



YOUTH DAY CAMPS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 3/1/26 through 2/28/27

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

PROGRAM DESCRIPTION

This program is designed for U.S.-based youth camp operations (those attended by campers age 19 or under) with programs dedicated to activities other than sports skill development. Coverage provided under this program includes important liability protection for the camp, including its employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments for participants coverage to the camp participants. Coverage can extend to those camps/clinics that have an overnight exposure, as long as the camps/clinics are held at premises not owned or maintained by the insured. Coverage is provided on an annual basis, but only applies to those camp sessions that are specifically reported.

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

INELIGIBLE OPERATIONS

Youth camps offering operations are not eligible for this insurance program. Please contact us for more information.

- After-school/day care/latchkey programs
- Camps held at premises owned or maintained by the insured that provide overnight accommodations
- Camps involving animals other than service animals
- Hunting and/or nature camps/programs
- Sports camps*
- 100% virtual camps/operations

*Please contact us about programs that can provide coverage for these types of operations.

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.

ELIGIBLE OPERATIONS

Youth camps offering programs in the following categories are eligible to submit an enrollment form for this insurance program. If you do not see your type of operation, please contact us to determine eligibility.

- Academic camps
 - Arts and crafts camps
 - Computer camps
 - Creative writing camps
 - Culinary camps
 - Etiquette camps
 - Inventive builder/Lego® camps
 - Math camps
 - Music camps
 - Performing arts camps
 - Photography/filmmaking camps
 - Science camps
 - Vacation Bible schools
- Camps/clinics for youth with an accompanying adult (e.g.: "parents and me" camps) are eligible for this program. Ratios cannot exceed than two adults per child.

EASY WAYS TO ENROLL FOR COVERAGE



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

OR

Submit this enrollment form, with payment, to K&K.



FAX 1-260-459-5105



REGULAR

K&K Insurance
Youth Day Camp RPG
P.O. Box 2338
Fort Wayne, IN 46801-2338

OVERNIGHT

K&K Insurance
Youth Day Camp RPG
1690 Broadway, Building 19, Suite 110
Fort Wayne, IN 46802

FOR SERVICE REQUESTS ONLY



QUESTIONS Call **1-800-426-2889**



E-MAIL info@campinsurance-kk.com

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Activities away from the main location, unless reported to, and approved by us prior to taking place
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos and silicosis
- ATV use
- Bodily injury to participants while in a hired auto or non-owned auto; and the use of multi-passenger vehicles
- Boating activities
- Communicable disease
- Equestrian activities
- Fireworks
- Haunted attractions
- Open water activities
- Operations listed as ineligible
- Ownership, operation, maintenance, or management of any facility other than while being used for covered activities
- Separate ticketed event
- Sexual Abuse or Sexual Molestation (unless reported to, approved by us, and the appropriate premium paid)
- Total pollution
- The use of power tools, unmanned aircrafts, and combustion

COVERAGE AND LIMITS

Coverage is not available for Alaska and Rhode Island applicants.

Coverages Option	Option 1	Option 2
Commercial General Liability (CGL):	Limits	Limits
Each Occurrence Limit	\$ 1,000,000	\$ 2,000,000
General Aggregate Limit - per event/camp (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 Limit	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants Limit	\$ 1,000,000	\$ 2,000,000
Professional Liability Limit	\$ 1,000,000	\$ 2,000,000
Hired Auto Liability Limit	\$ 1,000,000	\$ 2,000,000
Non-Owned Auto Liability Limit	\$ 1,000,000	\$ 2,000,000
Damage to Premise Rented to You Limit (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense Limit (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants - \$100 per claim deductible applies	\$ 25,000	\$ 250,000
Rates (per participant)		
Daily Session Per participant/per day	\$ 1.45	\$ 1.97
Weekly Session Per participant/per week (camps 3-7 consecutive days)	\$ 4.33	\$ 5.99
Overnight/Resident Session Per participant (camps 1-7 consecutive days) Note: Adult accompanied camps are not eligible for this option	\$ 5.75	\$ 7.95
Minimum Premiums	\$ 240.00	\$ 360.00

Coverage provided under this program includes:

Commercial General Liability with Broadening 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. Legal Liability to Participants and Professional Liability coverage are also provided as part of this program. No deductible applies to liability claims.

Hired Auto and Non-Owned Auto Liability - 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 bodily injury to participants while in a hired auto or non-owned auto, or the use of multi-passenger vehicles (designed to carry 9 or more persons), or to those vehicles that are rented, hired, or borrowed on a long-term basis.

