



SOCIAL CLUB

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 4/1/2026 through 3/31/2027

Higher liability limits available online at www.activityclubs-kk.com

PROGRAM DESCRIPTION

This program has been designed for U.S.-based clubs and groups conducting youth or adult non-sport activities. Coverage includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. For those clubs or groups specifically reported to and approved by us, covered operations consist of your scheduled, sanctioned, organized, and supervised activities in which the insured participates and that are directly related to the specific common interest or goal for which the club or group is formed. Coverage is also provided for member activities such as meetings, registrations, parades in which the insured participates, picnics, banquets and ceremonies. Coverage for activities not directly related to the club's common interest must be pre-reported and approved by us.

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

INELIGIBLE OPERATIONS

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

- Acrobatic or circus performing programs
- Addiction support groups
- Boys' and/or girls' clubs
- Boy Scouts or Girl Scouts
- Country clubs
- Dating clubs, programs, or organizations
- Daycare or adult before-and/or-after-school care operations, latchkey programs; babysitting or child-care clubs/programs
- E-gaming clubs or programs
- Faith-based or religious studies
- Fitness clubs
- Fraternities or sororities
- Groups under the direction of a professional counselor or therapist
- Historical battle re-enactment groups
- Homeowners associations
- Instruction in first aid, CPR or lifesaving/lifeguarding
- Nutritional and weight loss programs
- Political, activists, and/or governmental groups
- Programs dedicated to discipline, rehabilitation, or behavior modification
- Programs or activities involving animals
- Programs or activities that involve weapons or firearms
- School-accredited classes, programs, or clubs
- Senior centers
- Sports teams, leagues, or associations or sporting events/activities
- Vehicle owner clubs
- Veterans or military organizations (e.g.: American Legion, Elks, Moose, Knights of Columbus)
- Wine/beer/alcohol clubs

ELIGIBLE OPERATIONS

The following types of operations/programs are eligible for this insurance program. This is not a complete list of eligible operations/programs. If your type of operation/program is not listed, please contact us for eligibility.

- Amateur youth robotic or STEM clubs (grades 8 & below only)
- Art
- Bird watching
- Book clubs
- Calligraphy
- Collector clubs
- Cooking
- Craft making
- Cultural clubs
- Game or card (non-gambling)
- Garden
- Genealogy
- History
- Model train or model car clubs
- Needlework
- Peer support groups (no professional or licensed facilitators)
- Puppetry
- Scrapbooking

EASY WAYS TO ENROLL FOR COVERAGE

WEB

Receive coverage immediately by purchasing online at www.activityclubs-kk.com

OR

Submit this enrollment form, with payment, to us.

FAX

1-260-459-5502

MAIL

Regular	K&K Insurance Social clubs P.O. Box 2338 Fort Wayne, IN 46801-2338	Overnight	K&K Insurance Social clubs 1690 Broadway Building 19, Suite 110 Fort Wayne, IN 46802
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FOR SERVICE REQUESTS ONLY

E-MAIL

info@activityclubs-kk.com

QUESTIONS

Call 1-877-648-6404

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.

EXCLUSIONS

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

- Abuse, molestation, or exploitation (unless reported to, approved by us, and the appropriate premium paid)
- Amusement devices (e.g. rides, slides, inflatables, bungees, or dunk tanks)
- Any events or activities involving or promoting tobacco or cannabis
- Asbestos
- Bodily injury to participants while in a hired auto or non-owned auto
- Communicable disease
- Cyber incident, data compromise, and violation of statutes related to personal data
- Employment-related practices
- Events where the insured is required to hold a liquor license or permit
- Events or activities hosted, sponsored or organized by the insured that are open to the public
- Fireworks
- Gambling activities or events
- Haunted attractions
- Hiking on ungrouted trails or orienteering
- In or on water activities
- Multi-passenger vehicles
- Outside concessionaires and vendors in conjunction with your organization
- Operation, ownership, or management of any facility or premises, other than while being used for covered activities
- Operations listed as ineligible
- Room and board/camping liability
- Sexually transmitted disease
- The use of power tools, unmanned aircrafts, and combustion

COVERAGES AND LIMITS

Coverages	Option 1	Option 2
Commercial General Liability (CGL):	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 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
Bodily Injury to Participants Liability	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000
Hired Auto Liability and Non-owned Auto Liability (not available for clubs located in: IL, LA, UT, VT & WI)	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 2,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants (excess) \$100 per claim deductible applies	\$ 25,000	\$ 25,000
Rates (per member/participant)	\$ 3.19	\$ 4.27
Minimum Premiums	\$ 300.00	\$ 375.00

*** Higher liability limit options available for purchase immediately online at www.activityclubs-kk.com ***

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

COVERAGES AND LIMITS CONTINUED

Bodily Injury to Participants Liability – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities.

