



BANDS AND PERFORMING GROUPS Insurance Program and Enrollment Form

This brochure is valid for effective dates from 4/1/26 through 3/31/27

PROGRAM DESCRIPTION

This program has been designed for U.S.-based performing groups that work on an independent contractor basis, entertaining at events and performances. Coverages provided include important protection for claims arising out of their operations.

The following criteria must be met to be eligible for coverage under this program:

- The group must have a least one member or representative who is 18 years of age or older
- Annual gross income from performing group activities cannot exceed \$500,000
- The performing group may have no more than 30 members
- Maximum daily attendance at any one performance cannot exceed 12,000

Coverage is provided by a carrier rated A (Excellent) by A.M. Best Company.

INELIGIBLE OPERATIONS/MUSIC GENRES

The following operations, activities, and music genres are not eligible for this program, including, but not limited to:

- Acrobatic or aerialist performers
- Actors or actresses
- Bands and groups with music genres of electronic or techno, hip-hop, rap, heavy metal, or screamo
- Circus performers
- Cosmetologists or Beauticians
- Escape artists
- Exotic dancers, strippers, or burlesque performers
- Fire handlers
- Henna/Mehndi artists
- Historical battle reenactment groups
- Hypnotists
- Instruction of other individuals for a fee
- Jousts
- Mascots (college, high school, or professional)
- Models
- Performers putting on an athletic exhibitions, events, or activities
- Performers using weapons (live ammunition or sharpened blades)
- Permanent tattoo or body piercing artists
- Production or entertainment companies
- Promoted touring bands or groups
- Public speakers
- Pyrotechnicians
- School-accredited or sponsored bands
- Strength performers
- Stunt performers

ELIGIBLE OPERATIONS/MUSIC GENRES

Operations:

- Balloon artists
- Belly dancers
- Caricature sketching artists
- Celebrity look-alikes
- Choral group*
- Clowns
- Comedians
- Conductors
- Contortionists
- DJ's/ KJ's*
- Drum corps/bugle corps*
- Face/body painters (FDA approved/compliant paint only)
- Holiday characters
- Impersonators
- Impressionists
- Jugglers
- Magicians
- Mimes
- Musical ensemble
- Non-touring bands (tribute, wedding, garage)*
- Poets
- Psychics/fortune tellers
- Puppeteers
- Storytellers
- Ventriloquists
- Western performers
- Yodelers

*Eligible/Approved Music Genres:

- Big band
- Bluegrass
- Blues
- Classical
- Country
- Ethnic/world
- Folk
- Jazz
- Oldies
- Pop/soft rock
- R&B
- Religious/gospel
- Swing

Other genres are subject to underwriting approval.

EASY WAYS TO ENROLL FOR COVERAGE

WEB Receive coverage immediately by purchasing online at www.entertainerinsurance-kk.com

OR

Submit this enrollment form, with payment, to us.

FAX 1-260-459-5502

MAIL Regular K&K Insurance
Event RPG
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight K&K Insurance
Event RPG
1690 Broadway, Bldg 19, Suite 110
Fort Wayne, IN 46802

FOR SERVICE REQUESTS ONLY

E-MAIL entertainers@kandkinsurance.com

QUESTIONS Call 1-800-328-2317

COVERAGE AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability (CGL)	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	Excluded	Excluded	Excluded	Excluded	Excluded
Bodily Injury to Participants Liability	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	Excluded	Excluded	Excluded	Excluded	Excluded
Medical Payments for Participants (\$0 deductible)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Annual Cost (based on annual gross income)					
\$ 30,000 or less	\$ 560.00	\$ 830.00	\$ 1,080.00	\$ 1,330.00	\$ 1,580.00
\$ 30,001 - \$100,000	\$ 1,102.00	\$ 1,643.00	\$ 1,914.00	\$ 2,164.00	\$ 2,414.00
\$100,001 - \$200,000	\$ 1,642.00	\$ 2,453.00	\$ 2,859.00	\$ 3,109.00	\$ 3,359.00
\$200,001 - \$300,000	\$ 2,183.00	\$ 3,265.00	\$ 3,805.00	\$ 4,130.00	\$ 4,380.00
\$300,001 - \$400,000	\$ 2,724.00	\$ 4,076.00	\$ 4,752.00	\$ 5,158.00	\$ 5,455.00
\$400,001 - \$500,000	\$ 3,265.00	\$ 4,888.00	\$ 5,699.00	\$ 6,186.00	\$ 6,542.00
Single Event Cost (per event) *Single event = 10 consecutive days or less	\$ 186.00	\$ 269.00	\$ 519.00	\$ 769.00	\$ 1,019.00

*Cost includes premium and a \$20 risk purchasing administration fee.