Medical Payments for Participants - coverage which pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your camp operations. 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.

OPTIONAL COVERAGES AVAILABLE

Sexual Misconduct Liability OR Abuse, Molestation, Harassment, or Sexual Conduct Defense Costs Reimbursement

This program includes two options for coverage for claims arising out of sexual misconduct:

- Option 1:** Sexual Misconduct Liability - \$250,000 each "Insured Event" limit with a \$1,000,000 aggregate limit of liability for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual, alleged, or threatened sexual abuse. This limit is part of, not in addition to, the the General Aggregate Limit of Insurance.
- Option 2:** Abuse, Molestation, Harassment, or Sexual Conduct Defense Costs Reimbursement - \$100,000 per claim, not to exceed \$100,000 in the aggregate for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment, or sexual conduct.

Coverage Conditions:

1. Coverage is contingent upon completion, review, and approval from us of the underwriting questions on page 7.
2. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your camp or clinic with our Youth Day Camp RPG Insurance Program.
3. Only one option may be purchased.

Options	Rates
Option 1 Sexual Misconduct Liability (defense expenses within limits)	Daily Rate - \$.15 per camper Weekly Rate - \$.45 per camper Overnight/Resident Rate - \$.59 per camper (\$150.00 minimum premium)
Option 2 Abuse, Molestation, Harassment, or Sexual Conduct Defense Costs Reimbursement	\$100.00 (Flat rate)

FREQUENTLY ASKED QUESTIONS

1. When should I make my coverage effective?

The effective date is the day you need your insurance to start. For many, this is the first day of the camp or when you begin setting up. If you are renewing coverage with us, use the expiration date of your coverage.

2. How do I calculate the premium? What is a minimum premium?

Premium is based on the actual or maximum number of campers expected times a rate. A minimum premium is the amount you must pay if your calculated premium is less than the minimum premium for the option you choose.

Example: A 2-day camp that needs \$1,000,000 in coverage for 50 campers:

Step 1: Choose Option 1.

Step 2: Take the daily session rate for Option 1, which is \$1.45 x 50 x 2 for a premium calculation of \$145.00.

Step 3: Since the premium calculation is below the \$240.00 minimum premium for Option 1, the total premium due for this camp is \$240.00.

3. What if I have multiple camps scheduled and I am not sure how many participants will attend these camps? What do I report?

At the time of enrollment, please provide us a list of all your known camps. Use the maximum number of campers that your camp can accommodate to calculate the premium due. TBD numbers will not be accepted.

4. What do I do if I add a camp after I submit my enrollment?

To provide coverage for a new camp not previously reported, you must inform us in writing of the new dates by completing a youth camp supplemental request form prior to the start date of the camp along with any additional premium due. Camps not reported to us prior to occurring will not be covered.

5. How do I report cancellations, changes, or any additional camps after hours or on a weekend?

Since any changes to your coverage must be reported prior to the scheduled start date or the first day of camp and be submitted in writing, please either fax or e-mail us the necessary change as soon as you can. If you do not have access to fax or e-mail, please leave us a voicemail message and follow up with written confirmation as quickly as possible.

6. Will I receive a policy after I submit 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.



Enrollment Form - Youth Day Camps

This brochure is valid for effective dates from 3/1/26 through 2/28/27

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 and submissions with a premium of \$25,000 or more are subject to additional underwriting. We reserve the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS, PLEASE:**
1. Complete all sections (print legibly)
 2. Sign and date where required
 3. Remit completed enrollment form (pages 4 - 14) with payment (page 18)*
- *New York and Wyoming applicants must also submit page 16 or 17

NOTE: Coverage is not available for Alaska and Rhode Island applicants.

GENERAL INFORMATION

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/Individual Limited Liability Co. Corporation Partnership
 Other (describe): _____

Form of business/organization: Not-for-profit For-Profit

Mailing address: _____
 NY Applicants must provide a street address. P.O. Boxes cannot be accepted.

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 10 for Consent for Electronic Transactions.)

DATES

I am a new account
 Start my coverage on this date ___/___/___
 Coverage will begin the day after a completed and signed enrollment form with payment is received and approved by us, or on a later date you specified above.

I am renewing my coverage
 Expiration date of current coverage ___/___/___ Renew my coverage on this date ___/___/___
 To avoid a coverage gap, please make sure you submit a completed and signed enrollment form with payment prior to your expiration date.

