



# SHORT TERM SPECIAL EVENTS Insurance Program and Enrollment Form

This brochure is valid for effective dates from 12/1/12 through 11/30/13

## PROGRAM DESCRIPTION

This insurance program has been designed for organizers of short term special events that meet the following criteria:

- Total attendance is 12,000 or less\*
- Maximum number of consecutive event days is 10 (not including set-up or tear down)
- Event is held at a single location (except for weddings – coverage can be extended to include the rehearsal, ceremony and reception as a single event)
- Event must take place in the United States

**Lower premium options for single-day invitation-only events (1-200 attendees) are available online at [www.eventinsurance-kk.com](http://www.eventinsurance-kk.com)**

\*Please contact K&K if your event is over 12,000 in total attendance.

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

## INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to the following:

- Activist rallies, marches or literature distribution
- Airshows
- Athletic events and competitions
- Cinematography and photography for commercial use
- Events and/or concerts – involving rap, hip-hop, alternative or techno/DJ
- Events held on an airport premises
- Events honoring national and/or local celebrities or professional athletes
- Gun and/or knife shows
- Haunted attractions
- Health fairs or shows
- Historical battle reenactments
- In or on water activities
- Mazes (corn, hay or fence)
- Motorized vehicle, motorcycle, watercraft or powerboat practicing for, qualifying for or testing for any racing speed, demolition or stunt activity
- Overnight retreats
- Parades
- Political events (except private fundraising auctions, benefits, dances, dinners)
- Production and/or entertainment companies
- Religious events (except memorial services)
- Rodeos (any rodeo activity including, but not limited to, bronco or bull riding, steer roping, team roping, barrel racing or horseback riding)

## ELIGIBLE OPERATIONS

The following event operations are eligible for this program. Please note, this is not a complete listing. If you do not see your event operation listed, please contact us for eligibility.

- Auctions
- Award presentations/banquets
- Banquets
- Bar mitzvah or bat mitzvah
- Bazaars
- Bingo games (charity)
- Car/motorcycle/RV/boat shows- static display only
- Celebrations (holiday, New Year)
- Charity events
- Concerts – other than techno/DJ, alternative, rap or hip-hop (call for approval)
- Conventions
- Debuts or debutante balls
- Dinners, luncheons or showers
- Festivals
- Flea markets or swap meets
- Graduation ceremonies
- Job fairs
- Lectures/seminars/workshops
- Meetings
- Memorial services
- Pageants
- Parties
- Picnics (no in or on water activities)
- Poetry/book readings
- Proms
- Quinceañera
- Recitals (dance, music)
- Reunions
- Rummage sales
- School band or drill team competitions
- School carnivals (no rides)
- Shows (animals, antique, art, baby, business, consumer, craft, fashion, flower, garden, home, stage, wedding)
- Social gatherings or receptions
- Speaking engagements
- Theatrical performances or musicals
- Walking tours (garden, holiday, parade of homes, historical sites) - single location
- Wedding activities (rehearsal, ceremony or reception)

## FOUR EASY WAYS TO ENROLL FOR COVERAGE



**WEB** Receive coverage immediately by purchasing online at [www.eventinsurance-kk.com](http://www.eventinsurance-kk.com)

**OR**

Submit this enrollment form, with payment, to K&K.



**E-MAIL** [info@eventinsurance-kk.com](mailto:info@eventinsurance-kk.com)



**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  
1712 Magnavox Way  
Fort Wayne, IN 46804



**QUESTIONS** Call 1-877-648-6404

## EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks-does not apply to structures that are not designed to bounce on, slide on, ride on or tunnel through)
- Animals (injury or death to any animal or injury, death or property damage caused by your animal)
- Claims resulting from the selling, serving or furnishing of alcoholic beverages if the named insured is required to obtain a license or permit (unless optional liquor liability coverage is purchased)
- E-commerce consulting
- Employment-related practices
- Events held at multiple locations (except for weddings)
- Events with over 12,000 in total attendance
- Fireworks
- Operations of concessionaires, exhibitors and/or vendors at your event
- Petting zoos
- Room and board liability
- Saddle animals

