PROFESSIONAL SPORTS TEAMS AND LEAGUES

Eligible Operations:
- Professional sports teams or league-wide programs
- Major and minor league sports teams
- Team-owned or managed sports facilities

Ineligible for this program:
- National Football League
- Boxing*
- Mixed Martial Arts*
- Rugby*
- Wrestling*

*Only spectator liability is offered for these sports.

Minimum premiums:
- Minor League Baseball teams or leagues: $5,000
- Major League Baseball teams or leagues: $10,000
- Other professional sports teams or leagues: $2,500

Key Underwriting/Qualifying Factors
(Including but not limited to):
- Management must have at least three years management experience
- Waiver/release forms required for all activities where spectators participate
- Minimum account premiums:
  Minor League Baseball- $5,000
  NFL- $10,000
  Other professional teams- $2,500

K&K Benefits:
- Experienced & professional staff dedicated exclusively to servicing the K&K Professional Sports Program
- Endorsed by Minor League Baseball
- 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’s experienced underwriters offer professional sports team insurance for major and minor league teams, leagues, and team-owned sports facilities.

Coverages Available & Program Highlights:

General Liability
- Broadened Coverage Form
- Non-audited policy
- No Deductible
- Bodily Injury definition redefined
- Crisis Response coverage
- Legal Liability to Participants
- Fireworks Liability
- Liquor Liability (in most states)
- Lessors and Sponsors Can be Included as Additional Insureds
- Employee Benefits Liability
- Sexual Abuse & Molestation Endorsement – per perp form (optional – subject to qualification based on minimum underwriting criteria and guidelines)

Property
- Over 25 Property Enhancements
- Equipment Breakdown Included
- Business Interruption

Inland Marine

Crime

Commercial Auto

Excess Liability

Event Cancellation & Non-appearance - (provided through Show Stoppers)

Workers’ Compensation (non-players)

Common Associated Exposures:

Professional sports teams in the following areas:
- Arena Football
- Baseball
- Basketball
- Football
- Golf
- Hockey
- Lacrosse
- Soccer
- Softball
- Tennis

Related ancillary activities such as:
- Office premises
- Concessions
- Practice games
- Public appearances such as interviews and autograph signing sessions
- Entertainment prior to, at half time, post game

Contact Information:

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

Professional Sports Teams and Leagues

PHONE: **800.441.3994**
FAX: **260.459.5120**

EMAIL:
KK.Sports@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 company loss runs, including current year
- Most current financial statement or pro forma on new business ventures
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copies of all contracts
- Copy of operations manual
- Evidence of Work Comp (where applicable)

Professional Sports Teams Application(s):

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

K&K Application(s)

- Professional Sports Information Form (for all sports except baseball)
- National Association of Professional Baseball Leagues Information Form (baseball only)
- Baseball Team Property Checklist (if needed)
- Inflatable Liability Questionnaire (if needed)
- Nonowned/Hired Auto Questionnaire (if needed)
- Security Supplemental Information
- Fireworks Application
- Liquor Liability Application (if needed)
- Hot Tub Liability Questionnaire (if needed)

ACORD Application(s)

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

Insuring the world's fun®

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P.O. Box 2338
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(800) 441-3994 Fax (260) 459-5120
www.kandkinsurance.com
CA# 0334819

NATIONAL ASSOCIATION OF PROFESSIONAL BASEBALL LEAGUES INFORMATION FORM

APPLICANT INFORMATION:

1. Name of Insured *(as will appear on policy):*_____
2. Doing Business As:_____
   If there is more than one Named Insured, please provide a list of names including each entity's business operations and relationship to the first named insured including their percentage of ownership.
3. Insured is: ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ LLC ❑ Other *(explain):*_____
4. Mailing Address:_____
   City:_____ State:_____ Zip:_____
5. E-mail Address:_____ Website:_____
6. Contact Person:_____ Title:_____
7. Phone:_____ Fax:_____
8. Tax ID:_____

AGENT INFORMATION: (if applicable)

1. Name of Agency/Brokerage:_____
2. Contact Person:_____ Title:_____
3. Mailing Address:_____
   City:_____ State:_____ Zip:_____
4. E-mail Address:_____ Website:_____
5. Phone:_____ Fax:_____

UNDERWRITING INFORMATION:

1. Policy Period Requested: From_____ To_____
2. Check the type of coverage desired: ❑ GL ❑ EBL (*# of employees*_____) ❑ Liquor ❑ Fireworks ❑ Auto ❑ IM
   ❑ Sexual Abuse & Molestation ❑ Property ❑ Crime ❑ Excess ❑ D&O ❑ WC ❑ Other:_____
3. Do you engage in any other business operations under the name of the insured as will appear on the policy? ❑ Yes ❑ No
   If yes, provide explanation including whether or not other insurance coverage applies including carrier and policy number:_____
4. Has this insurance ever been cancelled, declined, or non-renewed? ❑ Yes ❑ No
   If yes, please explain:_____
5. Does your current general liability policy have a deductible or self insured retention? ❑ Yes ❑ No
   If yes, amount:_____
6. Additional Insureds: *(Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).*

Name	Address	Relationship to you	Certificate required
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No

7. Stadium Name:_____
8. Stadium Address:_____
   City:_____ State:_____ Zip:_____
9. Do you own or lease the facility? ❑ Own ❑ Lease

10. Stadium Seating Capacity:_____
11. Are you affiliated with a Major League Baseball Team ❑ Yes ❑ No
    If yes, which team?_____
12. Does your stadium meet the 2015 netting recommendations as proposed by MLB? ❑ Yes ❑ No
    If not, are there plans to make changes in the future? ❑ Yes ❑ Not yet determined or scheduled
    If yes, estimated completion date:_____
13. Number of years in business:_____ Number of years management experience:_____
14. Estimated annual turnstile attendance:_____
    Turnstile attendance for the last three years: Year 1_____ Year 2_____ Year 3_____
15. Non-Game Day event attendance for self promoted events:_____
    Type of Events:_____
16. Non-Game Day event attendance for events promoted and insured by others:_____
    Type of Events:_____
    Do you receive a certificate naming you as additional insured with limits of at least $1,000,000? ❑ Yes ❑ No
17. Do you have Rap and/or Hip Hop Concerts? ❑ Yes ❑ No
    If yes, please provide details:_____
18. Do you operate seasonal haunted houses? ❑ Yes ❑ No
    If so, please verify fire safety codes are met and that fire marshal certification is obtained, if applicable ❑ Yes ❑ No
19. Do you operate amusement devices such as the following? ❑ Mechanical rides ❑ Water slides ❑ Rock climbing walls
    ❑ Dunk Tanks ❑ Sledding/Tubing/Snow Magic ❑ Bungee Jumping ❑ Trampolines/Bungee Trampolines ❑ Go-carts ❑ Inflatables
    ❑ Other:_____
    If Yes, please provide details including whether or not other insurance is provided by the attraction owner, how is the attraction supervised and whether or not participants/parents/guardians sign waivers:_____
20. Please list and describe your typical patron on-field/between innings interactive activities:_____
    Do participants (or parents/guardians) sign waivers? ❑ Yes ❑ No
21. Do you have hot tubs available for stadium guests? ❑ Yes ❑ No
    If Yes, please describe chemical safety measures with regard to storage and use:_____
    How often is the water changed?_____
    Is the area supervised at all times of use? ❑ Yes ❑ No
    Describe surface area with regard to nearby electrical hazards, foul ball protection and slip/fall control:_____
    Age requirement:_____
    Waivers signed by all users? ❑ Yes ❑ No
22. Are you responsible for annual stadium operations ❑ Yes ❑ No
23. During home games, who is responsible for the following activities:

	STADIUM/ FACILITY	TEAM	OTHER/DESCRIBE	INSURANCE CERTIFICATE ON FILE?
Parking	❑	❑	_____	❑ Yes ❑ No
Ticket Sales	❑	❑	_____	❑ Yes ❑ No
Security	❑	❑	_____	❑ Yes ❑ No
Maintenance	❑	❑	_____	❑ Yes ❑ No
Concession Sales *(excluding alcohol)*	❑	❑	_____	❑ Yes ❑ No
Alcohol sales	❑	❑	_____	❑ Yes ❑ No
First Aid/Medical	❑	❑	_____	❑ Yes ❑ No

If you are responsible for security, who provides:

❑ City/County/State

❑ Private Agency

If private agency, do they provide a certificate of insurance naming you as an additional insured with limits of at least $1,000,000? ❑ Yes ❑ No

Are you held harmless & indemnified by contract? ❑ Yes ❑ No

❑ Team Staff

If your staff, are they armed? ❑ Yes ❑ No

If yes, please attach training procedures.

