

ESPORTS

Eligible Operations:

- Pro eSports teams
- Amateur eSports teams

Key Underwriting/Qualifying

Factors (Including but not limited to):

- \$3,500 minimum account premium

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Sports Programs for over 25 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

The Sports unit of K&K Insurance is dedicated to providing customized insurance programs for amateur and pro eSports. K&K's innovative coverages, risk evaluation and claims management results in specialized insurance programs designed to meet the needs of the players, officials, spectators, coaches and administrators involved in eSports.

Coverages Available & Program Highlights:

General Liability

- Broadened Coverage Form
- No Deductible
- Legal Liability to Participants
- 24/7 Premises/Operations Liability
- Liquor Liability
- Lessors, Co-promoters and Sponsors can be included as Additional Insureds
- Employee Benefits Liability
- Volunteers as Additional Insureds

Property

- Over 25 property enhancements

Inland Marine

Commercial Auto

- Owned Autos
- Nonowned/Hired Auto

Crime

Excess Liability

Excess Accident Medical (Participant Accident)

Sexual Abuse & Molestation

Event Cancellation & Non-appearance

Workers' Compensation

Common Associated Exposures:

- Team operations
- 24/7 Premises/Operations Liability Coverage
- Promotional Events and Public Appearances

Insuring the world's fun®

Contact Information:

1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338

eSports Sports Unit

PHONE: 800.441.3994
FAX: 260.459.5120

EMAIL:
KK.Sports@kandkinsurance.com

WEB SITE:
kandkinsurance.com

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

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
- Copies of all contracts (i.e. player, housing, sponsorship), codes of conduct
- Copy of procedure/rule manuals
- Copy of waiver & release forms
- SAM prevention and reporting policy

eSports Application(s):

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

K&K Application(s)

- eSports Application
- Participant Accident Supplemental Application (if needed)
- Event Cancellation (if needed)
- Workers' Compensation (if needed)

ACORD Application(s)

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

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1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-877-355-0315 Fax 1-260-459-5821
 www.kandkinsurance.com
 CA# 0334819

ESPORTS INFORMATION FORM

BUSINESS INFORMATION

1. Name of Insured (as will appear on policy): _____
2. Doing business as: _____
3. Contact person: _____ Phone: (____) _____
4. Mailing address: _____
 City: _____ State: _____ Zip: _____
5. Website: _____
6. Address of each location, if more than three locations, attach list. (Include street, city, state, and zip code)
 - A. Address: _____ Housing Office Venue
 City: _____ State: _____ Zip: _____
 - B. Address: _____ Housing Office Venue
 City: _____ State: _____ Zip: _____
 - C. Address: _____ Housing Office Venue
 City: _____ State: _____ Zip: _____
7. Insured is: Corporation Partnership Joint venture Other: _____ FEIN Number: _____
8. Is the insured a non-profit organization? Yes No
9. In what state is the organization headquartered/chartered? _____
10. Does the organization engage in any other business operations under the name of the insured as will appear on the policy? Yes No
 If yes, explain: _____
11. Policy period being requested: From ____/____/____ to ____/____/____
12. Number of YEARS in Business: _____

AGENT INFORMATION

1. Name of Agency/Brokerage: _____
2. Contact person: _____ Title: _____
3. Mailing address: _____
 City: _____ State: _____ Zip: _____
4. E-mail Address: _____ Website: _____
5. Phone: (____) _____ Fax: (____) _____

COVERAGE INFORMATION Indicate the coverages desired; note the forms to be completed.

