MOTORSPORTS RACE SHOP AND RACE TEAM INSURANCE

Eligible Operations:

Including but not limited to:

- Drivers
- Race shops
- Race teams
- Racing associations
- Racing service & repair shops
- Show car exhibitions

Additional Products:

Auto/Shop Liability

Contingency/Prize Indemnity

Contractual Indemnity

Disability Income For Crew Chiefs & Drivers

Employment Practices Liability

Ocean Marine

On Track Crash Damage (for certain classes)

Participant Accident for Tuning & Testing

Products Liability

Workers' Compensation

Key Underwriting/Qualifying Factors

Including but not limited to:

Race Teams
minimum premium - $500
Owners & Sponsors
as low as $1,000
Off-track & Storage
minimum premium - $500

Ineligible for this program:

- Hospitality/catering risks must be related to racing exposure only

Note: For more underwriting information see individual program sheets for Racing Owners & Sponsors Liability and Off-track & Storage.

Race teams, drivers, and race shops know that K&K Insurance has been the go-to for motorsports insurance for over 70 years, providing commercial property and casualty insurance solutions for the motorsports industry.

Coverages Available & Program Highlights:

General Liability
- Liability Provided While Away From Premises
- Incidental Products Coverage for Promotional Operations/Souvenir Sales

Excess Liability

Participant Accident for tuning and testing

Business Auto Including Transporters

Garage Keeper's Legal Liability

Building & Business Personal Property

Broadened Coverage Enhancement for Property

Business Income and Extra Expense

Crime

Cyber Risk ($25,000 sublimit)

Electronic Data Processing Equipment

Workers' Compensation

Contingency and Prize Indemnity

Contractual Indemnity

Disability Income for drivers and crew chiefs

Employment Practices Liability

Ocean Marine

On-Track Crash Damage (for certain classes)

Products Liability

Insuring the world's fun®

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Motorsports Programs for over 70 years
- Attendance at industry conventions including RPM Promoters Workshops, Performance Racing Industry Trade Show (PRI)
- Active industry involvement through sanctioning bodies, racing associations and event attendance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

Contact Information:

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

Race Team Program

PHONE: **800.348.1839**
FAX: **260.459.5102**

EMAIL:
KK.Motorsports@kandkinsurance.com

WEB SITE:
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 and submit as directed in the application. Coverage is subject to underwriting, may not be available to all applicants in all states, and may vary by state. It is important to carefully review the terms and conditions of any insurance quotation. Please contact a K&K representative if you have any questions.

Preliminary Underwriting Information Required:

- K&K Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs

For Workers' Compensation

- Five years of company loss runs (including current year)
- Experience Modification Worksheet

Race Teams Application(s):

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

K&K Application(s)

- Race Team Supplemental
  (use in conjunction with ACORD General Applicant Information)
- Motorsports Racing Owners & Sponsors Liability Application (if needed)
- Motorsports Off-track & Storage Application (if needed)

ACORD Application(s)

- Commercial Insurance
- Property
- Electronic Data Processing
- Inland Marine
- Crime
- Commercial General Liability
- Commercial Auto
- Garagekeepers Legal Liability
- Excess Liability
- Workers' Compensation

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(800) 348-1839 Fax (260) 459-5102
www.kandkinsurance.com
California License #0334819

MOTORSPORTS RACING OWNERS & SPONSORS LIABILITY

APPLICANT INFORMATION

❑ Racing Team ❑ Racing Sponsor

Name of Insured (as it will appear on policy):_____

Doing Business as:_____

Years in business:_____ Years of racing experience:_____

Insured is: ❑ Corporation ❑ Partnership ❑ Joint venture ❑ Other:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Street Address (if different than mailing address):_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____ Website:_____

Contact Person:_____ Email:_____

Person is: ❑ Owner ❑ Promoter ❑ Agent ❑ Other:_____

Daytime Phone:_____ Evening Phone:_____ Fax:_____

Name of Agency/Brokerage:_____

Contact Person:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____ Email:_____

