

ZOOS & AQUARIUMS

Eligible Operations:

Including but not limited to:

- Walk-through zoos
 - Drive-through zoos
 - Animal sanctuary (open to public)
 - Aquariums
 - Prefer parks that are AZA certified
 - Parks with 24-hour security
- To be eligible, zoos, aquariums and sanctuaries must:
- Comply with USDA licensing requirements
 - Comply with safety and fire codes
 - Secure certificates of insurance from vendors, concessionaires, sub-contractors or lessors

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Management must have at least three years zoo management experience
- Prefer parks that are AZA certified
- Parks with 24-hour security
- Parks that comply with USDA licensing requirements
- Parks in compliance with safety and fire codes
- Parks that secure certificates of insurance from vendors/concessionaires/sub-contractors or lessors
- Minimum premium general liability- \$2,500 package- \$5,000

Ineligible Operations:

Including but not limited to:

- Mobile petting zoos

Commercial general liability and property zoo insurance designed for walk-through and drive-through zoos, animal sanctuaries, and aquariums.

- Management must have at least three years of zoo management experience
- Minimum premium general liability: \$2,500
- Minimum premium package coverage: \$5,000

Coverages Available & Program Highlights:

General Liability

- Written on an Admitted Basis
- Broadened Coverage Form-Non-auditable Policy
- Volunteer Accident- Accident Medical Coverage for Zoo Volunteers
- Volunteers as Additional Insureds
- Amusement Ride Liability
- Liquor Liability
- Employee Benefits Liability

Directors and Officers Including Employment Practices Liability

Property

- Equipment Breakdown Included
- Emergency Vacating Expenses Covered up to \$25,000, Crisis Response Coverage—\$25,000, Full Building Ordinance “A” Coverage

Inland Marine

Commercial Auto

- Owned Auto
- Nonowned/Hired Auto

Crime

Excess Liability

Workers’ Compensation

Event Cancellation & Non-appearance

Sexual Abuse & Molestation

Common Associated Exposures:

- Animal rides
- Day camps
- Food & beverage concessions
- Kiddie rides
- Play areas
- Special event liability for promotions, etc.

Insuring the world’s fun®

Contact Information:

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

Zoos & Aquariums Program

PHONE: 800.553.8368

EMAIL:

KK.EventsAttractions@kandkinsurance.com

WEB SITE:

www.kandkinsurance.com

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

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

Submission Instructions:

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

Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of detailed, currently-valued company loss runs
- Diagram/map of zoo/aquarium
- Brochure (if available)
- Web site address
- Schedule of events/promotions/ exhibitions
- Amusement/carnival ride description

Zoos & Aquariums Application(s):

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

K&K Application(s)

- Zoological Park & Aquarium Information Form
- Liquor Liability Application (if applicable)
- Sexual Abuse & Molestation Application (if applicable)

ACORD Application(s)

- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability
- Workers' Compensation

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P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-800-553-8368 Fax 1-260-459-5624
 www.kandkinsurance.com
 CA# 0334819

ZOOLOGICAL PARK AND AQUARIUM APPLICATION

(Include copies of lists, licenses and other items as requested.)

IMPORTANT

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

1. Applicant Information:

Named Insured as it is to appear on policy: _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Website: _____

Contact Person: _____

Person is: Owner Promoter Agent Other: _____

Telephone Number (_____) Fax Number(_____)

Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (_____) Fax Number(_____)

Tax ID Number: _____ E-mail Address: _____

a. Nature of business/description of operations/events: _____

b. Insured is: Corporation Partnership Joint Venture Other: _____

c. Policy Period Requested: _____ to _____

d. Estimated Number of Events: _____

2. Type of Institution:

Zoological Park Aquarium Wildlife Park Oceanarium Combination

3. Who Owns:

Land: _____

Collections: _____

Buildings/Grounds: _____

4. Institution is For Profit Non-Profit

5. How long under present ownership? _____ How long under present management? _____

6. Additional Insureds Requested (subject to underwriting approval.):

Name	Relationship to Insured
_____	_____
_____	_____
_____	_____
_____	_____

7. Present Insurance/Risk Retention Method:

Claims Made Form Occurrence Form

Provided by municipality

Self Insured Self Insured Retention Retention Limit \$ _____

Insured Retention Limit \$ _____

Insurance Limit \$ _____

Insurance Company: _____

Attach four year loss history (including current year)