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
<b>Commercial General Liability</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>
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	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
<b>Premiums</b>					
Attendance of 1 - 1,500	\$ 383	\$ 575	\$ 825	\$ 1,075	\$ 1,325
Attendance of 1,501 - 3,000	\$ 592	\$ 888	\$ 1,138	\$ 1,388	\$ 1,638
Attendance of 3,001 - 6,000	\$ 1,183	\$ 1,775	\$ 2,070	\$ 2,320	\$ 2,570
Attendance of 6,001 - 12,000	\$ 2,040	\$ 3,060	\$ 3,570	\$ 3,876	\$ 4,126

**Commercial General Liability with Broadening Endorsement** – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations.

## OPTIONAL COVERAGES AVAILABLE

### Liquor Liability

Liquor liability coverage pays those sums that the insured becomes legally obligated to pay as damages because of bodily injury or property damage imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your business organization with our Short Term Special Events RPG Insurance Program.
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Short Term Special Event Insurance Program.
3. Coverage is not available for Alabama, Iowa, Michigan or Vermont applicants.
4. Events with attendance greater than 6,000, please contact us for more information.

Attendance	Location of Event	Option 1 \$500,000 Limit	Option 2 \$1,000,000 Limit
1 - 1,500	All states other than AL, IA, MI or VT	\$ 445	\$ 529
1,501 - 3,000	All states other than AL, IA, MI or VT	\$ 534	\$ 635
3,001 - 6,000	All states other than AL, IA, MI or VT	\$ 748	\$ 889
6,001 - 12,000	All states other than AL, IA, MI or VT	Referral to Company	Referral to Company

## OPTIONAL COVERAGES CONTINUED

### Medical Expense

This option allows you to purchase additional limits above the \$5,000 of medical expense already included. Medical expense coverage includes payments for injuries sustained by the event attendees caused by an accident that takes place on the event premises. Injuries must be reported within one year of the accident.

Premiums are based upon each \$5,000 increment up to an additional \$20,000

Attendance	1-1,500	1,501-3,000	3,001-6,000	6,001-12,000
Premium per Increment	\$ 75	\$ 150	\$ 300	\$ 600

### FREQUENTLY ASKED QUESTIONS

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

Coverage can be bound the date 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.

**2. When should we make our coverage effective?**

The effective date is the date you need your insurance to start. For many, this is the first day that your organization has set up for the event. Coverage will be in effect for the time period of the event.

**3. What is Host Liquor?**

This program provides coverage if the named insured conducts an event or activity where alcoholic beverages are served or furnished, with or without a charge, and is not required to obtain a license or permit to do so. If a liquor license or permit is required, claims resulting from serving or furnishing alcoholic beverages will be excluded unless the liquor liability coverage option is purchased.

**4. Who would be listed as the named insured?**

The named insured should be the organization or the individual who is the organizer of the event. This would be the legal name of the organization or, if no legal entity exists, the name under which the organization operates (such as the name listed on marketing material or contracts).

**5. Am I able to buy this coverage if I am having an event at my own location/home?**

Yes, as long as you meet eligibility requirements you may purchase coverage under this program. Please note that the purchasing of this policy may not

eliminate any claims being presented/paid under any other policies. This policy could share losses with other applicable policies.

**6. I have been asked by the facility that I am using for the event to add them as an additional insured to my policy. What does this mean and how do I do that?**

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they now are 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 remember to provide their complete name, address and relationship to you. All requests must be made in writing.

**7. Will we receive a policy after submitting the enrollment form?**

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their 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. A copy of the RPG master policy can be requested in writing to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804.



# Enrollment Form - Short Term Special Events

Valid for effective dates from 12/1/12 through 11/30/13

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership 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, PLEASE:**
1. Complete all sections (print legibly)
  2. Sign and date where required
  3. Remit completed enrollment form (pages 4-9) with payment

GENERAL INFORMATION

I am a new account  I am renewing my coverage

Named insured (as it should appear on the policy): \_\_\_\_\_  
(For the "Named Insured" use your name if you operate as a sole proprietor, or your legal business name if you operate as a corporation or LLC.)

