

SPORTS COMPLEXES

Eligible Operations:

- Multi-purpose sports facilities
- Sports complexes
- Sports fields
- Sports instructional facilities
- Sports training facilities

Ineligible Operations:

- Management with less than three years of applicable experience

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Management must have at least three years applicable experience
- \$3,500 minimum general liability premium

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Sports Complex 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

K&K's insurance program for sports complexes and athletic fields is designed for facilities offering amateur and professional league play, instruction, sports camps, tournaments, concessions, pro shops, and other sports activities. Liability and property package coverage are available.

- Minimum premium for this program is \$3,500.

Coverages Available & Program Highlights:

General Liability

- Legal Liability to Participants
- Employee Benefits Liability
- Liquor Liability
- Abuse/Molestation
- Employment Practices Liability

Property

Boiler & Machinery

Inland Marine

Commercial Auto

Crime

Excess Liability

Workers' Compensation (in select states)

Common Associated Exposures:

- | | |
|-----------------|----------------|
| - Arcades | - Offices |
| - Batting cages | - Parties |
| - Clinics | - Pro shops |
| - Concessions | - Sports camps |
| - Instruction | - Restaurants |

Insuring the world's fun[®]

Contact Information:

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

Sports Complexes Program

PHONE: 800.440.5580

FAX: 260.459.5810

EMAIL:

KK.VenueGaming@kandkinsurance.com

WEB SITE:

www.kandkinsurance.com

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

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

Submission Instructions:

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

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs
- Brochure (if available)
- Schedule of events & dates
- Copy of waiver & release forms
- Website address

Sports Complexes Application(s):

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

K&K Application(s)

- Sports Complex Application

ACORD Application(s)

- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability
- Workers' Compensation (subject to state availability)

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SPORTS COMPLEX
APPLICATION

Insured's Name (as will appear on policy):
Contact Person:
Mailing Address:
City: State: Zip:
Facility Address:
City: State: Zip:
Phone: Fax:
Web Site:

Tax ID Number: Applicant is: [] Owner [] Tenant
Effective Date: Expiration Date:
Number of years in business: Number of years under current management:
Type of facility: [] Indoor [] Outdoor [] Both

Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or a major amusement park? [] Yes [] No

If yes, explain:

List any entity that you are required by contract to name as an additional insured, include name and relationship:
(provide copy of contract)

Number of staff (total): Full-time Part-time
Days and hours of operations:
Type of flooring:
Type of protection used to safeguard spectators:

OPERATIONS/PROCEDURES

- 1. Are the rules posted and enforced at all times?
2. Are signs clearly posted to identify exits and hazards?
3. Do participants wear safety equipment at all times?
4. Are all participants required to sign an individual waiver and release form?
5. If you suspect an athlete has a concussion, do you have an action plan that includes:
a. Immediately removing the athlete from play or practice?
b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?
6. Is the insured a member of a sanctioning body?
7. Are instructors employees of the insured?
8. Are referees employees of the insured?
9. Are parking lots well lit and/or patrolled?

- 10. Are there procedures in place to suspend outside play during inclement weather? Yes No
Describe: _____
- 11. Are crews prepared and on duty to clean up spills? Yes No
- 12. Are restrooms checked/cleaned during operations? Yes No
- 13. Are any attending medical professionals available on the premises? Yes No
- 14. Do you have a skate park operation that includes apparatuses? Yes No
- 15. Are certificates listing applicant as an additional insured obtained for tenants and/or subcontracted services? Yes No
(If yes, provide copies of contracts.)

