

# AMATEUR SPORTS ASSOCIATIONS

## Eligible Operations:

- Amateur sports associations
- Amateur coach & official associations

## Key Underwriting/Qualifying

### Factors (Including but not limited to):

- \$3,500 minimum account premium

Note: For smaller sports organizations with limited coverage needs, contact our RPG unit for pricing and minimum premium information. (see reverse side for contact information)

## K&K Benefits:

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

The Sports unit of K&K Insurance is dedicated to providing customized insurance programs for youth and adult sports activities ranging from weekend recreational leagues to world class competitive levels in a wide variety of sports. K&K's innovative coverages, risk evaluation and claims management results in specialized insurance programs designed to meet the needs of the athletes, officials, spectators and administrators involved in amateur sports.

## Coverages Available & Program Highlights:

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### General Liability

- Broadened Coverage Form
- No Deductible
- Legal Liability to Participants
- Fireworks Liability
- Liquor Liability
- Lessors, Co-promoters and Sponsors can be included as Additional Insureds
- Employee Benefits Liability
- Volunteers as Additional Insureds

### Directors and Officers Liability

### Property

- Over 25 property enhancements

### Inland Marine

### Commercial Auto

- Owned Autos
- Nonowned/Hired Auto

### Crime

### Excess Liability

### Excess Accident Medical (Participant Accident)

### Sexual Abuse & Molestation

### Event Cancellation & Non-appearance

### Workers' Compensation

## Common Associated Exposures:

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- Awards/banquets/ ceremonies
- Food, souvenir & beverage concessions
- Fund-raisers
- Games & exhibitions
- Tryouts & practices

Insuring the world's fun.®

### Contact Information:

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

### Amateur Sports Associations Sports Unit

PHONE: 800.441.3994  
FAX: 260.459.5120

EMAIL:  
KK.Sports@kandkinsurance.com

WEB SITE:  
kandkinsurance.com

### Amateur Sports Teams, Leagues & Associations

Risk Purchasing Group Program (RPG)

PHONE: 800.426.2889  
FAX: 260.459.5105

EMAIL:  
info@sportsinsurance-kk.com

WEB SITE:  
sportsinsurance-kk.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:

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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:

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- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs, including current year
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copies of all contracts
- Copy of procedure/rule manuals
- Copy of waiver & release forms

### Amateur Sports Associations Application(s):

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

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### K&K Application(s)

- Amateur Associations Application
- Participant Accident Supplemental Application (if needed)
- Event Liquor Liability Application (if needed)
- Abuse & Molestation Supplemental Questionnaire (if needed)
- Water Related Activities Supplemental (if needed)
- Nonowned/Hired Application (if needed)
- Fireworks Supplemental Application (if needed)
- Security Supplemental Information (if needed)
- Inflatables Liability Questionnaire (if needed)

### ACORD Application(s)

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

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 CA# 0334819

# AMATEUR SPORTS ASSOCIATIONS INFORMATION FORM

### APPLICANT INFORMATION:

- Name of Insured (as will appear on policy): \_\_\_\_\_
- Doing Business As: \_\_\_\_\_  
 If there is more than one Named Insured, please provide a list of names including each entity's business operations and relationship to the first named insured including their percentage of ownership.
- Insured is:  Corporation  Partnership  Joint Venture  LLC  Other (explain): \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- In what state is the organization headquartered/chartered? \_\_\_\_\_
- E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_
- Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Tax ID: \_\_\_\_\_

### AGENT INFORMATION: (if applicable)

- Name of Agency/Brokerage: \_\_\_\_\_
- Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### UNDERWRITING INFORMATION:

- Policy Period Requested: From \_\_\_\_\_ To \_\_\_\_\_
- Nature of operations/description of organization: \_\_\_\_\_
- Number of years in business: \_\_\_\_\_ Number of years management experience: \_\_\_\_\_
- Check the type of coverage desired:  GL  EBL (# of employees \_\_\_\_\_)  Liquor  Fireworks  Auto  Inland Marine  Sexual Abuse & Molestation  Property  Crime  Excess  D&O  WC  PA  Other: \_\_\_\_\_
- Do you engage in any other business operations under the name of the insured as will appear on the policy?  Yes  No  
 If yes, provide explanation including whether or not other insurance coverage applies including carrier and policy number: \_\_\_\_\_
- Has this insurance ever been cancelled, declined, or non-renewed?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- Does your current general liability policy have a deductible or self insured retention?  Yes  No  
 If yes, amount: \_\_\_\_\_
- Additional Insureds: (Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).