COVERAGE INFORMATION

Policy term requested: From:_____ To:_____

1. Liability Limits: ❑ 1,000,000 ❑ 2,000,000 ❑ 3,000,000 ❑ 4,000,000
   ❑ 5,000,000 ❑ 10,000,000 ❑ Other*_____ **Agent, Please attach Acord umbrella*
2. Sanctioning Body:_____ Classification:_____
3. Number of competition vehicles entered for team/sponsor in each race event:_____ Estimated Number of Events:_____
4. Schedule of Racing Events **-REQUIRED-** please attach:_____
5. Driver(s) Name(s):_____ Drivers Age:_____
   Racing Experience:_____
6. Additional Insured(s) to be listed on policy: **(If additional space is needed, please list and attach a separate sheet.)**

[Sponsor(s), Owner(s), Driver(s)]	Relationship to Team

7. Describe any Racing/Owners Sponsors Liability claims in past 5 years_____

PLEASE SEND INFORMATION ON THE FOLLOWING COVERAGES:

❑ **Off-Course & Storage –** All perils protection while the competition vehicle and the race equipment are being transported and/or stored.

❑ **Race Team Coverages –** General Liability, Building, Contents, Business Auto including Tractors/Trailers, other business related insurance coverages.

❑ **Primary Testing Coverage**

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, Indiana 46801-2338
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License #0334819

MOTORSPORTS OFF-TRACK & STORAGE APPLICATION

Effective Date of Coverage:_____

1. Full Name of Insured as it is to appear on policy:_____

   Doing Business as:_____

   New venture? ❑ Yes ❑ No Date business started:_____

   Mailing Address:_____

   City:_____ State:_____ Zip:_____

   Contact Person:_____ Title:_____

   Daytime Phone: (_____)_____ Evening Phone:(_____)_____

   Fax: (_____)_____ E-mail:_____

   Website:_____

2. Name of Agency (if applicable):_____

   Agent/Broker/Contact Name:_____

   Mailing Address:_____

   City:_____ State:_____ Zip:_____

   Daytime Phone: (_____)_____ Evening Phone:(_____)_____

   Fax: (_____)_____ E-mail:_____

3. Name(s) of driver(s) on all towing vehicles/transporter:

Driver's Name	Date of Birth	License #	State Issued In

4. Sanctioning body: Racing class:

5. Prior carrier information (new business only) - **(SUBMIT HARD COPY OF LOSS RUNS)**

Year	Company	Limit of Insurance	Losses	Premium

UNDERWRITING CRITERIA

1. BUILDING

a. PRIMARY storage location address:

_____

City:_____

State:_____ Zip:_____

b. Construction: ❑ Wood Frame ❑ Metal Frame
❑ Concrete Block ❑ Poured Concrete/Steel
❑ Fire Resistive ❑ Other_____

c. Age of building:_____

(If over 20 years old, please complete Building Improvements Section)

d. How far to nearest hydrant:_____

e. How far to nearest fire station:_____

f. In which type of area is the building located:
❑ Commercial ❑ Retail ❑ Residential ❑ Rural

g. How many doors?_____ Locked? ❑ Yes ❑ No

h. How many windows?_____ Locked? ❑ Yes ❑ No

i. Does building have burglar alarm? ❑ Yes ❑ No

j. If yes,is it monitored by outside alarm company? ❑ Yes ❑ No

k. Type of alarm:_____

l. Is there a sprinkler system? ❑ Yes ❑ No

m. Is there a smoke alarm? ❑ Yes ❑ No

n. If yes,is it monitored by outside alarm company? ❑ Yes ❑ No

o. Type of alarm:_____

p. Are flammables stored in garage? ❑ Yes ❑ No

q. If yes, please list and describe precautions taken to reduce chance of fire:_____

_____

a. SECONDARY storage location address (if applicable):

_____

City:_____

State:_____ Zip:_____

b. Construction: ❑ Wood Frame ❑ Metal Frame
❑ Concrete Block ❑ Poured Concrete/Steel
❑ Fire Resistive ❑ Other_____

c. Age of building:_____

(If over 20 years old, please complete Building Improvements Section)

d. How far to nearest hydrant:_____

e. How far to nearest fire station:_____

f. In which type of area is the building located:
❑ Commercial ❑ Retail ❑ Residential ❑ Rural

g. How many doors?_____ Locked? ❑ Yes ❑ No

h. How many windows?_____ Locked? ❑ Yes ❑ No

i. Does building have burglar alarm? ❑ Yes ❑ No

j. If yes,is it monitored by outside alarm company? ❑ Yes ❑ No

k. Type of alarm:_____

l. Is there a sprinkler system? ❑ Yes ❑ No

m. Is there a smoke alarm? ❑ Yes ❑ No

n. If yes,is it monitored by outside alarm company? ❑ Yes ❑ No

o. Type of alarm:_____

p. Are flammables stored in garage? ❑ Yes ❑ No

q. If yes, please list and describe precautions taken to reduce chance of fire:_____