Doing business as (DBA): \_\_\_\_\_  
(additional name(s) under which the named insured operates)

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

BUSINESS INFORMATION

1. Are overnight accommodations or camping facilities part of the event?  Yes  No

2. Will this event feature any of the following activities?  Yes  No

- Rides, amusement devices or inflatable recreational devices
- Petting zoos or animals    • Fireworks or pyrotechnics    • Concessionaires, exhibitors or vendors

**The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities, please contact us to determine if other coverage options are available. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.**

3. Is this event held at multiple locations?  Yes  No

4. Is this event held annually?  Yes  No

5. Is there a musical or entertainment performance at the event?  Yes  No

If yes, please indicate the type of performer(s): \_\_\_\_\_

If a musical performer/DJ, please provide the type of music provided/performed: \_\_\_\_\_

6. Alcoholic beverages: \_\_\_\_\_

- Will not be allowed or available at the event.
- None provided by named insured and/or only attendees allowed to bring their own alcoholic beverages (BYOB).
- Will be sold at the event. (e.g.: individual drinks are offered for sale for cash or with pre-purchased tickets)  
 If sold, who holds the liquor license or permit?  
 Insured           Caterer or vendor           Facility           Sponsor
- Will be furnished without a charge at the event. (e.g.: wine and beer are served for free; or event has \$100 admission fee and wine is served with dinner for free)  
 If furnished, is the insured required to obtain a liquor license?  
 Yes           No
- Will be both sold and furnished at the event. (e.g.: providing wine and beer for free, but also having a cash bar)  
 If sold and furnished, who holds the liquor license or permit?  
 Insured           Caterer or vendor           Facility           Sponsor

**DOCUMENT DELIVERY**

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option.

- E-mail to: \_\_\_\_\_ attn: \_\_\_\_\_  
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- Fax to: \_\_\_\_\_ attn: \_\_\_\_\_
- Mail to: \_\_\_\_\_ attn: \_\_\_\_\_

**AGENTS ONLY**

**TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM**

Agency name: \_\_\_\_\_  
 Agency mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Agent/contact name: \_\_\_\_\_  
 Agency telephone: (\_\_\_\_) \_\_\_\_\_ Agency fax: (\_\_\_\_) \_\_\_\_\_  
 Agent/contact e-mail address: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

**Note: There are no commissions included in this program unless purchased online at [www.eventinsurance-kk.com](http://www.eventinsurance-kk.com). A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.**

**PROGRAM PREMIUM CALCULATION**

Name of event: \_\_\_\_\_  
 Type of event: \_\_\_\_\_  
 Date(s) of coverage (including set-up and tear-down): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Event date(s) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Hours of event (including set-up and tear-down): \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.  
 Total attendance at event (average daily attendance x the # of event days): \_\_\_\_\_  
 Event location:  
 Venue name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Premium is determined by the total attendance (daily attendance times the actual number of event days). Please select an option based upon your attendance and location of the event.

Attendance	Option 1 \$1,000,000 CGL	Option 2 \$2,000,000 CGL	Option 3 \$3,000,000 CGL	Option 4 \$4,000,000 CGL	Option 5 \$5,000,000 CGL
1 - 1,500	<input type="radio"/> \$ 383	<input type="radio"/> \$ 575	<input type="radio"/> \$ 825	<input type="radio"/> \$ 1,075	<input type="radio"/> \$ 1,325
1,501 - 3,000	<input type="radio"/> \$ 592	<input type="radio"/> \$ 888	<input type="radio"/> \$ 1,138	<input type="radio"/> \$ 1,388	<input type="radio"/> \$ 1,638
3,001 - 6,000	<input type="radio"/> \$ 1,183	<input type="radio"/> \$ 1,775	<input type="radio"/> \$ 2,070	<input type="radio"/> \$ 2,320	<input type="radio"/> \$ 2,570
6,001 - 12,000	<input type="radio"/> \$ 2,040	<input type="radio"/> \$ 3,060	<input type="radio"/> \$ 3,570	<input type="radio"/> \$ 3,876	<input type="radio"/> \$ 4,126

## Liquor Liability (not available for AL, IA, MI, or VT applicants)

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

If liquor liability coverage is desired, please complete the following questions.

