

FESTIVALS

Eligible Operations:

- Arts & craft festivals
- City celebrations
- Ethnic festivals
- Exhibitions/expositions
- Music festivals
- Holiday celebrations
- Themed festivals (e.g. rib fest, tulip festival, etc.)

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Management must have at least three years festival/event management experience
- Minimum premiums
general liability- \$2,500
package- \$5,000

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Festival Program for over 20 years
- Proud member of International Festivals & Events Association (IFEA) as well as many state and regional organizations
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

When it comes to festivals, you name it, chances are we've covered it—everything from small community tulip festivals to nationally known and recognized festivals. K&K has everything you need in insurance coverage to keep things festive.

Coverages Available & Program Highlights:

General Liability

- Written on an Admitted Basis in Most States
- Broadened Coverage Form
- Non-auditable Policy
- No Deductible
- Legal Liability to Participants
- Volunteer Accident- Accident Medical Coverage For Volunteers
- Volunteers as Additional Insureds
- Contingent Ride Liability
- Fireworks Liability
- Liquor Liability
- Vendor/Exhibitor Coverage
- Employee Benefits Liability

Directors and Officers Including Employment Practices Liability

Property

- Emergency Vacating Expenses Covered up to \$25,000, Crisis Response Coverage—\$25,000, Full Building Ordinance "A" Coverage

Inland Marine

Commercial Auto

- Owned Auto
- Nonowned/Hired Auto

Crime

Excess Liability

Workers' Compensation

Event Cancellation & Non-appearance

Common Associated Exposures:

- Arts & crafts displays
- Food & beverage concessions
- Horticultural/home economics exhibits
- Parades

Insuring the world's fun[®]

Contact Information:

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

Festival Program

PHONE: 800.553.8368

FAX: 260.459.5624

EMAIL:

KK.EventsAttractions@
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 detailed, currently-valued company loss runs
- Diagram/site plan of location/ setup
- Web site address
- Schedule of events

Festival Application(s):

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

K&K Application(s)

- Festival/Special Event/Parade Information Form
- Vendors As Additional Insureds Information Form (if needed)
- Fireworks Application (if needed)
- Liquor Liability (if needed)
- Directors and Officers including Employment Practices Liability (contact K&K for specific application)

ACORD Application(s)

- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability
- Workers' Compensation

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 1-800-553-8368 Fax 1-260-459-5624
 www.kandkinsurance.com
 CA# 0334819

FESTIVAL/SPECIAL EVENT APPLICATION

IMPORTANT

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

APPLICANT INFORMATION

Named Insured as it is to appear on policy: _____
 Doing Business As: _____
 Insured is: Corporation Partnership Joint Venture Other: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Title: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
 E-mail Address: _____ Web Site: _____

AGENT / BROKER INFORMATION (if applicable)

Name of Agent/Brokerage: _____
 Contact Person: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
 Tax ID Number: _____ E-mail Address: _____

UNDERWRITING INFORMATION

1. Name of Event: _____
2. Description of event/operations/business: _____

3. Policy Period Requested: _____ to _____
4. Date(s) of Event: _____
 Opening and closing hours of event: Open: _____ Close: _____
5. Location of Event Site (Name of Facility): _____
 Address: _____
 City: _____ State: _____ Zip: _____
6. What is your past experience producing this type of event? _____

7. Gross Receipts last year (all sources): \$ _____
 This year's budget: \$ _____
8. Estimated total attendance this year: _____
 Estimated maximum daily attendance: _____
 Total attendance last year: _____

9. Annual owned or leased grounds exposure: Yes No
 If yes, how many acres: _____
10. List any entities requiring Additional Insured status on your policy
- | <u>Name of Entity</u> | <u>Business Relationship to You</u> | <u>Certificate Required</u> |
|-----------------------|-------------------------------------|--|
| a. _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
11. Has insurance for this event ever been: Cancelled Declined Nonrenewed
 If so, please explain: _____
12. Does this Organization engage in any other business operations under the same name? Yes No
 If yes, please explain: _____
13. Who provides security for this event? City County State Employees Private Agency
- a. Does the private agency provide a Certificate of Insurance naming you as additional insured? Yes No N/A
- b. If security personnel are the event employees, are they armed? Yes No N/A
 If yes, please attach training procedures to this application.
- c. Average number of security officers per event day: _____
- d. Average number of security officers after hours: _____
14. Minimum number and type of medical personnel:
 Paramedic _____ EMT/EMS _____ Nurse _____ Other _____
- a. Distance to nearest hospital: _____ Response time in minutes: _____
- b. Is there an ambulance on site? Yes No
- c. Describe any other medical facilities on site: _____
-
15. Do you have written emergency procedures addressing the following?: Yes No
 Severe weather Bomb threat Catastrophic occurrences (e.g. bleacher collapse)
16. Type of concert, if applicable: Hard Rock Jazz C&W Classical
 Bluegrass Pop Rock Other: _____
17. Type of seating during event: Assigned Festival None
18. If event is held indoors, does security check for cans and bottles at the door? Yes No
19. Grandstands: _____ Yes No Year Built: _____
 Construction: Wood Concrete Metal Grandstand Height: _____ (ft)
 Guardrails: Sides Back Kick boards in place? Yes No
20. Number of Fixed Bleachers: _____ Construction: Wood Concrete Metal Bleacher Height: _____ (ft)
 Number of Portable Bleachers: _____ Construction: Wood Metal Bleacher Height: _____ (ft)
 Guardrails: Sides Back Kick boards in place? Yes No
 Age of oldest bleacher unit: _____
21. Do you have a documented inspection/maintenance program for grandstands and/or bleachers? Yes No
 If yes, date of last inspection: _____
22. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: _____
-

