, steps and ledges highlighted? ❑ Yes ❑ No
   Are stairways and emergency exit routes equipped with emergency lighting? ❑ Yes ❑ No

8. **Hotel**

Is there a hotel on the premises? ❑ Yes ❑ No

How many stories?_____ How many rooms?_____

Hotel Amenities

Do you have a pool? ❑ Yes ❑ No If yes, number:_____

Diving Board? ❑ Yes ❑ No If yes, number:_____

Slide? ❑ Yes ❑ No If yes, how many feet high:_____

Are depth marks clearly shown? ❑ Yes ❑ No

Are warning signs and rules posted and clearly visible? ❑ Yes ❑ No

Is the pool completely surrounded by building walls or fence? ❑ Yes ❑ No

Is pool only accessible by hotel guests only? ❑ Yes ❑ No

Are gates or doors opening into the pool equipped with self-closing and self latching device? ❑ Yes ❑ No

Do you have a spa? ❑ Yes ❑ No

Operated by insured? ❑ Yes ❑ No

Contracted? ❑ Yes ❑ No

Do you have a Fitness Room? ❑ Yes ❑ No

Available to guests only? ❑ Yes ❑ No

9. **Entertainment**

Do you have a concert venue? ❑ Yes ❑ No

Capacity?_____

Do you have security procedures (bag checks, metal detectors, wanding)? ❑ Yes ❑ No

Are all aisles & stairways equipped with adequate egress lighting when overhead lighting is dimmed during performances? ❑ Yes ❑ No

Are certificates obtained from performers with additional insured status to the insured? ❑ Yes ❑ No

EMERGENCY RESPONSE PLAN

1. Do you have an Emergency Response Plan? ❑ Yes ❑ No
2. How often is the plan updated?_____
3. What year was the plan last updated?_____
4. Do you review the plan with employees? ❑ Yes ❑ No
5. What frequency is the plan reviewed with employees?_____
6. Do you have an active assailant / shooter plan? ❑ Yes ❑ No
7. Do you purchase an active assailant / active shooter insurance policy? ❑ Yes ❑ No

EMPLOYEE BENEFITS LIABILITY

Is Employee Benefits Liability coverage desired? ❑ Yes ❑ No

If yes, please complete the following section.

1. Number of employees:_____
2. Retroactive Date:_____
3. Has Employee Benefits Liability coverage been continuously in force since the Retroactive Date? ❑ Yes ❑ No

LIQUOR LIABILITY

Do your operations include the sale or distribution of alcoholic beverages? ☐ Yes ☐ No
If yes, please complete the following section.

1. Location(s) where alcohol will be served: _____
   _____
2. Type of Beverage sold: ☐ Beer/Wine ☐ Mixed Drinks ☐ Hard Liquor
3. Receipts (complete all that apply):
   Alcohol receipts: $_____ Comped alcohol value: $_____ Food Receipts: $_____
   Comped food value: $_____
4. Will alcohol be served: ☐ Directly by the insured's employees/volunteers?
   ☐ Through a concessionaire/subcontractor/vendor?
   If through a concessionaire/subcontractor/vendor, does this entity provide a certificate of insurance naming you as an additional insured including liquor liability? ☐ Yes ☐ No
   If alcohol is served directly by the insured's employees/volunteers, please list:
   Name on liquor license:_____
   License #:_____ Class of License:_____
5. Do ALL servers receive alcohol awareness training? ☐ Yes ☐ No
   If yes, please indicate which training program is utilized (SAFE, TIPS, etc.):_____
6. Do you have a system for monitoring compliance with alcohol serving practices for all individuals who have responsibility for serving alcohol? ☐ Yes ☐ No
   If yes, please describe the system:_____
7. Do you have a system to ensure alcohol awareness training requirements are current for all individuals who have responsibility for serving alcohol? ☐ Yes ☐ No
8. Do you take disciplinary action up to and including termination for any individuals who violate your alcohol serving policies? ☐ Yes ☐ No
   If yes, please describe:_____
9. Explain process for checking ID's:
   (e.g.: everyone is checked, only those appearing to be 30 or younger, etc.)
   _____
10. Has applicant's liquor license ever been revoked or suspended during the last five years? ☐ Yes ☐ No
    If yes, please explain:_____
11. Has the applicant incurred claims for liquor liability during the last five years? ☐ Yes ☐ No
    If yes, please explain:_____
12. Has the applicant ever been fined by an alcoholic beverage control or other governmental entity during the past five years? ☐ Yes ☐ No
    If yes, please explain:_____
13. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? ☐ Yes ☐ No
    If yes, please describe:
14. Is there any type of designated driver program in place? ☐ Yes ☐ No

RESTAURANT/FOOD SERVICE OPERATIONS

1. Are cooking installations in compliance with NFPA 96? ☐ Yes ☐ No
2. Are all cooking surfaces protected by automatic fire extinguishing systems? ☐ Yes ☐ No
3. Are automatic fire extinguishing systems serviced by outside contractor? ☐ Yes ☐ No
   If yes, frequency of service:_____ Date last serviced:_____
4. Are hoods/duct work cleaned by outside service contractor? ☐ Yes ☐ No
   If yes, frequency of service:_____ Date last serviced:_____

