MOTORSPORTS FACILITIES AND RACETRACKS

Eligible Operations:

- Boat racing
- Demo derbies
- Drag racing
- Motorcycle racing
- Oval track racing
- Racing associations
- Road courses
- Snowmobile competitions

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

From world-renowned facilities to local tracks and events, K&K offers commercial general liability and property insurance solutions for the motorsports industry. For over 70 years, K&K Insurance is the name the motorsports industry trusts for specialty coverage.

Coverages Available & Program Highlights:

General Liability

- Broadened Coverage Form
- Separate Limits for Bodily Injury to Participants
- Expanded Bodily Injury Definition
- Personal and Advertising Injury definition expanded
- Official Vehicle Physical Damage
- Motorsports Errors & Omissions
- Fireworks Liability
- Host Liquor Liability
- Cyber Risk ($25,000 sublimit)
- Customized motorsport policy language
- Additional insureds (including officials, car owners, drivers, pit crews, sponsors, persons or organizations operating, managing, sanctioning, sponsoring, or providing the premises for competitive covered programs)

Participant Accident Coverage

- Accidental Death and Dismemberment Benefit
- Accident Medical Benefits (available on Excess or Primary Basis
- Limits up to $1,000,000
- Temporary Total Disability-Weekly Accident Income Benefit
- Volunteer-Accident Medical Coverage for Motorsport Volunteers

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:

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

Motorsports Facilities & Racetracks 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)

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:

- 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 & Racetracks 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®

MOTORSPORTS FACILITY APPLICATION

FOR RACING LIABILITY AND PARTICIPANT ACCIDENT COVERAGE

1. *INSURED INFORMATION* Account Code (If known): _____

Legal Name: _____

Doing Business As: _____

Insured is: ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ Other (explain): _____

Contact Person: _____

Website: _____ Email Address: _____

Mailing Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Track Location: _____

City: _____ State: _____ Zip: _____

How long has this facility been in operation? _____

How long have you operated this facility? _____

2. *ADDITIONAL INSUREDS* ***BUSINESS RELATIONSHIP***

_____

_____

_____

Name of prior insurance carrier? _____ Number of years with this carrier? _____

Limits requested: General Liability $_____ Legal Liability to Participants $_____ Excess $_____

PARTICIPANT ACCIDENT: Primary Medical $_____ Excess Medical $_____ Weekly Disability Income $_____

AD&D $_____ OTHER: _____

3. *TOTAL ANNUAL ATTENDANCE* (estimated): _____

4. *TYPE OF RACING FACILITY:* ❑ Oval ❑ Dragstrip ❑ Road Course ❑ Motocross

5. *SANCTIONING BODIES REPRESENTED:* Weekly _____ Special Events _____

Name of sanctioning body _____

6. *UNDERWRITING INFORMATION:*

a. Barrier/guardrail height?_____ Barrier/guardrail construction?_____

Does barrier/guardrail protect all spectator areas? ❑ Yes ❑ No

Does barrier/guardrail protect all pit areas? ❑ Yes ❑ No

Does barrier/guardrail protect all private property? ❑ Yes ❑ No

Does barrier/guardrail protect all worker stations? ❑ Yes ❑ No

Debris fence height?_____

b. How many cables in fencing:_____ Size of cable:_____

c. Are spectators and participants contained behind positive barrier by crowd control fence? ❑ Yes ❑ No

d. What is the distance between debris fence and spectator area?_____

e. Are ancillary spectator areas (parking lots, walkways, etc) protected with the same minimum barriers and fencing as the main grandstand area? ❑ Yes ❑ No

f. Is pit/paddock area completely fenced off from spectator areas? ❑ Yes ❑ No

g. Is pit road completely fenced? ❑ Yes ❑ No

h. Is a state-certified ambulance on site? ❑ Yes ❑ No

❑ Sub contracted ❑ Track Owned

i. Are licensed ambulance attendants provided? ❑ Yes ❑ No

j. Is fire equipment provided? ❑ Yes ❑ No

❑ Fire Department ❑ Track Owned Equipment Number of extinguishers:_____

k. Is an emergency evacuation plan in place? ❑ Yes ❑ No

l. Is all track activity supervised? (i.e., swap meets, test & tune) ❑ Yes ❑ No

m. Are trained/certified race vehicle tech inspectors provided? ❑ Yes ❑ No

n. Are approved helmets required? ❑ Yes ❑ No

o. Are approved restraint belts required? ❑ Yes ❑ No

p. Is there a separated viewing area in the pits for children under age 14? ❑ Yes ❑ No