Commercial General Liability with Enhancement Endorsement – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations. Additional or broadening coverages included with the enhancement endorsement are:

Extended property damage – expected or intended injury resulting from use of reasonable force to protect persons or property;
 Non-owned watercraft – extended to 58 feet; Property damage to borrowed equipment - \$10,000 each occurrence;
 Property damage to customers' goods - \$10,000 each occurrence; Broadened coverage – damage to premises rented to you – definition expanded; Property damage from elevator use; Personal and advertising Injury from televised or videotaped material (if not professionally produced; Medical personnel - \$100,000 Any one person; Broadened definition of insured – Newly acquired or formed organization for up to 180 days; Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings; Knowledge or Notice of occurrence; Unintentional failure to disclose all hazards; Waiver of transfer of rights of recovery against others to us (Waiver of subrogation); Mental anguish resulting from bodily injury; Broadened definition of mobile equipment

Additional coverages:

- Emergency real estate consultant fee - \$25,000
- Temporary meeting place - \$25,000
- Identify theft exposure - \$25,000
- Terrorism travel reimbursement - \$25,000
- Key individual replacement cost - \$50,000
- Workplace violence counseling - \$25,000
- Lease cancellation moving expense - \$2,500

Bodily Injury to Participants Liability – coverage that offers protection against bodily injury liability claims brought by persons participating in covered activities.

Medical Payments for Participants – coverage that pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your covered activities. This coverage is primary.

Participant means any:

- a. Person practicing for or participating in any physical exercise, athletic or recreational activity, game, sport, contest, performance, exhibition, or entertainment activity; or
- b. Member of the audience participating in any physical exercise, athletic or recreational activity, game, sport, contest, performance, exhibition, or entertainment activity.

“Participant” does not include any instructor, coach, official, referee, volunteer, or compensated member of your staff, including “employees” or independent contractors; nor does it include any member of the audience not described in Paragraph b. of this definition.

EXCLUSIONS

The following represent only some of the exclusions contained in this policy. State variations may apply.

- Abuse, molestation, or exploitation
- Activities involving boats and/or activities held on or in water
- Activities or events hosted/organized by the performing group
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals (injury or death to any animal, or injury, death, or property damage caused by your animal-see FAQ on page 4 for limited small animals coverage)
- Any event or activity involving or promoting tobacco or cannabis
- Asbestos
- Athletic activities
- Body surfing or mosh pits
- Communicable disease
- Cyber incident, data compromise, and violation of statutes related to personal data
- Employment-related practices
- Fireworks (exclusion does not apply to flashboxes)
- Full body art or painting
- Fungi or bacteria
- Haunted attractions
- Historical reenactment performances
- Hot wax impressions
- Lead
- Nuclear energy
- Operations listed as ineligible
- Ownership of a facility for performances
- Personal and advertising injury
- Throwing of object(s) into the audience during a performance
- Unmanned aircrafts, or aircrafts/hot air balloons
- Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients

OPTIONAL COVERAGE AVAILABLE

Sexual Abuse or Sexual Molestation Liability OR Abuse, Molestation, or Exploitation Defense Reimbursement

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

- Option 1: Sexual Abuse or Sexual Molestation Liability - \$1,000,000 for each perpetrator with a \$1,000,000 aggregate for sums the insured becomes legally obligated to pay as damages because of loss arising out of or in any way involving sexual abuse or sexual molestation, whether threatened or actual. This limit is part of, not in addition to, the General Aggregate Limit of Insurance.
- Option 2: Abuse, Molestation, or Exploitation Defense Reimbursement - \$100,000 each claim with a \$100,000 aggregate limit of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, or exploitation.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 8.
2. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your group with our Bands and Performing Groups RPG insurance program.
3. Only one option may be purchased.

