MOTORSPORTS EVENTS AND CAR CLUBS

Eligible operations:

Clubs

- Automotive Clubs
- Autocross
- Business Meetings
- Caravans
- Concours
- Gymkhanas
- Parade Participants
- Poker Runs
- Rallies
- Slaloms
- Social Functions
- Tours
- Other "one-car-at-a-time" events

Events

- Boat racing
- Demo derbies
- Drag racing
- Monster Truck events
- Motorcycle racing
- Oval track racing
- Racing associations
- Ride & Drive events
- Road course events
- Snowmobile competitions

Ineligible operations:

Clubs

- Wheel-to-wheel racing
- Boating risks
- Hill climbs
- Drifting

Events

- Noncompetitive participation facilities (i.e., go-kart concession tracks, off-road vehicle parks, mud parks)
- Drag boat racing

K&K is the go-to for motorsports insurance, providing commercial property and casualty and accident and health solutions designed to address the unique risks of the motorsports industry for over 70 years. Get on the right track with insurance for motorsports event promoters and car clubs crafted by our experienced underwriters.

Coverages Available & Program Highlights:

Clubs

General Liability
- Broadened Coverage Form
- Separate Bodily Injury to Participants Limit (for motorized events, waivers required)
- Official Vehicle Physical Damage
- Motorsports Errors and Omissions
- Fireworks Liability
- Cyber Risk ($25,000 sublimit)
- Products Liability (food and beverage)
- Host Liquor Liability
- Customized motorsports policy language
- Additional insureds (including officials, car owners, drivers, pit crews, sponsors, persons or organizations operating, managing, sanctioning, sponsoring, or providing the premises for competitive covered programs)

Participant Accident
- Accidental Death and Dismemberment Benefit
- Accident Medical Benefit (available on Excess or Primary Basis)
- Temporary Total Disability-Weekly Accident Income Benefit
- Volunteer-Accident Medical Coverage for Motorsport Volunteers Property

Inland Marine
Crime
Commercial Auto
Liquor Liability
Excess Liability
Workers' Compensation

Events

General Liability
- Broadened Coverage Form
- Separate Bodily Injury to Participants Limit (for motorized events, waivers required)
- Official Vehicle Physical Damage
- Motorsports Errors and Omissions
- Fireworks Liability
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- Products Liability (food and beverage)
- Host Liquor Liability
- Customized motorsports policy language
- Additional insureds (including officials, car owners, drivers, pit crews, sponsors, persons or organizations operating, managing, sanctioning, sponsoring, or providing the premises for competitive covered programs)

Contact Information:

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

Motorsport Events and Car Clubs

PHONE: **800.348.1839**
FAX: **260.459.5118**

EMAIL:
KK.Motorsports@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)

Submission Instructions:

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

Preliminary Underwriting Information Required:

- K&K Application(s) (see below)
- Five years of company loss runs
- Completed ACORD applications for other requested coverages
- Copy of contracts where insured assumes liability of others

Independent Club Application(s):

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

K&K Application(s)
- Motorsports Independent Car Club ICEL Application
- Motorsports Independent Motorcycle ICEL Application

ACORD Application(s)
- Property
- Commercial Auto
- Crime
- Inland Marine
- Excess Liability

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.

Insuring the world's fun®

GENERAL APPLICATION

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

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Location Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Contact Person: _____

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

Day Phone: (_____) _____ Night Phone: (_____) _____ Fax: (_____) _____

E-mail Address: _____

Web Site Address: _____

Name of Agency/Brokerage (if applicable): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Fax: (_____) _____ E-mail address: _____ Tax ID: _____

Nature of operations/description of event: _____

_____

Insured is: ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ Other (explain):
❑ Limited Liability Corporation

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

Estimated number of events: _____

COVERAGE INFORMATION

Check the type of coverage and indicate the limits desired:

❑ General Liability
- ❑ Primary _____
- ❑ Excess _____
- ❑ Legal Liability To Participants _____

❑ Participant Accident and Health **(Applicable only to Motorsports)**
- ❑ AD&D _____
- ❑ Primary Medical _____
- ❑ Excess Medical _____
- ❑ Weekly Disability Income _____

❑ Property Casualty
- ❑ Property _____
- ❑ Inland Marine _____
- ❑ Auto _____

❑ Workers' Compensation

❑ Other: _____

_____

UNDERWRITING INFORMATION

1. Has this type of insurance ever been: ❑ Cancelled ❑ Declined ❑ Non-renewed If so, please explain. (Not applicable in Missouri). _____