List subcontractors or tenant's name	Operation
_____	_____
_____	_____
_____	_____

SNACK BAR/RESTAURANT EXPOSURES

- 1. Are all cooking surfaces properly fire protected? Yes No
- 2. What type of Automatic Extinguishing System (AES) is in place? _____
- 3. Do you have a contract for servicing and maintaining the automatic extinguishing system? Yes No
- 4. How often is this system serviced & maintained? Monthly Quarterly Semi-Annually Annually
- 5. How often are filters cleaned? _____
- 6. By whom? _____
- 7. How often are hoods/duct cleaned? _____
- 8. By whom? _____

LIQUOR

- 1. Are alcoholic beverages sold? Yes No
- 2. License holder: _____ Liquor license# : _____
- 3. Have you ever been fined or had your license revoked or suspended? Yes No
- 4. If yes, please explain: _____
- 5. Do all servers receive alcohol awareness training? Yes No
- 6. If yes, please describe training:
- 7. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
- 8. Do you stop serving at least one hour prior to closing? Yes No

FLOAT TANKS

- Do you have a Float Tank? Yes No
If yes, provide:
- 1. Name of the chamber manufacturer: _____
- 2. An explanation or copy of the staff training program: _____

- 3. How is the chamber operated? (i.e. controlled by member/guest or staff) _____
- 4. Is the chamber used for medical rehab or for on-demand type voluntary use? _____
- 5. Copy of waiver form being used for the chamber.

REVENUE SOURCES

SPORTS ACTIVITIES	Income	Certificates obtained?		Waiver/Release forms signed?	
Groups with insurance	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facility-organized including leagues, tournaments, lessons, open play, etc.	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Batting cages	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parties	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Camps/Clinics	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concessions	_____				
Vending	_____				
Liquor	_____				
Pro Shop	_____				
Arcade	_____				
Equipment Rental	_____				
TOTAL		_____			

- List all sporting activities that take place: _____

- Have you had or do you plan on scheduling any of the following activities? Co/Self-promoted

Bungee operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Events that have amusement devices present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Iron Man/Tough Man events	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure? Yes No
- 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
- 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
- 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
- Does the course involve any mud obstacles? Yes No

Participant Accident (Excess Medical Coverage)

Number of participants: Youth(up to 18): _____ Adult: _____

Limits available	Deductible Options
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$250
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$500
<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$1,000

NONOWNED/HIRED AUTO LIABILITY

1. Do you have a Business Auto Policy for owned autos? Yes No
If yes, coverage should be obtained under your Business Auto Policy.
2. Do employees or volunteers routinely use their autos for company business? Yes No
Explain: _____
Total number of employees: _____ Total number of volunteers: _____
3. Do you, the insured, verify that the insurance is in place with limits of at least \$300,000 before the employees or volunteers can use the auto?..... Yes No
4. During the last three years have you leased, borrowed or hired any vehicles for your business?..... Yes No
5. If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) do you hire, lease and/or borrow? (Explain and identify) _____

6. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)?..... Yes No
If no, all drivers and operators will be required to hold the appropriate driver’s license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:
 - *Alert Driving: www.alertdriving.com*
 - *National Safety Council: www.nsc.org*
 - *Smith System Training: www.smith-system.com*

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

7. List of Drivers:

Name	Birthdate	Driver’s License	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit the following with completed application:

- Copy of waiver/release forms and team rosters**
- Five years (including current year) carrier loss runs**
- Schedule of events/brochures**
- Income/expense statement with balance sheet**
- Sanctioning body/Lease agreement with facility**
- Copy of lease agreement with landlord if applicable**
- Copy of lease agreement with any tenant if applicable**

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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BATTING CAGE OPERATIONS MINIMUM UNDERWRITING GUIDELINES

The following guidelines have been established as minimum requirements for batting cage operations:

FAST PITCH BATTING CAGE OPERATIONS

1. Patrons must be required to wear batting helmets.
2. Patrons must be at least 4'6" tall or a height specified by the manufacturer.
3. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage).
4. Occupancy must be limited to one (1) person per cage.
5. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain site.
6. Batting cages must be completely self-contained or closed.
7. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
8. Accuracy and maintenance checks must be performed on a regular basis.
9. Maximum ball speed of any machine must not exceed 80 miles an hour.
10. Children under the age of 12 must not be allowed access to the cages with ball speeds in excess of 65 MPH.
11. There must be a light or other indicator to show when final ball is pitched.