Rates		
Options	Annual Gross Income	Rate
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$30,000 or less	\$ 150.00
	\$30,001 - \$100,000	\$ 216.00
	\$100,001 - \$200,000	\$ 324.00
	\$200,001 - \$300,000	\$ 433.00
	\$300,001 - \$400,000	\$ 541.00
	\$400,001 - \$500,000	\$ 649.00
	Single Event	\$ 150.00
Option 2 - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement	\$1.00 - \$500,000	\$ 100.00
	Single Event	\$ 100.00

FREQUENTLY ASKED QUESTIONS

1. What name should be listed on enrollment form?

To ensure coverage applies to all members of the group, please provide the group's full legal name on the enrollment form. If the group performs under a stage name or any other alternate name, list that name on the "Doing Business As (DBA)" line.

2. How soon does coverage start? When will we receive proof of coverage?

Coverage can be bound the day after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

3. When should I make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing coverage with us, use the expiration date of your coverage. Coverage will be in effect for one year from the effective date.

4. I have been asked by the facility/event where I will be working to add them as an additional insured to my policy. What does this mean and how do I do that?

An additional insured is a person or organization not automatically included as an insured under an insurance policy, but who is included or added as an insured under the policy at the request of the named insured. By providing an entity additional insured status, it now is entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please provide their complete name, address, and relationship to you. All requests must be made in writing.

5. What does annual gross income mean?

Annual gross income is the total revenue received before any deductions or allowances such as cost of goods sold, taxes, and other expenses).

6. If I need to request another certificate of insurance, how do I do this?

A written request from the insured is required. A certificate request form will be sent with your coverage documents that can be mailed, faxed, or e-mailed to us. Please allow adequate time for processing.

7. What if my act involves an animal and it injures someone?

This program only provides coverage for claims arising out of the following smaller animals: rabbits, doves, mice, hamsters, non-venomous/non-constrictor snakes and dogs weighing less than 15 pounds. No coverage exists for claims arising from all others animals, and no coverage is provided for the actual death or injury to any animal.

8. Will I receive a policy after submitting the enrollment form?

No. You will receive a certificate of insurance as proof of coverage. By applying for this insurance, you are applying for membership in the Sports, Leisure and Entertainment Risk Purchasing Group (RPG), a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). Coverage is offered exclusively through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as evidence of coverage. The limits of insurance apply individually to each insured member organization - there are no shared limits of liability with any other members. For a copy of the RPG master policy, please submit your request in writing to: K&K Insurance Group, Inc., P.O. Box 2338, Fort Wayne, IN 46801-2338.

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.



Enrollment Form - Bands and Performing Groups

Valid for effective dates from 4/1/26 through 3/31/27

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potentially advantageous coverage terms, and competitive rates for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS:**
- 1. Complete all sections (print legibly)**
 - 2. Sign and date where required**
 - 3. Remit completed enrollment form (pages 5-13) with payment (page 14)**

GENERAL INFORMATION

I am a new account I am renewing my coverage

Full legal name of business: _____

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a: Sole Proprietorship Limited Liability Co. Corporation Partnership
 Other (describe): _____

Form of business: Not-for-profit For-profit

Mailing address: _____

City: _____ State: _____ Zip: _____

Insured contact name: _____ Insured phone: (_____) _____

Insured cell: (_____) _____ Insured e-mail: _____

Website: _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 10 for Consent for Electronic Transactions.)

DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)

Start my coverage on this date: _____ / _____ / _____

BUSINESS INFORMATION

1. Type of entertainers/performers/bands (check all that apply):

- | | | |
|--|--|--|
| <input type="radio"/> Balloon artists | <input type="radio"/> Conductors | <input type="radio"/> Mimes |
| <input type="radio"/> Band - non-touring
(tribute, wedding, garage) | <input type="radio"/> Contortionists | <input type="radio"/> Musical ensemble |
| <input type="radio"/> Belly dancers | <input type="radio"/> DJ's or KJ's | <input type="radio"/> Poets |
| <input type="radio"/> Bugle corp (instrumental) | <input type="radio"/> Drum corp | <input type="radio"/> Psychics/fortune tellers |
| <input type="radio"/> Caricature sketching artists | <input type="radio"/> Face/body painters | <input type="radio"/> Puppeteers |
| <input type="radio"/> Celebrity look-alikes | <input type="radio"/> Holiday characters | <input type="radio"/> Storytellers |
| <input type="radio"/> Choral group | <input type="radio"/> Impersonators | <input type="radio"/> Ventriloquists |
| <input type="radio"/> Clowns | <input type="radio"/> Impressionists | <input type="radio"/> Western performers |
| <input type="radio"/> Comedians | <input type="radio"/> Jugglers | <input type="radio"/> Yodelers |
| <input type="radio"/> Other - subject to approval (please describe): _____ | <input type="radio"/> Magicians | |

BUSINESS INFORMATION CONTINUED

2. If applicable, the type of music genres performed and the % of each

Big band _____%	Classical _____%	Folk _____%	Pop/soft rock _____%	Religious/gospel _____%
Bluegrass _____%	Country _____%	Jazz _____%	R&B _____%	Swing _____%
Blues _____%	Ethnic/world _____%	Oldies _____%		

Other (please describe): _____%

3. Type of venues where group performs and the % at each (check all that apply):

Auditoriums _____%
 Nightclubs _____%
 Reception halls _____%
 Virtual _____%
 Bars _____%
 Outdoor venues _____%
 Schools/universities _____%
 Other (please describe): _____%

4. Do you own or operate your own facility? Yes No

(If yes, this program only provides coverage for your operations as a band or performing group. It does not extend to the operation of the facility.)

5. Are any of the events where the group performs part of a promoted tour? Yes No

6. Does your annual gross income exceed \$500,000? Yes No

7. Do you have more than 30 members in the performing group? Yes No

8. Is at least one member or representative of the group 18 or older? Yes No

9. Do you conduct/perform operations outside the U.S.? Yes No

If yes,

- How many times per year do you perform outside of the U.S.? _____
- What is the maximum number of consecutive days you will spend outside the U.S. for performances? _____

Note: Coverage applies only if your responsibility to pay damages is determined in a suit brought in the U.S.

10. Do your performances include any of the following: Yes No

- | | | | |
|--|--|---|--|
| <ul style="list-style-type: none"> • Activities involving boats and/or activities held on or in water • Amusement devices • Animals (see FAQ on pg 4) • Athletic activities • Body surfing or mosh pits • Circus acts • Fireworks or pyrotechnics | <ul style="list-style-type: none"> • Full body art or painting • Haunted attractions • Historical reenactment performances • Hot wax impressions • Hypnotism • Involvement or promoting of tobacco or cannabis | <ul style="list-style-type: none"> • Permanent tattoos or body piercings • Stunts or strength acts • Throwing of object(s) into the audience during a performance • Unmanned aircrafts, or aircrafts/hot air balloons | <ul style="list-style-type: none"> • Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients • Weapons (live ammunition/ sharpened blades) |
|--|--|---|--|

Note: The exposures/activities listed above are not covered by this program and any resulting claims will be denied.

11. What's the maximum daily attendance at any one performance? _____

12. FOR NEW ACCOUNTS ONLY

Do you have current coverage in place? Yes No

If no, please check/explain:

New business operation Other, please explain: _____

If yes:

a) Name(s) of current carrier(s): _____ Expiration date(s): _____

b) Is your current carrier non-renewing your coverage? Yes No

If yes, why? _____

c) In the past 5 years, have you had more than \$5,000 in claims? Yes No

If yes, please provide current loss runs with at least 5 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years.

CERTIFICATE REQUESTS

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

1. When is this certificate needed? : ____/____/____

2. What is the additional insured's relationship to you?

- Owner/manager/lessor of premises (facility or venue)
 Sponsor
 Co-promoter
 Other (please identify/explain): _____

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

3. Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

4. Does the certificate holder/additional insured require any special wording or endorsements? Yes No

If yes, check all that apply: CG2026 Primary/noncontributory Waiver of subrogation

Other (please explain): _____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

5. For specific events: Date(s) of event/activity: ____/____/____ to ____/____/____

Hours of event/activity: _____ A.M. P.M. to _____ A.M. P.M.

