

# SCHOOL ATHLETICS

## Eligible Operations:

- College athletic conferences
- Bowl games
- Coaches & officials associations
- Collegiate athletic & activity programs
- Collegiate clubs & intramural sports programs
- H.S. athletic conferences/associations
- Jr. college athletic programs
- Sports camps & clinics
- Student government
- Tournaments/all-star games

## Key Underwriting/Qualifying Factors

(Including but not limited to):

- \$3,500 minimum account premium
- \$1,500 minimum per collegiate conference

## Ineligible for this program:

- Liability coverage for individual high schools or individual private schools
- Stand alone legal liability to participants

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K School Athletics Program
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

K&K Insurance provides unique insurance programs for all levels of intercollegiate and interscholastic sports activities.

## Coverages Available & Program Highlights:

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### General Liability

- Broadened Coverage Form
- Volunteers as Additional Insureds
- Legal Liability to Participants
- No Deductible
- Employee Benefits Liability
- Sponsors, Lessors as Additional Insureds

### Property

- Over 25 Property Enhancements

### Inland Marine

### Commercial Auto

- Nonowned/Hired Auto
- Business Auto

### Directors and Officers Liability

### Crime

### Excess Liability

### Excess Accident Medical

- K-12 (mandatory and voluntary) Including Athletics
- College Athletics

### Catastrophic Accident Medical

- K-12 Including Athletics
- College Athletics

### Sexual Abuse & Molestation

### Event Cancellation & Non-appearance

## Common Associated Exposures:

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- Ancillary events related to scheduled sports activities
- Fund raisers
- Office premises
- Setup/teardown days

Insuring the world's fun<sup>®</sup>

## 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.

## Contact Information:

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

## School Athletics 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)

## Preliminary Underwriting Information Required:

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- Application(s) (see below)
- Five years of company loss runs, including current year
- Copy of procedures manual
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured

## K&K School Athletics Application(s):

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

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### Athletic Conferences

- Athletic Conferences Application
- Nonowned/Hired (included in above application)
- Liquor Liability Application (if applicable)
- Security Supplemental Information (if applicable)

### Intercollegiate Athletic Association

- Intercollegiate Athletic Association Application

### High School Athletics/Activities Association

- High School Activities/Athletics Association Application
- Nonowned/Hired Application (if applicable)

### Bowl/All-star Games

- Bowl/All-star Games Application
- Participant Accident Supplemental Application (if applicable)
- Nonowned/Hired Application (if applicable)
- Liquor Liability Application (if applicable)
- Fireworks Supplemental Application (if applicable)
- Security Supplemental Information (if applicable)
- Inflatable Liability Questionnaire (if needed)
- Sexual Abuse & Molestation Supplemental (if needed)

### Coaches/Officials

- Coaches/Officials Liability Application

### Intercollegiate Sports Accident Medical

- Intercollegiate/Club/Intramural Sports-Basic Medical Insurance Program Quotation Request Form

### Interscholastic Sports Accident Medical

- Interscholastic Quotation Request Form

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 CA #0334819

# INTERCOLLEGIATE ATHLETIC ASSOCIATION APPLICATION

## APPLICANT INFORMATION

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

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

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

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

What division are you in:  NCAA I     NCAA II     NCAA III     NAIA I     NAIA II  
 NJCAA     Other \_\_\_\_\_

## LOCATION INFORMATION

Office Address (if different from above): \_\_\_\_\_

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

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

Person is:  Owner     Promoter     Agent     President, Director  
 Other: \_\_\_\_\_

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

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

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

Nature of operations/description of organization: \_\_\_\_\_

Insured is:  Corporation     Partnership     Joint Venture     Not for Profit Organization  
 Limited Liability Corporation     Other (explain): \_\_\_\_\_

President: \_\_\_\_\_ Number of years in business: \_\_\_\_\_

In what state is the organization headquartered/chartered? \_\_\_\_\_

Policy period requested: From \_\_\_\_\_ To \_\_\_\_\_

## AGENCY/BROKERAGE INFORMATION

Name of Agency/Brokerage (if applicable): \_\_\_\_\_

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

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

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

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

Federal Tax ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**COVERAGE INFORMATION-** Check the type of coverage and indicate the limits and deductibles desired:

|  |   | Limits Requested | Deductible |
|--|---|------------------|------------|
| <input type="checkbox"/> General Liability   | <input type="checkbox"/> Primary                                    | \$ _____         | \$ _____   |
|  | <input type="checkbox"/> Excess                                     | \$ _____         | \$ _____   |
|  | <input type="checkbox"/> Legal Liability To Participants            | \$ _____         | \$ _____   |
|  | <input type="checkbox"/> Employee Benefits Liability                | \$ _____         | \$ _____   |
| <input type="checkbox"/> Participant Accident  | <input type="checkbox"/> AD&D                                       | \$ _____         | \$ _____   |
|  | <input type="checkbox"/> Excess Medical                             | \$ _____         | \$ _____   |
| <input type="checkbox"/> Property  | <input type="checkbox"/> Property (ACORD application required)      | \$ _____         | \$ _____   |
|  | <input type="checkbox"/> Inland Marine (ACORD application required) | \$ _____         | \$ _____   |
| <input type="checkbox"/> Commercial Auto   | <input type="checkbox"/> Auto (ACORD application required)          | \$ _____         | \$ _____   |
| <input type="checkbox"/> Crime (ACORD application required)  |   | \$ _____         | \$ _____   |
| <input type="checkbox"/> Workers' Compensation (ACORD application required with Experience Modification Worksheet) |   | \$ _____         | \$ _____   |
| <input type="checkbox"/> Other:  | _____   | \$ _____         | \$ _____   |

Do you intend to have office premises liability included?  Yes  No If yes, office square footage: \_\_\_\_\_

**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. _____ | _____   | _____             |

\* 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.