q. Are aircraft permitted to land on the premises? ❑ Yes ❑ No

What type and what purpose?_____

r. Are drivers under the age of 16 permitted? *(If yes, complete the Minor Participants Supplemental form)* ❑ Yes ❑ No

s. What percentage of your participants are minors?_____% *(see Minor Participants Supplemental form)*

t. What is the minimum age allowed in restricted/pit areas?_____

u. Is playground equipment located on the property? ❑ Yes ❑ No

If yes, what type equipment?_____

v. Is overnight camping permitted during non-race activities? ❑ Yes ❑ No

If yes, do you have hook-ups?_____

w. Are worker stations attended? ❑ Yes ❑ No

x. Is there any open water on your immediate property? ❑ Yes ❑ No

If yes, how large?_____ How deep?_____

If yes, is it completely fenced in? ❑ Yes ❑ No

y. Age of grandstand_____ Seating capacity_____ Avg. attendance_____

How often is grandstand inspected for slip/trip/fall/collapse exposures?_____

z. Is a K&K approved Waiver and Release form read and signed by all participants and other persons permitted in restricted areas? ❑ Yes ❑ No

zz. Are other releases used? ❑ Yes ❑ No

7. SECURITY

a. What type and how many security personnel are provided?

❑ Sheriff_____ ❑ Local Police_____ ❑ State/Prov. Police_____ ❑ Private_____

b. Security personnel are hired as: ❑ Employees ❑ By contract

If by contract, do you require a certificate of insurance from them? ❑ Yes ❑ No

8. SUBCONTRACTORS (gas, welding, ambulance/medical, wrecker, fire equipment, others)

a. Do you sub-contract any of the following work or have the following independent contractors?

❑ Fuel	❑ Tires	❑ Welding	❑ Other Automotive
❑ Ambulance/Medical	❑ Wrecker	❑ Fire Equipment	❑ Food Vendor
❑ Souvenirs	❑ Liquor Vendor	❑ Fireworks Shooter	❑ Stunt Performers
❑ Portable Toilets	❑ Other: _____		

b. Are certificates of insurance on file from each subcontractors naming your organization as an additional insured? ❑ Yes ❑ No

9. EVENT LOCATION DIAGRAM (new insureds only)

On a separate sheet, draw a diagram of the property and the track, use the symbols shown in brackets for illustration purposes.

- Spectator Viewing Areas ***[SV]***
- Spectator Parking Areas ***[SP]***
- Restricted Areas = ***[RA]***
- Pit Areas = ***[PA]***
- Ambulance Security Personnel = ***[A]***
- Security = ***[S]***
- Concessions = ***[C]***
- Restrooms = ***[RR]***
- Fire Extinguishers = ***[X]***
- Barriers ***[(draw a solid line)*** _____ ***]***
- Fences ***[(draw a long dashed line) Over 5 feet:*** ____ _____ _____ ***]***

  [(draw a short dashed line)Under 5 Feet: _ _ _ _ _ _ ***]***
- Show the Distance Between Track and Nearest Crowd Control Fences

MOTORSPORTS FACILITY INFORMATION

10. GENERAL INFORMATION

a. Track Name_____

b. Track Address/Location_____

City: _____ State: _____ Zip: _____

Phone (_____)_____ Fax (_____)_____

c. Do you currently purchase any of the following insurance coverages?

❑ Primary Fireworks Liability	❑ Employment Practices Liability	❑ Liquor Liability
❑ Workers Compensation	❑ Commercial Auto	❑ Directors & Officers Liability
❑ Property	❑ Crime	❑ Inland Marine

d. Are you planning any of the following ancillary events or intermission shows, either on or off premises?

❑ Swap Meets	❑ Driving Schools	❑ Concerts
❑ Monster Trucks	❑ Skydivers	❑ Stunt Performers
❑ Pyrotechnic Performers	❑ Jet Car Burns	❑ Coin Tosses
❑ Kids Bike Races	❑ Amusement Rides	❑ Fireworks Displays
❑ Trade Shows	❑ Mall Shows	❑ Other: _____

Will you subcontract or promote these events yourself?_____

NOTE: The policies for which you are applying may not provide coverage for the exposures and activities listed above under section 1. c. and 1. d. without written confirmation from K&K. For coverages under 1. c. and 1. d., additional application and premium may be required. If you want a quote for coverage for any of the above, please contact your K&K account representative.