23. Do you have a petting zoo? Yes No
 If Yes, is it operated by an independent contractor? Yes No
 If Yes, do you receive a certificate of insurance naming you as an additional insured? Yes No
 Do you have a contract with a hold harmless and indemnification agreement? Yes No
 Are all animals properly vaccinated? Yes No
 Is there a hand washing at the exit of the petting zoo? Yes No
 Is there signage posted with regard to the importance of hand washing after animal contact? Yes No
24. Do you obtain certificates of insurance from product and/or service providers naming you as an additional insured? Yes No
25. Do you provide housing for vendors and/or contractors? Yes No
 If yes, please describe: _____

PARADE SECTION (if applicable)

26. Date(s) of Parade: _____
27. Number of Floats: _____
28. Estimated spectator attendance: _____
29. Are souvenirs or other items allowed to be thrown into the crowd? Yes No

30. Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:
- | | |
|--|---|
| <input type="checkbox"/> A.* Motorsports Liability (tractor pull, demo derby, auto racing) | <input type="checkbox"/> H.* Property; Auto Liability (including Nonowned/Hired); Inland Marine; Crime; Excess; Worker's Compensation |
| <input type="checkbox"/> B.* Liquor Liability | <input type="checkbox"/> I.* Directors and Officers Liability |
| <input type="checkbox"/> C.* Fireworks Liability | <input type="checkbox"/> For profit <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> D.** Excess Fireworks Liability | <input type="checkbox"/> J. Directors and Officers Medical |
| <input type="checkbox"/> E.** Contingent Ride Liability | Number of Directors and Officers: _____ |
| <input type="checkbox"/> F.* Rodeo Spectator Liability | |
| <input type="checkbox"/> G. Volunteer Workers Medical | |
| Number of volunteers: _____ | |

***Requires separate application and /or ** requires a Certificate of Insurance evidencing underlying coverage.**

SUMMARY OF REQUESTED ITEMS

31. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:
- Complete schedule of events, if not on your web site.
 - Please submit a diagram of the parade route from beginning to end (if applicable).
 - Four (4) year detailed loss history from previous carrier(s).

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



VENDORS AS ADDITIONAL INSURED INFORMATION FORM

Name of Insured: _____

Name of Event: _____

Dates of Event: _____

#	VENDOR NAME	YEARS OF EXPERIENCE	TYPES OF FOODS OR DISPLAYS	NUMBER OF BOOTHS OR STANDS	*EVER CANCELLED/ REFUSED COVERAGE		*CLAIMS LAST THREE YEARS	
					YES	NO	YES	NO
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** If "YES" please explain on back of form. If additional space is needed please attach additional sheets with this form.**

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form 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.

DATE _____ SIGNATURE OF INSURED _____ TITLE _____ 1131 11/03



LIQUOR LIABILITY APPLICATION

- 1. Named Insured as it is to appear on policy: _____
- 2. Name of Alcoholic Beverage Licensee: _____
- 3. Alcoholic Beverage License Number: _____ Class of License: _____
- 4. Is coverage for a specific event? Yes No
- 5. Opening and closing hours of event(s) (for each event): _____

NOTE: Alcohol sales must cease a minimum of 1/2 hour before event closing

- 6. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
If yes, please explain: _____
- 7. Has applicant incurred claims for liquor liability during the last three years? Yes No
If yes, please explain: _____
- 8. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No
If yes, please explain: _____
- 9. Type of alcoholic beverages sold: _____

10. Annual Gross Sales:

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

- 11. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
- 12. Do you maintain security personnel at event entry check points? Yes No
Do they exercise the right of search and seizure of contraband items? Yes No
- 13. Are the alcohol sales and consumption contained by fencing within one fixed site? Yes No
- 14. Name the formal awareness training program that the servers receive (e.g. TIPS, TAMs, TABC): _____
- 15. At what point of sale are I.D.'s checked? _____
- 16. Are rules and regulations clearly displayed for patrons' viewing? Yes No
- 17. Is there any type of designated driver program in effect? Yes No
- 18. Is there any other Liquor Liability coverage being provided? Yes No
If yes, explain and attach a copy of the certificate of insurance: _____

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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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 SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

A. Identify current hiring practices for paid and volunteer staff:

- Are employment applications required for positions? Yes No
- Is prior employment verified for each applicant and recorded in applicant's file? Yes No
- Are references obtained? Yes No Are references checked? Yes No
- Are criminal records checked? Yes No
- Does your staff (paid and 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
- If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
- Do you advise every applicant that criminal background checks will be performed? Yes No

B. Identify staff status (check all that apply): Employees Volunteers Parent-volunteers

Are all staff members age 21 years or older? Yes No

C. Do you discuss the importance of providing a safe environment for the children in your care? Yes No

D. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper, member or participant reports someone molested him/her which includes reporting suspected child/sexual abuse after learning of such an allegation? Yes No

Do you have a plan of supervision, including procedures to limit one-on-one interaction between an adult and youth, that monitors staff in day to day relationships with campers, members or participants? Yes No

Does staff screening include criminal background checks on all new (including seasonal) employees/volunteers, and on year around employees/volunteers every 5 years? Yes No

1. If yes, provide name of service provider you use to conduct criminal background checks _____

Does new staff screening include at least two references and a personal interview before being hired-accepted as employee/volunteer? Yes No

Does the staff screening include an annual check of all employees/volunteers on the National Sex Offender Public Website? Yes No

E. Have you ever had an incident which resulted in an allegation of sexual abuse at your camp or other operation? Yes No

1. Was a claim made against your camp or other operation? _____

If yes, please provide details of the claim/incident: _____

2. How much money was paid as damages to the victim? _____

3. What has been done to prevent such occurrences from happening in the future? _____

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)

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA

For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2024/01)

NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)