Type of event/activity: _____ Name of event/activity: _____

Location of event/activity: _____

The most common delay in certificate processing is caused by providing incomplete or inaccurate names and/or instructions. Please check your request carefully before submitting.

PROGRAM COST

Cost includes premium and a \$20 risk purchasing administration fee.

Please check the option you are seeking:

	Annual Gross Income	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
<input type="radio"/> Annual Coverage	\$ 30,000 or less	<input type="radio"/> \$ 560.00	<input type="radio"/> \$ 830.00	<input type="radio"/> \$ 1,080.00	<input type="radio"/> \$ 1,330.00	<input type="radio"/> \$ 1,580.00
	\$ 30,001 - \$100,000	<input type="radio"/> \$1,102.00	<input type="radio"/> \$1,643.00	<input type="radio"/> \$1,914.00	<input type="radio"/> \$2,164.00	<input type="radio"/> \$2,414.00
	\$100,001 - \$200,000	<input type="radio"/> \$1,642.00	<input type="radio"/> \$2,453.00	<input type="radio"/> \$2,859.00	<input type="radio"/> \$3,109.00	<input type="radio"/> \$3,359.00
	\$200,001 - \$300,000	<input type="radio"/> \$2,183.00	<input type="radio"/> \$3,265.00	<input type="radio"/> \$3,805.00	<input type="radio"/> \$4,130.00	<input type="radio"/> \$4,380.00
	\$300,001 - \$400,000	<input type="radio"/> \$2,724.00	<input type="radio"/> \$4,076.00	<input type="radio"/> \$4,752.00	<input type="radio"/> \$5,158.00	<input type="radio"/> \$5,455.00
	\$400,001 - \$500,000	<input type="radio"/> \$3,265.00	<input type="radio"/> \$4,888.00	<input type="radio"/> \$5,699.00	<input type="radio"/> \$6,186.00	<input type="radio"/> \$6,542.00

	Single Event/Show	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
<input type="radio"/> Single Event Coverage (10 consecutive days or less)		<input type="radio"/> \$ 186.00	<input type="radio"/> \$ 269.00	<input type="radio"/> \$ 519.00	<input type="radio"/> \$ 769.00	<input type="radio"/> \$ 1,019.00
	Event name: _____ Event date(s): ____/____/____ to ____/____/____					
	Event location: _____					
Event attendance: _____						

OPTIONAL COVERAGES PREMIUM CALCULATIONS

Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation, or Exploitation Defense Reimbursement

Coverage is contingent upon underwriting review and approval of the following questionnaire.

Check here and skip this section if you do not want this coverage option

1. Does your organization currently have employees, volunteers or independent contractors? Yes No
The term "Volunteers/Independent Contractors" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations, convictions, or charges of abuse, molestation, or sexual misconduct been made against you or your organization, or anyone working on behalf of your organization? Yes No
If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? Yes No
If yes please explain: _____
4. Do you, your organization, or sanctioning/governing body have written procedures and training in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
If yes, do they include:
 - How to recognize the signs of abuse and molestation Yes No
 - All known, alleged, or suspected abuse incidents must be reported to law enforcement Yes No
 - Procedures are provided or available to all paid and volunteer staff, and sanctioning/governing body members Yes No
 - No one-on-one situations allowed without visibility by others Yes No
 - A supervision plan to monitor all participants at the facility/event site that also prevents access to secluded areas such as closets, unsupervised rooms, etc. Yes No
 - A policy regarding appropriate and inappropriate physical contact, verbal interaction and electronic communications with children during and outside of regularly scheduled business activities Yes No
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

Please Complete All Questions <small>The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.</small>	Employees	Volunteers/Independent contractors
Do you have employees and/or volunteers/independent contractors?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are employee/volunteer/independent contractor applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex-related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third-party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you reject an applicant with any history of physical violence or sex-related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #5: _____

