

SPORTS EVENTS

Eligible Operations:

- Amateur sports events
- Professional sports events

Key Underwriting/Qualifying Factors (Including but not limited to):

- Annual coverage available
- \$3,500 minimum account premium
- \$2,500 minimum premium-single event

Note: For smaller sports events with limited coverage needs contact our Risk Purchasing Group (see reverse side for contact information).

Ineligible for this program:

- Mixed martial arts

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Sporting Events Program for over 15 years
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available if eligible

K&K offers both short term professional and amateur sports event coverage. Programs for amateur sports events are available where the number of participants is greater than 850 per event, the number of spectators per day is greater than 2,500 or the number of event days is greater than six consecutive days.

Note: Professional sports event coverage does not include a minimum size limitation.

Coverages Available & Program Highlights:

General Liability

- Written on an Admitted Basis in Most States
- Broadened Coverage Form
- No Deductible
- No Bodily Injury Deductible
- Volunteers and Sponsors Can be Added as Additional Insureds
- Liquor Liability Available in Most States
- Legal Liability to Participants
- Employee Benefits Liability Available

Directors and Officers Liability

Property

- Over 25 property enhancements

Inland Marine

Commercial Auto

- Nonowned/Hired Auto

Crime

Excess Liability

Excess Accident Medical (Participant Accident)

Sexual Abuse & Molestation

Event Cancellation & Non-appearance

Common Associated Exposures:

- | | |
|---|-----------------------|
| - Awards/banquets/ ceremonies | - Setup/teardown days |
| - Food, souvenir & beverage concessions | - Tryouts & practices |
| | - Exhibition games |

Insuring the world's fun.®

Contact Information:

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

Sports Event Program Sports Unit

PHONE: 800.441.3994

FAX: 260.459.5120

EMAIL:
KK.Sports@kandkinsurance.com

WEB SITE:
kandkinsurance.com

Amateur Sports Tournaments & Events Risk Purchasing Group Program

PHONE: 800.426.2889

FAX: 260.459.5105

EMAIL:
info@sportsinsurance-kk.com

WEB SITE:
sportsinsurance-kk.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 submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs, including current year
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copy of procedure/rule manuals
- Copy of waiver & release forms
- Copies of all contracts

Sports Events Application(s):

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

K&K Application(s)

- Amateur Events Application or Pro Sports Events Application
- Triathlon Event Questionnaire (if needed)
- Water Related Events Questionnaire (if needed)
- Water Ski Schools Questionnaire (if needed)
- Hospitality Tents Preliminary Questionnaire (if needed)
- Sponsors Liability Supplemental Application (if needed)
- Participant Accident Supplemental Application (if needed)
- Security Supplemental Information (if needed)
- Nonowned/Hired Application (if needed)
- Event Liquor Supplemental Questionnaire (if needed)
- Fireworks Supplemental Application (if needed)
- Inflatable Liability Questionnaire (if needed)

ACORD Application(s)

- Property
- Crime
- Commercial Auto
- Computer Coverage
- Inland Marine
- Excess Liability

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CA #0334819

AMATEUR EVENTS APPLICATION

APPLICANT INFORMATION

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

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

LOCATION INFORMATION

Office Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____

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

Phone: _____ Fax: _____

Federal Tax ID Number: _____

Email Address: _____ Web Site Address: _____

Nature of operations/description of event: _____

Insured is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Not for Profit Organization
☐ Limited Liability Corporation ☐ Other (explain): _____

President: _____ Number of years in business: _____

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

AGENCY/BROKERAGE INFORMATION

Name of Agency/Brokerage (if applicable): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Federal Tax ID Number: _____ Email Address: _____

COVERAGE INFORMATION- Check the type of coverage and indicate the limits and deductibles desired:

		Limits Requested	Deductible
<input type="checkbox"/> General Liability	<input type="checkbox"/> Primary	\$ _____	\$ _____
	<input type="checkbox"/> Excess	\$ _____	\$ _____
	<input type="checkbox"/> Legal Liability To Participants	\$ _____	\$ _____
	<input type="checkbox"/> Liquor Liability (<i>K&K application required</i>)	\$ _____	\$ _____
	<input type="checkbox"/> Employee Benefits Liability	\$ _____	\$ _____
<input type="checkbox"/> Participant Accident	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
	<input type="checkbox"/> Weekly Disability Income	\$ _____	\$ _____
<input type="checkbox"/> Property	<input type="checkbox"/> Property (<i>ACORD application required</i>)	\$ _____	\$ _____
	<input type="checkbox"/> Inland Marine (<i>ACORD application required</i>)	\$ _____	\$ _____
	<input type="checkbox"/> Crime (<i>ACORD application required</i>)	\$ _____	\$ _____
<input type="checkbox"/> Auto (<i>ACORD application required</i>)		\$ _____	\$ _____
<input type="checkbox"/> Workers' Compensation (<i>ACORD application required with Experience Modification Worksheet</i>)		\$ _____	\$ _____
<input type="checkbox"/> Other: _____		\$ _____	\$ _____

Do you intend to have office premises Liability? ☐ Yes ☐ No If yes, office square footage: _____

ADDITIONAL INSURED: (Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).

	NAME	ADDRESS	RELATION TO YOU ★
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

★ If the additional insured is an owner, manager, or lessor of the premises to you, please indicate the part of the premises leased or rented to you by the designated additional insured, as respects your activity or operation.

GENERAL INFORMATION

- Has this type of insurance ever been: ☐ Cancelled ☐ Declined ☐ Non-renewed
If so, please explain. _____
- 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. _____
- As respects your operation(s), do you enter into any contracts/lease agreements? ☐ Yes ☐ No
If yes, what contracts do you enter into? _____
 - Does the Named Insured assume liability for the other party? ☐ Yes ☐ No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
 - Does the other party assume the Named Insured's liability? ☐ Yes ☐ No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
 - Does each party assume its own liability? ☐ Yes ☐ No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
- Who reviews the contracts prior to signing?
☐ Corporate Officers ☐ Counsel ☐ Other (please explain) _____
- 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	_____	_____	_____

UNDERWRITING INFORMATION

1. Break down participation by sport and age: *(If additional space is needed, please attach a list to this form.)*

	SPORT	NUMBER OF PARTICIPANTS
Ages 12 & Under		
Ages 13-15		
Ages 16-17		
Ages 18 & Older		

2. Number of volunteers: _____ Estimated spectator attendance: _____

Ticket price: \$ _____ Total gross receipts: _____

Type of events: _____

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Is a K&K approved Waiver and Release form read and signed by all persons entering a restricted area prior to entry?

☐ Yes ☐ No *(Please attach a copy of your waiver & release forms(s))*

ANCILLARY EVENTS INFORMATION

Describe any ancillary activities planned in conjunction with the events such as parades, festivals, concerts, fireworks, tailgate parties, items tossed by, or into crowds, etc.: _____

EVENT	EVENT DESCRIPTION	DATE	LOCATION	SEATING CAPACITY	ESTIMATED ATTENDANCE	STANDING ROOM ONLY	
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe past experience with planned events and any ancillary events:

FACILITY INFORMATION

EVENT	DATE	LOCATION	FACILITY	CAPACITY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Are emergency procedures in place? ☐ Yes ☐ No Tested? ☐ Yes ☐ No *(Please attach a copy of procedure)*

2. List any alterations to facility required, such as temporary bleachers: _____

3. Who is responsible for the alterations _____
4. Will "Standing Room Only" be permitted ☐ Yes ☐ No
5. Are signs posted and public address announcements made warning of the assumption of risk in attending sporting events? ☐ Yes ☐ No
6. Do you require an emergency vehicle and licensed EMT at each event? ☐ Yes ☐ No
7. Are they available to both participants and spectators? ☐ Yes ☐ No
8. If an emergency vehicle is not on site, what is the average emergency response time? _____
9. Is first aid available to both participants and spectators at the event location(s)? ☐ Yes ☐ No
- Please explain: _____
10. How far is the playing surface from the nearest spectator seating area? _____
11. Describe the precautions taken to prevent spectators from entering restricted areas: _____

PRIOR CARRIER INFORMATION- Four years currently valued loss runs must be submitted for any of the four years K&K was not on the account.

