

HORSE RACING FACILITIES

Eligible Operations:

- Harness Tracks
- Off-track Betting Parlors
- Quarter Horse Tracks
- Racino Gambling
- Simulcast Facilities
- Thoroughbred Tracks

Ineligible for this program:

- Chariot Racing
- Dog Racing
- Steeplechase Events

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Pari-mutuel Program 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
- Premium installment plans available

K&K offers horse track insurance solutions for a variety of facilities including horse racing complexes, harness tracks, off-track betting parlors, quarter horse tracks, racino gambling facilities, simulcast facilities, and thoroughbred horse tracks.

- Minimum account premium: \$3,500

Coverages Available & Program Highlights:

General Liability

- Legal Liability to Participants
- Horse Legal Liability
- Liquor Liability
- Employee Benefits Liability

Property

Inland Marine

Commercial Auto

Crime

Excess Liability

Jockey Accident Medical Coverage

Workers' Compensation (in select states)

Common Associated Exposures:

- Casinos
- Entertainment
- Food & beverage concessions
- Hotel/Motel
- Promotional activities
- Restaurants/lounges
- Valet parking

Insuring the world's fun[®]

Contact Information:

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

Horse Racing Program

PHONE: 800.440.5580

FAX: 260.459.5810

EMAIL:

KK.VenueGaming@
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)

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 apply online or complete the appropriate PDF application 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
- Most current financial statement
- Copy of stall agreement

Horse Racing Application(s):

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

K&K Application(s)

- Horse Track Liability Information Form
- Horse Legal Liability Application
- Participant Legal Liability Horse Racing Supplemental Application
- Liquor Liability Application (if needed)
- Security Supplemental Information
- Jockey Accident Medical Proposal Request Form (if needed)

ACORD Application(s)

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

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 CA #0334819

HORSE TRACK LIABILITY INFORMATION FORM

Insured's name (as will appear on policy): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Track address: _____

City: _____ State: _____ Zip: _____

1. Does the Named Insured own the track premises? Yes No

IF NO, PLEASE ATTACH A COPY OF CURRENT LEASE AGREEMENT.

2. Are grounds completely fenced? Yes No

If no, explain: _____

3. Who is responsible for the following? (check one)

	INSURED	SUB-CONTRACTED*	OTHER	(DESCRIBE)
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Concession Sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Liquor Sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
First Aid (personnel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Fireworks Displays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Amusement Devices/Rides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

4. Do all subcontractors and/or facility users carry liability limits at least equal to \$1,000,000?..... Yes No

Is facility listed as an additional insured, indemnified and held harmless?..... Yes No

PLEASE PROVIDE COPIES OF CONTRACTS AND CERTIFICATES OF INSURANCE.

5.	<u>Additional Insured</u>	<u>Business Relationship</u>	<u>Certificate Required</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

6. Number of years the current owner has owned this facility: _____

7. Number of years the current management has been involved with the track: _____

8. Type of racing: _____

9. Dates of racing season(s): _____

a. Number of live racing days: _____

b. Average daily attendance (live racing): _____

c. Number of simulcast days (with no live racing): _____

d. Average daily attendance (simulcast days): _____

e. Annual Attendance last year: _____ Live Racing: _____ Simulcast: _____

10. Do you own/operate any off-track betting locations?..... Yes No

Mailing Address: _____

City: _____ State: _____ Zip: _____

Total non-betting receipts: _____

11. List total grandstand capacity: _____ age: _____

Construction: _____

List total clubhouse capacity: _____ age: _____

Construction: _____

List total bleacher capacity: _____ age: _____

Construction: _____

12. Fire prevention services on site: _____

a. What percentage of the grandstand/clubhouse is sprinklered? _____ %

b. Are fire extinguishers easily accessible in all buildings?..... Yes No

How often are they checked? _____ By Whom? _____

c. Are hydrants and hoses strategically located and accessible?..... Yes No

Is water source: Municipal line On premises reservoir

Fire station tank truck Other: _____

13. Are any non-racing activities or exposures sponsored by the track management held at this facility during:

Non-racing season?..... Yes No

Racing season?..... Yes No

On race days?..... Yes No

If yes, explain and **PROVIDE A COMPLETE LISTING OF ALL EVENTS:** _____

14. PLEASE ATTACH A SCHEDULE OF ANY NON-RACING EVENTS, NOT SPONSORED BY TRACK MANAGEMENT, FOR WHICH COVERAGE IS DESIRED.

15. Are there any other types of attractions or facilities on the grounds such as playgrounds, parks, ponds, etc. for which coverage is desired? Yes No

