

# COACHES AND OFFICIALS ASSOCIATIONS

## Eligible Operations:

- Amateur sports coaches and officials associations
- High school and college coaches and officials

## Key Underwriting/Qualifying

### Factors (Including but not limited to):

- \$3,500 minimum account premium

## Ineligible for this program:

- Individual coaches and officials not part of an association
- Coaches and officials of professional sports

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Coaches/ Officials Program
- 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

Coaches and Officials Associations across the U.S. choose K&K for liability and disability insurance for their members.

- Minimum Premium: \$3,500

## Coverages Available & Program Highlights:

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### General Liability

- Broadened Coverage Form
- Non-audited policy
- No Deductible
- Bodily Injury definition redefined
- Crisis Response coverage
- Legal Liability to Participants

### Game Fee Reimbursement

### Accident Medical

### Directors' and Officers' Liability including Employment Practices Liability

### Property

- Over 25 coverage enhancements
- Equipment Breakdown
- Business Interruption

### Inland Marine

### Crime

### Commercial Auto

### Excess Liability

### Workers' Compensation

## Common Associated Exposures:

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- Ancillary events related to scheduled sports activities
- Fund raisers
- Office premises
- Volunteers

Insuring the world's fun.®

**Contact Information:**

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

**Coaches and Officials Program**

PHONE: 800.441.3994

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:**

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To request an insurance quotation through this program, please complete the appropriate PDF application (available at [www.kandkinsurance.com](http://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:**

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- Application(s) (see below)
- Five years of company loss runs
- Copy of procedure manual
- Completed ACORD applications for other requested coverages
- Any applicable contracts e.g. facility, vendors, concessionaires

**K&K Coaches/Officials Application(s):**

(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

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**K&K Application(s)**

- Coaches/Officials Liability Application

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P.O. Box 2338  
 Fort Wayne, Indiana 46801  
 (800) 441-3994 Fax (260) 459-5120  
 www.kandkinsurance.com  
 CA #0334819

# COACHES/OFFICIALS LIABILITY APPLICATION

This coverage is for:  Officials  Coaches  Both

Name of Insured (as will appear on policy): \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

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 \_\_\_\_\_

Number of Members: \_\_\_\_\_ Number of Events: \_\_\_\_\_

When is your Membership Renewal? \_\_\_\_\_

### 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"/> Participant Accident	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
	<input type="checkbox"/> Weekly Disability Income	\$ _____	\$ _____
<input type="checkbox"/> Other: _____		\$ _____	\$ _____

**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. _____	_____	_____

\* 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.

**UNDERWRITING 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. \_\_\_\_\_
- Does your organization train and certify coaches/officials?  Yes  No If yes, please describe program: \_\_\_\_\_
- List sports types and for whom coaches/officiating services are provided (i.e. amateur sports associations, schools- collegiate, other, professional sports). \_\_\_\_\_
- 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 COPIES OF ALL CONTRACTS OF THIS TYPE.**
- Does each party assume its own liability?  Yes  No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**
- Who reviews the contracts prior to signing?  
 Corporate Officers  Counsel  Other (please explain)

**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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

**THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:**

- Copy of the previous policy.  Copies of rules, policies and regulations, safety manuals and membership 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/YY) \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_



# 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 MAY BE 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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE (MM/DD/YY)

\_\_\_\_\_  
DATE (MM/DD/YY)