

PROFESSIONAL SPORTS TEAMS

Eligible Operations:

- Professional sports teams or league wide programs
- Major & minor league sports teams
- Team owned or managed sports facilities

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Management must have at least three years management experience
- Waiver/release forms required for all activities where spectators participate
- Minimum account premiums:
Minor League Baseball- \$5,000
NFL- \$10,000
Other professional teams- \$2,500

Ineligible for this program:

- Boxing *
- Mixed Martial Arts *
- Rugby *
- Wrestling *

* K&K offers spectator liability only

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Professional Sports Program
- Endorsed by Minor League Baseball
- 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

Professional sports teams can benefit from the knowledge K&K Insurance Group has gained through years of experience working closely with top sports organizations across the country. Our reputation as a leader in the sports, leisure and entertainment insurance industry comes from Over 70 years of covering some of the toughest risk in sports. For professional-level coverage and world class service—turn to K&K.

Coverages Available & Program Highlights:

General Liability

- Broadened Coverage Form
- No Deductible
- Legal Liability to Participants
- Fireworks Liability
- Liquor Liability
- Lessors and Sponsors Can be Included as Additional Insureds
- Employee Benefits Liability

Property

- Over 25 Property Enhancements
- Equipment Breakdown Included

Inland Marine

Commercial Auto

- Owned Autos
- Nonowned/Hired Auto

Crime

Excess Liability

Event Cancellation & Non-appearance - ShowStoppers

Workers' Compensation (non-players)

Common Associated Exposures:

Professional sports teams in the following areas:

- | | |
|--------------|------------|
| - Arena | - Hockey |
| - Football | - Lacrosse |
| - Baseball | - Soccer |
| - Basketball | - Softball |
| - Football | - Tennis |
| - Golf | |

Related ancillary activities such as:

- Office premises
- Concessions
- Practice games
- Public appearances such as interviews and autograph signing sessions
- Entertainment prior to, at half time, post game

Insuring the world's fun®

Contact Information:

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

Professional Sports Teams Program

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
- Most current financial statement or pro forma on new business ventures
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copies of all contracts
- Copy of operations manual
- Evidence of Work Comp (where applicable)

Professional Sports Teams Application(s):

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

K&K Application(s)

- Professional Sports Information Form (for all sports except baseball)
- National Association of Professional Baseball Leagues Information Form (baseball only)
- Baseball Team Property Checklist (if needed)
- Inflatable Liability Questionnaire (if needed)
- Nonowned/Hired Auto Questionnaire (if needed)
- Security Supplemental Information
- Fireworks Application
- Liquor Liability Application (if needed)
- Hot Tub Liability Questionnaire (if needed)

ACORD Application(s)

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

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 CA# 0334819

PROFESSIONAL SPORTS INFORMATION FORM

APPLICANT INFORMATION

Name of Insured (as will appear on policy): _____
 Doing Business As: _____
 Insured is: Corporation Partnership Joint Venture Other (explain): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____ Website: _____
 Contact Person: _____ Title: _____
 Phone: _____ Fax: _____ Tax ID: _____

AGENT INFORMATION (if applicable)

Name of Agency/Brokerage: _____ Date: _____
 Contact Person: _____ Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____ Website: _____
 Phone: _____ Fax: _____
 Stadium Name and Address: _____

Estimated annual turnstile attendance: _____
 Gross receipts from all ticket sales (expiring): \$ _____
 Limit of liability required for stadium lease: _____

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

	NAME	ADDRESS	RELATION TO YOU *
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

* 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.

During home games, who is responsible for the following activities:

	STADIUM/ FACILITY	TEAM	OTHER/DESCRIBE	INSURANCE CERT- IFICATE ON FILE?
Parking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concession Sales (Excluding alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid (Medical Personnel)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL UNDERWRITING

1. Person in charge of security on game days? _____
2. How long has this person held this position? _____
3. How many security personnel are utilized on game day? _____
4. Number hired: _____ How many ushers are used on game day? _____
5. Is there an emergency evacuation plan established for this facility? Yes No
6. Do areas listed below meet local/county/state codes? Yes No

AREA	NON-SKID SURFACE	WELL LIT
All Ramps	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Walkways & Aisles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locker Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Special events that are not game related: _____