Professional Liability – provides protection against wrongful acts (negligent act, error, omission, or breach of duty in the discharge of covered activities) that occur under the operations of the insured.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a member/participant when an accidental injury occurs while participating in your covered activities. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim, and the benefit period is two years from the date of the accident.

Hired Auto Liability and Non-owned Auto Liability (not available for clubs located in: IL, LA, UT, VT & 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 the bodily injury to participants while in a hired auto or non-owned auto, or to the use of multi-passenger vehicle (designed to carry 9 or more persons), or to those vehicles that are rented, leased, hired, or borrowed on a long-term basis.

OPTIONAL COVERAGES AVAILABLE

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your club equipment, supplies and small portable storage units that you own 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 coinsurance 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 coinsurance penalty.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your club with our Social Club RPG Insurance Program.
2. Coverage cannot be extended to cover non-structural glass or permanent structures.
3. 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 Social Club RPG Insurance Program.

Total Value per Location	All States Applicants, except Hawaii Rates	Hawaii Applicants Rates	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$.033	\$.03	\$ 250	\$ 100.00
\$ 10,001 - \$ 100,000	\$.0286	\$.026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$.0286	\$.026	\$ 2,500	\$ 100.00

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

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

- Option 1: \$1,000,000 for each perpetrator with a \$1,000,000 aggregate 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. Limit is part of, and not in addition to, the the General Aggregate Limit of Insurance.
- Option 2: \$100,000 each claim with a \$100,000 aggregate limit 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, review, and approval from us of the underwriting questions on page 8.
2. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your club with our Social Club RPG Insurance Program.
3. Only one option may be purchased.

Options	Rates
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$0.43 Per member/participant (\$150.00 minimum premium)
Option 2 - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement	\$100.00 (Flat rate)

OPTIONAL COVERAGES AVAILABLE CONTINUED

Ancillary Activities / Events

Coverage excludes ancillary events and/or activities that you host, sponsor, or organize that are open to the public. Examples of such events and activities are auctions, banquets, and award ceremonies. Please contact us for additional information for coverage options available.

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. Our club has not held its registration and we are not sure how many members/participants we will have, how should I report my member/participant count?

You should report the maximum number of members/participants expected during the year. Additional members/participants must be reported to us in writing.

3. Our club is hosting an event involving outside members and/or attendees. Is coverage provided for this?

Coverage would not extend to this type of event or activity. Please contact us for additional information on available coverage options.

4. Does this coverage follow the members/participants wherever they go to participate?

Coverage will follow the reported members/participants as long as they are participating in scheduled, organized, and supervised activities that are directly related to the specific common interest or goal for which the club or group is formed, including events hosted by other organizations. Coverage does not apply to bodily injury to participants while in a hired auto or non-owned auto and to the use of the multi-passenger vehicles.

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

6. Do I have coverage for virtual training/instruction/activities?

Coverage does extend to incidental virtual training/instruction/activities provided by you (the named insured) to your members. The policy is intended to extend bodily injury coverage for training/instruction/activities available to your members only (through a private platform such as a password protected website or a closed Facebook group). Coverage does not extend to any training/instruction/activities material that is accessible to the general public.

Reasonable precautions should be taken when assessing potential new members online, including but not limited to: health assessments, waivers/release forms, and interviews prior to instruction or training. We encourage you to consult with an attorney to consider special waiver/release agreements that will apply specifically to virtual training.

Virtual training/instruction/activities does not extend to any training/instruction/activities that includes gymnastic apparatuses, tumbling, or stunting (including pyramids), or in-water activities. We do not provide coverage for cyber liability, so if you are taking payment or collecting personal information online and it is compromised, there would be no coverage under the general liability policy.