Year	Previous Agent	Company	Liability Limits	Premium	Losses
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

☐ **No Prior Insurance**

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

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ☐ **Copies of all lease agreements and contracts entered into on behalf of insured.**
- ☐ **Diagrams and photographs of each location showing all spectator and participant areas.**
- ☐ **Copy of the previous/present policy.**
- ☐ **Broker of Record letter. (if applicable)**
- ☐ **Copies of waiver/release forms.**
- ☐ **Copy of emergency procedures.**
- ☐ **Four years of current valued company loss runs (company copy including reserves).**

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)



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CA #0334819

TRIATHLON EVENT QUESTIONNAIRE

Named Insured: _____ Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

1. What types of sports are in this event? _____
2. How many participants will be competing? _____
3. Are there any experience requirements for the participants? ☐ Yes ☐ No
4. Are they required to wear any safety equipment? ☐ Yes ☐ No
5. What is the participants age group? _____
6. Do the participants sign any waivers? ☐ Yes ☐ No
If yes, please provide a copy of the signed waivers.
7. How many volunteers will be utilized? _____
8. What experience, if any, is required in order to qualify as a volunteer? _____

9. What is the realistic response time for medical assistance? _____
10. Please provide the information requested for the following two sports:
Water Sports: Are life saving devices required? ☐ Yes ☐ No
Are lifeguards, the Coast Guard or some type of medical service present? _____
Running & Biking: Does the course take place on open or closed roads? ☐ Open ☐ Closed
If open, how are participants separated from traffic? _____
Are intersections manned as the participants pass through? ☐ Yes ☐ No
Will SAG vehicles be used? ☐ Yes ☐ No
If yes, how many, and where will they be placed? _____

11. Do you require coverage for ancillary events? ☐ Yes ☐ No
If so, please provide a description of the activity along with the date, location, estimated attendance.
12. **ADDITIONAL INSURED:** If you are required to add entities to your policy as additional insureds, please provide a list of names, as they should appear on the policy, the complete address for each and their relationship to you.

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ☐ Provide a schedule of events, including – Date, location and estimated number of spectators per event
- ☐ Please provide a diagram of the course, which includes altitudes, obstacles, mileage, transition areas, etc.
- ☐ Provide a copy of any current handbook, procedures manual, etc. on safety/emergency procedures for the race.
- ☐ Please provide a diagram of the course and copies of any brochures or manuals available for this event.

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

Applicant's Name (print)

Date (MM/DD/YY)

Producer's Signature (if applicable)

Producer's Name (print)

Date (MM/DD/YY)



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WATER RELATED EVENTS QUESTIONNAIRE

Named Insured: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

1. What type of event will you be holding? _____
2. Will this event take place on open or closed waters? ☐ Open ☐ Closed
3. What type of safety equipment and guidelines are required of the participants? _____

4. Are there any requirements of a participant to enter the event (i.e. training, age)? _____

5. Are the participants required to sign waivers? ☐ No ☐ Yes (If so, please provide a copy)
6. Please provide a schedule of events. With this schedule please include the following for each event:
☐ Date ☐ Location ☐ Number of Participants ☐ Estimated Gross Receipts
☐ Age Group of the Participants ☐ Number of Spectators ☐ Number of Volunteers
7. If you are utilizing volunteers, what type of experience is required in order to qualify as a volunteer? _____

8. Has the Coast Guard or Local Authorities been notified about your event? ☐ Yes ☐ No
Will they be present at your event? ☐ Yes ☐ No If so, how many and where will they be located? _____

9. What is the realistic response time for medical assistance? _____
10. Does the equipment used during an event belong to you or the participants ☐ Yes ☐ No
If not, who provides the equipment rented or loaned to the participants? _____

11. Is the equipment thoroughly checked prior to being used? ☐ Yes ☐ No
12. Does the insured need any ancillary events covered? ☐ Yes ☐ No
If so, please provide a description of the activity along with the date, location and estimated attendance
13. **ADDITIONAL INSUREDS: If you are required to add entities to your policy as additional insureds, please provide a list of names, as they should appear on the policy, the complete address for each and their relationship to you.**
14. **Please provide a diagram of the course and copies of any brochures or manuals available for this event.**

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

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date

Date



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HOSPITALITY TENTS PRELIMINARY QUESTIONNAIRE

Named Insured: _____ Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

1. Are any contracts signed between you, the Insured, and the venues and/or promoters of the events? ☐ Yes ☐ No

If so, please provide copies.