   _____

2. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?
   ❑ Yes ❑ No If yes, please explain. _____

   _____

3. As respects your operation(s), do you enter into any contracts? ❑ Yes ❑ No If yes, what contracts do you enter into?

   _____

   _____

   a. Does the Named Insured assume liability for the other party? ❑ Yes ❑ No
      PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
   b. Does the other party assume the Named Insured's liability? ❑ Yes ❑ No
      PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
   c. Does each party assume its own liability? ❑ Yes ❑ No

4. Who reviews the contracts prior to signing?
   ❑ Corporate Officers ❑ Counsel ❑ Other (please explain) _____

5. For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured.

	CERTIFICATES (Provide copies.)	LIMITS	ADDITIONAL INSURED
Food Concessionaires	_____	_____	_____
Vendors/Exhibitors	_____	_____	_____
Contractors/Others	_____	_____	_____

6. Is a K&K approved Waiver and Release form read and signed by all persons entering a restricted area prior to entry? **(Applicable only to Motorsports)** ❑ Yes ❑ No

PRIOR CARRIER INFORMATION (NEW BUSINESS ONLY)

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

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)

1097 10/03

K&K INSURANCE
P.O. Box 2338
Fort Wayne, IN 46801-2338
(800) 348-1839 Fax (260) 459-5118
www.kandkinsurance.com
CA# 0334819

PERMANENT FACILITY EVENT ENROLLMENT FORM

IF A CERTIFICATE OF INSURANCE IS NEEDED, PLEASE SUBMIT THIS APPLICATION, ALONG WITH PREMIUM, ONE WEEK PRIOR TO THE EVENT TO INSURE PROPER MAIL TIME.

1. Facility Name:_____
2. Type of Event:_____
3. Club, Association, or Promoter:_____
   Address:_____
   City:_____ State:_____ Zip:_____
   Phone:_____
4. Event Dates:_____
   Practice Dates:_____
   Qualifying Dates:_____
   Competition Dates:_____
5. Number of Vehicles:_____ Maximum number of vehicles on track at one time:_____
   Type of Vehicles:_____
   Number of Participants:_____
   Event open for public viewing? ❑ Yes ❑ No
   If yes, estimated public attendance:_____
6. *Coverages Requested:*
   Liability Limits: $_____
   Participant Accident: $_____
   Accidental Death & Dismemberment: $_____
   Medical: $_____ ❑ Primary ❑ Excess
   Weekly Indemnity: $_____ For a period of _____ weeks.
7. Premium Remitted:_____ Check No.:_____
8. Additional Insureds and Relationship:_____
   _____
   _____
9. Send Certificate to:
   Name:_____ Email:_____
   Address:_____
   Phone:_____ Fax:_____
10. Authorized Signature:_____
11. Special Requests:_____

RETURN TO: K&K INSURANCE GROUP, INC., P.O. BOX 2338 1712 MAGNAVOX WAY, FORT WAYNE, INDIANA 46801

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

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

MOTORSPORTS TEMPORARY EVENT ENROLLMENT FORM

FACILITY UNDERWRITING MANDATORY TO PROVIDE COVERAGE AND CERTIFICATE OF INSURANCE.
PLEASE COMPLETE THE EVENT LOCATION DIAGRAM SHEET FOR EACH EVENT LOCATION.
Submit this completed insurance enrollment form (2) weeks prior to event.

CLUB ASSOCIATION OR PROMOTER:_____
ADDRESS:_____
Contact:_____ Phone:_____

Additional Named Insureds	Business Relationship
a.	
b.	
c.	

EVENT DATE(s):_____ Event is to be held: ❑ Indoors ❑ Outdoors
FACILITY NAME:_____
City:_____ State:_____

Only those activities and events listed below and approved by the underwriter will be endorsed onto the policy.

TYPE OF EVENT:_____ VEHICLE CLASS:_____
(Attach full schedule of events)
List all Ancillary Attractions included during event (i.e. tee shirt slingshot, bat spin, nickle pitch...):_____
_____
_____
Provide minimum ages of participant in each vehicle class.
Limits of Coverage Requested:_____
Do you intend to provide coverage for participants? ❑ Yes ❑ No
Send certificate to:
Name:_____
Address:_____
Special Instructions:_____

BARRIER:
Are there Guard Rails protecting all spectator and participant areas? ❑ Yes ❑ No Type of Material Used:_____
Height of Guard Rail?_____ If other than concrete, what are the support posts?_____
Distance apart?_____