Enrollment Form Social Club Program

Valid for effective dates from 4/1/2026 through 3/31/2027

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 potentially 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:**
- 1. Complete all sections (print legibly)**
 - 2. Sign and date where required**
 - 3. Remit completed enrollment form (pages 5 - 14) with payment (page 15)**

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: _____

Insured contact name: _____ Insured phone: (_____) _____

Insured cell: (_____) _____ Insured e-mail: _____

Website: _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 11 for Consent for Electronic Transactions.)

DATES

Annual 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 club For-profit club

2. Type of organization:

Individual club or group

Association - **Please contact us for coverage options available.**

(An entity, usually not-for-profit, that exists to further a particular activity or program, to protect the public interest, and to protect the interests of the members/participants of that activity or program. A fee is typically charged to become a member, and formal rules and regulations are usually required and enforced.)

3. Are you reporting all participants that are a member of your club? Yes No

If no, does your club have coverage elsewhere?

If they do have coverage elsewhere, describe: _____

4. Select all types of activities or operations that are being conducted:

- | | | | |
|---|--------------------------------------|--|--|
| <input type="radio"/> Amateur youth robotic or STEM clubs (grades 8 & below only) | <input type="radio"/> Book club | <input type="radio"/> Game or card (non-gambling) | <input type="radio"/> Needlework |
| <input type="radio"/> Art | <input type="radio"/> Calligraphy | <input type="radio"/> Garden | <input type="radio"/> Peer support groups (no professional or licensed facilitators) |
| <input type="radio"/> Bird watching | <input type="radio"/> Collector club | <input type="radio"/> Genealogy | <input type="radio"/> Puppetry |
| | <input type="radio"/> Cooking | <input type="radio"/> History | <input type="radio"/> Scrapbooking |
| | <input type="radio"/> Craft making | <input type="radio"/> Model train or model car clubs | |
| <input type="radio"/> Cultural club | | | |
| <input type="radio"/> Other - subject to approval by us (please describe): _____ | | | |

BUSINESS INFORMATION CONTINUED

5. Does the named insured own or have 24-hour responsibility of a facility? Yes No
6. Do you host, sponsor, or organize any activities or events that are open to the public? Yes No
7. Do your club activities/operations include any of the following? Yes No
- Acrobatic or circus performing programs
 - Addiction support groups
 - Dating programs
 - Daycare or adult before-and/or-after-school care operations, latchkey programs, babysitting or child-care clubs/programs
 - Discipline, rehabilitation, or behavior-modification programs
 - E-gaming
 - Faith-based or religious studies
 - Groups under the direction of a professional counselor or therapist
 - Instruction in first aid, CPR, or lifesaving/lifeguarding
 - Nutritional and weight-loss programs
 - Programs or activities involving animals
 - Programs or activities that involve weapons or firearms
 - Professional advice
 - School-accredited classes, programs, or clubs
 - Sporting events/activities
8. Is your club one of the following? Yes No
- Boys' and/or girls' clubs
 - Boy Scouts or Girl Scouts club
 - Country club
 - Daycare center (child and/or adult care)
 - Fitness club
 - Fraternity or sorority
 - Historical battle re-enactment group
 - Homeowners association
 - Political, activist, and/or governmental group
 - Senior center
 - Sports team, league or association
 - Vehicle owner club
 - Veterans or military organization
 - Wine/beer/alcohol club

The exposures/activities listed above are not eligible under this program. If you wish to cover any of these activities, please contact us to determine if other coverage options are available.

9. 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 more than \$5,000 in claims? 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

Premium is determined by applying the appropriate rate for the coverage option selected to each individual member/participant and is subject to the minimum premium. Please select only one limit option to apply to all activities or operations. All of your members/participants are required to be included in the premium calculation, and a list/roster may be requested as verification.

Check here if a higher liability limit is needed. Limit requested: \$ _____

Higher liability limit options are available immediately online or by contacting us.