LOSS INFORMATION FOR PAST FOUR YEARS

1. Policy Year	19 _____	19 _____	19 _____	19 _____
Total Premium	\$ _____	\$ _____	\$ _____	\$ _____
Total Insured Claims	\$ _____	\$ _____	\$ _____	\$ _____

2. What precautions are taken to keep spectators out of the restricted areas? _____

3. Number of years in business: _____

LIQUOR LIABILITY

1. Are alcoholic beverages sold? Yes No Beer and wine only? Yes No
2. Have you ever been fined or had your license revoked or suspended? Yes No
 If yes, please describe circumstances: _____

3. Do all servers receive alcohol awareness training? Yes No
 If yes, please describe: _____

4. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
5. Do you stop serving at least one hour prior to closing? Yes No
6. Are coolers, thermoses, bottles or cans permitted in the facility during the event? Yes No
7. What procedure is utilized for control of consumption of alcohol? _____

8. Have there been any alcohol related claims in the last five years? Yes No
 If yes, please describe, including payments and reserves. _____

9. Annual Liquor Receipts: \$ _____ Annual Souvenir Receipts: \$ _____
 Annual Concession Receipts (expiring): \$ _____

PATRON INTERACTIVE ACTIVITIES

1. Please list and give details of all patron interactive activities: _____

- 2. Do participants in these activities sign a waiver? Yes No
- 3. Is there an age requirement? Yes No If yes, what is the minimum age requirement? _____
- 4. Is there adequate supervision by staff? Yes No
- 5. Are parents/guardians required to be present for children’s activities? Yes No
- 6. Additional information or comments here: _____

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copies of all lease agreements relating to stadium use and copies of any contracts entered into on behalf of insured.
- Copies of Certificates of Insurance naming you as an additional insured for sub-contracted services.
- Copies of Waiver/Release form signed by all participants.
- Copy of your emergency evacuation plan.
- Four years of company loss runs.

I am interested in obtaining a quotation on the following:

- Auto Liability
- Nonowned/Hired Auto
- Property Coverage

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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HOT TUB LIABILITY QUESTIONNAIRE

Named Insured: _____
 Contact Name: _____
 Location of Premises: _____

1. How often is the water changed? _____
2. How often is the chlorine level checked? _____
3. Who uses the chemicals? _____ Are they trained? Yes No
4. Are the chemicals purchased in bulk? Yes No How much is stored on premises? _____
5. Are the chemicals: Stored Subcontracted If stored, where? _____
6. How is the hot tub sectioned off from the bleacher/spectator area? _____
7. How is access controlled and supervised during the game and at all other times? _____

8. How are slip and fall hazards controlled? _____
9. What type of surface does the hot tub rest on? _____
10. Is the hot tub a safe distance from electrical hazards? _____
11. Who installed the hot tub? _____ Licensed contractors? Yes No
12. How are individuals using the hot tub protected from baseballs entering the area? _____

13. Are minors permitted in hot tub if accompanied by an adult? Yes No If permitted, what is the minimum age? _____
14. What are the maximum number and average number of patrons allowed at one time in the hot tub (capacity)? _____
15. Are patrons required to sign a waiver/release prior to being permitted to enter the hot tub? Yes No

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

 Applicant's Signature

 Applicant's Name (print)

 Date (MM/DD/YY)

 Producer's Signature (if applicable)

 Producer's Name (print)

 Date (MM/DD/YY)



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INFLATABLES LIABILITY QUESTIONNAIRE

Named Insured: _____
Contact Name: _____
Location of Premises: _____

1. Type of inflatable (official name): _____
Location in stadium: _____
Average number of participants for each inflatable and their age group: _____
Minimum number of volunteers or employees overseeing activities: _____
2. Is inflatable: Owned Rented Leased
3. What safety equipment and guidelines are required of the participants: _____

4. Are parents required to remain at the site? Yes No
5. Are there any requirements to enter the inflatable (removal of shoes, glasses, etc.): _____
6. What type of training/background do the employees have that are operating the inflatables: _____

7. Describe security and evacuation procedures: _____
8. Is first aid available, etc? Yes No If yes, please provide medical/safety procedures in place: _____

9. What is the realistic response time for medical assistance: _____
10. Are waiver/release or consent forms signed by participants/legal guardians? Yes No
11. What precautions are taken to prevent unauthorized persons from entering restricted areas: _____