_____

Building Improvements

❑ Wiring Date:_____
❑ Plumbing Date:_____
❑ Heating Date:_____
❑ Roofing Date:_____
❑ Other_____ Date:_____

Building Improvements

❑ Wiring Date:_____
❑ Plumbing Date:_____
❑ Heating Date:_____
❑ Roofing Date:_____
❑ Other_____ Date:_____

2. COMPETITION/SHOW VEHICLE & EQUIPMENT

a. Will insured vehicle(s) ever be loaned to or rented to others? ❑ Yes ❑ No
If yes, explain:_____

b. Are competition vehicles licensed for public road use? ❑ Yes ❑ No

c. Will insured equipment be used for non-racing activities? ❑ Yes ❑ No

d. if Yes, explain_____

3. TRAILER

a. Is insured vehicle, and/or equipment permanently stored in/on trailer? ❑ Yes ❑ No
if yes, where is trailer stored? ❑ Inside primary storage location ❑ Outside ❑ Other_____

b. Type of trailer? ❑ Open ❑ Enclosed

c. Is the trailer equipped with an alarm system? ❑ Yes ❑ No

4 Will insured equipment ever be stored away from the track or storage location overnight? ❑ Yes ❑ No
if Yes, please describe any additional security measures taken:_____

5. ADDITIONAL UNDERWRITING

List any other precautions that have been taken to reduce loss to insured items:_____

_____

6. If you live in a coastal, hurricane area, do you have a written evacuation plan to move your equipment inland or inside a building at your primary storage location? ❑ Yes ❑ No
if Yes, please describe briefly:_____

_____

INVENTORY SCHEDULE

1. Competition Vehicle /Race Car Chassis (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

2. Engines	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

3. Show Cars (list value excluding engine)	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

4. Equipment (tools, spare parts, etc.) *LIST ALL ITEMS OVER $2,500*	Serial Numbers or Identifying Marks (REQUIRED)	Replacement Value

5. Unscheduled Miscellaneous Equipment *(NOT LISTED ABOVE)* please list total value $_____

INVENTORY SCHEDULE
(Continued)

6. Souvenir Inventory/Merchandise	Insured Value (replacement value)

7. Trailers	Serial Numbers or Identifying Marks (REQUIRED)	Insured Value (replacement value)

8. Motorhomes *AVAILABLE FOR MOTORHOMES VALUED OVER $150,000 ONLY*	Serial Numbers or Identifying Marks (REQUIRED)	Insured Value (replacement value)

9. Desired Deductibles:

Competition Vehicle/Chassis	❑ $1,000	❑ $2,500	❑ $5,000	❑ $10,000	❑ Other $_____
All other items	❑ $1,000	❑ $2,500	❑ $5,000	❑ $10,000	❑ Other $_____
Trailers and Motorhomes	❑ $1,000	❑ $2,500	❑ $5,000	❑ $10,000	❑ Other $_____

10. Loss Payee: *(if other than named insured)*

Name:_____ Contact Name:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phone: (_____)_____ Fax:(_____)_____

Please identify item(s):_____

_____

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 Date

K&K INSURANCE
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www.kandkinsurance.com
CA# 0334819

RACE TEAM SUPPLEMENTAL QUESTIONNAIRE

Use in conjunction with Acord General Liability & Automobile applications

1. Under the named insured on your application, do you engage in any business operations, other than your race team? ❑Yes ❑No
   If yes, please respond to the following:
   Description of operations:_____

   Name(s) under which the business operates: Please list the carrier(s) that provides coverage:

2. Do you manufacture, sell, lease and/or rent vehicles, engines or related parts or equipment? ❑Yes ❑No
   If yes, please respond to the following:
   Description of operations:_____