FENCE:
Is there a Crowd Control Fence? ❑ Yes ❑ No Type of Material Used:_____ Height:_____
Does the Crowd Control Fence restrict all viewing persons behind the Guard Rail/Wall? ❑ Yes ❑ No
If at a fairground, are all Spectators restricted to the Grandstand? ❑ Yes ❑ No

GRANDSTANDS:
❑ Yes ❑ No Age:_____ Construction:_____
Distance between course and crowd control fence:_____ Seating Capacity:_____
Distance between grandstand and crowd control fence:_____
Estimated Attendance:_____ Time Period of Show:_____hours.
Any rows blocked off during event? ❑ No ❑ Yes **If yes, show on diagram.**

Ambulance present? ❑ Yes ❑ No Fire Extinguishers? ❑ No ❑ Yes Type:_____

Number of EMTs_____

Are you using K&K Insurance Release Form Procedures? ❑ Yes ❑ No

Number and type of security personnel: Uniformed Officers_____ Contracted_____ Employees_____

FOR MONSTER TRUCKS:

Do all trucks have remote ignition kill systems? ❑ Yes ❑ No

If Yes, are all systems tested prior to each event? ❑ Yes ❑ No

Ride truck present? ❑ No ❑ Yes If Yes, provide details regarding trucks and program.

List any specialized vehicle exhibitions (i.e. jet vehicles, freestyle motocross, etc.)_____

_____

Do all monster trucks participating meet or exceed the standards outlined in the current MTRA rulebook? ❑ Yes ❑ No

FOR AUTOCROSS, RIDE AND DRIVE, DRIVING SCHOOL AND DRIFTING TYPE EVENTS:

What is the maximum speed allowed?_____

Maximum number of cars on course at one time?_____

FOR DRIVING SCHOOLS:

Number of instructors?_____ Number of students?_____

List experience of all instructors_____

_____

_____

_____

_____

_____

_____

Percentage breakdown of school instruction: Classroom time_____%, On track time_____%

Passing allowed? ❑ Yes ❑ No If Yes, under what circumstances?_____

_____

Who maintains school vehicles?_____

_____

FOR RIDE AND DRIVE EVENTS:

Describe format of event (ie., dealer test drive, follow the leader, exhibitions with professional drivers...)_____

_____

_____

_____

Are passengers allowed? ❑ Yes ❑ No If Yes, what is the minimum age?_____

Is there any public road exposure? ❑ Yes ❑ No

RETURN TO K&K INSURANCE GROUP, INC., BOX 2338, FORT WAYNE, IN 46801
PHONE 800-553-8368 ▪ FAX 260-459-5624

IMPORTANT: COVERAGE WILL NOT BE PROVIDED UNLESS FOLLOWING PAGE IS COMPLETED FOR EACH LOCATION.

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)

MOTORSPORTS EVENT LOCATION DIAGRAM SHEET

VERY IMPORTANT: POLICIES/CERTIFICATES/BINDER **WILL NOT** be processed by Underwriter unless a DETAILED DIAGRAM and **SUPPORTING PHOTOS** accompany enrollment form and applicable premium.

SHOW LOCATION AND IDENTIFY: Spectator viewing area, spectator parking areas, restricted areas, competition course, barrier, fences, concessions, restrooms, fire extinguishers, ambulance, security personnel, distance between course and nearest crowd control fence and direction North.*

PICTURES MUST BE TAKEN: Between course and any area used by spectators and/or participants, parallel to course and barrier/fence. (Note direction taken and number photo)

USE SYMBOLS: (include the following symbols in your diagram)

(S) security	[SV] spectator viewing	(N) north — Indicate the direction of NORTH on diagram
(X) fire extinguishers	[SP] spectator parking	———— barrier
(A) ambulance	(RA) restricted area	———— fence over 5′
[C] concessions		- - - - - - - - - - fence under 5′
[RR] rest rooms		◯→ photograph — Indicate photograph number in circle and position arrow in the direction the photo was taken.

"**Underwriting Surveys.** K&K, for the insuring company, shall be permitted but not obligated to survey the Insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting survey nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of, or for the benefit of, any Insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or helpful, or are in compliance with any engineering standards, rule or regulations. Underwriting surveys are for the sole purpose of determining the insurability of certain property and operations and not safety. The Insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting surveys to determine the safety of its track or operations and shall not diminish or forego its own safety practices and procedures.

I attest that the information provided above is true and complete.

