

FRATERNAL ORGANIZATIONS

Eligible Operations:

Including but not limited to:

- American Legion
- Eagles
- VFW
- Moose
- Knights of Columbus
- Other fraternal and social organizations

Note:

- Account must be in operation for at least five years
- Organization must have tax-exempt status as defined by the I.R.S.
- Operations must be overseen by a manager whose duties include staff reports to management and responsibility for hiring and retention
- Liquor liability may be available for risks that have a valid liquor license (servers must have formal training-TIPS/TAMS or equivalent)

Ineligible for this program:

Including but not limited to:

- Organizations that have had a liquor license revoked, suspended, or have been fined.
- Any organization with "All you can drink" specials
- Off-site events open to the general public in which the applicant is acting as a promoter of the event, regardless if live entertainment is being provided for the event
- Organizations with swimming pool exposures where liquor is served or in any way available for consumption
- Social organizations at a college or university

K&K Benefits:

- 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

Property and liability coverage is designed for a variety of fraternal organizations including the American Legion, Eagles, Knights of Columbus, and many other social organizations.

- Minimum Premium: \$3,500

Coverages Available & Program Highlights:

General Liability

- Non-audited policy
- Broadened coverage form
- No deductible
- Bodily Injury definition redefined
- Crisis Response coverage
- Liquor Liability (in most states)
- Employee Benefits Liability

Property

- More than 25 coverage enhancements
- Equipment Breakdown
- Business Interruption

Inland Marine

Crime

Commercial Automobile

Excess Liability

Event Cancellation & Non-appearance (provided through Showstoppers)

Common Associated Exposures:

- Premises Liability
- Events held on premises for members and to the general public
- Restaurant and liquor operations for the benefit of members and guests

Insuring the world's fun®

Contact Information:

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

Fraternal Organizations

Sports Unit

PHONE: 855.536.2431

FAX: 260.459.5120

EMAIL:

KK.Sports@kandkinsurance.com

WEB SITE:

www.kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

All descriptions, summaries or highlights of coverage are for general informational purposes only and do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy.

Submission Instructions:

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

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs, including current year
- Copy of Hall Rental Contracts
- Any event brochures

Fraternal Order Application(s):

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

K&K Application(s)

- Fraternal Order Supplemental Application

ACORD Application(s)

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

Insuring the world's fun.®



NON PROFIT FRATERNAL ORDERS/CLUBS APPLICATION

Please fill out the General Information section, along with the section(s) you are requesting coverage.

Also provide: ☐ Acord applications ☐ Any event brochures ☐ Copy of any Hall rental contracts ☐ Five year loss history

GENERAL INFORMATION SECTION

1. Name of organization: _____
D/B/A: _____
2. Does the organization have tax exempt status as defined by the I.R.S.? ☐ Yes ☐ No
3. Check the Internal Revenue Service tax exempt code that pertains to this organization:
☐ 501 (c)(4) ☐ 501 (c)(7) ☐ 501 (c)(8) ☐ 501 (c)(10) ☐ 501 (c)(19) ☐ Other: _____
4. Purpose and mission of the organization: _____

5. Operations of the organization (check all that apply):
☐ Private club ☐ Social club ☐ Dinner club ☐ Bar/Tavern ☐ Restaurant ☐ Pool hall
☐ Bingo ☐ Casino/Gaming ☐ Parades ☐ Fundraising ☐ Hall rental ☐ Banquet hall ☐ Unions
☐ Other - describe: _____
6. Mailing address: _____
City: _____ State _____ Zip: _____
E-mail address: _____ Web site address: _____
7. Location address: _____
City: _____ State _____ Zip: _____
Location # _____ *Note: submit a separate application for each location.*
8. Building Interest: ☐ Owner ☐ Tenant if tenant, part occupied _____ %
9. Number of years in operation? _____
10. Has the organization filed bankruptcy in the last five years? ☐ Yes ☐ No
11. What is the latest hour the establishment will ever stay open? _____ AM _____ PM
12. How many hours prior to closing will alcoholic beverages be served? _____
13. Are bouncers, security or doorpersons ever employed? ☐ Yes ☐ No
14. Is there a lodge manager who oversees all operations? ☐ Yes ☐ No
15. Number of members? _____ (Do not include any auxiliary members)
16. What is the average age of members? ☐ Under 21 ☐ 21-25 ☐ 26-30 ☐ 31+
17. Total Annual Receipts
Food \$ _____ Alcohol \$ _____ Rental income \$ _____ Membership dues \$ _____
Other \$ _____ Describe: _____
18. Within the past five years has coverage been cancelled or non-renewed? ☐ Yes ☐ No
If "Yes," explain: _____