24. Is there an emergency evacuation plan established for this facility? ❑ Yes ❑ No
25. Please describe your medical response procedures and staff:_____

_____

_____

_____

LIQUOR LIABILITY:

1. Does your organization sell or serve alcoholic beverages? ❑ Yes ❑ No
   Type of alcoholic beverages sold:_____

   _____
2. Annual gross alcohol sales:_____
3. Annual gross food sales:_____
4. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ❑ Yes ❑ No
   Has applicant incurred claims for liquor liability during the last three years? ❑ Yes ❑ No
   Has any insurer cancelled or non-renewed coverage during the last three years? ❑ Yes ❑ No
   If you responded "Yes" to any of the three previous questions, please explain:_____

   _____

   _____
5. Are patrons allowed to carry alcoholic beverages onto your premises? ❑ Yes ❑ No
   If yes, please explain:_____

   _____
6. Name the formal alcohol awareness training program that the servers receive (e.g. TIPs, TAMs, TABC):_____

   _____
7. Do you stop alcohol sales at the bottom of the seventh inning? ❑ Yes ❑ No
8. Does another entity sell or serve alcoholic beverages on your behalf? ❑ Yes ❑ No
   If yes, do they provide liquor liability coverage naming you as additional insured with limits of at least $1,000,000? ❑ Yes ❑ No
   To provide contingent liquor liability coverage, we will require a copy of this certificate.
   Are you held harmless & indemnified by contract? ❑ Yes ❑ No

FIREWORKS LIABILITY:

1. Do you contract with a fireworks company to provide shows as part of your operations? ❑ Yes ❑ No
   Does this entity provide you with a certificate of insurance naming you as additional insured with limits of at least $1,000,000? ❑ Yes ❑ No
   To provide contingent fireworks liability coverage, we will require a copy of this certificate.
2. Are you held harmless & indemnified by contract? ❑ Yes ❑ No
3. If this operation is not subcontracted, do your employees conduct fireworks shoots? ❑ Yes ❑ No
   If yes, what are their qualifications?_____

   _____

   _____

   _____

4.Describe fire fighting protocol:_____

_____

_____

_____

CAMPS/CLINICS:

1. Do you operate youth camps and/or clinics? ❑ Yes ❑ No
   Average number of campers per day:_____
   Number of days per week:_____
   Number of weeks per year:_____
2. Do you have any overnight camps? ❑ Yes ❑ No
   Average number of campers per day:_____
   Number of days per week:_____
   Number of weeks per year:_____
4. Do you discuss child/sexual abuse during camp/clinic staff orientation,
   including how to recognize the signs and how to handle allegations? ❑ Yes ❑ No
5. Does your staff (paid & 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 the application contains this type of question, and the applicant checks "yes" to
   prior convictions, are they refused a position of employment? ❑ Yes ❑ No
6. Does your state permit you to do criminal background investigations on staff members? ❑ Yes ❑ No
   If yes, do you request and receive such background investigations on all staff members? ❑ Yes ❑ No
   If yes, who provides this service?_____
   _____
7. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? ❑ Yes ❑ No
   If yes, please provide details:_____
   _____

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ❑ **Copies of contracts with respects to stadium lease and other contracts where you assume liability of another party.**
- ❑ **Five years currently valued loss runs.**
- ❑ **Copies of certificates of insurance naming you as additional insured from fireworks shooter, amusement ride operator, liquor concessionaire, where applicable**
- ❑ **Copies of waiver/release forms.**
- ❑ **Accord applications if you would like quotes for Property, Inland Marine, Crime, Auto, Excess or Worker's Compensation.**

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)

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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 ❍ Safe 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 formal safety protocol? 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 Regular inspections for housekeeping hazards and condition of equipment performed? Yes ❍ No ❍
If so, how often and by whom? _____
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 ❍

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ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name:_____

Mailing Address:_____

City:_____ State:_____ Zip: _____

You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.