8. Attendance:

Average Daily Attendance _____

Maximum Daily Attendance _____

Total Annual Attendance _____

9. Revenues:

A. Admission Charge

Adults \$ _____

Minors \$ _____

Total Annual Admission Receipts \$ _____

B. Souvenir/Gift Shop Receipts \$ _____

C. Concessions

Food/Beverage \$ _____

Alcoholic Beverage \$ _____

Total Concession Receipts \$ _____

Are concessions contracted to others? Yes No

D. Endowments/Grants

Contributions \$ _____

Memberships \$ _____

Other \$ _____

E. Total Annual Revenues \$ _____

10. Liability Limits Requested:

- A. Occurrence Form Claims Made Form
 Each Occurrence \$ _____
 General Aggregate* \$ _____
- B. Deductible Limit (if any) \$ _____
 Self Insured Retention Limit \$ _____

* *Other aggregates may apply per policy requirements.*

11. Description of Operations (Attach list if necessary):

A. General:

- | | | |
|---|--|--|
| <input type="checkbox"/> Museum | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Novelty/Gift Shop |
| <input type="checkbox"/> Tram/Monorail/Train(s) | <input type="checkbox"/> Lake(s)/Pond(s)/Stream(s) | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Breeding Facility | <input type="checkbox"/> Breeding Loan Activities | <input type="checkbox"/> Other Loan Activities |
| <input type="checkbox"/> Alcoholic Beverages | | |

- Sold Gratuitous

Whose responsibility is the liquor liability? _____

If contracted, does the liquor concessionaire provide liability coverage? Yes No

If no, explain: _____

- Carts, Vans, Buses, Motorcycles or ATVs
 On Premises Off Premises

- Veterinary Services
 Veterinarian is employed Veterinarian is contracted.

- Off Premises
- | | |
|---|--|
| <input type="checkbox"/> Institution | Describe: _____ |
| <input type="checkbox"/> Captive Facility | Describe: _____ |
| <input type="checkbox"/> Breeding Facility | Describe: _____ |
| <input type="checkbox"/> Wildlife Exhibitions | List wildlife exhibited: _____

_____ |

- On Premises
- | | |
|---|--|
| <input type="checkbox"/> Institution | Describe: _____ |
| <input type="checkbox"/> Captive Facility | Describe: _____ |
| <input type="checkbox"/> Breeding Facility | Describe: _____ |
| <input type="checkbox"/> Wildlife Exhibitions | List wildlife exhibited: _____

_____ |

B. Educational (check, if any):

On Premises

Off Premises*

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Lectures | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Demonstrations | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tours | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Childrens' Day or Overnight Camps | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> School Presentations | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> College Work/Class Research Program | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Docent Program | <input type="checkbox"/> | <input type="checkbox"/> |

*Describe any off-premises activities including live wildlife exhibitions: _____

C. Research:

- Separate Research Library Formal Research Project(s)

Describe: _____

D. Special Events/Activities/Attractions:

- Fireworks Displays Concerts Other Performances

Describe: _____

- Parking Lot Events

Describe: _____

- Special Functions (*social, political events, etc. — attach schedule*)

Describe: _____

- Holiday or Other Seasonal Promotions

Describe: _____

- Publications

Describe: _____

- Fund Raisers

Describe: _____

- Mechanical Rides and/or Water Rides (*carnival/amusement*)

Describe: _____

Is there a qualified ride inspector to perform mechanical and electrical inspections? Yes No