2. Do you have a travel agent's E&O policy or anything similar? ☐ Yes ☐ No

3. To what extent do you get involved with the actual travel arrangements or transportation to and from the hotel to the event site, etc.? _____

4. What is your experience with this type of operation? _____

5. If temporary quarters are set up, (i.e. tent as a hospitality suite) who is the contractor responsible for setting up the tent? _____

Do they hold you harmless? ☐ Yes ☐ No

Do you obtain certificates of insurance? ☐ Yes ☐ No

6. Do you have responsibility for the patrons 24 hours a day during the event or only during certain times? _____

7. Do the individual patrons sign waivers or just the "client" (i.e.: sample sales contract)? _____

8. **Please provide examples of the type of clientele you will have.**

9. What types of activities are included with your hospitality packages? _____

10. Do you have a schedule of hospitality packages available? ☐ Yes ☐ No

If yes, please provide.

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)



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SPONSORS LIABILITY SUPPLEMENTAL APPLICATION

Named Insured: _____ Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

1. Estimated number of events to be sponsored during this policy term: _____
2. Estimated annual sponsorship monies:
 - a. Total value of monetary sponsorship for the policy period: \$ _____
 - b. Total valuation and description of all non-monetary sponsorship contributions for the policy period: \$ _____
Description of Items: _____

3. Explain any responsibilities for events other than monetary and non-monetary contributions: _____

4. 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 will list you as an Additional Insured.

	Certificates	Limits	Additional Insured
Event Organizer	_____	_____	_____
Event Promoter	_____	_____	_____
Event Sanctioning Body . . .	_____	_____	_____
Food Concessionaire	_____	_____	_____
Vendors	_____	_____	_____
Exhibitors	_____	_____	_____
Independent Contractors . . .	_____	_____	_____
Service Organizations	_____	_____	_____
Product Manufacturers	_____	_____	_____
(for premium items)			

MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

- ☐ **List of Events-** Attach a list of events for which you are requesting sponsor liability coverage. Must include the following:
 - a. The name, date and location of event, including facility name and value of sponsorship contribution.
 - b. Description of event including spectator attendance, and ancillary activities (i.e.: fireworks, concerts, parades, etc.). Please note any single events with expected attendance of 10,000 or greater.
 - c. Description of your sponsorship involvement including any items sold or distributed bearing your name.
 - d. Promoter's/organizer's or sanctioning body's name and their years experience with similar events.
- ☐ **Five year Loss History for previous Sponsors Liability (company copies mandatory).**
- ☐ **Copies of contracts and sponsorship agreements.**
- ☐ **Copies of Certificates of Insurance from promoters, etc., listed above.**
- ☐ **Any additional applications required for special coverages (such as liquor or fireworks).**

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 _____ Date (MM/DD/YY) _____

Producer's Signature (if applicable) _____ Date (MM/DD/YY) _____

Applicant's Name (print) _____

Producer's Name (print) _____



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PARTICIPANT ACCIDENT SUPPLEMENTAL APPLICATION

Name of Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Web Site Address: _____

Total Number of Participants: _____ Age Range of Participants: _____

Break down participation by type of events and age:

	TYPE OF EVENTS	NUMBER OF PARTICIPANTS
Ages 9 & Under	_____	_____
Ages 10-12	_____	_____
Ages 13-15	_____	_____
Ages 16-17	_____	_____
Ages 18 & Older	_____	_____

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UNDERWRITING INFORMATION

1. Are emergency procedures in place? ☐ Yes ☐ No Tested? ☐ Yes (*Attach copy of procedure*) ☐ No
2. Do you require any emergency vehicle and licensed EMT at each event? ☐ Yes ☐ No

If no, please explain: _____

3. If an emergency vehicle is not on site, what is the average emergency response time? _____
4. Is first aid available to both participants and spectators at the event location(s)? ☐ Yes ☐ No

Please explain: _____

5. Describe medical, security and evacuation procedures: _____

6. Is the insurance program: ☐ Mandatory ☐ Optional, please explain: _____

If optional, how many members are eligible to participate in your insurance program? _____

7. Are all coaches/trainers certified? ☐ Yes ☐ No

Please explain certification process: _____

8. Are all practices, contests and ancillary events sanctioned and supervised by you? ☐ Yes ☐ No
9. Do you have sanctioning procedures in place: ☐ Yes (*Attach copies of sanction requirements and application*) ☐ No

10. Are you a member of an association or other organization which promotes or governs the activities named above? ☐ Yes ☐ No
11. Are participants ever transported to or from practices or competitions at your direction and under your supervision? ☐ Yes ☐ No
- If yes, please describe: _____
- _____
- _____
12. Is a K&K approved waiver and release form read and signed by all persons entering a restricted area prior to entry? ☐ Yes *(Please attach a copy of forms(s))* ☐ No
13. Are coaches and officials to be covered? ☐ Yes ☐ No
14. Please indicate any additional information which you feel is important here: _____
- _____
- _____

ANCILLARY EVENTS INFORMATION - Describe any events or activities.