SECURITY

1. Are security personnel employees of your company? ☐ Yes ☐ No
   If no, what is the relationship? ☐ Independent Contractors ☐ Off-duty police officers
   Other, describe: _____
2. How do you screen candidates (check all that apply)?
   ☐ Criminal Background Check ☐ Reference Check ☐ Interview
   Other: _____
3. Do you require initial training be completed prior to employment? ☐ Yes ☐ No
4. Do you provide a personal copy of your training/safety manual? ☐ Yes ☐ No
5. Do you require an annual refresher or continuing education training? ☐ Yes ☐ No
6. Do any security guards/officers carry firearms as part of their equipment while on duty? ☐ Yes ☐ No
   If yes, answer the following:
   Do you issue the firearms or allow people to use their own (check all that apply)?
   ☐ We issue them. ☐ People can use their own.
   If people can use their own, do you inspect/approve the firearm? ☐ N/A ☐ Yes ☐ No
   Do you verify the appropriate firearms licenses are maintained by the individual? ☐ Yes ☐ No
7. Is the venue monitored by security on a 24-hour basis? ☐ Yes ☐ No
   If no, please explain:
8. Are patrons screened upon entry? ☐ Yes ☐ No
   If yes, how? ☐ Bag Checks ☐ Wanding ☐ Metal Detector ☐ ID's
   Other: _____
9. Is patron screening done for all events? ☐ Yes ☐ No
   If no, please explain:
10. Are security cameras on site? ☐ Yes ☐ No
    If yes, what areas are covered (interior; parking lots; parking structures; etc.)?
    _____
    If yes, what is the data retention time period?
    _____
11. Are dogs used in your security operation? ☐ Yes ☐ No
    If yes, are the dogs and handlers certified? ☐ Yes ☐ No
    If no, please explain: _____

Valet Parking

1. Is valet parking provided? ☐ Yes ☐ No
2. Is the valet service operated by the insured or subcontracted? ☐ Yes ☐ No
   If subcontracted:
   Provide a copy of the agreement
   Are they required to carry insurance and list insured as additional insured? ☐ Yes ☐ No

If operated by insured:

Is there a formal training program including vehicle handling? ☐ Yes ☐ No
Are MVR's checked? ☐ Yes ☐ No
Are background checks conducted? ☐ Yes ☐ No
Are keys tagged and tracked with a security system? ☐ Yes ☐ No
Where are keys stored?

3. Shuttle Services provided? ☐ Yes ☐ No
   If yes, please complete the public transportation application

PLEASE PROVIDE THE FOLLOWING WITH THIS QUESTIONNAIRE:

- Five years of company loss runs with description of any individual claim or reserve in excess of $10,000
- Current audited financials
- Description of named insureds
- Subcontractor agreements
  - Copies of certificates of insurance
- Schedule of special events/activities
- Copy of the Emergency Response Plan
- Lease agreement (if applicable)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

_____	_____	_____
Date	Signature of Insured	Title

Send completed form along with referenced ACORD application(s) to:

ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name:_____

Mailing Address:_____

City:_____ State:_____ Zip: _____

You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.

1. Does the Applicant have written procedures and a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off the premises? ❑ Yes ❑ No

2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy? ❑ Yes ❑ No
   If yes, please attach a copy
   a. If yes, does the written policy include:
      i. Definition of sexual and physical abuse/molestation? ❑ Yes ❑ No
      ii. Incident reporting procedures? ❑ Yes ❑ No
      iii. Investigation procedures? ❑ Yes ❑ No
      iv. Disciplinary procedures? ❑ Yes ❑ No
      v. Retaliation warning? ❑ Yes ❑ No
      vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? ❑ Yes ❑ No
   b. Are procedures in place to monitor the implementation and on-going execution of this policy? ❑ Yes ❑ No

3. Does the Applicant's employment process include a criminal background check on all employment candidates, whether direct employee or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment is made? ❑ Yes ❑ No
   Please identify and explain any current employees who are not subject to criminal/sex offender registry background checks:

   _____

   _____

   _____

   _____

   Who is your vendor for the Criminal Background and Sex Offender Registry checks?_____

   _____

4. Does the Applicant verify employment-related references? ❑ Yes ❑ No

5. Does the Applicant conduct personal interviews? ❑ Yes ❑ No

6. Is there a formal policy regarding staff training on:
   a. Appropriate and inappropriate physical contact with clients or children? ❑ Yes ❑ No
   b. Appropriate and inappropriate verbal interactions with clients or children? ❑ Yes ❑ No
   c. Appropriate and inappropriate electronic communications with clients or children? ❑ Yes ❑ No
   d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? ❑ Yes ❑ No
   e. Recognition of the signs of abuse or molestation? ❑ Yes ❑ No

7. Does any employee or independent contractor
   a. have one-on-one access to clients or children in a closed door or transportation setting? ❑ Yes ❑ No
   b. physically touch another person as part of their job responsibilities? ❑ Yes ❑ No
   If yes, please explain:_____

8. Please indicate the age range of clients, patrons, students, or populations served (check all that apply):
   ❑ 0 - 18 years of age ❑ 18 – 25 years old ❑ 25 – 50 years old ❑ over 50 years old ❑ All

9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation? ❑ Yes ❑ No
   If yes, please describe:_____
   a. Was a suit brought against the organization? ❑ Yes ❑ No
   b. Was the case settled? ❑ Yes ❑ No
   c. Was the case taken to trial? ❑ Yes ❑ No
   d. How much money was paid as damages to the victim?_____

10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage? ❑ Yes ❑ No

11. Additional remarks/information:_____

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

FOR MAINE APPLICANTS ONLY: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR UTAH APPLICANTS ONLY: THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature:_____ Date:_____

Applicant Name:_____

Title:_____

MANDATORY SIGNATURE SUPPLEMENT

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name:_____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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 THAT 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD WARNING (continued)

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAYBE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

AIG FRAUD APPS (2021/06)

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

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

APPLICANT'S SIGNATURE	**PRODUCER'S SIGNATURE (if applicable)**
PRINT NAME	**PRINT NAME**
DATE (MM/DD/YY)	**DATE (MM/DD/YY)**