ACORD application required:

- Property General Liability Inland Marine Crime Auto Excess Workers Compensation
- Liquor (complete Liquor Liability section)
- Sexual Abuse & Molestation (complete Sexual Abuse & Molestation section)
- Nonowed & Hired Auto (complete Nonowned & Hired Auto section)

PRIOR CARRIER INFORMATION

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUMS
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____

1. Describe or provide your organizational rules and regulations: _____

2. Please explain or include governing bodies rules and regulations: _____

3. Is there a safety/injury control program in place? Yes No
Describe: _____

4. Are participants ever transported to or from practices or competitions by organization members? Yes No
If yes, please describe: _____

5. Has this type of insurance ever been canceled, declined or non-renewed? (Not applicable in Missouri) Yes No
If yes, explain: _____

6. Is a K&K approved Waiver & Release form signed by all persons? Yes No
(Please attach a copy or indicate your agreement to use a K&K supplied waiver)

7. Number of Teams: _____ Number of employees: _____
Average # of participants per event: _____ Number of coaches: _____
Number of Officials: _____ Number of volunteers: _____
Average # of spectators per event: _____

8. Breakdown of eSport team (Please attach a complete list if necessary):

	<u>Team Name</u>	<u>Number of Participants</u>	<u>Team Name</u>	<u>Number of Participants</u>	<u>Team Name</u>	<u>Number of Participants</u>
Ages 12 & Under:	_____	_____	_____	_____	_____	_____
Ages 13-15:	_____	_____	_____	_____	_____	_____
Ages 16-17:	_____	_____	_____	_____	_____	_____
Ages 18 & Older:	_____	_____	_____	_____	_____	_____

Member of League? Yes No
Name? _____

9. Please indicate exposures below for team residence and promotional events:

- Circuit training/cardio equip/freeweights
- Cryotherapy
- Jacuzzis _____
- Personally constructed or manufactured exercise equipment
- Rock climbing walls (STATIONARY) _____
- Rock climbing walls (PORTABLE) _____
- Sauna/steamrooms _____
- Swimming pools (INDOOR) _____
- Swimming pools (OUTDOOR) _____
- Tanning units _____
- Tennis courts (INDOOR) _____
- Tennis courts (OUTDOOR) _____
- Trampoline
- Whirlpools _____
- Other _____

10. Do you intend to have premises liability coverage for any team housing, office, or other venue? Yes No
If yes, please describe: _____

11. List and describe any exposures and/or activities held off premises by insured: _____

12. Any space leased to others? Yes No
If yes, please provide name of entity(s), type of operation, and square footage: _____

MANAGEMENT/PERSONNEL/SAFETY/SECURITY

- 1. List management experience and qualifications:
- 2. Are all personnel in residence your employees? Yes No
 If no, please list those who are not and whether they carry their own insurance:
 Name: _____ No Yes Limit: _____
 Name: _____ No Yes Limit: _____
- 3. Total number of full time employees: _____; Part time employees: _____; Volunteers: _____
 Are volunteers covered under your Workers Compensation policy? Yes No
- 4. Are employees certified in CPR or first aid? Yes No
- 5. What certifications do your staff have? _____
- 6. Does the facility have an automated external defibrillator (AED)? Yes No
- 8. Is the AED easily accessible for those who have been trained in the use of the AED? Yes No
- 9. Do you have AED trained staff on duty? Yes No
- 10. Are there written medical emergency and evacuation procedures in place? Yes No
- 11. What security features are installed? Sprinkler system Burglar alarm Fire alarm Central station alarm
 Smoke detectors Fire extinguishers Security cameras

FACILITY

- 1. Who is responsible for maintaining the structural and mechanical equipment in the residence? _____

SEXUAL ABUSE/MOLESTATION *(If coverage is desired)*

- 1. Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees? Yes No
 - 2. Do you conduct criminal background checks on employees or volunteers who work with children? Yes No
 - 3. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? Yes No
 - 4. Do written procedures include an obligation to immediately report suspected abuse to local authorities? Yes No
 - 5. Are copies of the procedures provided to each member of your staff? Yes No
 - 6. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? Yes No
 - 7. Has a sexual abuse/molestation claim ever been made against your facility? Yes No
 If yes, explain in detail, including the amount of damages paid to the victim: _____
- What has been done to prevent such occurrences from happening in the future? _____

SWIMMING POOLS, SLIDES AND DIVING BOARDS Yes No

If yes, please provide:

- 1. Depth of pool(s): _____
- 2. Square footage of pool(s): _____ *(required for accurate property evaluation)*
- 4. Describe safety precautions and life saving equipment available: _____
- 5. Are there any diving boards? Yes No
 If yes, height of board: _____
- 6. Does facility have waterslides? Yes No
 If yes, how many? _____
 What is the height of each slide? _____

SAUNA/STEAMROOM Yes No

If yes, please provide:

- 1. Are rules posted regarding the proper use and safety precautions? Yes No
- 2. Does the sauna(s)/steamroom(s) heating element have a protective cover to prevent burns? Yes No
- 3. Are all manufacturer recommendations followed for sauna(s)/steamroom(s) usage? Yes No

CLIMBING WALLS Yes No

If yes, please provide:

- 1. Location(s) of climbing walls: _____
- 2. Height of wall(s): _____
- 3. Provide minimum age allowed to use climbing walls: _____
- 4. Belay system used? Yes No
- 5. Describe landing surface and thickness: _____
- 6. Describe how climbing wall is monitored: _____

INFLATABLES/BOUNCE EQUIPMENT Yes No

- 1. If yes, how many? _____
- 2. Is the inflatable and/or bounce house rented or owned by the insured? _____
- 3. If rented, who is responsible for installation to ensure properly anchored? _____
- 4. If owned, what guidelines are followed to ensure properly anchored? _____
- 5. How is it monitored for use and by whom? _____

LIQUOR LIABILITY *(If coverage is desired)*

- 1. Name liquor license is in: _____
- 2. Liquor license number: _____ Class of license: _____
- 3. Opening and closing hours of alcoholic beverage sales: _____
- 4. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
If yes, please explain: _____
- 5. Has applicant incurred claims for liquor liability during the last four years? Yes No
If yes, please explain: _____
- 6. Has any insurer canceled or non-renewed coverage during the last four years? Yes No
If yes, please explain: _____
- 7. Type of alcoholic beverages sold: Beer Wine Liquor
- 8. Annual gross sales of alcoholic beverages: \$ _____
- 9. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
If yes, what type? _____
- 10. Name the formal awareness training program that the servers receive: _____
- 11. At what point of sale are I.D.s checked? _____
- 12. If there any other Liquor Liability coverage being provided? Yes No
If yes, explain and attach a copy of the certificate of insurance: _____
- 13. Liability limits requested: \$ _____ (per occurrence) \$ _____ aggregate

NONOWNED AND HIRED AUTO LIABILITY (If coverage is desired)

- 1. Do you have a Business Auto Policy for business-owned autos? Yes No
(If yes, you will need to add hired/nonowned auto to that policy)
- 2. Does your operation require employees to drive their personal vehicles for company business on a regular basis? Yes No
If yes, describe the reasons why they would be using their personal vehicles for company business: _____

- 3. Do you verify that their personal auto insurance is in place with limits of a least \$300,000 before employees can use their autos for company business? Yes No
- 4. During the last three years have you leased, borrowed, or hired any vehicles for your business? Yes No
- 5. 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? _____
 - C. Number per month _____ Number per year _____
- 6. LIST OF DRIVERS - Please provide the following information for each driver.

<u>Name</u>	<u>Birth Date</u>	<u>Driver's License Number</u>	<u>State Licensed</u>

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copies of contracts where you assume liability of another party
- Five years currently valued loss runs
- Copies of certificates of insurance naming you as additional insured from fireworks shooter, amusement ride operator, liquor concessionaire, where applicable
- Copies of waiver/release forms
- Copies of rules/regulations, safety manuals, sanction requirements, participant contracts
- Acorid applications if you would like quotes for Property, Inland Marine, Crime, Auto, Excess or Worker's Compensation
- SAM prevention and reporting policy

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 CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

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 AGENCIES.

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.

FRAUD WARNING (continued)

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.

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 MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

AIG FRAUD APPS (10/21 edition)

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.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)