Height of slide: _____

16. Is an overnight public campground provided? Yes No

If yes, how many spaces? _____

Is 24-hour campground security maintained?..... Yes No

PLEASE SUBMIT A COPY OF THE RULES AND REGULATIONS REGARDING CAMPING CONDUCT.

17. Does the insured do any off-premises catering? Yes No

18. Does the insured self-promote and/or co-promote any concerts? Yes No

19. Does the insured operate any Steeplechase events? Yes No

20. Does the insured own and/or operate a mechanical bull? Yes No

21. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure? Yes No
22. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? Yes No
- If yes, do you require a Certificate of Insurance naming you as an Additional Insured? Yes No
- Minimum Liability Limits required? Yes No
- Do you require coverage to be shown for both General Liability and for Participant Legal Liability?.. Yes No
23. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? Yes No
24. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point? Yes No
25. Does the course involve any mud obstacles? Yes No

Please enclose the following items along with this application and forward to K&K Insurance Group, Inc.:

- Copy of all contracts/lease agreements/hold harmless agreements between the track management and any other party with regard to this operation.**
- Diagram and photos of track location.**
- Written/printed emergency evacuation plan.**
- Current schedule of events**
- Current financial report.**
- Five (5) year detailed loss history from previous carrier.**

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

HORSE LEGAL LIABILITY APPLICATION

Name of Insured: _____

Address of Property: _____

City: _____ State: _____ Zip: _____

1. Fire protection in the barn/backstretch area consists of:

- | | | |
|---------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Central Station Alarm | <input type="checkbox"/> Hydrants on Backstretch |
| <input type="checkbox"/> Sprinklers | <input type="checkbox"/> 24-Hour Backstretch Security | <input type="checkbox"/> Hydrants Near Backstretch |
| <input type="checkbox"/> Gong Alarm | <input type="checkbox"/> Video Surveillance | |

2. How many stalls in the barn/backstretch area? _____

Number of barns: _____ Average number of horses: _____ Average value of horse: _____

3. Please indicate the percentage of barns that are of the following construction:

- | | |
|---------------------------------|---------------------------------|
| _____ % Frame | _____ % Joisted Masonry |
| _____ % Non-Combustible | _____ % Masonry Non-Combustible |
| _____ % Modified Fire-Resistive | _____ % Fire Resistive |

4. When was the most recent inspection conducted of the tracks base? _____

If problems were discovered, what were they? _____

What corrective actions were taken? _____

5. Is the track cushion groomed after each race and/or training session? Yes No

If no, explain: _____

6. Do you transport horses at any time? Yes No

If yes, do you contract with a transportation service? Yes No

If no, explain: _____

7. Has the track been found liable for injury to, or the death of, any horse(s) in the past five years? Yes No

If yes, describe the situation: _____

*** Attach a copy of the most current stall agreement.**

8. Please indicate the coverage limits you are requesting:

- \$ 10,000 per horse \$ 100,000 per occurrence/aggregate
- \$ 25,000 per horse \$ 100,000 per occurrence/aggregate
- \$ 25,000 per horse \$ 250,000 per occurrence/aggregate
- \$ 50,000 per horse \$ 250,000 per occurrence/aggregate
- \$ 50,000 per horse \$ 500,000 per occurrence/aggregate
- \$100,000 per horse \$ 500,000 per occurrence/aggregate
- \$75,000 per horse \$ 750,000 per occurrence/aggregate
- \$150,000 per horse \$ 750,000 per occurrence/aggregate
- \$100,000 per horse \$1,000,000 per occurrence/aggregate
- \$250,000 per horse \$1,000,000 per occurrence/aggregate

Note: The amount of indemnity for any horse shall be determined by the most recent verifiable purchase price of that animal.

