



1712 Magnavox Way P.O. Box 2338  
 Fort Wayne, IN 46801-2338  
 (800) 441-3994 Fax (260) 459-5120  
 www.kandkinsurance.com  
 CA# 0334819

# GENERAL LIABILITY POLICE ATHLETIC/ ACTIVITIES LEAGUE PROGRAM OUTLINE

## WHAT IS THE QUOTE REQUEST PROCESS?

Each PAL chapter must complete the appropriate applications and return them to the K&K underwriter. A formal proposal will be issued to each PAL chapter once the completed application has been approved. If the PAL chapter agrees to the terms contained within the written proposal, a request must be made in writing to bind the coverage and it must be sent to K&K Insurance Group via fax or mail. Coverage will become effective on the date the written request to bind coverage is received. We are not able to backdate coverage.

## IS SEXUAL ABUSE/MOLESTATION COVERAGE AVAILABLE?

Sexual abuse/molestation coverage is available for each PAL chapter that has the proper procedures in place. A sexual abuse/molestation questionnaire must be completed and returned along with the other applications in order to be considered. If all the proper procedures are in place, we can offer limits of \$1,000,000 per occurrence with a \$1,000,000 aggregate.

## ARE ADDITIONAL INSUREDS AUTOMATICALLY INCLUDED?

Managers & lessors of premises, sponsors and co-promoters are automatically included under the general liability policy at no additional premium charge. All other additional insureds must be reported to K&K Insurance Group for consideration. Most other additional insureds that are approved can be included on your policy at no additional premium charge.

## WHAT ACTIVITIES WILL BE COVERED UNDER THE POLICY?

All directly supervised activities that have been approved by the Police Athletic/Activities League are covered under the policy unless specifically excluded on the policy. Any activity taking place at an individual's residence is specifically excluded on the policy.

## EXAMPLES OF COVERAGE

The policy will pay those sums you become legally obligated to pay as damages because of:

- Bodily Injury and Property Damage
- Products and Completed Operations
- Personal and Advertising Injury
- Contractual Liability
- Legal Liability to Participants

Defense and legal expenses are covered in addition to the limits provided, and you will be defended, even if the allegations of the suit are groundless, false or fraudulent, subject to the terms and conditions of the policy.

## WHAT ARE THE LIMITS PROVIDED?

General Aggregate	None
Each Occurrence Limit	\$1,000,000
Products-Completed Operations Aggregate Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000 per occurrence
Legal Liability to Participants Limit	\$1,000,000 per occurrence
Damage to Premises Rented to You Limit	\$ 300,000 any one premises
Medical Expense Limit (No coverage for participants)	\$ 5,000 any one person
Sexual Abuse/Molestation Limit (If proper procedures in place)	\$1,000,000 per occurrence
Sexual Abuse/Molestation Aggregate	\$1,000,000

This is only a very general reference to what coverage(s) the insurance policy provides and is not intended to attempt to describe all of the various details pertaining to the insurance. Actual coverages are detailed in the policy of insurance, and this summary is subject to all terms, provisions, conditions and exclusions as contained therein. You should not rely upon this generalized summary, but should consult the actual policy for a complete description and details regarding coverage.



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## **PARTICIPANT ACCIDENT POLICE ATHLETIC/ ACTIVITIES LEAGUE PROGRAM OUTLINE**

### WHAT IS PROVIDED UNDER THE PARTICIPANT ACCIDENT POLICY?

The insurance plan pays the covered expenses incurred by a participant when an accidental injury occurs while participating in covered activities of the insured PAL chapter. Covered expenses will be determined on an excess basis over and above any other valid and collectible coverage for which an insured person may be eligible. In the absence of any other coverage, this coverage will pay as primary benefits subject to coverage limits and exclusions. Covered expenses are subject to a \$250 per claim deductible.

### WHO IS COVERED AND WHEN ARE THEY COVERED?

Participants, coaches, officials and volunteers when they are involved in any activity conducted and supervised by your PAL chapter.

### WHAT ARE THE BENEFIT LIMITS?

The participant accident policy provides an overall maximum benefit limit of \$25,000 per claim with a \$250 per claim deductible. Higher limits are also available upon request.

### ARE THERE ANY SPORTS THAT ARE EXCLUDED FROM COVERAGE?

Boxing is an excluded activity. Please contact our office if your PAL chapter provides boxing activities.

### WHAT ARE SOME OF THE EXCLUSIONS AND LIMITATIONS?

We will not pay benefits for expenses incurred for eye exams, glasses or contact lenses; hearing aids; treatment by a person employed or retained by you; care or treatment by a person who resides with the insured person or who is the insured person's or the insured person's spouse's parent, grandparent, spouse, brother, sister or child. We will also not pay for loss or expense resulting from intentional self destruction or intentional self-inflicted injury; war or an act of war; or air travel unless as a passenger on a regularly scheduled commercial flight.