6. Please select Option 1 or 2 below and complete

Rates (based on annual gross income/single event) - Choose one option		
Options	Annual Gross Income	Rate
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$30,000 or less	<input type="radio"/> \$ 150.00
	\$30,001 - \$100,000	<input type="radio"/> \$ 216.00
	\$100,001 - \$200,000	<input type="radio"/> \$ 324.00
	\$200,001 - \$300,000	<input type="radio"/> \$ 433.00
	\$300,001 - \$400,000	<input type="radio"/> \$ 541.00
	\$400,001 - \$500,000	<input type="radio"/> \$ 649.00
	Single Event	<input type="radio"/> \$ 150.00
<input type="radio"/> Option 2 - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement	\$1.00 - \$500,000	<input type="radio"/> \$ 100.00
	Single Event	<input type="radio"/> \$ 100.00

TOTAL COST SUMMARY

Total Liability Cost (from page 7)	\$ (A)
Optional Coverage	
Sexual Abuse/Sexual Molestation Premium: (from page 8) <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$ (B)
Total Cost Due (add lines A + B)	\$

COVERAGE EXCLUSIONS

The following notable exclusions are contained in the Commercial General Liability coverage provided by this program (note: state variations may apply). Abuse, molestation, or exploitation; Activities involving boats and/or activities held on or in water; Activities or events hosted or organized by the insured; Any events or activities involving or promoting tobacco or cannabis; Any performance where the daily attendance at such performance is greater than 12,000; Asbestos; Athletic Activities; Body surfing or mosh pits; Circus acts; Commercial General Liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Communicable disease; Cyber incident, data compromise, and violation of statutes related to personal data; Employment-related practices; Fireworks (However, this exclusion does not apply to flashboxes. As used in this environment, flashboxes means any device used to create a visual effect along with an explosive noise that is induced electronically in a cylinder with no projectile, wadding, or wrapping); Full body art or painting; Fungi or bacteria; Groups with more than 30 members; Groups without one member who is at least 18 years old; Historical reenactment performances; Hot wax impressions; Lead; Nuclear energy; Ownership of a facility for performances; Personal and advertising injury; Sexually transmitted disease; Silica or silica-related dust; Specified recreational vehicles and activities – Aircraft/hot air balloon; Airport; Amusement device: The ownership, operation, maintenance or use of any device or equipment a person rides for enjoyment, including, but not limited to: mechanical or non-mechanical ride, slide, or water slide (including any ski or tow when used in conjunction with a water slide); inflatable recreational device; or vertical device or equipment used for climbing whether permanently affixed or temporarily erected. This exclusion does not apply to video games or computer games; Animal (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you. However, rabbits, doves, mice, hamsters, non-venomous/non-constricting snakes and dogs weighing less than 15 lbs. are covered for the liability arising out of the insured's operations that include the use of these animals); Bungee; Dunk tank; Haunted attraction; Performer ("bodily injury" or "personal and advertising injury" to any performer or entertainer during any activity, event, or exhibition including, but not limited to, any stunt, concert, show, or theatrical event); Rodeo; Saddle animal; Snowmobile; Throwing of object(s) into the audience during a performance; Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Unmanned aircraft; Those operations listed as ineligible: Acrobatic or aerialist performers; Actors or actresses; Bands and groups with music genres of electronic or techno, hip hop, rap, heavy metal, or screamo; Circus performers; Cosmetologists or beauticians; Escape artists; Exotic dancers, strippers, or burlesque performers; Fire handlers; Henna/Mehndi artists; Historical battle reenactment groups; Hypnotists; Instruction of other individuals for a fee; Jousters; Mascots (college, high school, or professional); Models; Performers putting on athletic exhibitions, events or activities; Performers using weapons (live ammunition or sharpened blades); Permanent tattoo or body piercing artists; Production or entertainment companies; Public speakers; Pyrotechnicians; School-accredited or sponsored bands or performing groups; Strength performers; Stunt performers; Promoted touring bands or groups

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE ONCE COVERAGE BEGINS
(may vary by state).

COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.

**NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE
ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

CANCELLATIONS/CHANGED CAN ONLY BE MADE BY THE NAMED INSURED.