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Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

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JOCKEY ACCIDENT MEDICAL PROPOSAL REQUEST FORM

Insuring the world's fun!

Insured name (as will appear on policy): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Track name: _____

Track address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Phone: (____) _____ Fax: (____) _____

PROPOSAL INFORMATION

1. Proposed effective date: _____

2. Current accident policy:

Medical maximum \$ _____ Deductible \$ _____ Coinsurance _____ %

Disability benefit \$ _____ Elimination period: _____ Weeks/months payable: _____

AD&D benefit \$ _____ Special features: _____

Expiration date: _____

Who is covered? Jockeys Trainers Exercisers Owners Other specify other: _____

3. Please provide the following information for the current year meet(s):

<u>Meet dates</u>	<u>Number of race days</u>	<u>Number of steeplechase races</u>
1st _____	_____	_____
2nd _____	_____	_____
3rd _____	_____	_____
4th _____	_____	_____

4. List dates of stabling/training days (do not include dates of meets):

<u>Dates</u>	<u>Number of days</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Please provide the total number of live race days for each year below:

2016 _____ 2017 _____ 2018 _____ 2019 _____ 2020 _____ 2021 _____

TRACK INFORMATION:

6. Outer rail construction material: _____ Outer rail height: _____
 Manufacturer of outer rail: _____ Date installed: _____
7. Inner rail construction material: _____ Inner rail height: _____
 Manufacturer of inner rail: _____ Date installed: _____
8. How often is the track inspected? _____
9. Are the use of helmets, flak jackets, and goggles mandatory? Yes No
10. Does an ambulance:
- a. Follow the field? Yes No
- b. Remain stationed trackside? Yes No
- c. Other (describe): _____
11. Is night or twilight racing conducted? Yes No
- a. If yes, is the track equipped with lighting sufficient to illuminate the entire racing surface? Yes No
- b. Is there a backup (emergency) lighting system? Yes No
- c. Does the backup system automatically activate in the event of a power loss? Yes No
- d. How is the power for the backup system generated? _____
12. Please provide details of vehicle traffic during workouts and race times: _____
- _____

LOSS INFORMATION:

<u>Policy Period</u>	<u>Premium</u>	<u>Paid Claims</u>	<u>Claims as of</u>	<u>Racing Season</u>	<u>Racing Days</u>	<u>Covered Charges</u>

Describe any claims of more than \$50,000 or other unusual events:

Additional Comments: _____

Please enclose the following items along with this form and forward to K&K Insurance Group, Inc.:

- Past five years insurance company loss runs
- Copy of current policy

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

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

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LEGAL LIABILITY TO PARTICIPANTS

Horse Racing Supplemental Application

1. Name of track: _____
2. Length of main (dirt) course: _____
 Length of turf course: _____
3. Is night or twilight racing conducted? Yes No
 - a. If yes, is the track equipped with lighting sufficient to illuminate the entire racing surface? Yes No
 - b. Is there a backup (emergency) light system? Yes No
 - c. Does the backup system automatically activate in the event of a power loss? Yes No
 - d. How is the power for the backup system generated? _____

4. Are outriders positioned on track during all racing/training activity? Yes No
5. What percent of races are conducted on the turf course? _____%
6. Does an ambulance:
 - a. Follow the field? Yes No
 - b. Remain stationed trackside? Yes No
 - c. Other (describe) _____
7. Is a backup ambulance on-site? Yes No
8. If no backup ambulance is on-site, is racing suspended until one is stationed at the track? Yes No

THE FOLLOWING QUESTIONS PERTAIN TO THE MAIN (DIRT) TRACK:

1. Inner rail construction material: _____
 Distance between support posts: _____
 How are support posts secured in the ground? _____
2. Inner rail design:

<input type="checkbox"/> Fontana Safety Rail	<input type="checkbox"/> Slant (to _____ degrees)
<input type="checkbox"/> Covered Gooseneck	<input type="checkbox"/> Upright
<input type="checkbox"/> Uncovered Gooseneck	<input type="checkbox"/> Other*