**GENERAL INFORMATION**

1. Has this type of insurance ever been:  Cancelled  Declined  Non-renewed  
If so, please explain. \_\_\_\_\_

2. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?  
 Yes  No If yes, please explain. \_\_\_\_\_

3. As respects your operation(s), do you enter into any contracts/lease agreements?  Yes  No  
If yes, what contracts do you enter into? \_\_\_\_\_

**PLEASE PROVIDE COPIES OF ALL CURRENT AGREEMENTS BETWEEN THE CONFERENCE AND THE SCHOOL IT REPRESENTS**

- a. Does the Named Insured assume liability for the other party?  Yes  No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**
- b. Does the other party assume the Named Insured's liability?  Yes  No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**
- c. Does each party assume its own liability?  Yes  No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**

4. Who reviews the contracts prior to signing?  Corporate Officers  Counsel  Other (please explain) \_\_\_\_\_

5. For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured.

|                      | CERTIFICATES (Provide copies.) | LIMITS | ADDITIONAL INSURED |
|----------------------|--------------------------------|--------|--------------------|
| Food Concessionaires | _____                          | _____  | _____              |
| Vendors/Exhibitors   | _____                          | _____  | _____              |
| Contractors/Others   | _____                          | _____  | _____              |
| Member Schools       | _____                          | _____  | _____              |

7. For Ancillary Events, please provide type of event \_\_\_\_\_ Number of Attendees \_\_\_\_\_

8. Please describe **medical** procedures for event: \_\_\_\_\_

\_\_\_\_\_

Please describe **security** procedures for event: \_\_\_\_\_

\_\_\_\_\_

Please describe **evacuation** procedures for event: \_\_\_\_\_

\_\_\_\_\_

Please describe procedures for safety precautions for the spectators: \_\_\_\_\_

9. Is first aid available for practices, events, etc.?  Yes  No

10. What precautions are taken to prevent unauthorized persons from entering restricted areas? \_\_\_\_\_

11. Are participants ever transported to or from practices or competitions by organization members?  Yes  No

If yes, please explain. \_\_\_\_\_

12. Are waiver/release, or consent forms signed by the participants? (**Attach copies of the form(s)**)  Yes  No

13. Are all practices, contests, and ancillary events sanctioned and supervised by the association?  Yes  No

14. Does the athletic department have any of the following?  Whirlpool  Steam Room  Weight Room  None

Does the general student body have access to these facilities?  Yes  No

Please explain: \_\_\_\_\_

15. Is medical coverage a requirement for participation in your athletic programs?  Yes  No

If yes, what type: \_\_\_\_\_

16. Are athletes currently covered by the NCAA lifetime catastrophic insurance program?  Yes  No

Equivalent program: \_\_\_\_\_ (**please attach copy of policy**)

17. Estimated number of athletes participating in overall athletic program? \_\_\_\_\_

18. Is cheerleading considered to be officially sanctioned, supervised and subsidized by the athletic department?  Yes  No

19. Are stunts that could be deemed hazardous performed by these cheerleaders?  Yes  No

Please explain: \_\_\_\_\_

20. During home athletic contests, who is responsible for the preparation of the athletic playing surface and area competition?  Yes  No

21. Are there any structural alterations required for the contests and/or practices?  Yes  No

Please explain (additional bleachers, etc.), if yes, who is responsible: \_\_\_\_\_

22. Is an emergency vehicle on duty?  Yes  No If yes, for what sports? \_\_\_\_\_

23. If an emergency vehicle is not on duty at all sports events, what is the average emergency response time? \_\_\_\_\_

24. Is a doctor or EMT on duty?  Yes  No If yes, for what sports? \_\_\_\_\_

\_\_\_\_\_

If not, is first aid available to participants at the event locations?  Yes  No

Please explain: \_\_\_\_\_

25. Total annual spectator attendance: \_\_\_\_\_ Largest single day spectator attendance: \_\_\_\_\_

26. What precautions are taken to prevent unauthorized persons from entering restricted areas? \_\_\_\_\_

\_\_\_\_\_

27. Is standing room only permitted?  Yes  No

28. What are the schools requirements for athletic participation (i.e.: scholastic standing, physicians, etc.)? \_\_\_\_\_

\_\_\_\_\_

29. Describe the training facilities: \_\_\_\_\_

\_\_\_\_\_

30. Is an athletic trainer on duty at all times for practices and contests?  Yes  No

31. Intercollegiate sports to be insured: (If additional room is needed, please attach a separate sheet.)

| Men's Sports To Be Insured | Total Number Of Athletes | Total Number Of Spectators | Name & Location of Facility Used For Practices And/Or Contests | Age Of Facility Owned, Leased, etc. |
|----------------------------|--------------------------|----------------------------|--|-------------------------------------|
|                            |                          |                            |  |                                     |
|                            |                          |                            |  |                                     |
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|                            |                          |                            |  |                                     |
|                            |                          |                            |  |                                     |
|                            |                          |                            |  |                                     |

| Women's Sports To Be Insured | Total Number Of Athletes | Total Number Of Spectators | Name & Location of Facility Used For Practices And/Or Contests | Age Of Facility Owned, Leased, etc. |
|------------------------------|--------------------------|----------------------------|--|-------------------------------------|
|                              |                          |                            |  |                                     |
|                              |                          |                            |  |                                     |
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|                              |                          |                            |  |                                     |

**MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:**

- Four (4) years liability loss history including reserves**
- Copies of contracts including lease agreements and waivers.**

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)



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

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APPLICANT'S SIGNATURE

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

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

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

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

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DATE (MM/DD/YY)