

MOTORSPORTS

Facilities & Events

Eligible Operations:

- Boat racing
- Demo derbies
- Drag racing
- Independent car club activities
- Motorcycle racing
- Motorsports country clubs
- Motorsports driving schools
- Short track oval racing
- Racing associations
- Road courses
- Snowmobile competitions
- Specialty motorsports events
- Super speedways
- Tractor/truck pulls

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Must meet K&K motorsport insurability guidelines

Ineligible for this program:

- Noncompetitive participation facilities (i.e., go kart concession tracks, off-road vehicle parks, mud parks)
- Drag boat racing

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Motorsports Programs for over 70 years
- Attendance at industry conventions including RPM Promoters Workshops, Performance Racing Industry Trade Show (PRI)
- Active industry involvement through sanctioning bodies, racing associations and event attendance
- 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
- Interest-free premium installment plans available

No other organization has the knowledge and experience that allows K&K to provide superior coverage for world-renowned racing organizations as well as local tracks, teams and drivers. K&K Insurance has provided motorsports insurance to the industry since 1952 and is still the leader in the industry today.

A wide range of products are available to protect motorsports facilities and/or event promoters. From liability and participant accident coverages to property and commercial auto coverages, K&K has it covered. Programs are available to cover facility operators, specialty event promoters and sanctioning organizations.

Coverages Available & Program Highlights:

General Liability

- Separate Limits for Bodily Injury to Participants
- Expanded Bodily Injury Definition
- Personal and Advertising Injury Definition Expanded
- Official Vehicle Physical Damage
- Motorsports Errors & Omissions
- Customized Motorsport Policy Language
- Host Liquor Liability
- Cyber Risk (\$25,000 sublimit)

Participant Accident Coverage

- Accidental Death & Specific Loss
- Accident Medical Benefits Available on Excess or Primary Basis
- Limits up to \$1,000,000
- Volunteer- Accident Medical Coverage for Motorsport Volunteers
- Weekly Accident Income

Property

Crime

Inland Marine

Commercial Auto

Liquor Liability

Excess Liability

Event Cancellation & Non-appearance

Workers Compensation

Additional Products:

- Contingency/Prize Indemnity
- Employment Practices Liability
- High Limit Disability
- Products Liability

Insuring the world's fun®

Contact Information:

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

Motorsports Facilities & Events Program

PHONE: 800.348.1839

FAX: 260.459.5118

EMAIL:

KK.Motorsports@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:

- K&K Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs
- Diagram of event locations
- Schedule of events
- Copies of contracts where insured assumes liability of others

Motorsports Facilities & Events Application(s):

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

K&K Application(s)

- Motorsport Facilities Application (if needed)
- Property Insurance Questionnaire (if needed)
- Premises Liability Insurance Application (if needed)
- General Application (if needed)
- Permanent Facility Event Enrollment Form (if needed)
- Temporary Event Motorsports Enrollment Form (if needed)
- Liquor Liability (if needed)
- Fireworks Application- Motorsports (if needed)

ACORD Application(s)

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

Insuring the world's fun.®



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)



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 (800) 348-1839 Fax (260) 459-5118
 www.kandkinsurance.com
 CA# 0334819

PERMANENT FACILITY EVENT ENROLLMENT FORM

**IF A CERTIFICATE OF INSURANCE IS NEEDED, PLEASE SUBMIT THIS APPLICATION,
ALONG WITH PREMIUM, ONE WEEK PRIOR TO THE EVENT TO INSURE PROPER MAIL TIME.**

1. Facility Name: _____
2. Type of Event: _____
3. Club, Association, or Promoter: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
4. Event Dates: _____
 Practice Dates: _____
 Qualifying Dates: _____
 Competition Dates: _____
5. Number of Vehicles: _____ Maximum number of vehicles on track at one time: _____
 Type of Vehicles: _____
 Number of Participants: _____
 Event open for public viewing? Yes No
 If yes, estimated public attendance: _____
6. **Coverages Requested:**
 Liability Limits: \$ _____
 Participant Accident: \$ _____
 Accidental Death & Dismemberment: \$ _____
 Medical: \$ _____ Primary Excess
 Weekly Indemnity: \$ _____ For a period of _____ weeks.
7. Premium Remitted: _____ Check No.: _____
8. Additional Insureds and Relationship: _____