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIOR CARRIER INFORMATION- We require currently valued loss runs for each of the last four years K&K was not on the account.

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ☐ Copies of diagrams and photographs of each location showing all spectator and participant areas where covered activities take place.
- ☐ Copy of the previous/present policy.
- ☐ Broker of Record letter. (if applicable)
- ☐ Copies of waiver/release forms.
- ☐ Copies of rules and regulations, safety manuals and sanction requirements and application.
- ☐ Four years of company loss runs (company copy including reserves).

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

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



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

<u>Name</u>	<u>Experience</u>
_____	_____
_____	_____
_____	_____

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)



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

Date



EVENT LIQUOR LIABILITY APPLICATION

Named Insured (*as it is to appear on policy*): _____

Contact Name: _____ Email: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Name Liquor License is in: _____

Liquor License Number: _____ Class of License: _____

Location of Premises: _____

1. 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). _____

2. Opening and closing hours of event: _____

3. Opening and closing hours of alcoholic beverage sales: _____

4. Are the alcohol sales and consumption contained by fencing within one fixed site? ☐ Yes ☐ No

If site is completely enclosed, are minors allowed to enter? ☐ Yes ☐ No

If no, are booths/stands located throughout the event site? ☐ Yes ☐ No

5. At what point of sale are I.D.'s checked? _____

6. How many security personnel are present? _____

7. Are rules and regulations clearly displayed for patrons' viewing? ☐ Yes ☐ No

Explain: _____

8. Is there a quantity limit per purchase? ☐ Yes ☐ No If yes, how many? _____

9. If there is entertainment provided, please explain: _____

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

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date

Date



P.O. Box 2338
Fort Wayne, IN 46801-2338
CA# 0334819

SECURITY SUPPLEMENTAL APPLICATION

Name of applicant: _____ Date: _____

Who is primarily responsible (via contract) for liability coverage of off-duty police?: ☐ Insured ☐ Municipality

Who is primarily responsible (via contract) for Workers's Compensation of off-duty police?: ☐ Insured ☐ Municipality

Are all the applicant's security guard employees licensed by the state as a security guard? ☐ Yes ☐ No

If no, explain: _____

INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

Are background investigation and checks conducted on all employees who perform security duties? ☐ Yes ☐ No

If yes, mark appropriate box:

☐ Criminal background checks

☐ Previous employer

☐ Motor vehicle report

☐ Fingerprints

☐ Drug screening

☐ Personal references

☐ Background cleared prior to hire

☐ Other: _____

What firearm training is required for armed security employees? _____

Does applicant have a formal training program for security employees? ☐ Yes ☐ No

If yes, explain or attach a copy of training manual _____

Provide the number of dogs to be used in security operations: _____

During the past four years, have any claims been presented to your current or prior insurance carrier for security related incidents? ☐ Yes ☐ No

If yes, please explain those incidents in detail below or provide a separate exhibit. _____

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

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date

Date

1. APPLICANT: Entity holding the Event

Name: _____ Telephone: _____

Physical Street Address (Required): _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Website: _____

Type of business and/or purpose of entity: _____

Number of years entity has been in existence: _____

What is the involvement of the applicant in the event? ☐ Organizer ☐ Promoter ☐ Manager ☐ Artist ☐ Sponsor

Other (provide full details) _____

2. EVENT TO BE INSURED:

Full Name of Event _____

Name of Venue/Hotel/Convention Center _____

Address of Venue/Hotel/Convention Center _____

City: _____ State: _____ Country: _____ Zip: _____

Date of Lease (Allowing for installation and dismantling) From _____ To _____

Open Dates of Event From _____ To _____

Alternate Dates (if any) From _____ To _____

Will the event be: ☐ Indoors ☐ Outdoors ☐ Under temporary structures ☐ Indoors with some outdoor elementsAre you looking to insure adverse weather for the outdoor portion of an event? ☐ Yes ☐ No**If yes, please complete the Outdoor Event supplemental application**If you have multiple events, please provide a schedule including event name, location, dates of event, financial information, and sum (limit) to be insured.