Options	Option 1		Option 2	
	\$1,000,000 CGL	\$25,000 Med Pay	\$2,000,000 CGL	\$25,000 Med Pay
Rates (per member/participant)	\$ 3.19		\$ 4.27	
Minimum Premiums	\$ 300.00		\$ 375.00	

Activity/Operation	Coverage Option	Number of Members/Participants	X	Rate	=	Premium
			X	\$	=	\$
			X	\$	=	\$
Premium (add all lines above)					\$	
Minimum Premium: Please enter your minimum premium					\$	
Premium Due: If the total calculated premium is less than the minimum premium, the total premium due will be the minimum premium					\$	

OPTIONAL COVERAGES PREMIUM CALCULATION

Equipment and Contents Coverage (Inland Marine)

TO AVOID A COINSURANCE 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)

Club equipment/supplies (such as activity material and/or equipment)	\$ _____
Portable units (not permanent structures)	\$ _____
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 will be the minimum premium)

Equipment and Contents Premium			
<input type="radio"/> My total replacement value is between \$1 – \$10,000 (\$250 deductible will apply)			
Rates: All States Applicants, except Hawaii = \$.033		Hawaii Applicants = \$.03	
\$ _____	x \$ _____	= \$ _____	\$ _____ (C)
Rate	Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)
<input type="radio"/> My total replacement value is over \$10,000 (\$10,001 - \$100,000 value = \$1,000 deductible and \$100,001+ = \$2,500 deductible)			
Rates: All States Applicants, except Hawaii = \$.0286		Hawaii Applicants = \$.026	
\$ _____	x \$ _____	= \$ _____	\$ _____ (C)
Rate	Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

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/Independent Contractors" means someone, including parent volunteers, who exerts control over or supervises participants.

2. Have any claims, allegations, convictions, 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, or 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, do they include:

- How to recognize the signs of abuse and molestation Yes No
- All known, alleged, or suspected abuse incidents must be reported to law enforcement Yes No
- Procedures are provided or available to all paid and volunteer staff, and sanctioning governing body members Yes No
- No one-on-one situations allowed without visibility by others Yes No
- A supervision plan to monitor all participants at the facility/event site that also prevents access to secluded areas such as closets, unsupervised rooms, etc. Yes No
- A policy regarding appropriate and inappropriate physical contact, verbal interaction, and electronic communications with children during and outside of regularly scheduled business activities 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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are employee/volunteer/independent contractor applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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
Are background checks provided by a third-party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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

Please explain any "No" responses to questions asked in #5: _____

6. Calculate premium

<input type="radio"/> Option 1 Sexual Misconduct Liability (defense within limits) \$250,000 each "Insured Event" limit/\$1,000,000 aggregate						
Rate	X	Number of Members/Participants (from page 6)	=	Premium	Minimum Premium	Total Sexual Misconduct Premium (The greater of Premium or Minimum Premium)
\$0.43	X		=	\$	\$150.00	\$
<input type="radio"/> Option 2 - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement					\$100.00 (E)	

NOTE: Sexual abuse or sexual molestation coverage does not extend to open-to-the-public ancillary activities/events.

TOTAL COST SUMMARY

Program Premium (from page 6)	\$	(A)
OPTIONAL COVERAGES:		
Equipment and Contents Premium (from page 7)	\$	(B)
Sexual Abuse/Sexual Molestation Premium: (from page 8) <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$	(C)
Premium Subtotal (A + B + C)	\$	(D)
Risk Purchasing Group Administration Fee (Required)	\$ 20.00	(E)
Total Cost Due (D + 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)
 Ancillary Activity Coverage

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.

If applicable:

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 incomplete or inaccurate names 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 optional coverage is reported to, approved by us, and appropriate premium paid); Activities or events hosted, sponsored, or organized by the insured that are open to the public; 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; Events where the insured is required to hold a liquor license or permit; Fireworks; Fungi or bacteria; Gambling activities or events; Hiking on ungroomed trails or orienteering; In or on water activities; Lead; Multi-passenger vehicles; Nuclear energy; Operation, ownership, or management of any facility or premises, other than while being used for covered activities; Outside concessionaires and vendors in conjunction with your organization; Room and board/camping liability; 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 or any device that is specifically designated for the training or instruction of the activity for which you are enrolled; Animal; Bungee; Dunk tank; Haunted attraction; Performer; Rodeo; Saddle animal; Snowmobile; The use of power tools, unmanned aircrafts, and combustion; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Transportation of participants; Unmanned aircraft; Those operations listed as ineligible: Acrobatic and circus skills performing programs; Addiction support groups; Boys' and/or girls' clubs; Boy or Girl Scouts; Country Clubs; Dating clubs, programs or organizations; Daycare or adult before-or-after-school care operations; Latchkey programs; Babysitting or child-care clubs or programs; E-gaming clubs or programs; Faith-based or religious studies; Fitness clubs; Fraternities or Sororities; Groups under the direction of a professional counselor or therapist; Historical battle re-enactment groups; Homeowners associations; Instruction in first aid; CPR or life-saving/lifeguarding; Nutritional and weight loss programs; Political, activist, and/or governmental groups; Programs dedicated to discipline, rehabilitation, or behavioral modification; Programs or activities involving animals; Programs or activities that involve weapons or firearms; School-accredited classes, programs or clubs; Senior centers; Sports teams, leagues or associations or sporting events/activities; Vehicle owner clubs; Veterans or military organizations; Wine, beer, or alcohol clubs