11. FOR STOCK CAR RACING FACILITIES

a. Track Length:_____ ❑ Dirt ❑ Paved ❑ Other_____

b. Degree of Banking: ❑ Low ❑ Average ❑ High

c. Events Scheduled: ❑ Closed Wheel ❑ Open Wheel

❑ Enduros ❑ Cycle/ATV ❑ Other_____

d. Are reinforced right-front wheels required on all cars*? ❑ Yes ❑ No
(*Not required for open wheel vehicles.)

e. Are 4-point roll bars (minimum) required on all cars? ❑ Yes ❑ No

f. Are all doors securely fastened? ❑ Yes ❑ No

12. FOR DRAG RACING FACILITIES

a. Strip Length:_____ Shut Down Length:_____

b. Surface: ❑ Paved ❑ Sand ❑ Mud

❑ Grass ❑ Water

c. Events scheduled involving more than 10 of the following vehicles:

❑ Jets ❑ Blown Alcohol ❑ Blown Nitro Methane

d. Any events involving cycles only? ❑ Yes ❑ No

13. FOR ROAD RACING FACILITIES

a. Events Scheduled:

❑ Ride-N-Drives	❑ Drivers Schools/Time Trials
❑ Spectator Races	❑ Non-Spectator Races (include vintage)
❑ Motorcycles	❑ Commercials/Film Shoots
❑ Go Karts	❑ Member Days

b. Any other event not checked above:_____

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)

By signing above, I authorize K&K Insurance Group, in accordance with state regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

K&K INSURANCE
Insuring the world's fun!

P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 440-5580 Fax (260) 459-5821
www.kandkinsurance.com
CA #0334819

UTILITY TASK VEHICLE UNDERWRITING GUIDELINES

for those Operated by your Staff Members in Public Areas

Utility Task Vehicles:
- Golf Carts
- Utility Vehicles
- 4-Wheelers
- All-Terrain Vehicles
- Gators
- Quad Bikes

The following guidelines have been established as minimum requirements for the operation of your Utility Task Vehicles while operated by your employees or volunteers where members of the public are present:

1. **Operator Procedural Standards:**
   - A. Only authorized personnel who have completed training are permitted operators.
   - B. Operators must hold a valid driver's license.
   - C. Operators must be at least 18 years old.
   - D. Operators must complete annual refresher training on vehicle safety.

2. **Pre-Operation Inspection Procedural Standards:**
   Operators must conduct a pre-operation inspection, checking the following items. Defects should be reported immediately, and the vehicle should not be used until repairs are completed.
   - A. Brakes, tires, and steering functionality.
   - B. Battery charge/fuel level.
   - C. Lights, horn, and mirrors (if equipped).
   - D. Proper seating and secure cargo.

3. **Staff training to include the following procedural elements:**
   - A. **Safe Operation Standards:**
     - Obey posted speed limits (recommended: 10-15 mph).
     - Reduce speed in congested areas, sharp turns, and uneven terrain.
     - Yield to pedestrians and other vehicles.
     - Do not operate a vehicle under the influence of alcohol, drugs, or medications that impair ability.
     - Hands and feet should remain inside the vehicle at all times.
     - Avoid reckless driving
     - Avoid sharp turns when possible (Sharp left turns have been the cause of numerous passenger ejections)
     - Consider using only vehicles with front-facing seats (those with rear-facing seats pose a higher risk of falls).
     - Do not park vehicles where they will block emergency vehicles/equipment.
     - Only vehicles with headlights should be used after dark.
     - Do not back up without looking to see what is behind the vehicle.
     - Avoid texting while operating the vehicle. Pull over and stop if cell phone use is necessary.
     - Remove keys when not in use.
   - B. **Passenger & Load Safety:**
     - Do not exceed the manufacturer's recommended capacity.
     - All passengers should be seated prior to the vehicle being in motion and while it is in motion.
     - Do not overload the vehicle; distribute weight evenly.
     - Secure cargo to prevent shifting during operation.
   - C. **Designated Pathways & Parking:**
     - Use designated paths whenever possible.
     - Do not drive on sidewalks or pedestrian walkways unless authorized.
     - Park only in designated areas and engage the parking brake when stopped.
     - Do not leave the key in an unattended vehicle.

