

PARI-MUTUEL RACING

(Horse Tracks & Greyhound Tracks)

Eligible Operations:

- Greyhound dog tracks
- Quarter horse tracks
- Harness tracks
- Racino gambling
- Off-track betting parlors
- Simulcast facilities
- Thoroughbred tracks

Key Underwriting/Qualifying

Factors (Including but not limited to):

- \$3,500 minimum account premium

Ineligible for this program:

- Chariot racing
- Steeplechase events

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Pari-mutuel Program for over 25 years
- Active participation in industry trade shows and meetings
- Over 65 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 offers insurance products developed specifically for the pari-mutuel industry that address the unique needs of horse and greyhound tracks. Our specialized coverages will keep your operations running smoothly. For pari-mutuel insurance, K&K is always a winner.

Coverages Available & Program Highlights:

General Liability

- Legal Liability to Participants
- Horse Legal Liability
- Dog Legal Liability
- Liquor Liability
- Employee Benefits Liability

Property

Inland Marine

Commercial Auto

Crime

Excess Liability

Jockey Accident Medical Coverage

Workers' Compensation (in select states)

Common Associated Exposures:

- Casinos
- Entertainment
- Food & beverage concessions
- Hotel/Motel
- Promotional activities
- Restaurants/lounges
- Valet parking

Insuring the world's fun.®

Contact Information:

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

Pari-mutuel Racing Program

PHONE: 800.440.5580
FAX: 260.459.5810

EMAIL:
KK.VenueGaming@
kandkinsurance.com

WEB SITE:
kandkinsurance.com

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

Submission Instructions:

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs
- Most current financial statement
- Copy of stall or kennel agreement

Pari-mutuel Racing Application(s):

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

K&K Application(s)

- Horse Track Liability Information Form
- Horse Legal Liability Application
- Dog Track Liability Information Form
- Participant Legal Liability Horse Racing Supplemental Application
- Liquor Liability Application (if needed)
- Security Supplemental Information
- Jockey Accident Medical Proposal Request Form (if needed)

ACORD Application(s)

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

Insuring the world's fun.®



1712 Magnavox Way
 P.O. Box 2338
 Fort Wayne, Indiana 46801
 (877) 355-0315 Fax (260) 459-5810
 www.kandkinsurance.com
 CA #0334819

DOG TRACK LIABILITY INFORMATION FORM

Insured name (as will appear on policy): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Track address: _____

City: _____ State: _____ Zip: _____

Web site address: _____ Tax ID number: _____

1. Does the Named Insured own the track premises? Yes No
IF NO, PLEASE ATTACH A COPY OF CURRENT LEASE AGREEMENT.

2. Are grounds completely fenced? Yes No
 If no, explain: _____

3. Who is responsible for the following (check one)?

	INSURED	SUB-CONTRACTED*	OTHER	
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Concession sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Liquor sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
First aid (personnel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Fireworks displays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Amusement devices/rides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

4. Do all subcontractors and/or facility users carry liability limits at least equal to \$1,000,000?..... Yes No
 Is facility listed as an additional insured, indemnified and held harmless?..... Yes No
PLEASE PROVIDE COPIES OF CONTRACTS AND CERTIFICATES OF INSURANCE.

5.	<u>Additional Insured</u>	<u>Business Relationship</u>	<u>Certificate Required</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

6. Number of years the current owner has owned this facility: _____

7. Number of years the current management has been involved with the track: _____

8. Dates of racing season(s): _____

a. Number of live racing days: _____

b. Average daily attendance (live racing): _____

c. Number of simulcast days (with no live racing): _____

d. Average daily attendance (simulcast days): _____

9. Number of dogs kenneled at track: _____

PLEASE PROVIDE A COPY OF THE CURRENT KENNEL AGREEMENT.

10. Construction of kennels: Frame Non-combustible Masonry non-combustible Jointed masonry
 Fire resistive Modified fire resistive

Property Damage to dogs (Please indicate the coverage limits you are requesting):

- \$10,000 per dog/\$100,000 per occurrence/aggregate
 \$25,000 per dog/\$250,000 per occurrence/aggregate
 \$50,000 per dog/\$500,000 per occurrence/aggregate
 None

11. Are any locations situated within a 6 block radius of any of the following:
Presidential Office/Residences, Senate, Congress, Government Buildings, Central Business District, Federal Buildings, Airports, Air Space Zones, Skyscrapers, Hotels, Casinos, Civilian Airlines, Military Bases, Nuclear Power Plants, Ports, Harbors, Stadiums, Stock Exchanges, Fortune 100 Companies, Industrial Sites, United Nations Buildings, World Bank Buildings, Tourist Attractions, Historic/National Landmarks, Media Headquarters, Subway Stations, Main Train Stations, Israeli Consulates, High Profile Shopping Malls, High Profile Theatre Districts? Yes No
If yes, what is it? _____ Which Location? _____

12. List total grandstand capacity: _____ Age: _____
Construction: _____
List total grandstand capacity: _____ Age: _____
Construction: _____
List total grandstand capacity: _____ Age: _____
Construction: _____

13. Is your facility in compliance with city, county, state and township building, safety and fire codes? Yes No
If no, explain: _____

14. Fire prevention services on site: _____
- a. What percentage of the grandstand/clubhouse is sprinklered? _____ %
- b. Are fire extinguishers easily accessible in all buildings? Yes No
How often are they checked? _____ By whom? _____
- c. Are hydrants and hoses strategically located and accessible? Yes No
Is water source: Municipal line On premises reservoir
 Fire station tank truck Other: _____
- d. Distance to nearest fire station: _____ Response time: _____
Is the station manned by: Professionals Volunteers