1. Is the named insured required to obtain a liquor license or permit?  Yes  No  
 If yes: Please provide the name of the liquor license/permit holder: \_\_\_\_\_  
 Please provide relationship to named insured: \_\_\_\_\_  
 Please provide the liquor license/permit number: \_\_\_\_\_
2. Are alcoholic beverages (please select one):  
 Sold? Provide the amount of alcoholic beverage sales \_\_\_\_\_ and food sales \_\_\_\_\_  
 Included as a part of the admission charge?  
 Served or furnished without a charge?
3. What types of alcoholic beverages are being sold/served? (please describe): \_\_\_\_\_
4. Have you ever been fined or had a liquor license/permit revoked or suspended?  Yes  No
5. Has any insurer cancelled or non-renewed your coverage during the past 3 years?  Yes  No
6. Are patrons allowed to carry alcoholic beverages onto the premises during your event?  Yes  No
7. Are alcoholic sales and consumption contained within a fixed and/or secured area?  Yes  No
8. Has at least one server at this event had formalized awareness training?  Yes  No  
 If yes, please provide the type of training (e.g.: TIPs, TAMs, TABC): \_\_\_\_\_
9. Are ID's checked at the event?  Yes  No
10. Are alcoholic sales stopped at least one (1) hour prior to the end of the event?  Yes  No

Please select option based upon total attendance of the event and the location of the event.

Attendance	Location of Event	Option 1 \$500,000 Limit	Option 2 \$1,000,000 Limit
1 - 1,500	All states other than AL, IA, MI or VT	<input type="radio"/> \$ 445	<input type="radio"/> \$ 529
1,501 - 3,000	All states other than AL, IA, MI or VT	<input type="radio"/> \$ 534	<input type="radio"/> \$ 635
3,001 - 6,000	All states other than AL, IA, MI or VT	<input type="radio"/> \$ 748	<input type="radio"/> \$ 889
6,001 - 12,000	All states other than AL, IA, MI or VT	Referral to Company	Referral to Company

### Additional Limits of Medical Expense

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

Attendance	Additional \$5,000 Limit	Additional \$10,000 Limit	Additional \$15,000 Limit	Additional \$20,000 Limit
1 - 1,500	<input type="radio"/> \$ 75	<input type="radio"/> \$ 150	<input type="radio"/> \$ 225	<input type="radio"/> \$ 300
1,501 - 3,000	<input type="radio"/> \$ 150	<input type="radio"/> \$ 300	<input type="radio"/> \$ 450	<input type="radio"/> \$ 600
3,001 - 6,000	<input type="radio"/> \$ 300	<input type="radio"/> \$ 600	<input type="radio"/> \$ 900	<input type="radio"/> \$ 1,200
6,001 - 12,000	<input type="radio"/> \$ 600	<input type="radio"/> \$ 1,200	<input type="radio"/> \$ 1,800	<input type="radio"/> \$ 2,400

**OPTIONAL COVERAGES PREMIUM CALCULATION**

**TOTAL PREMIUM SUMMARY**

Program Premium (Commercial General Liability) (Required Coverage)	\$	A
Liquor Liability Premium (Optional Coverage)	\$	B
Medical Expense Premium (Optional Coverage)	\$	C
<b>Premium Due - Subtotal (add lines above)</b>	<b>\$</b>	<b>D</b>
<b>FLORIDA APPLICANTS ONLY</b> Florida applicants need to add a 1.3% state mandated Hurricane Catastrophic Fund Assessment fee to the premium due		
<b>FL Premium Due - Subtotal: Multiply line (D) x 1.013</b>	<b>\$</b>	

**CERTIFICATE REQUESTS**

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Check the type of certificate you are requesting:

- Additional insured     Evidence of coverage

Certificate holder information:

Entity name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to named insured:

- Owner/lessor of premises     Sponsor     Co-promoter  
 Franchisor     Mortgagee  
 Other (please identify/explain): \_\_\_\_\_

**Date certificate needed by:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Special certificate language needed (please explain/attach): \_\_\_\_\_

If applicable:

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: \_\_\_\_\_

**FOR K&K USE ONLY**

UW Rec: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Status: N R    Broker: Y N    Comm: \_\_\_\_\_ %    OPS Rec: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 GL Exp Policy #: \_\_\_\_\_ / CP #: \_\_\_\_\_    Exp Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 IM Exp Policy #: \_\_\_\_\_    Exp Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 SAM IM D&O GL Option: \_\_\_\_\_    Delivery: M F E    Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Pay Plan: \_\_\_\_\_    Bill: AB AD CBG  
 Opt Form: 2026    2011    8016    8018    876    2404    Comments: \_\_\_\_\_  
 GL Policy #: \_\_\_\_\_ / CP #: \_\_\_\_\_    GL Prem: \_\_\_\_\_    Eff Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 IM Policy #: \_\_\_\_\_    IM Prem: \_\_\_\_\_    IM Eff Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 D&O Policy #: \_\_\_\_\_    D&O Prem: \_\_\_\_\_    Insured #: \_\_\_\_\_

**PAYMENT INFORMATION**

**Step 1: Calculate Final Cost**

Total Premium Due (from page 6)	\$ _____
Annual Risk Purchasing Membership Fee (REQUIRED to be able to process enrollment)	\$ 10.00
<b>TOTAL COST DUE</b>	<b>\$ _____</b>

**Step 2: Select Payment Method. Check one.**

- Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # \_\_\_\_\_ for \$ \_\_\_\_\_  
 Credit Card: If you are making your payment by credit/debit card, please complete the following:  
 VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

Card number: \_\_\_\_\_

Reference number (last 3 digits on back of card): \_\_\_\_\_ 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:** \_\_\_\_\_

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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

**APPLICABLE IN COLORADO** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**APPLICABLE IN THE DISTRICT OF COLUMBIA** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**APPLICABLE IN FLORIDA** 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.

**APPLICABLE IN HAWAII** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**APPLICABLE IN KANSAS** 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 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT** 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**APPLICABLE IN MINNESOTA** Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN OHIO** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN WASHINGTON** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



**COVERAGE EXCLUSIONS**

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment used for climbing- either permanently affixed or temporarily erected or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); E-commerce consulting; Employment-related practices; Events held outside the United States; Events held at multiple locations (except for weddings); Events with over 12,000 in total attendance; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Operations of concessionaires, exhibitors and/or vendors at your event; Performers; Petting zoos; Room and board liability; Saddle animals; Selling, serving or furnishing of alcoholic beverages by the named insured if they are required to hold a liquor license or permit (unless the optional coverage is purchased); Snowmobile; Those operations listed as ineligible: Activist rallies, marches or literature distribution; Airshows; Athletic events and competitions; Cinematography and photography for commercial use; Events and/or concerts - involving rap, hip-hop, alternative or techno/DJ; Events held on an airport premises; Events honoring national and/or local celebrities or professional athletes; Gun and/or knife shows; Haunted attractions; Health fairs or shows; Historical battle reenactments; In or on water activities; Mazes (corn, hay or fence); Motorized vehicle, motorcycle or watercraft/ powerboat practicing for, qualifying for or testing for any racing speed, demolition or stunting activity; Overnight retreats; Parades; Political events (except private fundraising auctions, benefits, dances, dinners); Production and/or entertainment companies; Religious events (except memorial services); Rodeos (any rodeo activity including, but not limited to, bronco or bull riding, steer roping, team roping, barrel racing or horseback riding).

**COSTS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

**WARRANTY AND DISCLOSURE STATEMENT**

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

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium. The total may also include an annual RPG membership fee up to ten dollars.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize 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.

**Applicant or agent signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Named Insured (from page 4): \_\_\_\_\_