D. **Weather Conditions:**
- Avoid operation in heavy rain, strong winds, or icy conditions.
- Reduce speed on wet or slippery surfaces.
- If lightning is present, discontinue use and seek shelter.

E. **Accident & Emergency Procedures:**
- Immediately report any accident, injury, or equipment malfunction to management.
- In case of an accident, do not move the vehicle unless necessary for safety.
- Contact emergency services (911) for serious injuries.

F. **Maintenance & Storage:**
- Vehicles must be regularly maintained according to manufacturer guidelines.
- Report any mechanical issues to maintenance.
- Store vehicles in designated locations, ensuring they are secured to prevent unauthorized use.

NOTE: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive approval for the exception from K&K.

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 & correct.

Applicant's Signature	Producer's Signature (if applicable)
Applicant's Name (print)	Producer's Name (print)
(MM/DD/YY)	(MM/DD/YY)

K&K INSURANCE
P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 348-1839 Fax (260) 459-5118
www.kandkinsurance.com
CA #0334819

PROPERTY INSURANCE QUESTIONNAIRE

GENERAL INFORMATION

Named Insured: _____

Contact Person: _____ Title: _____

Mailing Address: _____

_____

Phone (_____) _____ Fax (_____) _____

Email:_____

Property Location #1: _____

_____

Property Location #2: _____

_____

Prior/Current Insurance Carrier: _____

Prior Losses/Claims: _____

Expiration Date of Current Policy: _____

Years in Business: _____

PROPERTY

Amount of Insurance Coverage for:

☐ Replacement Cost ☐ Actual Cash Value

Deductibles: _____ Coinsurance: _____

Limits: Building #1: _____ Contents #1: _____

Building Construction Type: _____ Year Built: _____

Area: _____ Type of Fire/Burglar Protection: _____

Location: _____

Limits: Building #2: _____ Contents #2: _____

Building Construction Type: _____ Year Built: _____

Area: _____ Type of Fire/Burglar Protection: _____

Location: _____

Limits: Building #3: _____ Contents #3: _____

Building Construction Type: _____ Year Built: _____

Area: _____ Type of Fire/Burglar Protection: _____

Location: _____

Limits: Building #4: _____ Contents #4: _____

Building Construction Type: _____ Year Built: _____

Area: _____ Type of Fire/Burglar Protection: _____

Location: _____

SIGNS (list and describe signs not attached to buildings):

GLASS (Panes worth more than $1,000 and all Thermal, Double and Triple Pane glass-List # of panes, width and height of each):

BUSINESS INCOME

Business Income coverage is an extension of Property Coverage that will pay for the actual loss of Business Income you sustain due to the necessary suspension of your "operations" during the "period of restoration." The suspension must be caused by direct physical loss of or damage to property at the premises described in the policy subject to any applicable exclusions.

Please indicate if you are interested in this coverage: ❑ Yes ❑ No

BUSINESS AUTO

Liability Coverage: Combined Single Limit: _____

We will automatically include Uninsured/Underinsured Motorist and Medical Payments coverages unless noted otherwise.

List of Vehicles: Year	Make/Model	VIN Number	Cost New*	Deductibles* Comprehensive / Collision	Where Garaged **
1.					
2.					
3.					
4.					
5.					
6.					

* Cost New and Deductibles are needed when insuring the vehicle for Comprehensive and Collision Physical Damage coverage.

** Garaging needs to list City, State and Zip Code. If all vehicles are garaged in the same location you may only list once.

Non-Owned/Hired Auto Liability Limit: _____ Number of Employees _____

Hire Care Physical Damage Limit: _____ Deductible: Comp. _____ Collision: _____

CRIME

Form A (Employee Dishonesty): LImit: _____ Deductible: _____

Form C (Theft, Disappearance & Destruction):

Inside Limit: _____ Deductible: _____

Outside Limit: _____ Deductible:_____

Form Q (Robbery & Safe Burglary-Money & Securities):

Inside Limit: _____ Deductible:_____

Outside Limit: _____ Deductible: _____

Explain Security/Safe Protection: _____

_____

_____

_____

WORKERS COMPENSATION

Employer's Liability Limits:

$ _____ Each Accident

$ _____ Disease - Policy Limit

$ _____ Disease - Each Employee

RATING INFORMATION

Categories/Duties/ Job Classifications	Number of Employees	Est. Annual Remuneration

Individuals Included/Excluded:

Partners, Officers, Relatives to be included in or excluded from coverage
(To be included Remuneration must be part of rating information section.)