1. Does the Applicant have written procedures and a plan of supervision that monitors staff and volunteers in day-to-day relationships with its members, both on and off the premises? ❑ Yes ❑ No

2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy? ❑ Yes ❑ No
   If yes, please attach a copy
   a. If yes, does the written policy include:
      i. Definition of sexual and physical abuse/molestation? ❑ Yes ❑ No
      ii. Incident reporting procedures? ❑ Yes ❑ No
      iii. Investigation procedures? ❑ Yes ❑ No
      iv. Disciplinary procedures? ❑ Yes ❑ No
      v. Retaliation warning? ❑ Yes ❑ No
      vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? ❑ Yes ❑ No
   b. Are procedures in place to monitor the implementation and on-going execution of this policy? ❑ Yes ❑ No

3. Does the Applicant's employment process include a criminal background check on all employment and volunteer candidates, whether direct employee, volunteer or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment or participation is made? ❑ Yes ❑ No
   Please identify and explain any current employees, volunteers or independent contractors who are not subject to criminal/sex offender registry background checks:

   _____

   _____

   _____

   Who is your vendor for the Criminal Background and Sex Offender Registry checks? (Required)_____

   _____

4. Does the Applicant verify employment-related references? ❑ Yes ❑ No

5. Does the Applicant conduct personal interviews? ❑ Yes ❑ No

6. Is there a formal policy regarding staff training on:
   a. Appropriate and inappropriate physical contact with clients or children? ❑ Yes ❑ No
   b. Appropriate and inappropriate verbal interactions with clients or children? ❑ Yes ❑ No
   c. Appropriate and inappropriate electronic communications with clients or children? ❑ Yes ❑ No
   d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? ❑ Yes ❑ No
   e. Recognition of the signs of abuse or molestation? ❑ Yes ❑ No

7. Does any employee, volunteer or independent contractor
   a. have one-on-one access to clients or children in a closed door or transportation setting? ❑ Yes ❑ No
   b. physically touch another person as part of their job responsibilities? ❑ Yes ❑ No
   If yes, please explain:_____

8. Please indicate the age range of members, patrons, students, or populations served (check all that apply):
   ❑ 0 - 18 years of age ❑ 18 – 25 years old ❑ 25 – 50 years old ❑ over 50 years old ❑ All

9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation? ❑ Yes ❑ No
   If yes, please describe:_____
   a. Was a suit brought against the organization? ❑ Yes ❑ No
   b. Was the case settled? ❑ Yes ❑ No
   c. Was the case taken to trial? ❑ Yes ❑ No
   d. How much money was paid as damages to the victim?_____

10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage? ❑ Yes ❑ No

11. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017? ❑ Yes ❑ No

12. Additional remarks/information:_____

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

FOR MAINE APPLICANTS ONLY: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR UTAH APPLICANTS ONLY: THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature:_____ Date:_____

Applicant Name:_____

Title:_____

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WILDFIRE PREVENTION QUESTIONNAIRE

PLEASE NOTE - This application is to be used when the risk is in one of the following 15 states: Alaska, Arizona, California, Colorado, Florida, Idaho, Montana, New Mexico, Nevada, Oklahoma, Oregon, Texas, Utah, Washington, Wyoming.

NAMED INSURED *(as will appear on policy)*:_____

1. What are your procedures for clearing brush/debris/shrubs/vegetation and other combustible materials from around buildings and the property in general to help prevent the spread of wildfires (*should be 100' of clearance*)?
   _____
   _____
2. Are trees and branches pruned back to a minimum of 10 feet from all buildings? ☐ Yes ☐ No
3. Is the property served by the local municipal water system? ☐ Yes ☐ No
   If not, what water is immediately available for firefighting? (*e.g., Water tower, pumper truck, pond, lake, stream with capability of pumping water into a fire*) _____
   _____
4. Name of the fire department serving your facility: _____
   Fire Department Address: _____
   City:_____ State:_____Zip: _____
5. What is the distance of the fire department listed above from your facility?_____
   Is it full-time or volunteer?_____
6. Are the access roads to your facility paved and reasonably maintained all year? ☐ Yes ☐ No
7. Are the majority of your interior roadways (check one): ☐ Paved ☐ Gravel ☐ Dirt
   Are there any steep grades that could hinder vehicle movement? ☐ Yes ☐ No
8. Type of fire prevention material on site (*e.g., Fire Gel, Fire Retardant, Foam*)? _____
   _____
9. Explain the training you have received on applying the fire prevention material: _____
   _____
   _____
10. What is the breakdown of roofing materials on your buildings? _____% Asphalt_____% Metal
    _____% Tile/Slate
    _____% Other (describe)_____
11. _____% Percentage of buildings that have protective screens on all exterior openings such as sub-floor ventilation/crawl spaces and attic louvers to prevent the entry of windblown sparks, flying firebrands and embers.
12. Describe any type of natural breaks or man-made fire breaks surrounding the property:_____
    _____
    _____

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:_____

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.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE (if applicable)
PRINT NAME	PRINT NAME
DATE (MM/DD/YY)	DATE (MM/DD/YY)