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

- A. Copies of brochures, guidelines, manuals, etc. pertaining to the inflatable.**
- B. Copy of Waiver/Release form signed by all participants.**
- C. Copy of rented/leased contract.**

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

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



NONOWNED/HIRED AUTO QUESTIONNAIRE

(To be completed and returned with Commercial Auto ACORD application)

Named Insured: _____

Do you have a Business Auto Policy for owned autos? Yes No

If yes, can coverage be obtained under your Business Auto Policy? Yes No

If no, please explain: _____

NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business? Yes No

If so, please provide details regarding duties involved: _____

2. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their auto? Yes No

3. Do you run motor vehicle reports on each employee? Yes No

4. Please explain what other controls you have in place to protect your company's liability? _____

5. Number of Employees _____ Number of Volunteers _____

HIRED AUTO LIABILITY

1. During the last three years have you leased, borrowed or hired any vehicles for your business? Yes No

2. If you anticipate some usage this year:

A. What type of vehicle (trucks, cars, buses)? _____

B. What is the estimated cost to lease or hire the vehicles? _____

3. When leasing, hiring or borrowing are the vehicles used to:

A. Transport participants, volunteers or staff only? Yes No

If yes, how many? _____ For how long? _____

Number of times per year: _____ Distance traveled per trip: _____

B. Haul equipment: Yes No

If yes, please explain and identify frequency and distance traveled per trip: _____

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries: _____ Distance traveled per trip: _____

How long the vehicles will be used: _____ Year built: _____ Cost new: _____

5. Does the leasing company provide drivers or do you use your own? _____

6. Do you purchase liability insurance from the leasing company? Yes No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds? Yes No If yes, please explain: _____

8. What is the estimated annual cost to hire/lease all vehicles? _____

9. Do you hire vehicles for more than or less than 30 days for any one time? More Less
If more than 30 days, vehicles should be scheduled.

HIRED AUTO PHYSICAL DAMAGE

- 1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? _____

- 2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? _____

- 3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? Yes No
- 4. What is the maximum number of vehicles leased at one time? _____
- 5. Please provide the garage location of the vehicles (city and state): _____
- 6. Requested Comprehensive Deductible? \$ _____ Collision Deductible? \$ _____

LIST OF DRIVERS- Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEASED VEHICLES

If leased, what is the term of the lease? _____

VIN#	Year	Make	Model	New Cost	Garaging Location (City and State)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (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)

1096 (10/03)



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Workers Compensation Supplemental Application

General Information Current number of seasonal employees: _____

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

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

Benefits Group medical insurance? Yes No What percentage of employees are covered by the plan? _____%

Who is eligible? All employees Only full time Other: _____ CPR training provided? Yes No

Hiring Practices Check all that apply:

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

Are written job descriptions provided? Yes No

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

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

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

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

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

Safety training program in place for employees? Yes No

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

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

Personal protective safety equipment provided? Yes No

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

If yes, describe: _____

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

Are supervisors held accountable for injuries? Yes No

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

Written Informal Modified duty offered to injured employees? Yes No

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

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

Premises Housekeeping/cleanliness at the jobsite Excellent Good Poor

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

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

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

If yes, do employees maintain the exterior?

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

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

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

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

What is the purpose of the driving exposure? _____

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

Vehicles inspection/maintenance program? Yes No



ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

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

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

- a. If yes, does the written policy include:
 - i. Definition of sexual and physical abuse/molestation? Yes No
 - ii. Incident reporting procedures? Yes No
 - iii. Investigation procedures? Yes No
 - iv. Disciplinary procedures? Yes No
 - v. Retaliation warning? Yes No
 - vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? Yes No

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

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

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

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

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

5. Does the Applicant conduct personal interviews? Yes No

6. Is there a formal policy regarding staff training on:
- a. Appropriate and inappropriate physical contact with clients or children? Yes No
 - b. Appropriate and inappropriate verbal interactions with clients or children? Yes No
 - c. Appropriate and inappropriate electronic communications with clients or children? Yes No
 - d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? Yes No
 - e. Recognition of the signs of abuse or molestation? Yes No

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

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

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

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

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

Signature: _____ Date: _____

Applicant Name: _____

Title: _____

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD WARNING (continued)

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE 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)