Name	Date of Birth	Title/ Relationship	Ownership %	Incl./ Excl.

General Information:

1) Do you have any Seasonal Help? ❑ Yes ❑ No

If yes, how many: _____

2) Is there any Volunteer or Donated labor? ❑ Yes ❑ No

If yes, how many: _____

3) Are subcontractors used? ❑ Yes ❑ No

If yes, are certificates of insurance on file? ❑ Yes ❑ No

INLAND MARINE

(Equipment that can be taken off-premises including Mobile Equipment not included as Contents under the Property Coverage. For Race Teams, include the competition vehicle, tools, misc. equipment and spare engine that leave your premises.)

Scheduled Miscellaneous Articles Limit: _____ Deductible: _____

Equipment Schedule:

Number	Year	Make/Model	ID Number	Value

Large items with significant value should be scheduled above.

Unscheduled Miscellaneous Articles Limit: _____ Deductible: _____

Amt. of Most Valuable Item: _____ Limit should include smaller value items such as tools.

Electronic Data Processing equipment Limit: _____ Deductible: _____

Equipment Schedule:

Number	Year	Make/Model	ID Number	Value

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 5 years.

❑ Check here if none ❑ See attached loss summary

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved

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)

K&K INSURANCE

P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 637-4757 Fax (260) 459-5866
www.kandkinsurance.com
CA #0334819

PREMISES LIABILITY INSURANCE APPLICATION

1. Name of track: _____
2. Location of track: _____
3. Association affiliation: _____
4. Track or club sanction number: _____
5. Contact: _____
6. Daytime phone number: _____
7. Total acreage of premises: _____
8. Is property completely fenced? ❑ Yes ❑ No Are gates locked on non-event days? ❑ Yes ❑ No
   If no, describe completely: _____
   _____
9. Type of fence: _____
10. List any other barriers: _____
11. Are events held on a regular basis? ❑ Yes ❑ No
    Describe: _____
12. How many events are held annually at the facility: _____
13. What type of events are held at the facility: _____
14. Named Insureds:
    _____
    _____
    _____
    _____

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

_____ Applicant's Name (print)

_____ Date (MM/DD/YY)

_____ Producer's Signature (if applicable)

_____ Producer's Name (print)

_____ Date (MM/DD/YY)

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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

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)

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)

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)

K&K INSURANCE

LIQUOR LIABILITY APPLICATION

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

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

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

(Continued on next page)

16. Are the servers professional (two years bartending experience or more)? ❑ Yes ❑ No

Are the servers non-professional (less than 2 years or no bartending experience)? ❑ Yes ❑ No

Explain: _____

17. Name the formal awareness training program that the servers receive: _____

_____

18. At what point of sale are I.D.'s checked? _____

19. Are rules and regulations clearly displayed for patrons' viewing? ❑ Yes ❑ No

Explain: _____

20. In what size container is the alcoholic beverage served at each event? ❑ Cup _____ oz. ❑ Pitcher ❑ Other: _____

21. Can patrons purchase more than two alcoholic beverages at one time? ❑ Yes ❑ No

If yes, please explain: _____

22. Is there any type of designated driver program in effect? ❑ Yes ❑ No

Explain: _____

23. Is there any other Liquor Liability coverage being provided? ❑ Yes ❑ No

If yes, explain and attach a copy of the certificate of insurance: _____

24. Liability limits requested $_____ (per occurrence) $_____ (aggregate)

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

_____ _____

Applicant's Signature | Producer's Signature (if applicable)

_____ _____

Applicant's Name (print) | Producer's Name (print)

_____ _____

Date (MM/DD/YY) | Date (MM/DD/YY)

FIREWORKS SUPPLEMENTAL APPLICATION

1. Name of Insured: _____
2. Date(s) of fireworks exposure: _____
3. Specific location of fireworks display(s): _____
4. Estimated spectator attendance: _____
5. 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:
   a. Spectator fencing – distance from launch site to spectators
   b. Launch site
   c. Direction of launch
   d. Spectator parking lot
   e. Concessions area
   f. 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

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)

MANDATORY SIGNATURE SUPPLEMENT

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

Applicant name:_____

FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or 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)**