- 3. TYPE OF EVENT:** (check one) ☐ Athletic or Sporting Event ☐ Fair or Festival ☐ Music Event
☐ Tradeshow/Conference/Convention ☐ Consumer Show (Art/Antique/Car/Boat/Garden)
☐ Other (please describe) _____

A copy of the budget is required with the application if the budgeted gross revenue or expenses exceed \$1,000,000.**4. Maximum number of attendees (including exhibitors) on any one day of the Event.**☐ Less than 100 ☐ 100 to 1,000 ☐ 1,000 to 5,000 ☐ 5,000 to 10,000 ☐ 10,000 to 20,000 ☐ Over 20,000**5. FINANCIAL INFORMATION:**

Budgeted Gross Revenue: \$ _____ Budgeted Expenses: \$ _____ Budgeted Net Income (Loss): \$ _____

- 6.**
- Does any party other than the applicant have an interest in the Gross Revenue noted above?
- ☐
- Yes
- ☐
- No

If yes, please provide details _____

- 7.**
- Do you have a Ticket Refund Policy?
- ☐
- Yes
- ☐
- No

If yes, please provide details _____

If no, then how do you intend to handle refunds and what procedure do you have in place?

- 8.**
- Does the sum to be insured (limit) represent either the entire gross revenue or the expenses of the event and not a portion?
- ☐
- Yes
- ☐
- No

If no, please explain _____

- 9.**
- Has this event been held before?
- ☐
- Yes
- ☐
- No

If no, please provide details of the applicant's experience in organizing events _____

- 10.**
- Is this event open to the public?
- ☐
- Yes
- ☐
- No

- 11.**
- Have all contractual arrangements necessary for the successful fulfillment of the Event been made and confirmed in writing?
- ☐
- Yes
- ☐
- No

12. Have all permits, contracts, visas, licenses or the like necessary of the event to be completed successfully been obtained at the time of this application or will they be obtained in good time prior to the start of the event? . . . ☐ Yes ☐ No
13. Is the venue under construction or major renovation? ☐ Yes ☐ No
14. What period has been allowed for venue preparation/stage set-up? Number of hours _____
15. Is coverage for non-appearance of any person required for the event? ☐ Yes ☐ No
If yes, please complete the Non-Appearance supplemental application.
16. Do you wish to purchase terrorism coverage? ☐ Yes ☐ No
17. Are you aware of any circumstances, currently existing or threatened, that may possibly result in a claim under this insurance? ☐ Yes ☐ No
 If yes, please provide details _____
- NOTE:** If you become aware of any such circumstances after completing this application, and before the date insurance for the event commences, you must disclose the circumstances to the insurers immediately, as this may affect this insurance.
18. Have you at any time within the last 5 years had a loss, or circumstances which could have led to a loss which would have been covered by this insurance? ☐ Yes ☐ No
 If yes, please provide details _____
19. Do you have:
- (a) Any further material facts to disclose (material facts are those facts which might influence the acceptance or assessment of the proposal); ☐ Yes ☐ No
 OR
- (b) Any special non-standard request for coverage which you wish underwriters to consider? ☐ Yes ☐ No
 Please enter any material facts or special coverage requests below:

PLEASE READ AND SIGN BELOW:

Signing this application and declaration does not bind either the application or the underwriter to provide the insurance. In the event there is any material change in the answers to the questions herein prior to the issuance date of the policy, the application form would be considered inaccurate or incomplete. The applicant will notify the insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn. It is agreed that this application and declaration shall be attached to and form part of any policy which may subsequently be issued.

To be signed by the Insured

The undersigned applicant represents that the statements set forth in this application and its attachments and other materials submitted to the insurer are true and correct. In accepting any quotation provided by result of this proposal request, the insured warrants that all information and answers provided in this proposal are true and correct. The Insured so warrants: . . . ☐ Yes ☐ No

Name _____ Signature _____

Title _____ Date _____

All quotations are subject to the receipt and acceptable review of the application and other underwriting information by the underwriter.

