

FAIRS & FAIRGROUNDS

Eligible Operations:

- 4H fairs
- Agricultural expositions
- County fairs
- Livestock shows
- State fairs
- Fairground

Ineligible Operations:

Including but not limited to:

Fair events involving extreme sports and extreme motorsports activities

Key Underwriting Factors

- Management must have at least three years of fair management experience
- Minimum general liability premium: \$2,500.
- Minimum package coverage premium: \$5,000

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Fairs & Fairgrounds Program for over 30 years
- Proud member of International Association of Fairs & Expositions (IAFE)
- 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

K&K offers package property and liability insurance designed for fairs and fairgrounds including agricultural fairs, state fairs, county fairs, 4-H fairs, livestock shows, and more. K&K's experienced underwriting team crafts coverage designed to address each fair's unique events and activities. For fairs and fairground insurance, our team is ready to help.

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 Fair
- Volunteers as Additional Insureds
- Contingent Ride Liability
- Fireworks Liability
- Liquor Liability
- Motorsports Liability
- Vendor/Exhibitor Coverage
- Employee Benefits Liability

Directors and Officers Including Employment Practices Liability

Property

- Equipment Breakdown Included
- 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:

- Carnival rides
- Concerts
- Concessionaires
- Demolition derbies
- Displays
- Fireworks
- Horticultural, agricultural and home economic exhibits
- Interim events
- Livestock shows or auctions
- Parades
- Rodeos
- Truck & tractor pulls
- Vendors

Insuring the world's fun[®]

Contact Information:

P.O. Box 2338 Fort Wayne, IN 46801-2338

Fairs & Fairgrounds Program

PHONE: 800.553.8368

EMAIL:
KK.EventsAttractions@kandkinsurance.com

WEB SITE:
www.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)

All descriptions, summaries or highlights of coverage are for general informational purposes only and do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy.

Submission Instructions:

To request an insurance quotation through this program, please complete the appropriate PDF application (available at www.kandkinsurance.com) and submit as directed in the application. Coverage is subject to underwriting, may not be available to all applicants in all states, and may vary by state. It is important to carefully review the terms and conditions of any insurance quotation. 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
- Schedule of events
- Web site address

Fairs & Fairgrounds Application(s):

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

K&K Application(s)

- Fairground Liability Information Form
- Event Insurance Enrollment Form
- Demo Derby Guidelines (if needed)
- Tractor Pull- Promoters Event Insurance Information Form (if needed)
- Tractor Pull Minimum Underwriting Guidelines
- 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
- Umbrella/Excess Liability
- Workers' Compensation

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P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-800-553-8368 Fax 1-260-459-5624
 www.kandkinsurance.com
 CA# 0334819

FAIRGROUND LIABILITY 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

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

UNDERWRITING INFORMATION

1. Policy Period Requested: _____ to _____
2. Address of fair site: _____
 City: _____ State: _____ Zip: _____
 Is the premises owned by the Named Insured? Yes No B. Total acreage: _____
3. Fair Dates: _____
4. How many years has this fair been under the present management? _____
5. Gross receipts from fair week: \$ _____
6. Estimated total attendance this year: _____ Estimated daily attendance: _____
 Total attendance last year: _____
7. Does your operation include boarding of animals other than during the fair? Yes No
8. Do you operate a campground for the general public? Yes No If yes, how many spaces? _____
 Is 24-hour security maintained? Yes No Annual gross receipts: \$ _____
9. Who provides security for fair? County City State Fair Employees Private Agency
 - a. Does the private agency provide a Certificate of Insurance naming you as an additional insured? Yes No N/A
 - b. If security personnel are fair employees, are they armed? Yes No N/A
 If yes, please attach training procedures to this application.
 - c. Average number of security officers per fair day: _____
 - d. Non-fair day security measures: _____

10. Minimum number and type of medical personnel:

Paramedic _____ EMT/EMS _____ Nurse _____ Other _____

a. Distance to nearest hospital: _____

b. Is there an ambulance on site? Yes No

c. Describe any other medical facilities on site: _____

11. Do you have written emergency procedures addressing the following:

Severe weather Bomb threat Catastrophic occurrences (e.g. ride accident, bleacher collapse, motorsports accident)

12. Type of musical entertainment provided: Hard Rock Pop Rock

Jazz C&W Bluegrass Other: _____

13. Grandstands: _____ Yes No Year Built: _____

Construction: Wood Concrete Metal Grandstand Height: _____ (ft)

Guardrails: Sides Back Kick boards in place? Yes No

14. 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: _____

15. Do you have a documented inspection/maintenance program for grandstands and/or bleachers? Yes No

If yes, date of last inspection: _____

16. Which carnival company do you contract with for amusement rides? _____

Do you receive a certificate of insurance naming you as additional insured? Yes No

Are you held harmless and indemnified by contract? Yes No

17. 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

18. Do you lease space for off season storage of property of others (e.g. Rv's or boats)? Yes No

Do you have a written use agreement? Yes No

We encourage the agreement to include hold harmless, indemnification, and waiver of subrogation clauses.

Do you have a written storage guidelines? Yes No

If Yes, are these signed by the user? Yes No

19. Are the fairgrounds and/or your buildings leased to outside entities? Yes No

If Yes, are certificates of insurance naming you as additional insured obtained? Yes No

Are limits of \$1,000,000 required? Yes No

Are you held harmless and indemnified by contract? Yes No

20. Do you operate or promote other events throughout the year? Yes No

If Yes, please describe and/or attach a list: _____

21. Do you obtain certificates of insurance from product and/or service providers naming you as an additional insured? Yes No

PARADE SECTION (IF APPLICABLE)

- 22. Date(s) of Parade: _____
- 23. Number of Floats: _____
- 24. Estimated spectator attendance: _____
- 25. Are souvenirs or other items allowed to be thrown into the crowd? Yes No

26. Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> A.* Motorsports Liability (tractor pull, demo derby, auto racing) <input type="checkbox"/> B.* Liquor Liability <input type="checkbox"/> C.* Fireworks Liability <input type="checkbox"/> D.** Excess Fireworks Liability <input type="checkbox"/> E.** Contingent Ride Liability <input type="checkbox"/> F.* Rodeo Spectator Liability <input type="checkbox"/> G. Volunteer Workers Medical | <ul style="list-style-type: none"> <input type="checkbox"/> H.* Property; Auto Liability (including Nonowned/Hired); Inland Marine; Crime; Excess; Worker's Compensation <input type="checkbox"/> I.* Directors and Officers Liability <ul style="list-style-type: none"> <input type="checkbox"/> For profit <input type="checkbox"/> Non-profit <input type="checkbox"/> J. Directors and Officers Medical
Number of Directors and Officers: _____ |
|---|---|

Number of volunteers: _____

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

27. Additional Insureds	Business Relationship	Certificate Required
--------------------------------	------------------------------	-----------------------------

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

SUMMARY OF REQUESTED ITEMS

28. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:

- Current schedule of fair events, if not on your website.
- Four (4) year detailed loss history listings from previous carrier.
- Please submit a copy of rules and regulations regarding camping conduct (if applicable).
- Please submit a diagram of the parade route from beginning to end (if applicable).
- Copy of use agreement and storage guidelines for offseason storage operation.

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



P.O. Box 2338
 Fort Wayne, IN 46801-2338
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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.

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)