NOTE: If you need coverage bound as of today, please read the statement below and confirm by checking the box that you have not had any losses. Please note, for coverage to be considered you MUST submit a completed and signed enrollment form submitted with payment. Submission of this form does not guarantee coverage. We reserve the right to decline requests.

I hereby certify that I, or any person or organization to be covered by this insurance, are not aware of any losses, accidents, or circumstances, occurring on this day that might give rise to a claim under this insurance.

BUSINESS INFORMATION

1. Type of camp (check those that apply):

<input type="radio"/> Academic	<input type="radio"/> Culinary	<input type="radio"/> Math	<input type="radio"/> Photography
<input type="radio"/> Arts & crafts	<input type="radio"/> Etiquette	<input type="radio"/> Music	<input type="radio"/> Science
<input type="radio"/> Computer	<input type="radio"/> Film making	<input type="radio"/> Performing arts	<input type="radio"/> Vacation bible school
<input type="radio"/> Creative writing	<input type="radio"/> Inventive builder/Lego®		
<input type="radio"/> Other (please describe all activities): _____			

2. Are any of your camps held on the property of a private home or residence? Yes No

3. Do you own or maintain the facility(ies) where the camps/clinics take place? Yes No

4. Are any of your camp attendees age 20 or over? Yes No
 If yes, do you allow more than two parents or adults to accompany youth participants in camp activities? Yes No
 If you allow parent or adult participation, do you offer any "adult-only" instruction or competitions? Yes No
5. Does any of your camp operations include any of the following?
 Animals (other than service animals) Yes No
 After-school/day care/latchkey programs Yes No
 Hunting and/or nature programs/activities Yes No
 Sports skills development classes/clinics Yes No
6. Do you take any trips away from the main location?
 If yes, please submit additional details. Trips made away from the main location must be reported prior to occurring and approved by us. Yes No

CAMP INFORMATION

1. List all camp sessions individually below.

Type of Camp Sessions	Definition
Daily (no overnight exposures)	Up to 2 consecutive days OR multiple non-consecutive days; no overnight stays.
Weekly (no overnight exposures)	3-7 consecutive days (max 7); no overnight stays.
Overnight/Resident	1-7 consecutive days with overnight stays. Adult-accompanied camps are not eligible .

2. Coverage only applies to those camp sessions that are specifically reported. Each camp session must be listed individually.

3. If you have more than 2 camp sessions, please provide information on an additional sheet.

4. If your camp runs for more than (7) days, you must list each camp as its own session number below.

CAMP/SESSION #1

Name of camp: _____

Type of camp (list ALL type(s) of activity(ies): _____

Dates of camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M. P.M. to ____ A.M. P.M.

Camp days (check all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp location(s):

Camp venue name: _____

Camp venue address: _____

of youth campers/participants (under age 19): _____ # of adult campers/participants: _____

Check all that apply: Daily Weekly Overnight/Resident Virtual

CAMP/SESSION #2

Name of camp: _____

Type of camp (list ALL type(s) of activity(ies): _____

Dates of camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M. P.M. to ____ A.M. P.M.

Camp days (check all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp location(s):

Camp venue name: _____

Camp venue address: _____

of youth campers/participants (under age 19): _____ # of adult campers/participants: _____

Check all that apply: Daily Weekly Overnight/Resident Virtual

Important Information and Premium Calculation:

1. Use rates below to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum number of expected campers/participants. Day camps/clinics with an accompanied adult(s) need to count all participants in their program including the adults. TBD cannot be accepted.
2. If calculated premium is less than the minimum (see chart below), use the minimum premium.
3. The same limit option must be used for all camps.
4. Costs are 100% fully earned and non-refundable/non-transferable once coverage begins. Coverage is contingent upon receipt of payment and a fully completed enrollment form. No coverage will be deemed in effect until the accurate payment and a completed enrollment form is received by us.
5. **Higher liability limits are available immediately for purchase online at www.campinsurance-kk.com, or check here if a higher liability limit is needed.** Limit requested: _____

RATES		
Type of Camp Sessions	Option 1 \$1,000,000 Liability, \$25,000 MPP	Option 2 \$2,000,000 Liability, \$250,000 MPP
Daily (no overnight exposures) = • 2 consecutive days or less; OR • Multiple non-consecutive days	\$ 1.45 Per Day/ Per Commuter Camper	\$ 1.97 Per Day/ Per Commuter Camper
Weekly (no overnight exposures) = • 3-7 consecutive days	\$ 4.33 Per Week/ Per Commuter Camper	\$ 5.99 Per Week/ Per Commuter Camper
Overnight/Resident = • 1-7 consecutive days Note: Adult accompanied camps are not eligible for this option	\$5.75 Per Resident Camper	\$7.95 Per Resident Camper
MINIMUM PREMIUMS	\$240.00	\$360.00

By purchasing coverage under this program, I understand and agree that cancellations must be reported prior to the scheduled start date or the first day of the camp/clinic session, and confirmed in writing for a refund or credit to be considered. Refunds may be subject to a cancellation penalty. Cancellations/changes can only be made by the named insured.