Are maintenance manuals for all rides kept on premises? Yes No

Do you have a formal/written ride operator training program? Yes No

Do the rides meet the ASTM standards for amusement rides and/or ANSI standards for sky rides/chairlifts/aerial tramways? Yes No

Are your rides inspected by your state? Yes No

- Animal Rides

Describe: _____

Habitat Rides

Describe: _____

Animal Mascot Loans

Describe: _____

Do you have a petting zoo? Yes No

If Yes, is it operated by an independent contractor? Yes No

If Yes, do you receive a certificate of insurance naming you as an additional insured? Yes No

Do you have a contract with a hold harmless and indemnification agreement? Yes No

Are all animals properly vaccinated? Yes No

Is there a hand washing at the exit of the petting zoo? Yes No

Is there signage posted with regard to the importance of hand washing after animal contact? Yes No

Playground

Describe: _____

Grandstand

Bleachers

Describe seating age and construction: _____

Other Describe: _____

12. Hours of Operation:

In Season: _____ to _____ Off Season: _____ to _____

Describe off-season activities or promotions: _____

13. Institution Opening Date: _____ Closing Date: _____

14. Total Acres (off main zoo premises): _____ Parking Spaces: _____

15. Avian Flu Guidelines:

Does the risk comply with the 2005 AZA Avian Flu Guidelines as summarized below? Yes No

If No, please attach an outline of your Avian Flu procedures.

2005 AZA AVIAN FLU GUIDELINES:

A. Facility should follow standard biosecurity measures for zoos and aquariums

B. Facility should have formal procedures addressing the following:

- Control measures that would be initiated upon suspected or confirmed cases of avian influenza, such as isolating and decontaminating affected areas or closing portions of the facility.
- Protocols for short-term treatment of sick and injured native birds before releasing them to rehabilitation facilities.
- Employee education program that provides information on topics such as how to prevent influenza from spreading and guidelines that help keep them and the birds they care for healthy.
- Guidelines with proactive steps in the event of an outbreak of bird flu in or near the facility.
- Proper local jurisdiction protocol is followed with regard to deceased wild birds found on premises

C. Employees working in bird areas should be required to wear appropriate personal protective equipment and employ proper cleaning and disinfecting protocols.

16. Zoo/Camp Operations (if applicable):

- A. Would you like a quote for sexual abuse and molestation coverage (if eligible)? Yes No
- B. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper, member or participant reports someone molested him/her which includes reporting suspected child/sexual abuse after learning of such an allegation? Yes No
- C. Do you have a plan of supervision, including procedures to limit one-on-one interaction between an adult and youth, that monitors staff in day to day relationships with campers, members or participants? Yes No
- D. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? Yes No
- E. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
- F. Does staff screening include criminal background checks on all new (including seasonal) employees/volunteers, and on year around employees/volunteers every 5 years? Yes No
1. If yes, provide name of service provider you use to conduct criminal background checks _____

- G. Does new staff screening include at least two references and a personal interview before being hired-accepted as employee/volunteer? Yes No
- H. Does the staff screening include an annual check of all employees/volunteers on the National Sex Offender Public Website? Yes No
- I. Have you ever had an incident which resulted in an allegation of sexual abuse at your camp or other operation? Yes No
1. Was a claim made against your camp or other operation? _____
If yes, please provide details of the claim/incident: _____

2. How much money was paid as damages to the victim? _____
3. What has been done to prevent such occurrences from happening in the future? _____

17. Professional Affiliations:

- A. Is the institution a member of the American Zoo and Aquarium Association? Yes No
- B. Is the institution accredited by the AZA? Yes No

**PLEASE
NOTE**

**IF YOU ANSWER "YES" TO PART "B" OF QUESTION 17, SKIP TO ITEM #25 AND SIGNATURE PAGE.
IF YOU ANSWER "NO" TO PART "B" OF QUESTION 17, PLEASE FINISH FILLING OUT THIS APPLICATION.**

18. Regulatory Compliance:

A. Does the institution comply with:

1. All local fire codes? Yes No

If no, explain: _____

2. All local, state and federal regulations? Yes No

If no, explain: _____

B. Does the facility comply with the Animal Welfare Act, Part 3 – Standards Subparts D, E and F as respects the following?