Name	Address	Relationship to you	Certificate required
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. 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 you as Additional Insured:

	<u>Certificates obtained</u>	<u>Limits</u>	<u>Additional Insured</u>
Food Concessionaires:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendors/Exhibitors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contractors/Others:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Is a K&K approved Waiver & Release form signed by all persons entering a restricted area prior to entry?  
*(Please attach a copy or indicate your agreement to use a K&K supplied waiver)*  Yes  No

11. Number of Clubs/Teams: \_\_\_\_\_ Number of employees: \_\_\_\_\_  
 Average # of participants per event: \_\_\_\_\_ Number of coaches: \_\_\_\_\_  
 Number of Officials/Umpires: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_  
 Average # of spectators per event: \_\_\_\_\_

12. Breakdown of sport and age *(Please attach a complete list if necessary):*

	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>
Ages 12 & Under:	_____	_____	_____	_____	_____	_____
Ages 13-15:	_____	_____	_____	_____	_____	_____
Ages 16-17:	_____	_____	_____	_____	_____	_____
Ages 18 & Older:	_____	_____	_____	_____	_____	_____
	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>
Ages 12 & Under:	_____	_____	_____	_____	_____	_____
Ages 13-15:	_____	_____	_____	_____	_____	_____
Ages 16-17:	_____	_____	_____	_____	_____	_____
Ages 18 & Older:	_____	_____	_____	_____	_____	_____

13. List events/activities with anticipated attendance exceeding 20,000:

<u>Event</u>	<u>Location</u>	<u>Date</u>	<u>Attendance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Are all portable/temporary soccer goals in compliance with the CPSC bulletin?  Yes  No  NA

15. Do you intend to have office premises liability coverage?  Yes  No

If yes, please provide your office square footage: \_\_\_\_\_

16. If you have cheerleading and allow stunts, please describe safety measures such as height of stunts, spotting, supervision.

What cheerleading organization guidelines are followed: \_\_\_\_\_

\_\_\_\_\_

17. If you have running, walking or cycling events, do you use closed courses or open roads? \_\_\_\_\_

Please describe participant safety procedures such as use of SAG (*Support and Gear*) vehicles, barricaded or manned road intersections, etc: \_\_\_\_\_

\_\_\_\_\_

18. If you have batting cages, please outline your safety measures such as machine pitch max ball speed, fully enclosed cages, etc: \_\_\_\_\_

\_\_\_\_\_

19. If you operate water related events, please describe the bodies of water and outline your safety measures such as lifeguard supervision and personal flotation devices: \_\_\_\_\_

\_\_\_\_\_

20. If you have tackle football, is there an age/weight breakdown of players?  Yes  No

21. Is all football related equipment (including mouthpiece) required?  Yes  No

22. List and describe any ancillary activities to be covered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Do you have Rap and/or Hip Hop Concerts?  Yes  No  
 If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_
24. Do you operate seasonal haunted houses?  Yes  No  
 If so, please verify fire safety codes are met and that fire marshal certification is obtained, if applicable  Yes  No
25. Do you operate dunk tanks?  Yes  No  
 If so, please describe the following:  
 Tank set-up (e.g. proximity to electricity, water level & drained when not in use, surface type): \_\_\_\_\_  
 \_\_\_\_\_  
 Supervision: \_\_\_\_\_  
 \_\_\_\_\_  
 User rules (e.g. one person in tank at a time, age/size requirements, shoes required, waivers signed, seated position/hands on knees/sit forward): \_\_\_\_\_  
 \_\_\_\_\_  
 General safety (e.g. do not operate in a storm): \_\_\_\_\_  
 \_\_\_\_\_
26. Do you operate amusement devices such as the following? *(Note additional underwriting information may be required)*  
 Mechanical rides  Water slides  Rock climbing walls  Sledding/Tubing/Snow Magic  Inflatables  
 Trampolines/Bungee Trampolines  Go-carts  Other: \_\_\_\_\_  
 If Yes, please provide details including whether or not other insurance is provided by the attraction owner, how is the attraction supervised and whether or not participants/parents/guardians sign waivers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
27. Will certificates of insurance be required for each of your clubs or sanctioned events?  Yes  No
28. Describe or provide your association rules and regulations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
29. Are local, state and regional organizations involved in your organization?  Yes  No  
 Is insurance to be extended to these groups through the association on a blanket basis?  Yes  No
30. Is participation in the insurance program mandatory or optional? \_\_\_\_\_  
 If participation is optional, how many members participate in your insurance program? \_\_\_\_\_
31. Are all coaches/trainers certified?  Yes  No  
 Please explain the certification process: \_\_\_\_\_  
 \_\_\_\_\_
32. Are all practices, contests and ancillary events sanctioned and supervised by the association?  Yes  No  
 If no, explain: \_\_\_\_\_  
 \_\_\_\_\_
33. Explain sanctioning procedures: \_\_\_\_\_  
 \_\_\_\_\_
34. Is there a safety/injury control program in place?  Yes  No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_
35. Describe medical, security and evacuation procedures for championships, tournaments, etc: \_\_\_\_\_  
 \_\_\_\_\_
36. Are participants ever transported to or from practices or competitions by organization members?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ABUSE & MOLESTATION:**