SOFTBALL/SLOW PITCH BATTING CAGES

1. Patrons must be at least 48" (four feet) tall or a height specified by the manufacturer.
2. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage).
3. Occupancy must be limited to one (1) person per cage.
4. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain site.
5. Batting cages must be completely self-contained or closed.
6. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
7. Accuracy and maintenance checks must be performed on a regular basis.
8. There must be a light or other indicator to show when final ball is pitched.

Note: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive written approval for the exception from K&K.

Applicant's Signature

Date



ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Type of facility: _____

2. Please check each that describes your current and/or planned operations.

- Day Camp
- Overnight Camp
- After School Program (on school property)
- Transportation of Participating Children
- Other _____
- Amateur Sports League
- Field Trips
- Amateur Sports Team
- One-On-One Training
- Health/Fitness Club
- Community Center
- Ice/In-line Skating

3. Identify the types of facilities used for your operations:

- College/University Sites
- Rented Camp
- Owned Camp
- Local School
- Leased Facility
- Community Center
- Owned Facility
- Church
- Club
- Other _____

4. Identify current hiring practices for paid and volunteer staff:

- a. Are employment applications required for positions? Yes No
- b. Is prior employment verified for each applicant and recorded in applicant's file? Yes No
- c. Are references checked? Yes No
- d. Do you disclose that criminal background checks will be processed? Yes No
- e. Does your employment application include questions about whether the individual has ever been convicted of a crime, including child sex or child abuse related offenses? Yes No
- f. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
- g. Does staff screening include criminal background checks on all new (including seasonal) staff members, prior to hire? Yes No
- h. Does staff screening include criminal background checks on all hired staff members every 5 years? Yes No
- i. Provide the name of the data/service provider you use to pull criminal background information: _____
- j. When hiring new staff do you require at least two references and a personal interview before hiring the candidate? Yes No
- k. Do you require the completion of a Voluntary Disclosure statement (as permitted by state law)? Yes No
If yes, please provide a copy of your disclosure statement.
- l. Does the screening process include an annual check of all staff members on the National Sex Offender Public website? Yes No

All questions pertain to full or part-time staff and volunteers. If you have a different policy for Volunteers, please advise and outline the differences.

5. What qualifications do you require of your staff: College degree? Yes No Other _____

Certification in one or more of the following:

- CPR Yes No
- Teaching Yes No
- Coaching Yes No
- Counseling Yes No
- Childcare Yes No
- Other Certifications _____

6. Identify staff status (check all that apply): Employees Volunteers Parent-volunteers
Are all staff members age 21 years or older? Yes No

7. Do you discuss the importance of providing a safe environment for the children in your care? Yes No

8. Do you discuss at orientation child sexual abuse/molestation and how to recognize the signs and what to do if a guest or member reports someone molested him/her? Including the reporting steps of a suspected child sexual abuse/molestation situation, after learning of such an allegation? Yes No
9. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? Yes No
10. Are copies of the procedures provided to each member of your staff? Yes No
11. Do you have periodic refresher courses to ensure that your entire staff can recognize the signs of sexual or physical abuse and knows what procedures to follow? Yes No
12. Do you periodically review your written procedures to verify that they are up to date? Yes No
(Attach copies of your written procedures provided to your staff regarding recognizing and preventing sexual abuse or molestation.)
13. Do you have a plan of supervision, including procedures to limit one-on-one interaction between an adult and youth, that monitors staff in day to day relationships with youth/minors? Yes No
14. Have you ever had an incident or claim reported which resulted in an allegation of sexual abuse? Yes No
- a. Was a claim made against your organization? Yes No
 If yes, please provide details of the claim/incident: _____
- b. How much money was paid as damages to the victim? _____
- c. What has been done to prevent such occurrences from happening in the future? _____

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

 Date (MM/DD/YY)

 Producer's Signature (if applicable)

 Date (MM/DD/YY)

 Applicant's Name (print)

 Producer's Name (print)

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)