COST CALCULATION									
Camp/Session Number (from prior page)	Coverage Option (1 or 2)	Number of Days or Weeks	X	Daily or Weekly Rate (from above)	X	Number of Campers	=	Premium	
			X	\$	X		=	\$	
			X	\$	X		=	\$	
			X	\$	X		=	\$	
			X	\$	X		=	\$	
			X	\$	X		=	\$	
			X	\$	X		=	\$	
			X	\$	X		=	\$	
Calculated Premium (add premium lines above)								\$	(A)
Minimum Premium (from above chart)								\$	(B)
Program Premium Due (greater amount from line A or B)								\$	

Sexual Misconduct Liability Coverage OR Abuse, Molestation, or Harassment, or Sexual Conduct Defense Costs 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, 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 volunteers/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 (\$250,000 each "Insured Event"/\$1,000,000 aggregate) Rates: Daily Rate = \$.15 Weekly Rate = \$.45 Overnight/Resident Rate = \$.59							
Camp/Session Number (as reported on page 6)	Number of Days OR Weeks	X	Daily OR Weekly Rate (from above)	X	Number of Campers	=	Premium
		X	\$	X		=	\$
		X	\$	X		=	\$
Add all lines above for calculated premium							\$
Option 1 Total Premium - Calculated premium total from line above OR \$150.00 minimum premium – whichever amount is higher							\$
<input type="radio"/> Option 2 - Abuse, Molestation, or Harassment of Sexual Conduct Defense Costs Reimbursement (\$100,000 limit)							\$ 100.00

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. Camp #: _____

2. When is this certificate needed? : ____/____/____

3. What is the additional insured's relationship to you?

Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter

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 Waiver of subrogation

Other (please explain): _____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

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. Sexual abuse or sexual molestation (unless reported to, approved by us, and the appropriate premium paid); Access or disclosure of confidential or personal information and data-related liability – with limited bodily injury exception; Activities away from the main location, unless reported to, and approved by us prior to taking place; Asbestos and silicosis; ATV use; Boating activities/events; Bodily injury to participants while in a hired auto or non-owned auto; Cannabis; Certain computer-related losses; Commercial General Liability standard exclusions (CG0001 04/13 edition); Communicable disease; Cryogenic chambers/therapy; Employment-related practices; Equestrian activities; ERISA; Fireworks; Fungus; Lead; Nuclear energy; Open water activities; Operation, maintenance, ownership, or management of any facility or field, other than while being used for covered activities; Operations of independent concessionaires, exhibitors, and vendors in conjunction with your organization; Perfluoroalkyl and polyfluoroalkyl substances (PFAS); Radioactive matter; Specified recreational vehicles and activities: Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any device or equipment a person rides for enjoyment, including, but not limited to, any mechanical or non-mechanical ride, slide, water slide (including any ski or tow when used in connection with a water slide), moonwalk or moon bounce, bungee operation or equipment or inflatable recreational device. Amusement device also includes any vertical device or equipment used for climbing—either permanently affixed or temporarily erected. Amusement devices does not include any video arcade or computer game or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Bungee; Dunk tanks; Haunted attraction, Animals (injury or death to any animal; or injury death, or property damage caused by any animal owned, rented, or hired by you); Performer; Rodeo; Saddle animal; Separate ticketed events; Snowmobile; The use of power tools, unmanned aircrafts, and combustion; Transportation of participants (Bodily injury to participants while in a hired auto or non-owned auto), Total pollution; Use of multi-passenger vehicles; Those operations listed as ineligible: After-school, daycare, and latchkey programs; Camps involving animals other than service animals; Camps with activities away from the main location, unless reported and approved by us prior to taking place; Camps held at premises owned or maintained by the insured that provide overnight accommodations; Hunting and/or nature camps/ programs; Sports camps; 100% virtual camps/operations.