ATTENTION AGENTS

Agents, you must complete the warranty section below. Enrollments cannot be accepted unless this section is completed.

Agency name: _____ Agent/contact name: _____

Agency complete mailing address: _____
Address City State Zip

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

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

I understand there are no commissions included in this program unless purchased online at www.activityclubs-kk.com.

A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us.

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

With the exception of business being placed on a direct bill basis where the producer collects no premium whatsoever, the producer is liable for any uncollected amount due once business is bound at the request of the producer. Producer agrees that once coverage is bound at the request of the producer, all premiums, fees and taxes are due for the policy term or short rate period or pro rata period, as may be applicable, are due and payable, and such premiums are fully earned by the insurance carrier. Producer agrees to pay all invoices timely as set forth in the invoice instructions when premium is due. With respect to return premiums, producer will return commission at the same rate and on the same basis upon which the business was placed with Affinity and/or its Affiliates, including but not limited to, return premiums on cancellations or reductions ordered and return premiums payable as a result of amended policy terms. All premiums net of commission collected by the producer are premium trust funds and the property and the applicable insurance carrier and shall be deposited by producer in a separate trust account.

By signing this proposal or application, I represent and warrant I have authority to sign on behalf of the producer and producer represents and warrants it shall not solicit, sell or bind any product unless it maintains, and will maintain, all individual, corporate or agency licenses or permits required to conduct insurance business in the state coverage is being written and to receive commission. Failure to acquire or maintain required licenses can result in forfeiture of commission. I further represent and warrant that the producer currently maintains, and will maintain, errors and omissions insurance with a minimum limit of \$1,000,000. If requested, evidence of coverage or licensing will be provided of all the above-mentioned items.

Agent signature: _____ **Date:** _____

PLEASE READ AND COMPLETE THE BELOW
if you do not wish to receive documents via email and prefer another method of document delivery

Consent for Electronic Transactions

The Electronic Signatures in Global and National Commerce Act 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.

As part of your participation in this program you will receive all documentation, including but not limited to, the insurance quotes, policies, certificates, endorsements, and invoices (if applicable), by electronic means. If permitted by your state, you may also receive conditional renewal notices, cancellation, or non-renewal notices via electronic delivery.

To obtain, download, and view all policy documentation electronically you must have the following hardware or software in place.

- A personal computer capable of receiving, accessing, and displaying or printing or storing communications and documents received in an electronic form.
- Adobe PDF Reader version
- System requirements: OC: Windows 7 or higher, Internet Explorer v11 or higher, Firefox v45.7 or higher, Chrome v40 or higher; OS: Mac OS x 10.9 or higher, Safari 9.0 or higher, Firefox v45.7 or higher, Chrome v40 or higher.

By agreeing to receive documents electronically, you are affirming that your computer system meets the hardware and software requirements for receiving all related documents. If documents are provided through a website or portal, you should download and store all such documents. For persons who receive electronic documents via email, these documents will be delivered to the email address on file. Upon receipt of your emailed documentation please save a copy on your own device.

You agree to notify us promptly if your mailing address, e-mail address or other delivery information changes by calling 800-637-4757 or mailing us at K&K Insurance, P.O. Box 2338, Fort Wayne, IN, 46801-2338. We will endeavor to provide a notice to you in the event of any changes regarding hardware or software requirements necessary to receive documents and other related documents electronically. However, it is your duty to notify us if you are unable to access the documentation made electronically available to you.