SIGNATURE OF INSURED _____ TITLE _____ DATE _____

THIS IS NEITHER AN OFFER OF COVERAGE NOR AN APPLICATION FOR INSURANCE. REQUESTS FOR COVERAGE WILL BE SUBJECT TO COMPANY UNDERWRITING STANDARDS. ACTUAL COVERAGE TERMS WILL BE DESCRIBED IN A POLICY OF INSURANCE IF ONE IS ISSUED.

Received Date Stamp

K&K INSURANCE
Insuring the world's fun!

P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 440-5580 Fax (260) 459-5821
www.kandkinsurance.com
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)

NONOWNED/HIRED AUTO QUESTIONNAIRE

(To be completed and returned with Commercial Auto ACORD application)

Named Insured: _____

Do you have a Business Auto Policy for owned autos? ❑ Yes ❑ No

If yes, can coverage be obtained under your Business Auto Policy? ❑ Yes ❑ No

If no, please explain: _____

NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business? ❑ Yes ❑ No

   If so, please provide details regarding duties involved: _____
2. Do you verify that insurance is in place with limits of at least $300,000 before employees or volunteers can use their auto? ❑ Yes ❑ No
3. Do you run motor vehicle reports on each employee? ❑ Yes ❑ No
4. Please explain what other controls you have in place to protect your company's liability? _____

   _____
5. Number of Employees _____ Number of Volunteers _____

HIRED AUTO LIABILITY

1. During the last three years have you leased, borrowed or hired any vehicles for your business? ❑ Yes ❑ No
2. If you anticipate some usage this year:
   A. What type of vehicle (trucks, cars, buses)? _____
   B. What is the estimated cost to lease or hire the vehicles? _____
3. When leasing, hiring or borrowing are the vehicles used to:
   A. Transport participants, volunteers or staff only? ❑ Yes ❑ No

      If yes, how many? _____ For how long? _____

      Number of times per year: _____ Distance traveled per trip: _____
   B. Haul equipment: ❑ Yes ❑ No

      If yes, please explain and identify frequency and distance traveled per trip: _____

      _____
4. If using buses or vans, please answer each of the following:

   Maximum number of passengers each vehicle carries: _____ Distance traveled per trip: _____

   How long the vehicles will be used: _____ Year built: _____ Cost new: _____
5. Does the leasing company provide drivers or do you use your own? _____
6. Do you purchase liability insurance from the leasing company? ❑ Yes ❑ No
7. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds? ☐ Yes ☐ No If yes, please explain: _____
8. What is the estimated annual cost to hire/lease all vehicles? _____
9. Do you hire vehicles for more than or less than 30 days for any one time? ❑ More ❑ Less
   If more than 30 days, vehicles should be scheduled.

HIRED AUTO PHYSICAL DAMAGE

1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? _____

   _____

2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? _____

   _____

3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? ❑ Yes ❑ No
4. What is the maximum number of vehicles leased at one time? _____
5. Please provide the garage location of the vehicles (city and state): _____
6. Requested Comprehensive Deductible? $_____ Collision Deductible? $ _____

LIST OF DRIVERS- Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed

LEASED VEHICLES

If leased, what is the term of the lease? _____

VIN#	Year	Make	Model	New Cost	Garaging Location (City and State)

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

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)

FIREWORKS SUPPLEMENTAL APPLICATION

1. Name of Insured: _____
2. Date(s) of fireworks exposure: _____
3. Specific location of fireworks display(s): _____
4. Estimated spectator attendance: _____
5. Name of organization shooting fireworks: _____

_____

6. Will other coverage be provided? ❑ Yes ❑ No
   If yes, please attach copy of certificate with your name listed as additional insured (minimum limit of $1,000,000 required).
7. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

Name	Experience

If insured is shooting fireworks, provide copy of current license.

8. Is a permit required by State, City, County authority for this fireworks display? ❑ Yes ❑ No
   If yes, please explain _____

   _____
9. Provide diagram of the fireworks display area, detailing the following information:
   a. Spectator fencing – distance from launch site to spectators
   b. Launch site
   c. Direction of launch
   d. Spectator parking lot
   e. Concessions area
   f. Surrounding areas
10. Describe firefighting equipment on site of event: _____

    _____
11. If no firefighting equipment on site, give distance to nearest fire station: _____
    Fire protection is: ❑ Volunteer ❑ Paid
12. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? ❑ Yes ❑ No
    If no, give distance in miles to nearest medical facility: _____ and response time in minutes: _____
13. Have you displayed fireworks before? ❑ Yes ❑ No
    If yes, describe any claims/losses that have occurred and the amount of loss: _____

    _____
14. Limit of Liability requested (cannot be greater than the event limit): ❑ $500,000 ❑ $1,000,000

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)

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)**