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. _____

AGENT INFORMATION

I understand there are no commissions included in this program unless purchased online at www.sportsinsurance-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:** _____

IMPORTANT ITEMS TO NOTE

Costs are 100% fully earned and non-refundable/non-transferable once coverage begins. Coverage is contingent upon receipt of payment and a fully completed enrollment form. No coverage will be deemed in effect until the accurate payment and a completed enrollment form are received by us.

Cancellations must be reported prior to the scheduled start date or the first day of the camp/clinic session, and must be confirmed in writing for a refund or credit to be considered. Refunds may be subject to a cancellation penalty. Cancellations/changes can only be made by the named insured.

Changes to your coverage need to be reported prior to the scheduled start date or the first day of camp and be submitted in writing, please either fax or e-mail us the necessary change as soon as you can. If you do not have access to fax or e-mail, please leave us a voicemail message and follow up with written confirmation as quickly as possible.

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-426-2889 • Fax 1-260-459-5105
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.

Surplus Lines Disclosure

The commercial general liability insurance policy is being placed in your home state as surplus lines coverage under the Nonadmitted Insurance Model Act. The insurer with which such policy is placed is not licensed in your home state and is not subject to its supervision. The insurer is an eligible Surplus Lines Insurer. Policies placed with eligible surplus lines insurers are not subject to the rate and form review of any Insurance Department and there is no protection afforded under the provision of any state insurance guaranty association for this policy.

Premium figures do not include surplus lines taxes and fees.

Please see the Member Certificate issued to you for important notices related to surplus lines insurance required by your home state and the exact amount of the applicable surplus lines taxes and fees.

The insurance company is rated A(Excellent) by AM Best Company with financial size category of XV (\$2 Billion or Greater)

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 other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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

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

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

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

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

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND

WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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

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

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

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

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

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

FRAUD WARNING (continued)

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

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

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

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

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

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

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.

Warranty Statement: I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form 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 am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. We reserve 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 and that this policy is 100% non-refundable/non-transferable once coverage begins.

Applicant business name (from page 4): _____

Applicant or agent signature _____ **Date:** _____

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

Printed name: _____ **Title:** _____

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

IMPORTANT INFORMATION-PLEASE READ AND SIGN

FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

(Certain operations are not eligible for coverage by this program, and submissions with a premium of \$25,000 or more are subject to additional underwriting. We reserve the right to decline any request for coverage.)

Step 1: Applicant business name from page 4 _____

Step 2: Enter program premiums:

Liability premium (required coverage) from page 6 \$ _____ (a)

Sexual misconduct coverage (optional coverage) from page 7 \$ _____ (b)

Defense reimbursement only or Liability coverage

Step 3: Total (add lines a+b) \$ _____ (c)

Step 4 Round the total in Step 3 (c) to the nearest dollar (\$0.50 and above = round up; \$0.49 and below = round down) \$ _____ (d)

Step 5: Calculate surplus lines/stamping/transaction fees – this is based on the Named Insured’s state from page 4

NOTE: If your state is not specifically listed, use the last column labeled “All Other States”. All states must calculate a surplus lines/stamping/transaction fee.

Insured’s State	HI	IL	MI	MT	NV	NY	OK	UT	WY	All Other States
Surplus Line Tax	.0468	.035	.025	.0275	.035	.036	.06	.0425	.03	.025
Stamping/Transaction Fee	N/A	.0004	N/A	N/A	.004	.0015	.00175	.0018	.00175	N/A
FINAL STATE RATE	.0468	.0354	.025	.0275	.039	.0375	.06175	.0443	.03175	.025

Premium from Step 4 \$ _____ (d) x **Final State Rate** from chart above \$ _____ = \$ _____ (e)

Step 6: Liability cost (add lines d + e) \$ _____ (f)

Risk Purchasing Group Administration Fee \$ 20.00 _____ (g)

Step 7: TOTAL COST (add lines f + g) \$ _____

Step 8: Select payment option:

ACH – This option is only available for purchases made 15 days or more prior to the effective date.

Mail in Check – Make check payable to K&K Insurance Group.

Regular K&K Insurance
Camp RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

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

Credit Card

Step 9: Proceed to page 18 unless you are a New York or Wyoming applicant.

New York Applicants - Please see instructions on page 15 on how to complete page 16. Upon completion, proceed to page 18.

Wyoming Applicants - Please see instructions on page 15 on how to complete page 17. Upon completion, proceed to page 18.