- 1. Are employment applications required for paid and volunteer staff?  Yes  No
- 2. Does your staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses?  Yes  No
- 3. If the application contains this type of question, and the applicant checks "yes" to prior convictions, are they refused a position of employment?  Yes  No
- 4. Does your state permit you to do criminal background investigations on all staff members?  Yes  No  
If yes, do you request and receive such background investigations on all staff members  Yes  No  
If yes, who provides this service? \_\_\_\_\_
- 5. Do you have written procedures to implement prevention policies?  Yes  No
- 6. Do you discuss child/sexual abuse during staff orientation, including how to recognize the signs and how to handle allegations?  Yes  No
- 7. 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
- 8. Do your written procedures for reporting include contacting local or state law enforcement?  Yes  No
- 9. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017?  Yes  No
- 10. Have you ever had an incident which resulted in an allegation of sexual abuse?  Yes  No  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE COPIES OF WRITTEN PROCEDURES AND APPLICATIONS USED FOR BACKGROUND CHECKS, WRITTEN PREVENTION PROCEDURES, AND WRITTEN REPORTING PROCEDURES. REPORTING PROCEDURES MUST INCLUDE CONTACTING LOCAL OR STATE LAW ENFORCEMENT WHEN NOTIFIED OF ABUSE.**

**THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:**

- Copies of contracts where you assume liability of another party**
- Five years currently valued loss runs**
- Copies of certificates of insurance naming you as additional insured from fireworks shooter, amusement ride operator, liquor concessionaire, where applicable**
- Copies of waiver/release forms**
- Copies of rules/regulations, safety manuals, and sanction requirements**
- Accord applications if you would like quotes for Property, Inland Marine, Crime, Auto, Excess or Worker's Compensation**

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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 (800) 441-3994 Fax (260) 459-5120  
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# PARTICIPANT ACCIDENT SUPPLEMENTAL APPLICATION

Name of Insured: \_\_\_\_\_

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

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

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

Total Number of Participants: \_\_\_\_\_ Age Range of Participants: \_\_\_\_\_

Break down participation by type of events and age:

	TYPE OF EVENTS	NUMBER OF PARTICIPANTS
Ages 9 & Under	_____	_____
Ages 10-12	_____	_____
Ages 13-15	_____	_____
Ages 16-17	_____	_____
Ages 18 & Older	_____	_____

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### UNDERWRITING INFORMATION

1. Are emergency procedures in place?  Yes  No Tested?  Yes (*Attach copy of procedure*)  No

2. Do you require any emergency vehicle and licensed EMT at each event?  Yes  No

If no, please explain: \_\_\_\_\_

3. If an emergency vehicle is not on site, what is the average emergency response time? \_\_\_\_\_

4. Is first aid available to both participants and spectators at the event location(s)?  Yes  No

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

5. Describe medical, security and evacuation procedures: \_\_\_\_\_

6. Is the insurance program:  Mandatory  Optional, please explain: \_\_\_\_\_

If optional, how many members are eligible to participate in your insurance program? \_\_\_\_\_

7. Are all coaches/trainers certified?  Yes  No

Please explain certification process: \_\_\_\_\_

8. Are all practices, contests and ancillary events sanctioned and supervised by you?  Yes  No

9. Do you have sanctioning procedures in place:  Yes (*Attach copies of sanction requirements and application*)  No

10. Are you a member of an association or other organization which promotes or governs the activities named above?  Yes  No

11. Are participants ever transported to or from practices or competitions at your direction and under your supervision?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

12. Is a K&K approved waiver and release form read and signed by all persons entering a restricted area prior to entry?  Yes *(Please attach a copy of forms(s))*  No

13. Are coaches and officials to be covered?  Yes  No

14. Please indicate any additional information which you feel is important here: \_\_\_\_\_

\_\_\_\_\_

**ANCILLARY EVENTS INFORMATION - Describe any events or activities.**

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PRIOR CARRIER INFORMATION-** We require currently valued loss runs for each of the last four years K&K was not on the account.

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)**

**THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:**

- Copies of diagrams and photographs of each location showing all spectator and participant areas where covered activities take place.
- Copy of the previous/present policy.
- Broker of Record letter. (if applicable)
- Copies of waiver/release forms.
- Copies of rules and regulations, safety manuals and sanction requirements and application.
- Four years of company loss runs (company copy including reserves).