PLEASE READ AND COMPLETE THE BELOW

if you do not wish to receive documents via email and prefer another method of document delivery

Consent for Electronic Transactions

The Electronic Signatures in Global and National Commerce Act provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

As part of your participation in this program you will receive all documentation, including but not limited to, the insurance quotes, policies, certificates, endorsements, and invoices (if applicable), by electronic means. If permitted by your state, you may also receive conditional renewal notices, cancellation, or non-renewal notices via electronic delivery.

To obtain, download, and view all policy documentation electronically you must have the following hardware or software in place.

- A personal computer capable of receiving, accessing, and displaying or printing or storing communications and documents received in an electronic form.
- Adobe PDF Reader version
- System requirements: OC: Windows 7 or higher, Internet Explorer v11 or higher, Firefox v45.7 or higher, Chrome v40 or higher; OS: Mac OS x 10.9 or higher, Safari 9.0 or higher, Firefox v45.7 or higher, Chrome v40 or higher.

By agreeing to receive documents electronically, you are affirming that your computer system meets the hardware and software requirements for receiving all related documents. If documents are provided through a website or portal, you should download and store all such documents. For persons who receive electronic documents via email, these documents will be delivered to the email address on file. Upon receipt of your emailed documentation please save a copy on your own device.

You agree to notify us promptly if your mailing address, e-mail address or other delivery information changes by calling 800-637-4757 or mailing us at K&K Insurance, P.O. Box 2338, Fort Wayne, IN, 46801-2338. We will endeavor to provide a notice to you in the event of any changes regarding hardware or software requirements necessary to receive documents and other related documents electronically. However, it is your duty to notify us if you are unable to access the documentation made electronically available to you.

We may at our sole discretion discontinue availability of electronic delivery at any time, without further notice to you. At any time, you may request a paper copy of your documents in lieu of electronic delivery. You may withdraw your consent to receive electronic documentation by sending a request in writing to us at K&K Insurance, P.O. Box 2338, Fort Wayne, IN, 46801-2338. Until receipt of such withdrawal, you will continue to receive all documentation electronically.

This consent is voluntary, by accepting, you signify that you consent to these terms of electronic document delivery via email or other electronic media in connection with your insurance documents, whether such delivery is made on its own behalf and/or on behalf of an organization or other third party. You further represent and warrant that if consenting on behalf of an organization or third party, you have the requisite authority to provide such consent, and that you and the organization have the requisite hardware and software to receive and acknowledge receipt of electronically delivered Documents.

After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES.

If you DO NOT want to be emailed, please check here and select your preferred method of document delivery.

- Fax to: _____ Attn: _____
- Mail to: _____ Attn: _____

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)

DISCLOSURE INFORMATION

Compensation and Other Disclosure Information

K&K Insurance Group Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of any fee charged by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by emailing a written request to warranty@kandkinsurance.com.

Premiums paid by clients to K&K for remittance to insurers and any funds paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. In addition to retail commissions, K&K and its affiliates may receive additional forms of compensation from insurers and third parties including but not limited to: contingencies, overrides, bonus commissions, national additional commissions, wholesale commissions, subscription market brokerage charges, referral fees and/or administrative expense reimbursements. This revenue is in addition to and shall not be credited against a fee or any other compensation earned hereunder.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each a "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any Client Group Member asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

Aon plc, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit <https://www.aon.com/about-aon/corporate-governance/guidelines-policies/market-relationship> for more information.

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-328-2317 • Fax 1-260-459-5502
Website 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). K&K is acting as a Managing General Agent as that term is defined in section 626.015(14) of the Florida Insurance Code. As an MGA we are acting on behalf of our carrier partner.

ATTENTION AGENTS

Agents, you must complete the warranty section below. Enrollments cannot be accepted unless this section is completed.

Agency name: _____ Agent/contact name: _____

Agency complete mailing address: _____
Address City State Zip

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax I.D. _____

I understand there are no commissions included in this program unless purchased online at www.entertainerinsurance-kk.com. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us.