PLEASE SIGN AND RETURN COMPLETED FORM TO:

2001 K Street, NW, Suite 625 North
 Washington, DC 20006
 seth.fleischer@affinitynonprofits.com
 Phone: 202.429.8532 or 800.432.7465 ext. 8532
 Fax: 202.429.8584



P.O. Box 2338
Fort Wayne, IN 46801-2338
www.kandkinsurance.com
CA# 0334819

Workers Compensation Supplemental Application

General Information Current number of seasonal employees: _____

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

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

Benefits Group medical insurance? Yes ☐ No ☐ What percentage of employees are covered by the plan? _____ %
Who is eligible? All employees ☐ Only full time ☐ Other: ☐ _____ CPR training provided? Yes ☐ No ☐

Hiring Practices Check all that apply:

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

Are written job descriptions provided? Yes ☐ No ☐

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

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

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

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

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

Safety training program in place for employees? Yes ☐ No ☐

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

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

Personal protective safety equipment provided? Yes ☐ No ☐

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

If yes, describe: _____

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

Are supervisors held accountable for injuries? Yes ☐ No ☐

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

Written ☐ Informal ☐ Modified duty offered to injured employees? Yes ☐ No ☐

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

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

Premises Housekeeping/cleanliness at the jobsite Excellent ☐ Good ☐ Poor ☐

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

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

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

If yes, do employees maintain the exterior?

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

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

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

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

What is the purpose of the driving exposure? _____

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

Vehicles inspection/maintenance program? Yes ☐ No ☐



ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.

1. Does the Applicant have written procedures and a plan of supervision that monitors staff and volunteers in day-to-day relationships with its members, both on and off the premises? ☐ Yes ☐ No

2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy? ☐ Yes ☐ No
If yes, please attach a copy

a. If yes, does the written policy include:

i. Definition of sexual and physical abuse/molestation? ☐ Yes ☐ No

ii. Incident reporting procedures? ☐ Yes ☐ No

iii. Investigation procedures? ☐ Yes ☐ No

iv. Disciplinary procedures? ☐ Yes ☐ No

v. Retaliation warning? ☐ Yes ☐ No

vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? ☐ Yes ☐ No

b. Are procedures in place to monitor the implementation and on-going execution of this policy? ☐ Yes ☐ No

3. Does the Applicant's employment process include a criminal background check on all employment and volunteer candidates, whether direct employee, volunteer or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment or participation is made? ☐ Yes ☐ No

Please identify and explain any current employees, volunteers or independent contractors who are not subject to criminal/sex offender registry background checks:

Who is your vendor for the Criminal Background and Sex Offender Registry checks? (Required) _____

4. Does the Applicant verify employment-related references? ☐ Yes ☐ No

5. Does the Applicant conduct personal interviews? ☐ Yes ☐ No

6. Is there a formal policy regarding staff training on:

a. Appropriate and inappropriate physical contact with clients or children? ☐ Yes ☐ No

b. Appropriate and inappropriate verbal interactions with clients or children? ☐ Yes ☐ No

c. Appropriate and inappropriate electronic communications with clients or children? ☐ Yes ☐ No

d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? ☐ Yes ☐ No

e. Recognition of the signs of abuse or molestation? ☐ Yes ☐ No

7. Does any employee, volunteer or independent contractor
- a. have one-on-one access to clients or children in a closed door or transportation setting? ☐ Yes ☐ No
 - b. physically touch another person as part of their job responsibilities? ☐ Yes ☐ No
- If yes, please explain: _____
-
8. Please indicate the age range of members, patrons, students, or populations served (check all that apply):
- ☐ 0 - 18 years of age ☐ 18 – 25 years old ☐ 25 – 50 years old ☐ over 50 years old ☐ All
9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation? ☐ Yes ☐ No
- If yes, please describe: _____
-
- a. Was a suit brought against the organization? ☐ Yes ☐ No
 - b. Was the case settled? ☐ Yes ☐ No
 - c. Was the case taken to trial? ☐ Yes ☐ No
 - d. How much money was paid as damages to the victim? _____
-
10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage? ☐ Yes ☐ No
11. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017? ☐ Yes ☐ No
12. Additional remarks/information: _____
- _____
- _____
- _____

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

FOR MAINE APPLICANTS ONLY: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR UTAH APPLICANTS ONLY: THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature: _____ Date: _____

Applicant Name: _____

Title: _____

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 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.

AIG FRAUD APPS (2021/06)

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)