15. Patron services:
- a. Are buses or trams used on the premises? Yes No
- b. Are curbs, steps, ledges highlighted? Yes No
- c. Are handicap services provided in: Restrooms _____ Parking areas _____ Ramps _____
- d. Are the grandstand/clubhouse exits clearly marked? Yes No
- e. Are stairways and emergency egress routes equipped with emergency lighting? Yes No
- f. Does crowd control fencing prevent spectators from entering restricted areas? Yes No

16. Is there currently a self-insured retention in place? Yes No
If yes, what limit? \$ _____

17. Current deductible amount: \$ _____

18. Are any non-racing activities or exposures sponsored by the track management held at this facility during:
- Non-racing season? Yes No
- Racing season? Yes No
- On race days? Yes No

If yes, explain and **PROVIDE A COMPLETE LISTING OF ALL EVENTS:** _____

19. PLEASE ATTACH A SCHEDULE OF ANY NON-RACING EVENTS, NOT SPONSORED BY TRACK MANAGEMENT, FOR WHICH COVERAGE IS DESIRED.

20. Are there any other types of attractions or facilities on the grounds such as playgrounds, parks, ponds, etc. for which coverage is desired? Yes No

If yes, please describe: _____

21. Is an overnight public campground provided? Yes No

If yes, how many spaces? _____

Is 24 hour campground security maintained? Yes No

PLEASE SUBMIT A COPY OF THE RULES AND REGULATIONS REGARDING CAMPING CONDUCT.

22. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure? Yes No

23. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? Yes No

If yes, do you require a Certificate of Insurance naming you as an Additional Insured? Yes No

Minimum Liability Limits required? Yes No

Do you require coverage to be shown for both General Liability and for Participant Legal Liability? Yes No

24. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? Yes No

25. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point? Yes No

26. Does the course involve any mud obstacles? Yes No

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

- Copy of all contracts/lease agreements/hold harmless agreements between the track management and any other party with regard to this operation.**
- Diagram and photos of track location.**
- Written/Printed emergency evacuation plan.**
- Current schedule of events.**
- Currenxt year financial reports.**
- Four (4) year detailed loss history listings from previous carrier.**
- Copy of the current policy from previous carrier.**

(This application to be filled out and submitted with General Application form 1097).

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)



LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
2. Name Liquor License is in: _____
3. Liquor License Number: _____ Class of License: _____
4. 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). _____
5. Opening and closing hours of event(s) (for each event): _____
6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). _____
7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
 If yes, please explain: _____
8. Has applicant incurred claims for liquor liability during the last three years? Yes No
 If yes, please explain: _____
9. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No
 If yes, please explain: _____
10. Type of alcohol beverages sold: _____ What proof: _____

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
 If yes, what type? _____
13. Do you maintain security personnel at event entry check points? Yes No
 If yes, what type? _____
 Do they exercise the right of search and seizure of contraband items? Yes No
 If yes, how do they notify the public of this? _____
14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No
15. If site is completely enclosed, are minors allowed to enter? Yes No

(Continued on next page)

16. Are the servers professional (two years bartending experience or more)? Yes No
 Are the servers non-professional (less than 2 years or no bartending experience)? Yes No
 Explain: _____
17. Name the formal awareness training program that the servers receive: _____

18. At what point of sale are I.D.'s checked? _____
19. Are rules and regulations clearly displayed for patrons' viewing? Yes No
 Explain: _____
20. In what size container is the alcoholic beverage served at each event? Cup _____ oz. Pitcher Other: _____
21. Can patrons purchase more than two alcoholic beverages at one time? Yes No
 If yes, please explain: _____
22. Is there any type of designated driver program in effect? Yes No
 Explain: _____
23. Is there any other Liquor Liability coverage being provided? Yes No
 If yes, explain and attach a copy of the certificate of insurance: _____
24. Liability limits requested \$_____ (per occurrence) \$_____ (aggregate)

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 INFORMATION

Name of Applicant: _____ Date: _____

Who is primarily responsible (via contract) for liability coverage of off-duty police? Insured Municipality

Who is primarily responsible (via contract) for Workers' Compensation of off-duty police? Insured Municipality

Are all the applicant's security guard employees licensed by the state as a security guard? Yes No

If no, explain: _____

INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

Are background investigations and checks conducted on all employees who perform security duties? ___ Yes ___ No

If yes, mark appropriate box:

- Criminal Background Checks
- Fingerprints
- Background Cleared Prior to Hire
- Previous Employer
- Drug Screening
- Other _____
- Motor Vehicle Report
- Personal Reference

What firearm training is required for armed security employees? _____

Does applicant have a formal training program for security employees? ___ Yes ___ No

If yes, explain or attach a copy of training manual.

Provide number of dogs to be used in your security operations _____

During the past four years, have any claims been presented to your current or prior insurance carrier for security related incidents? ___ Yes ___ No. If yes, explain those incidents in detail below or provide a separate exhibit.

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)

1096 (10/03)



MANDATORY SIGNATURE SUPPLEMENT

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.

Applicable in AL

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.

Applicable in AR, LA, MD, 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 DC

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.

Applicable in FL

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.

Applicable in KY

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.

Applicable in ME, TN, 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 NM

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.

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 NY

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.

Applicable in OH

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.

Applicable in OK

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.

Applicable in 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.

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 VA

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 benefits.

FRAUD APPS (2019/11)

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)