GENERAL LIABILITY SECTION

19. ☐ CGL ☐ Liquor Liability

LIMIT OPTION ☐ \$1,000,000

20. Hired and Non-Owned Auto Liability ☐ Check if coverage is desired

If checked, answer a through d.

a. Does the applicant have a business (or commercial) automobile insurance policy in force? ☐ Yes ☐ No

b. Does the applicant regularly deliver goods or products? ☐ Yes ☐ No

c. Does the applicant require its employees to use their personal automobile to
conduct the applicant's business on a regular basis? ☐ Yes ☐ No

d. Does the organization have any owned or leases (long-term) autos? ☐ Yes ☐ No

21. Are there functioning smoke or heat detectors used in all public areas? ☐ Yes ☐ No

22. Does applicant have any of the following exposures: mechanical rides, moon bounces, trampoline,
rock walls, pyrotechnics, swimming pool or foam machines? ☐ Yes ☐ No

23. Is a secondary means of egress provided for each floor (including basement) having public access? ☐ Yes ☐ No

Entertainment

24. Does applicant feature any entertainment? ☐ Yes ☐ No

If "Yes", check all that apply:

☐ DJ ☐ Live Music ☐ Juke Box ☐ Comedy club

☐ Shows or contests (describe): _____

☐ Other (describe): _____

Number of times per week: _____ or number of times per year _____

Is dancing permitted? ☐ Yes ☐ No

25. Does applicant have table seating? ☐ Yes ☐ No

26. Does applicant have table service? ☐ Yes ☐ No

27. Does the organization ever act as a promoter of an event held away from the insured premises? ☐ Yes ☐ No

If "Yes," please provide details: _____

28. Is the facility ever rented out to members or the general public for private events? ☐ Yes ☐ No

29. Are certificates of liability obtained by any vendors naming the Named Insured as an Additional Insured? ☐ Yes ☐ No

30. Are there any previous assault and battery claims in the past three years? ☐ Yes ☐ No

31. Are guns kept or permitted on premises? ☐ Yes ☐ No

If Yes, explain: _____

32. Does the insured have shooting events on site (meat/turkey shoots etc.)? ☐ Yes ☐ No
- A. Does application require redundancy storage of all firearms & ammunition, including requiring locations or access systems? ☐ Yes ☐ No*
- B. Does the shooting range include bullet traps and a supplemental backstop or specific safety zones behind targets? ☐ Yes ☐ No*
- C. Are there clearly delineated rear and side safety barriers? ☐ Yes ☐ No*
- D. Are there clearly defined firing lines/lanes? ☐ Yes ☐ No*
- E. Do activity leaders use clear safety signals and ranges commands to control activity at the firing line and during the retrieval of targets? ☐ Yes ☐ No*