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/YYYY)

\_\_\_\_\_  
Date (MM/DD/YYYY)





# EVENT LIQUOR LIABILITY APPLICATION

Named Insured (as it is to appear on policy): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Name Liquor License is in: \_\_\_\_\_

Liquor License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

Location of Premises: \_\_\_\_\_

1. Is coverage for a specific event?  Yes  No If yes, explain what kind of event, where event will be held and date of event(s). \_\_\_\_\_

2. Opening and closing hours of event: \_\_\_\_\_

3. Opening and closing hours of alcoholic beverage sales: \_\_\_\_\_

4. Are the alcohol sales and consumption contained by fencing within one fixed site?  Yes  No

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

If no, are booths/stands located throughout the event site?  Yes  No

5. At what point of sale are I.D.'s checked? \_\_\_\_\_

6. How many security personnel are present? \_\_\_\_\_

7. Are rules and regulations clearly displayed for patrons' viewing?  Yes  No

Explain: \_\_\_\_\_

8. Is there a quantity limit per purchase?  Yes  No If yes, how many? \_\_\_\_\_

9. If there is entertainment provided, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Date \_\_\_\_\_



# 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

\_\_\_\_\_  
Date



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# WATER RELATED EVENTS QUESTIONNAIRE

Named Insured: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

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

1. What type of event will you be holding? \_\_\_\_\_
2. Will this event take place on open or closed waters?  Open  Closed
3. What type of safety equipment and guidelines are required of the participants? \_\_\_\_\_  
\_\_\_\_\_
4. Are there any requirements of a participant to enter the event (i.e. training, age)? \_\_\_\_\_  
\_\_\_\_\_
5. Are the participants required to sign waivers?  No  Yes (If so, please provide a copy)
6. Please provide a schedule of events. With this schedule please include the following for each event:  
 Date  Location  Number of Participants  Estimated Gross Receipts  
 Age Group of the Participants  Number of Spectators  Number of Volunteers
7. If you are utilizing volunteers, what type of experience is required in order to qualify as a volunteer? \_\_\_\_\_  
\_\_\_\_\_
8. Has the Coast Guard or Local Authorities been notified about your event?  Yes  No  
 Will they be present at your event?  Yes  No If so, how many and where will they be located? \_\_\_\_\_  
\_\_\_\_\_
9. What is the realistic response time for medical assistance? \_\_\_\_\_
10. Does the equipment used during an event belong to you or the participants  Yes  No  
 If not, who provides the equipment rented or loaned to the participants? \_\_\_\_\_  
\_\_\_\_\_
11. Is the equipment thoroughly checked prior to being used?  Yes  No
12. Does the insured need any ancillary events covered?  Yes  No  
**If so, please provide a description of the activity along with the date, location and estimated attendance**
13. **ADDITIONAL INSUREDS: If you are required to add entities to your policy as additional insureds, please provide a list of names, as they should appear on the policy, the complete address for each and their relationship to you.**
14. **Please provide a diagram of the course and copies of any brochures or manuals available for this event.**

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

\_\_\_\_\_  
Date



# FIREWORKS SUPPLEMENTAL APPLICATION

1. Name of Insured: \_\_\_\_\_
2. Date(s) of fireworks exposure: \_\_\_\_\_
3. Specific location of fireworks display(s): \_\_\_\_\_
4. Estimated spectator attendance: \_\_\_\_\_
5. Name of organization shooting fireworks: \_\_\_\_\_

6. Will other coverage be provided?     Yes     No

If yes, please attach copy of certificate with your name listed as additional insured (minimum limit of \$1,000,000 required).

7. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

Name	Experience
_____	_____
_____	_____
_____	_____

**If insured is shooting fireworks, provide copy of current license.**

8. Is a permit required by State, City, County authority for this fireworks display?     Yes     No

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

9. Provide diagram of the fireworks display area, detailing the following information:

- a. Spectator fencing – distance from launch site to spectators
- b. Launch site
- c. Direction of launch
- d. Spectator parking lot
- e. Concessions area
- f. Surrounding areas

10. Describe firefighting equipment on site of event: \_\_\_\_\_

11. If no firefighting equipment on site, give distance to nearest fire station: \_\_\_\_\_

Fire protection is:     Volunteer     Paid

12. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays?     Yes     No

If no, give distance in miles to nearest medical facility: \_\_\_\_\_ and response time in minutes: \_\_\_\_\_

13. Have you displayed fireworks before?     Yes     No

If yes, describe any claims/losses that have occurred and the amount of loss: \_\_\_\_\_

14. Limit of Liability requested (cannot be greater than the event limit):     \$500,000     \$1,000,000

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  
CA# 0334819

# SECURITY SUPPLEMENTAL APPLICATION

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's 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 investigation 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 references

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 the number of dogs to be used in 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, please explain those incidents in detail below or provide a separate exhibit. \_\_\_\_\_

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

\_\_\_\_\_  
Date



1712 Magnavox Way P.O. Box 2338  
 Fort Wayne, IN 46801-2338  
 1.800.553.8368 Fax 1.260.459.5624  
 www.kandkinsurance.com  
 CA# 0334819

# 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)