NEW YORK and WYOMING APPLICANTS

Instructions for completing pages 16 and 17

NEW YORK APPLICANTS:

Please complete page 16 and return to us. Coverage cannot be bound without receipt of this completed form.

Step 1: Complete the Named Insured box. Use the same name and address as completed on page 4.

Step 2: Complete the Named Insured line. Use the same name as shown above in the Named Insured box.

Step 3 Enter your policy premium. This can be found on page 14, line d.

Step 4 Enter your State Surplus Lines Tax.

To calculate, enter the amount from page 14, line d below and take that premium times the rate shown.

Enter this amount on the Excess Line Tax line.

$$$.036 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Amount from line d, page 14

Step 5: Enter your State Stamping Fee.

To calculate, enter the amount from page 14, line d below and take that premium times the rate shown.

Enter this amount on the line Stamping Fee line.

$$$.0015 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Amount from line d, page 14

Step 6: Enter your Total Cost. Add together the amounts from steps 3 – 5 and enter the total on this line.

Step 7: Sign the form. Please note, this needs to be signed by the insured (contact name on the application).

A broker cannot sign this form.

WYOMING APPLICANTS:

Please complete page 17 and return to us. Coverage cannot be bound without receipt of this completed form.

Step 1: Complete the Named Insured line. Use the same name as completed on page 4.

Step 2: Complete the Named Insured line. Use the same name as shown above.

Step 3: Sign, date and provide your title. Please note, this needs to be signed by the insured (contact name on the application). A broker cannot sign this form.

K&K INSURANCE AGENCY
1690 Broadway, Bldg 19, Ste 110
Fort Wayne, IN 46802

NOTICE OF EXCESS LINE PLACEMENT

Named Insured: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____

Consistent with the requirements of the New York Insurance Law and Regulation 41 _____ (Named Insured)

is hereby advised that all or a portion of the required coverages have been placed by K&K INSURANCE AGENCY with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Placements with unauthorized insurers can only be made under one of the following circumstances:

- a) A diligent effort was first made to place the required insurance with companies authorized in New York to write coverages of the kind requested; or
- b) NO diligent effort was required because i) the coverage qualifies as an "Export List" risk, or ii) the insured qualifies as an "Exempt Commercial Purchaser".

Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Financial Services pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State security fund.

TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges(1) and a service fee that includes taxes, stamping fees, and (if indicated) a fee(1) for compensation in addition to commissions received, and other expenses(1).

I further understand and agree that all fees, inspection charges and other expenses denoted by(1) are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

RE: Policy No.	TBD	Insurer	AIG SPECIALTY INSURANCE COMPANY
Policy Premium			\$ _____
<u>Insurer Imposed Charges</u>			
Taxable Policy Fees	(1)		\$0.00
Taxable Inspection Fee	(1)		\$0.00
<u>Service Fee Charges</u>			
Excess Line Tax (3.60%)			\$ _____
Stamping Fee (0.15%)			\$ _____
Broker Fee	(1)		\$0.00
Inspection Fee	(1)		\$0.00
Other Expenses (specify)	(1)		\$0.00
			Total Policy Cost \$ _____

 (Signature of Insured)
 (1) = Fully earned



Wyoming Insurance Department

Surplus Lines Notice to Insured

106 East 6th Avenue
Cheyenne, WY 82002
(307) 777-7401

Named Insured: _____

Surplus Lines Insurance Company: AIG Specialty Insurance Company

Policy Effective Dates: TBD Expiration Date: TBD

I, _____, hereby affirm that, prior to placement of the above-referenced insurance
(Named Insured)

coverage with a surplus lines insurer I have been advised that:

- (i) The insurer with which the surplus lines broker places the insurance is not license by this state and is not subject to its supervision; and
- (ii) In the event of the insolvency of the surplus lines insurer, losses will not be paid by the Wyoming Insurance Guaranty Association.

I further understand that the policy forms, conditions, premium and deductibles used by surplus lines insurances may be different from those found in policies used by admitted insurance companies.

Signature of Named Insured

Date

Title

As required by Wyo. Stat. § 26-11-109(b), a copy of this form shall be retained by the surplus lines broker.

PAYMENT OPTIONS

Applicant business name: _____ Effective date: _____

NOTE: 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 policy.

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@campinsurance-kk.com
or

• **Fax** 1-260-459-5105

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.

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____
_____ DOLLARS

⑆044072324⑆ ⑆000123456789⑆ ⑆123⑆

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. CHECK NUMBER

PAY BY CREDIT CARD:

• **Fax only** 1-260-459-5105

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.