We may at our sole discretion discontinue availability of electronic delivery at any time, without further notice to you. At any time, you may request a paper copy of your documents in lieu of electronic delivery. You may withdraw your consent to receive electronic documentation by sending a request in writing to us at K&K Insurance, P.O. Box 2338, Fort Wayne, IN, 46801-2338. Until receipt of such withdrawal, you will continue to receive all documentation electronically.

This consent is voluntary, by accepting, you signify that you consent to these terms of electronic document delivery via email or other electronic media in connection with your insurance documents, whether such delivery is made on its own behalf and/or on behalf of an organization or other third party. You further represent and warrant that if consenting on behalf of an organization or third party, you have the requisite authority to provide such consent, and that you and the organization have the requisite hardware and software to receive and acknowledge receipt of electronically delivered Documents.

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.

I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES.

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

- Fax to: _____ Attn: _____
- Mail to: _____ Attn: _____

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)

DISCLOSURE INFORMATION

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, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of any fee charged 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 on any alternative quotes presented to the purchaser by the producer, by emailing a written request to warranty@kandkinsurance.com.

Premiums paid by clients to K&K for remittance to insurers and any funds 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. In addition to retail commissions, K&K and its affiliates may receive additional forms of compensation from insurers and third parties including but not limited to: contingencies, overrides, bonus commissions, national additional commissions, wholesale commissions, subscription market brokerage charges, referral fees and/or administrative expense reimbursements. This revenue is in addition to and shall not be credited against a fee or any other compensation earned hereunder.

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 a "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 Client Group Member 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 plc, 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 <https://www.aon.com/about-aon/corporate-governance/guidelines-policies/market-relationship> for more information.

READ AND SIGN

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.

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE ONCE COVERAGE BEGINS (may vary by state).

Applicant business name (from page 5): _____

Applicant or agent signature: _____ Date: _____

Printed name: _____ Title: _____

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

By selecting 'Yes' and typing my name above, I am electronically signing the application and agreeing to the terms and conditions stated in the K&K Consent for Electronic Transactions. 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.

Yes No

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

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE ONCE COVERAGE BEGINS
(may vary by state).

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.

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 (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819). K&K is acting as a Managing General Agent as that term is defined in section 626.015(14) of the Florida Insurance Code. As an MGA we are acting on behalf of our carrier partner.

PAYMENT OPTIONS

This program is 100% fully earned at inception. Premium finance payments cannot be accepted, unless the premium finance company agrees to the 100% fully earned premium.

Submit a completed enrollment (including signed Representation Statement) and payment via one of the options below.

Applicant business name: _____ Effective date: _____

PAY BY ACH (Bank Account): THIS OPTION IS ONLY AVAILABLE FOR PURCHASES MADE 15 DAYS OR MORE PRIOR TO THE EFFECTIVE DATE.

• **E-mail** info@activityclubs-kk.com

or

• **Fax** 1-260-459-5502

I (we) authorize K&K Insurance Group to initiate a single electronic debit from the account shown below and have attached a voided copy of the check.

Name on bank account: _____ Bank name: _____

Draft amount: \$ _____ Checking or Savings

Bank routing number* _____ Bank account number* _____

*See below for an explanation of where to locate these two sets of numbers on your bank check.

Date: _____

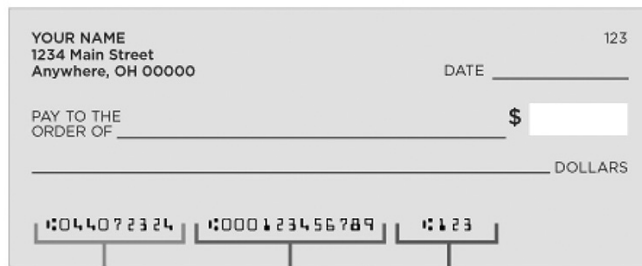
Authorized signature(s) - (Not required if authorization by phone by K&K.)

Date: _____

Authorized signature(s) - (Not required if authorization by phone by K&K.)

EXPLANATION OF CHECK NUMBERS

1. Bank routing number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



PAY BY CHECK: (Payable to K&K Insurance Group)

• **Mail** Regular K&K Insurance
Social Clubs RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight K&K Insurance
Social Clubs RPG Program
1690 Broadway, Suite 110 Building 19, Suite 110
Fort Wayne, IN 46802

PAY BY CREDIT CARD:

• **Fax only** 1-260-459-5502

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: (____) _____

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