Facilities and Operation Standards:

Facilities – General Yes No

Facilities – Indoor Yes No

Facilities – Outdoor Yes No

Primary Enclosures Yes No

Space Requirements Yes No

Animal Health and Husbandry Standards:

Feeding Yes No

Watering/Water Quality Yes No

Sanitation Yes No

Employees or Attendants Yes No

Classification and Separation Yes No

Veterinary Care Yes No

Handling Yes No

Transportation Standards:

Consignments to Carriers and Intermediate Handlers Yes No

Primary Enclosures Used to Transport Live Non-Human Primates Yes No

Primary Conveyances (Motor Vehicle, Rail, Air, Marine) Yes No

Food and Water Requirements Yes No

Care in Transit Yes No

Terminal Facilities Yes No

Handling Yes No

A complete explanation must be given for any "NO" answer in part B of question #18 (**attach sheet if necessary**). _____

C. Attach Copies of All licenses, including:

- USDA Registered Exhibition License **License #** _____
- USDA Licensed Exhibitor and any other required USDA licenses
- Most current USDA inspection report

D. Are any staff members under investigation for alleged violation of any wildlife regulations? Yes No

If yes, explain: _____

19. Security:

- A. Number and type of personnel: _____
(Private, employees, city or county police) Armed Unarmed
- B. Describe after-hours and off-season security plans: _____

- C. Are tranquilizer guns or dart guns loaned or taken off premises at any time? Yes No
If yes, describe: _____
- D. Describe any alarm system present, including burglary or theft prevention measures: _____

- E. Are guard dogs used? Yes No
If yes, explain procedure: _____

20. Enclosure System:

- A. Describe the primary enclosure systems for all habitats including patron separation distance/height
(attach sheet if necessary): _____

- B. Describe the general minimum specifications for all other primary enclosures: _____

- C. Describe the secondary enclosure system (premises perimeter fencing, etc.): _____

- D. Is there a separate performance area for animal acts? Yes No
If yes, describe the type of animals involved and how they are transferred to and from performance areas: _____

- E. Detail any breaches of any enclosure systems within the past five years: _____

21. Employees:

- A. Number of employees: Full-time: _____ Part-time: _____
If volunteers are used, explain their responsibilities: _____

- B. Explain employee training methods **(attach copy.)**

22. Loaned Animals:

A. Describe the written policy regarding loans to others (*attach copy.*)

B. Describe the written policy regarding loans to the institution (*attach copy.*)

C. Describe non-owned animals exhibited at the institution: _____

23. Animal Waste Treatment/Disposal:

A. Explain the procedures for waste removal, treatment and/or disposal: _____

B. Are all waste treatment/disposal permits obtained and ordinances complied with? Yes No

If no, explain in detail _____

24. Is "Hands On" activity for any of the following permitted?

A. Poisonous snakes (*except employee handlers*) Yes No

B. Adult male elephants (*over the age of 10*) Yes No

C. Horned Animals Yes No

D. Primates Yes No

E. Off premises exhibitions Yes No

Explain any "Yes" answers in detail, including safety measures used: _____

25. ADDITIONAL INFORMATION - PLEASE INCLUDE COPIES OF:

Column #1

- Institution map/diagram
- Animal loan agreement
- Sample copies of all contracts, including those described in application
- Amusement/Carnival ride description
- Detailed 4-year loss summary (including current year)
- Institution schedule, including special events, promotions, exhibitions
- Liquor license (if alcoholic beverages are sold)
- Ride inspection checklists