   Please list the carrier(s) that provides coverage:_____

3. Do you service or repair vehicles or equipment other than your own? ❑Yes ❑No

   If yes, please respond to the following:
   Description of operations:_____

   Please list the carrier(s) that provides coverage:_____

4. Do you use any of the vehicles included on your auto application for any
   other business that you operate, other than your race team? ❑Yes ❑No
   If yes, please describe below, including which vehicles, the name the vehicle is titled to and an explanation of vehicle use._____

PLEASE NOTE: ***Our Race Team policies exclude Products and Completed Operations Coverage for Customer Repair Shop exposures. K&K has a Products Liability Department that specialize in placing coverage for fabricators, engine builders and similar types of operations. Please contact us at 260-459-5801 for additional information.***

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)

K&K INSURANCE
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Fort Wayne, Indiana 46801
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CA #0334819

UTILITY TASK VEHICLE UNDERWRITING GUIDELINES

for those Operated by your Staff Members in Public Areas

Utility Task Vehicles:
- Golf Carts
- Utility Vehicles
- 4-Wheelers
- All-Terrain Vehicles
- Gators
- Quad Bikes

The following guidelines have been established as minimum requirements for the operation of your Utility Task Vehicles while operated by your employees or volunteers where members of the public are present:

1. **Operator Procedural Standards:**
   - A. Only authorized personnel who have completed training are permitted operators.
   - B. Operators must hold a valid driver's license.
   - C. Operators must be at least 18 years old.
   - D. Operators must complete annual refresher training on vehicle safety.

2. **Pre-Operation Inspection Procedural Standards:**
   Operators must conduct a pre-operation inspection, checking the following items. Defects should be reported immediately, and the vehicle should not be used until repairs are completed.
   - A. Brakes, tires, and steering functionality.
   - B. Battery charge/fuel level.
   - C. Lights, horn, and mirrors (if equipped).
   - D. Proper seating and secure cargo.

3. **Staff training to include the following procedural elements:**
   - A. **Safe Operation Standards:**
     - Obey posted speed limits (recommended: 10-15 mph).
     - Reduce speed in congested areas, sharp turns, and uneven terrain.
     - Yield to pedestrians and other vehicles.
     - Do not operate a vehicle under the influence of alcohol, drugs, or medications that impair ability.
     - Hands and feet should remain inside the vehicle at all times.
     - Avoid reckless driving
     - Avoid sharp turns when possible (Sharp left turns have been the cause of numerous passenger ejections)
     - Consider using only vehicles with front-facing seats (those with rear-facing seats pose a higher risk of falls).
     - Do not park vehicles where they will block emergency vehicles/equipment.
     - Only vehicles with headlights should be used after dark.
     - Do not back up without looking to see what is behind the vehicle.
     - Avoid texting while operating the vehicle. Pull over and stop if cell phone use is necessary.
     - Remove keys when not in use.
   - B. **Passenger & Load Safety:**
     - Do not exceed the manufacturer's recommended capacity.
     - All passengers should be seated prior to the vehicle being in motion and while it is in motion.
     - Do not overload the vehicle; distribute weight evenly.
     - Secure cargo to prevent shifting during operation.
   - C. **Designated Pathways & Parking:**
     - Use designated paths whenever possible.
     - Do not drive on sidewalks or pedestrian walkways unless authorized.
     - Park only in designated areas and engage the parking brake when stopped.
     - Do not leave the key in an unattended vehicle.

D. **Weather Conditions:**
- Avoid operation in heavy rain, strong winds, or icy conditions.
- Reduce speed on wet or slippery surfaces.
- If lightning is present, discontinue use and seek shelter.

E. **Accident & Emergency Procedures:**
- Immediately report any accident, injury, or equipment malfunction to management.
- In case of an accident, do not move the vehicle unless necessary for safety.
- Contact emergency services (911) for serious injuries.

F. **Maintenance & Storage:**
- Vehicles must be regularly maintained according to manufacturer guidelines.
- Report any mechanical issues to maintenance.
- Store vehicles in designated locations, ensuring they are secured to prevent unauthorized use.

NOTE: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive approval for the exception from K&K.

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 & correct.

Applicant's Signature	Producer's Signature (if applicable)
Applicant's Name (print)	Producer's Name (print)
(MM/DD/YY)	(MM/DD/YY)

MANDATORY SIGNATURE SUPPLEMENT

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

Applicant name:_____

FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or 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.

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

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