*Explain any "No" answers: _____

PROPERTY SECTION

33. Cooking supplement - If no cooking, check here ☐
- a. Is there a cleaning contract in force with an outside firm? ☐ Yes ☐ No
- If "Yes," how often: _____
- b. Describe cooking equipment used: ☐ Grills ☐ Open flame ☐ Oven ☐ Deep fat fryers
- ☐ Charcoal grill ☐ Barbeque pit/Smoke Type or brand: _____ Distance from building: _____ ft.
- c. Are the cooking area, hood and duct system protected per NFPA 96 (*Fire Extinguishing System*) ☐ Yes ☐ No
- d. Type of extinguishing system: ☐ Wet ☐ Dry
- e. Is vegetable oil used in cooking? ☐ Yes ☐ No
34. Is the plumbing completely PVC or copper (*no iron or lead*)? ☐ Yes ☐ No
35. Type of roof? ☐ Flat ☐ Pitched
36. Roof updated, yr. _____ Electrical updated, yr. _____ Plumbing updated, yr. _____ Heating updated, yr. _____
37. Age of building: _____
38. Are there vacancies in the building? ☐ Yes ☐ No
- If "Yes," what percentage? _____ %
39. Burglar alarm: ☐ Local ☐ Central station burglar alarm
40. Fire protection: ☐ Sprinklers ☐ Central station fire alarm ☐ Local fire alarm ☐ Annually serviced fire extinguisher(s)
41. Is the building fully protected by an operational sprinkler system covering 100% of the premises? ☐ Yes ☐ No
42. If applicant is the building owner, are there other occupancies? ☐ Yes ☐ No
43. Is all electrical wiring connected to functional and operational circuit breakers? ☐ Yes ☐ No
44. Does the electrical system have aluminum wiring? ☐ Yes ☐ No
45. Does the electrical system have knob & tube wiring? ☐ Yes ☐ No
46. Total sq ft of building: _____ Area occupied by the applicant: _____ sq ft.
- Apartment area: _____ sq ft. # of apartment units: _____ Area leased to others: _____ sq ft.

LIQUOR LIABILITY SECTION

47. Does applicant have a valid liquor license? ☐ Yes ☐ No
- a. Name on license: _____ License #: _____
- b. License type (*Class D licenses prohibited in Utah*): _____
48. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a tribal court? ☐ Yes ☐ No
49. Are same-day memberships available? ☐ Yes ☐ No
50. Are members permitted to bring more than two guests per day (*excluding immediate family members or banquet activities*)? ☐ Yes ☐ No
51. Are members allowed behind the bar area? ☐ Yes ☐ No
52. Is this risk located in a dry county or township? ☐ Yes ☐ No
53. Does applicant ever sell or serve alcohol away from the premises shown in Question 7? ☐ Yes ☐ No
- If "Yes," please provide details: _____
- _____
54. Is self-service of alcohol by members permitted? ☐ Yes ☐ No
55. Does applicant permit "BYOB" (bring your own bottle) or set-ups? ☐ Yes ☐ No
- If "Yes," explain: _____
- _____
56. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service? ☐ Yes ☐ No
57. Does or will applicant ever offer (*include special events such as New Years Eve parties, etc*):
- a. Any drink specials/happy hours ☐ Yes* ☐ No
- b. Drink specials/happy hours lasting longer than three hours in duration ☐ Yes* ☐ No
- c. Drink specials/happy hours after 9 p.m. ☐ Yes* ☐ No
- d. Single drink servings larger than 24 ounces ☐ Yes* ☐ No
- e. Complimentary drinks ☐ Yes* ☐ No
- f. "All you can drink" specials or other offers involving unlimited alcoholic beverages ☐ Yes* ☐ No
- * If "Yes," describe type of drink(s), size (oz.), cost and time(s) offered: _____
- _____
- _____
- g. Beer price: _____ (*lowest price offered, including happy hours or specials*)
- h. Liquor or wine price: _____ (*lowest price offered, including happy hours or specials*)
58. Is entertainment featured at banquets? ☐ Yes ☐ No
- Number of times per week: _____ OR number of times per year: _____
59. Are facilities available for banquets, receptions or private affairs? ☐ Yes ☐ No
- a. Number of times per week: _____ OR number of times per year: _____
- b. Does applicant serve alcohol at all events? ☐ Yes ☐ No
- If "No," will lessee be required to carry liquor liability insurance at equal or greater limits? ☐ Yes ☐ No

60. Are all alcohol servers certified in a Formal Alcohol Training Course, not mandated by state? ☐ Yes ☐ No

If "Yes," provide name of the course (ie.: TIPS, TAM, RAMP, BEST, etc): _____

If "No," who is trained? _____

If not all servers attend a training course, how are they trained? _____

61. **VIOLATIONS:**

a. Within the past five five years, has applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? ☐ Yes ☐ No

b. If "Yes," provide the following information on each fine or citation:

Date(s): _____

Description(s): _____

Fines and/or penalties assessed: _____

Measures in place to prevent future violations: _____

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)

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)