9. Send Certificate to:
 Name: _____ Email: _____
 Address: _____
 Phone: _____ Fax: _____
10. Authorized Signature: _____
11. Special Requests: _____

RETURN TO: K&K INSURANCE GROUP, INC., P.O. BOX 2338 1712 MAGNAVOX WAY, FORT WAYNE, INDIANA 46801

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Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

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1712 Magnavox Way
 Fort Wayne, Indiana 46801
 (800) 553-8368 Fax (260) 459-5624
 www.kandkinsurance.com
 CA# 0334819

MOTORSPORTS TEMPORARY EVENT ENROLLMENT FORM

**FACILITY UNDERWRITING MANDATORY TO PROVIDE COVERAGE AND CERTIFICATE OF INSURANCE.
 PLEASE COMPLETE THE *EVENT LOCATION DIAGRAM SHEET* FOR EACH EVENT LOCATION.**

Submit this completed insurance enrollment form (2) weeks prior to event.

CLUB ASSOCIATION OR PROMOTER: _____

ADDRESS: _____

Contact: _____ **Phone:** _____

Additional Named Insureds

Business Relationship

- a. _____
- b. _____
- c. _____

EVENT DATE(S): _____ **Event is to be held:** Indoors Outdoors

FACILITY NAME: _____

City: _____ **State:** _____

Only those activities and events listed below and approved by the underwriter will be endorsed onto the policy.

TYPE OF EVENT: _____ **VEHICLE CLASS:** _____

(Attach full schedule of events)

List all Ancillary Attractions included during event (i.e. tee shirt slingshot, bat spin, nickle pitch...): _____

Provide minimum ages of participant in each vehicle class.

Limits of Coverage Requested: _____

Do you intend to provide coverage for participants? Yes No

Send certificate to:

Name: _____

Address: _____

Special Instructions: _____

BARRIER:

Are there Guard Rails protecting all spectator and participant areas? Yes No **Type of Material Used:** _____

Height of Guard Rail? _____ " If other than concrete, what are the support posts? _____

Distance apart? _____

FENCE:

Is there a Crowd Control Fence? Yes No **Type of Material:** _____ **Height:** _____

Does the Crowd Control Fence restrict all viewing persons behind the Guard Rail/Wall? Yes No

If at a fairground, are all Spectators restricted to the Grandstand? Yes No

GRANDSTANDS:

Yes No **Age:** _____ **Construction:** _____

Distance between course and grandstand: _____ **Seating Capacity:** _____

Distance between grandstand and crowd control fence: _____

Estimated Attendance: _____ **Time Period of Show:** _____ hours.

Any rows blocked off during event? Yes No If yes, show on diagram.
Ambulance present? Yes No Fire Extinguishers? Yes No Type: _____
Number of EMTs _____
Are you using K&K Insurance Release Form Procedures? Yes No
Number and type of security personnel: Uniformed Officers _____ Contracted _____ Employees _____

FOR MONSTER TRUCKS:

Do all trucks have remote ignition kill systems? Yes No
If Yes, are all systems tested prior to each event? Yes No
Ride truck present? Yes No If Yes, provide details regarding trucks and program.
List any specialized vehicle exhibitions (i.e. jet vehicles, freestyle motocross, etc.) _____
Do all monster trucks participating meet or exceed the standards outlined in the current MTRA rulebook? Yes No

FOR AUTOCROSS, RIDE AND DRIVE, DRIVING SCHOOL AND DRIFTING TYPE EVENTS:

What is the maximum speed allowed? _____
Maximum number of cars on course at one time? _____

FOR DRIVING SCHOOLS:

Number of instructors? _____ Number of students? _____
List experience of all instructors _____

Percentage breakdown of school instruction: Classroom time _____%, On track time _____%
Passing allowed? Yes No If Yes, under what circumstances? _____

Who maintains school vehicles? _____

FOR RIDE AND DRIVE EVENTS:

Describe format of event (ie., dealer test drive, follow the leader, exhibitions with professional drivers...) _____

Are passengers allowed? Yes No If Yes, what is the minimum age? _____
Is there any public road exposure? Yes No

**RETURN TO K&K INSURANCE GROUP, INC., 1712 MAGNAVOX WAY, P.O. BOX 2338, FORT WAYNE, IN 46801
PHONE 800-553-8368 • FAX 260-459-5624**

IMPORTANT: COVERAGE WILL NOT BE PROVIDED UNLESS FOLLOWING PAGE IS COMPLETED FOR EACH LOCATION.

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Applicant's Signature

Applicant's Name (print)

Date (MM/DD/YY)

Producer's Signature (if applicable)

Producer's Name (print)

Date (MM/DD/YY)

EVENT LOCATION DIAGRAM SHEET

CURRENT SURVEY REQUIRED - (CURRENT MEANS AT LEAST EVERY TWO YEARS.)

VERY IMPORTANT: POLICIES/CERTIFICATES/BINDER **WILL NOT** be processed by Underwriter unless a DETAILED DIAGRAM and **SUPPORTING PHOTOS** accompany enrollment form and applicable premium.

SHOW LOCATION AND IDENTIFY: Spectator viewing area, spectator parking areas, restricted areas, pit areas, competition course, barrier, fences, concessions, restrooms, fire extinguishers, ambulance, security personnel, distance between course and nearest crowd control fence and direction North.

PICTURES MUST BE TAKEN: Between course and any area used by spectators and/or participants, parallel to course and barrier/fence. (Note direction taken and number photo)

USE SYMBOLS: include the following symbols in your diagram.

Ⓢ security	Ⓝ north	Indicate the direction of NORTH on diagram
ⓧ fire extinguishers	_____ - _____ - _____	barrier
Ⓐ ambulance	_____	fence over 5'
Ⓒ concessions	-----	fence under 5'
Ⓡ rest rooms	○ →	photograph Indicate photograph number in circle and position arrow in the direction the photo was taken.

Underwriting Surveys. K&K, for the insuring company, shall be permitted but not obligated to survey the Insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting survey nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of, or for the benefit of, any Insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or helpful, or are in compliance with any engineering standards, rule or regulations. Underwriting surveys are for the sole purpose of determining the insurability of certain property and operations and not safety. The Insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting surveys to determine the safety of its track or operations and shall not diminish or forego its own safety practices and procedures.

I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND COMPLETE

SIGNATURE OF INSURED TITLE DATE

THIS IS NEITHER AN OFFER OF COVERAGE NOR AN APPLICATION FOR INSURANCE. REQUESTS FOR COVERAGE WILL BE SUBJECT TO COMPANY UNDERWRITING STANDARDS. ACTUAL COVERAGE TERMS WILL BE DESCRIBED IN A POLICY OF INSURANCE IF ONE IS ISSUED.

Received Date Stamp



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)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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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)

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 Applicant's Signature

 Producer's Signature (if applicable)

 Applicant's Name (print)

 Producer's Name (print)

 Date (MM/DD/YY)

 Date (MM/DD/YY)



FIREWORKS SUPPLEMENTAL APPLICATION

- Name of Insured: _____
- Date(s) of fireworks exposure: _____
- Specific location of fireworks display(s): _____
- Estimated spectator attendance: _____
- 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:

- Spectator fencing – distance from launch site to spectators
- Launch site
- Direction of launch
- Spectator parking lot
- Concessions area
- 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

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Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

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)