***(AZA Accredited Programs stop here.
Non-accredited programs continue to Column #2).***

Column #2

- All licenses/permits
- Venomous animal injury plan
- Patron/employee emergency evacuation plan
- Animal recapture plan
- Animal acquisition/disposal plan
- Employee training manual

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/YYYY)

Date (MM/DD/YYYY)



LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
2. Name Liquor License is in: _____
3. Liquor License Number: _____ Class of License: _____
4. Is coverage for a specific event? Yes No If yes, explain what kind of event, where event will be held and date of event(s). _____
5. Opening and closing hours of event(s) (for each event): _____
6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). _____
7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
 If yes, please explain: _____
8. Has applicant incurred claims for liquor liability during the last three years? Yes No
 If yes, please explain: _____
9. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No
 If yes, please explain: _____
10. Type of alcohol beverages sold: _____ What proof: _____

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
 If yes, what type? _____
13. Do you maintain security personnel at event entry check points? Yes No
 If yes, what type? _____
 Do they exercise the right of search and seizure of contraband items? Yes No
 If yes, how do they notify the public of this? _____
14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No
15. If site is completely enclosed, are minors allowed to enter? Yes No

(Continued on next page)

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

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

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)



P.O. Box 2338
 Fort Wayne, IN 46801-2338
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Workers Compensation Supplemental Application

General Information Current number of seasonal employees: _____

Percent of employee turnover in the last 12 months: Full time: _____ Part time: _____

If California, please provide the zip code with the highest exposure: _____

Benefits Group medical insurance? Yes No What percentage of employees are covered by the plan? _____%

Who is eligible? All employees Only full time Other: _____ CPR training provided? Yes No

Hiring Practices Check all that apply:

- Audio Testing
- Orthopedic Back Test
- Reference Check
- Validate Work History
- Criminal Background Check
- Pre/Post Employment Physical
- Substance Abuse Testing
- Written Application
- Formal Interview

Are written job descriptions provided? Yes No

Safety Designated full time safety director? Yes No Name: _____

Do you have a designated safety committee? Yes No Meeting frequency: Daily Weekly Monthly Annually

Does the safety committee present their findings to a management team? Yes No

What is reviewed by the safety committee during their meetings? _____

Safety meetings held for all employees? Yes No Frequency: _____

Safety training program in place for employees? Yes No

Safety incentive program? Yes No What is the incentive? _____

Slip & Fall prevention program? Yes No Proper lifting program? Yes No

Personal protective safety equipment provided? Yes No

Equipment safeguards utilized? Yes No Equipment inspection/maintenance program? Yes No

If yes, describe: _____

Hazardous materials communication program? Yes No Accident investigation program? Yes No

Are supervisors held accountable for injuries? Yes No

Management Does the insured have a return to work program? Yes No With full pay? Yes No

Written Informal Modified duty offered to injured employees? Yes No

Is the insured willing to implement safety recommendations made by the carrier? Yes No

Is the insured willing to implement loss control recommendations made by the carrier? Yes No

Premises Housekeeping/cleanliness at the jobsite Excellent Good Poor

Condition of equipment: Excellent Good Poor Proper safeguards? Yes No

Do employees perform maintenance and custodial work at your facilities? Yes No

If yes, are the employees responsible for housecleaning, laundry, cooking or yard work/landscaping? Yes No

If yes, do employees maintain the exterior?

Vehicle/Driving Exposure Is there a driver safety program? Yes No Are MVR's run? Yes No

How often?: _____ Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations: _____

Driving distance? _____ Frequency of driving? Daily Weekly Other _____

Number of company vehicles? _____ Number of employees authorized to operate company vehicles? _____

What is the purpose of the driving exposure? _____

Do more than 3 employees travel together in any one vehicle? Yes No

Vehicles inspection/maintenance program? Yes No

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

Applicant name: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in MN

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

Applicable in NJ

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

Applicable in OR

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

Applicable in VT

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

MARKEL FRAUD APPS (2024/01)

NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

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

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

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

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)