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

With the exception of business being placed on a direct bill basis where the producer collects no premium whatsoever, the producer is liable for any uncollected amount due once business is bound at the request of the producer. Producer agrees that once coverage is bound at the request of the producer, all premiums, fees and taxes are due for the policy term or short rate period or pro rata period, as may be applicable, are due and payable, and such premiums are fully earned by the insurance carrier. Producer agrees to pay all invoices timely as set forth in the invoice instructions when premium is due. With respect to return premiums, producer will return commission at the same rate and on the same basis upon which the business was placed with Affinity and/or its Affiliates, including but not limited to, return premiums on cancellations or reductions ordered and return premiums payable as a result of amended policy terms. All premiums net of commission collected by the producer are premium trust funds and the property and the applicable insurance carrier and shall be deposited by producer in a separate trust account.

By signing this proposal or application, I represent and warrant I have authority to sign on behalf of the producer and producer represents and warrants it shall not solicit, sell or bind any product unless it maintains, and will maintain, all individual, corporate or agency licenses or permits required to conduct insurance business in the state coverage is being written and to receive commission. Failure to acquire or maintain required licenses can result in forfeiture of commission. I further represent and warrant that the producer currently maintains, and will maintain, errors and omissions insurance with a minimum limit of \$1,000,000. If requested, evidence of coverage or licensing will be provided of all the above-mentioned items.

Agent signature: _____ **Date:** _____

PLEASE READ AND SIGN BELOW

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

I am aware that accurate reporting is required for premium calculation and that my books and records, as they relate to this coverage, may be examined or audited by the company at any time during the coverage period and up to three years thereafter. I acknowledge that intentional misrepresentation or misreporting may jeopardize coverage and that the company reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE ONCE COVERAGE BEGINS (may vary by state).

Applicant business name (from page 5): _____

Applicant or agent signature: _____ **Date:** _____

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By selecting 'Yes' and typing my name above, I am electronically signing the application and agreeing to the terms and conditions stated in the K&K Consent for Electronic Transactions. 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. Yes No

Printed name: _____ **Title:** _____

If an agent: Check here to acknowledge you are signing on behalf of the named insured

PAYMENT OPTIONS

Submit a completed enrollment (including signed Representation Statement) and payment via one of the options below.

Applicant business name: _____ Effective date: _____

PAY BY ACH (Bank Account): THIS OPTION IS ONLY AVAILABLE FOR PURCHASES MADE 15 DAYS OR MORE PRIOR TO THE EFFECTIVE DATE.

- **E-mail** entertainers@kandkinsurance.com
- or
- **Fax** 1-260-459-5502

I (we) authorize K&K Insurance Group to initiate a single electronic debit from the account shown below and have attached a voided copy of the check.

Name on bank account: _____ Bank name: _____
 Draft amount : \$ _____ Checking or Savings
 Bank routing number* _____ Bank account number* _____

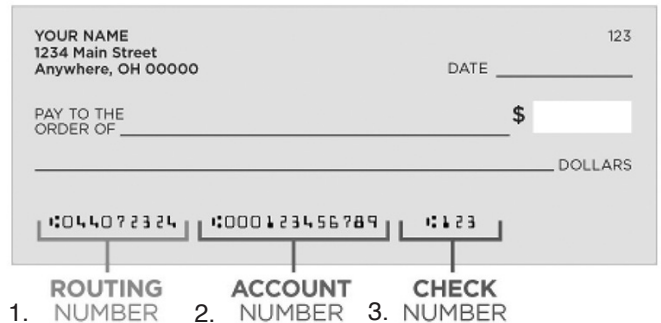
*See below for an explanation of where to locate these two sets of numbers on your bank check.

 Authorized signature(s) - (Not required if authorization by phone by K&K.) Date: _____

 Authorized signature(s) - (Not required if authorization by phone by K&K.) Date: _____

EXPLANATION OF CHECK NUMBERS

1. Bank routing number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



PAY BY CHECK: (Payable to K&K Insurance Group)

- **Mail** Regular K&K Insurance
 - Event RPG Program
 - P.O. Box 2338
 - Fort Wayne, IN 46801-2338
- Overnight K&K Insurance
 - Event RPG Program
 - 1690 Broadway, Building 19, Suite 110
 - Fort Wayne, IN 46802

PAY BY CREDIT CARD:

- **Fax only** 1-260-459-5502
- VISA
 MASTERCARD
 DISCOVER
 AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Cardholder phone number: (____) _____

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.