 *Please describe if "other": _____
3. Height of inner rail above cushion: _____
4. Is the rail indicated above in place around the entire track? Yes No
 If no, please explain: _____
5. Number of gates in inner rail? _____
 Do the gates look like the rail itself? Yes No
 If no, please explain: _____
 If the gate rail exceeds 10 feet in length, does it have a center support post? Yes No
 How is the gate rail fastened during on-track activity? _____
6. Is the top of the rail smooth and free of bolts, jagged edges, gaps, etc? Yes No
 Is it of breakaway design? Yes No

6. Number of gates in inner rail? _____
 If the gate rail exceeds 10 feet in length, does it have a center support post? Yes No
 How is the gate rail fastened during on-track activity? _____
7. Is the top of the rail smooth and free of bolts, jagged edges, gaps, etc? Yes No
8. What, if any, objects are within ten feet of the rail?
 Distance Markers Steward Stands
 Drainage Ditch Other, explain: _____
 (Depth _____ Width _____)
9. Which of these objects are padded, covered or in the case of the distance markers, collapsible? _____
10. Please describe placement of the photo-finish mirror: _____

 Is it of breakaway design? Yes No
11. Outer rail construction material: _____
 Distance between support posts: _____
12. Other rail design:
 Fontana Safety Rail Slant (to _____ degrees)
 Covered Gooseneck Upright
 Uncovered Gooseneck Other*
 *Please describe if "other": _____
13. Height of outer rail above cushion: _____
14. Number of gates in outer rail? _____
 Do the gates look like the rail itself? Yes No
 If no, please explain: _____
15. If the gate rail exceeds 10 feet in length, does it have a center support post? Yes No
 How is the gate rail fastened during on-track activity? _____
16. Does the outer rail completely encircle the track? Yes No
 If no, please explain: _____
17. Are any objects mounted on or near the outer rail? Yes No
 If yes, what are they? _____
18. Do cross-paths on the turf course have similar appearance and consistency as the rest of the course? Yes No
 If no, explain _____
19. Do access paths to the turf course have a similar appearance to the surrounding terrain? Yes No

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 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

SECURITY SUPPLEMENTAL INFORMATION

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' 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 investigations and checks conducted on all employees who perform security duties? ___ Yes ___ No

If yes, mark appropriate box:

- Criminal Background Checks
- Fingerprints
- Background Cleared Prior to Hire
- Previous Employer
- Drug Screening
- Other _____
- Motor Vehicle Report
- Personal Reference

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 number of dogs to be used in your 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, explain those incidents in detail below or provide a separate exhibit.

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Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy: _____
Telephone Number: (____) _____ Fax Number: (____) _____

2. Name Liquor License is in: _____

3. Liquor License Number: _____ Class of License: _____

4. 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). _____

5. Opening and closing hours of event(s) (for each event): _____

6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). _____

7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
If yes, please explain: _____

8. Has applicant incurred claims for liquor liability during the last three years? Yes No
If yes, please explain: _____

9. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No
If yes, please explain: _____

10. Type of alcohol beverages sold: _____ What proof: _____

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
If yes, what type? _____

13. Do you maintain security personnel at event entry check points? Yes No
If yes, what type? _____

Do they exercise the right of search and seizure of contraband items? Yes No
If yes, how do they notify the public of this? _____

14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No

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

(Continued on next page)

16. Are the servers professional (two years bartending experience or more)? Yes No
 Are the servers non-professional (less than 2 years or no bartending experience)? Yes No
 Explain: _____
17. Name the formal awareness training program that the servers receive: _____

18. At what point of sale are I.D.'s checked? _____
19. Are rules and regulations clearly displayed for patrons' viewing? Yes No
 Explain: _____
20. In what size container is the alcoholic beverage served at each event? Cup _____ oz. Pitcher Other: _____
21. Can patrons purchase more than two alcoholic beverages at one time? Yes No
 If yes, please explain: _____
22. Is there any type of designated driver program in effect? Yes No
 Explain: _____
23. Is there any other Liquor Liability coverage being provided? Yes No
 If yes, explain and attach a copy of the certificate of insurance: _____
24. Liability limits requested \$_____ (per occurrence) \$_____ (aggregate)

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 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 another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CA

For your protection, California law requires that you be advised of the following: 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.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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 which 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.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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, and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

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.

MARKEL FRAUD APPS (2024/01)

NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

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)