

FRANCHISED RV DEALERSHIPS

Key Underwriting/Qualifying Factors

(Including but not limited to):

- \$7,500 & \$10,000 minimum account premium, depending on state filing

Common Associated Exposures:

- Demo rides
- Parts & accessories sales
- Service & repair

K&K Benefits:

- Experienced & professional staff dedicated to servicing the K&K Franchised RV Dealership Program for over 30 years
- 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

The Franchised RV Dealership Program has been specifically designed to provide dealerships selling recreational vehicles with a comprehensive package policy including optional excess, employment related practices liability and workers' compensation.

Coverages Available:

Garage

- Demo Liability (including watercraft)
- Hired and Nonowned Auto Liability and Physical Damage
- Federal Odometer
- Title E&O
- Truth-in-lending
- Agents E&O
- False Pretense
- Damage to Product and Work
- Dealers Physical Damage
- Garagekeepers

General Liability

Property

- Buildings; Business Personal Property; Business Income/Extra Expense
- False Pretense
- Equipment Breakdown
- Property Enhancement Endorsements

Inland Marine

Crime

Excess Liability

Employment Practices Liability

Workers' Compensation

Program Highlights:

- Interest-free payment plans available.
- Audit and Reporting processes eliminated.

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Contact Information:

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

Franchised RV Dealership Program

PHONE: 800.552.9253

FAX: 260.459.5511

EMAIL:

KK.Dealership@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)
- Five years of company loss runs, as applicable
- Employee list with name, date of birth, license number, job title and if furnished a vehicle
- List of owned vehicles
- If a new venture, a business plan, ProForma and a narrative detailing owner's experience (required)

RV Dealership Application(s):

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

K&K Application(s)

- Franchised RV Dealership Supplemental

ACORD Application(s)

- Property
- General Liability
- Garage
- Crime
- Inland Marine
- Excess Liability
- Workers' Compensation

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 kandkinsurance.com
 CA# 0334819

RECREATIONAL VEHICLE DEALERSHIP SUPPLEMENTAL APPLICATION

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Named insured: _____

Total annual sales/receipts: \$ _____

- | | |
|--|--|
| \$ _____ RV sales (_____% New _____% Used) | \$ _____ Automobile sales (# per year _____) |
| \$ _____ Parts & accessories sales | \$ _____ Campground receipts |
| \$ _____ RV service & repair receipts | \$ _____ Restaurant/snack bar receipts |
| \$ _____ PG gas sales (gallons per year _____) | \$ _____ Store/grocery receipts |
| \$ _____ Power products | \$ _____ Alcohol receipts |
| \$ _____ Motorcycle/ATV/watercraft/snowmobile sales | \$ _____ Other (describe) _____ |
| \$ _____ Motorcycle/ATV/watercraft/snowmobile service & repair | _____ |

Protective measures (check all that apply):

	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>		<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>
Building sprinklered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Building central alarm/fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lighted premises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Building central alarm/burglar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service area restricted access signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Security guard and/or guard dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No smoking signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Owner lives on premises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke detectors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Metal bars/gates on windows/doors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General information

1. Any rental of RVs? Yes No
2. Does the insured refill LPG tanks? Yes No
 - Do you allow customers to fill their own tanks? Yes No
 - Are tanks filled by certified trained employees? Yes No
 - Do all LPG tanks meet federal requirements? Yes No
 - Is LPG sold to the general public or just dispensed to RV customers? Yes No
3. How far are the tanks from the building(s) and what protection do they have? _____

4. Do you repair LPG tanks? Yes No
 - If yes, do you conclude with testing (including adjacent piping)? Yes No
5. Are customer units stored outside? Yes No
6. How are customer units stored outside secured? (Type & height of fence, alarm, etc.) _____

7. Do you have customer units insured elsewhere? Yes No
 - If so, where and for how much? _____
8. List the type of repairs done: _____

9. Any problem with flooding in the area? Yes No
10. Any flooding in the past 10 years? Yes No
11. Is a formal safety program in place? Yes No
12. Are safety meetings held on a regular basis? Yes No
13. Is safety literature posted or distributed? Yes No

14. What type of hiring procedure and training program is in place for the employees? _____
-
15. Are the mechanics certified? Yes No
16. Do mechanics have at least 3 years experience? Yes No
17. Do you demo RV's? Yes No
18. Does the customer drive the RV on the demo? Yes No
19. Does an employee accompany the customer on all demo rides? Yes No
20. What is the normal mileage for a demo ride? _____
21. Is there any minimum age or purchase requirements before going on a demo ride? _____
22. 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 major amusement park? Yes No
if yes, explain: _____
-
23. Do you store gasoline or oil in any container larger than a five gallon approved can? Yes No
If yes, what capacity? _____ Above or below ground? _____
24. Is smoking allowed in the shop area? Yes No
25. Are employee references checked prior to hiring? Yes No
26. Are employees long term with low turnover? Yes No
27. Does the service department do any type of welding? Yes No
If yes, provide details: _____
28. Do you have a procedure for periodic clean-up of areas and disposal of hazardous material? (ie.: gas/oil, soaked rags, drained gas/oil, etc.) Yes No
29. Are rags stored in a UL approved container? Yes No
30. Is the parts washer UL approved? Yes No
31. Do you install any trailer hitches? Yes No
If yes, do you bolt them on or weld them on? _____
32. Do you make any vehicle alterations or complete any service/repair work that would negate a manufacturer warranty and/or products liability? Yes No
If yes, explain: _____
33. Any parts fabrication? Yes No
If yes, explain: _____
34. Are service employees required to wear safety equipment? (i.e.: safety glasses, steel toe shoes, etc.) Yes No
35. Do you provide any winter/summer storage for customers' RVs, boats, motorcycles, ATVs, snowmobiles, PWC, etc? Yes No
If yes, how many units? _____ What is the total value of these units? _____
If yes, do customer's sign a Storage Agreement? Yes No
36. Where are the keys for the inventory and customers units kept? _____
37. Do you loan out RVs to customers or others? Yes No
If yes, how often? _____

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 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 (2021/09)

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)