This is only a very general reference to what coverage(s) the insurance policy provides and is not intended to attempt to describe all of the various details pertaining to the insurance. Actual coverages are detailed in the policy of insurance, and this summary is subject to all terms, provisions, conditions and exclusions as contained therein. You should not rely upon this generalized summary, but should consult the actual policy for a complete description and details regarding coverage.



# GENERAL APPLICATION

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Person is:  Owner  Promoter  Agent  Other: \_\_\_\_\_

Day Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Night Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Fax:( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax:( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

Insured is:  Corporation  Partnership  Joint Venture  Other (explain): \_\_\_\_\_  
 Limited Liability Corporation

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

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

Estimated number of events: \_\_\_\_\_

### COVERAGE INFORMATION

Check the type of coverage and indicate the limits desired:

- General Liability
  - Primary \_\_\_\_\_
  - Excess \_\_\_\_\_
  - Legal Liability To Participants \_\_\_\_\_
- Participant Accident and Health  
(Applicable only to Motorsports)
  - AD&D \_\_\_\_\_
  - Primary Medical \_\_\_\_\_
  - Excess Medical \_\_\_\_\_
  - Weekly Disability Income \_\_\_\_\_
- Property Casualty
  - Property \_\_\_\_\_
  - Inland Marine \_\_\_\_\_
  - Auto \_\_\_\_\_
- Workers' Compensation
- Other: \_\_\_\_\_

**UNDERWRITING INFORMATION**

1. Has this type of insurance ever been:  Cancelled  Declined  Non-renewed If so, please explain. *(Not applicable in Missouri)*\_\_\_\_\_

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

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

a. Does the Named Insured assume liability for the other party?  Yes  No

**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**

b. Does the other party assume the Named Insured's liability?  Yes  No

**PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.**

c. Does each party assume its own liability?  Yes  No

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

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

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

6. Is a K&K approved Waiver and Release form read and signed by all persons entering a restricted area prior to entry?  
**(Applicable only to Motorsports)**  Yes  No

**PRIOR CARRIER INFORMATION (NEW BUSINESS ONLY)**

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

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

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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# POLICE ATHLETIC/ ACTIVITIES LEAGUE SUPPLEMENTAL QUESTIONNAIRE

1. Name of PAL chapter: \_\_\_\_\_
2. Describe the activities offered by your PAL chapter: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Describe any non-sport related ancillary activities offered: \_\_\_\_\_  
 \_\_\_\_\_
4. Does your PAL chapter have a boxing program?  Yes  No
5. Annual number of members in your PAL chapter: \_\_\_\_\_
6. Additional Insureds (Please list entities you are contractually obligated to list on your policy as an additional insured):
 

Name: _____	Relationship to You: _____
Address: _____	
City: _____	State: _____ Zip: _____
Name: _____	Relationship to You: _____
Address: _____	
City: _____	State: _____ Zip: _____
Name: _____	Relationship to You: _____
Address: _____	
City: _____	State: _____ Zip: _____
Name: _____	Relationship to You: _____
Address: _____	
City: _____	State: _____ Zip: _____
7. Is there a training program for employees and volunteers?  Yes  No  
 If yes, please describe the training program \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Please describe the medical, security and emergency evacuation procedures in place: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Do you require all participants and/or their parents/guardians to sign a waiver and release statement prior to participation?  Yes  No  
 If yes, please provide a copy of the waiver and release used by your chapter.
10. Is first aid available for all activities?  Yes  No  
 Please explain: \_\_\_\_\_  
 \_\_\_\_\_
11. What is the ratio of adults to participants during your activities? \_\_\_\_\_

12. Do you currently have a participant accident policy in place to protect all participants in the event of injury?  Yes  No  
 If yes, please provide a copy of your declarations page of the policy.
13. Do you own any of the facilities where your activities take place?  Yes  No  
 If yes, please describe the owned facility and what activities take place there: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:**

- Currently valued, hard copy loss runs for the previous 5 years.
- Copies of written rules and regulations for your PAL chapter.
- Brochures and promotional materials for your PAL chapter.
- Copy of written sexual abuse/molestation procedures.
- Copies of written contracts between your PAL chapter and other organizations  
 (i.e. lease agreements, vendor contracts, sponsorship contracts, etc.).
- Copy of your PAL chapters written emergency medical and security 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.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Producer's Signature (if applicable)

\_\_\_\_\_  
 Applicant's Name (print)

\_\_\_\_\_  
 Producer's Name (print)

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

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



# 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)