



CONCESSIONAIRES, EXHIBITORS & VENDORS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 2/1/10 through 1/31/11

PROGRAM DESCRIPTION

This program has been designed for the concessionaires, vendors and exhibitors who are selling, displaying, demonstrating or promoting their products or services, on a short term basis at special events, malls, shopping centers, tradeshows, consumer shows or a location that is away from any owned or long term leased premises. The insured operations can be conducted from a kiosk, booth, cart, trailer, tent or an outdoor area.

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

INELIGIBLE OPERATIONS

- Alcoholic beverage sales
- Animals
- Auto parts (mechanical)
- Body piercing or permanent tattooing
- Christmas tree retail lots
- Cleaning accessories & products - homemade
- E-commerce selling
- Fire safety equipment
- Fireworks sales & displays
- Haunted attractions
- Health & beauty products - homemade
- Hot wax impressions
- Mazes (corn, hay, fence)
- Medical testing
- Motorsports activities
- Nutritional or health supplements (selling)
- On-site installation, service or repair of products
- On-site equipment sales & rental
- Oxygen or aromatherapy bars
- Protective equipment or apparel
- Storefront operations
- Tobacco products
- Toys (for ages 4 and under)
- Vehicles in motion
- Watercraft exhibits on water
- Weapon sales
- Weight loss plans or products (selling)
- Wholesale business operations

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 K&K Insurance Group, Inc.

ELIGIBLE OPERATIONS

- Antiques & collectibles
- Apparel & accessories
- Arts & crafts
- Auto/vehicle accessories (non-mechanical)
- Candles
- Celebrity appearances
- Cleaning accessories & products (commercially manufactured)
- Exercise equipment
- Floral
- Food, drink or produce sales
- Game trailers
- Gift wrap booths
- Hardware sales
- Health & beauty products (commercial manufactured)
- Home based wedding vendors (caterers, DJs, florists, ice sculptors, decorators, photographers/videographers)
- Kitchen or cookware accessories or appliances
- Lawn & garden equipment
- Literature distribution
- Micro reality race tracks
- Motorized equipment – static display
- Performing groups (carolers, dance groups, choirs)
- Product demonstrations
- Product or service displays
- Souvenir sales
- Sports or camping equipment
- Toys (for ages 5 and over)
- Vehicle/boat display - static only

FOUR EASY WAYS TO ENROLL FOR COVERAGE



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

OR

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



E-MAIL cev-events@kandkinsurance.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 1-800-328-2317

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 or tunnel through)
- Animals (injury or death to any animal or injury, death, or property damage caused by your animal)
- Asbestos
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy liability

COVERAGES AND LIMITS

Commercial General Liability	Option 1	Option 2
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Premiums (Based upon a single selling unit or 100 sq. ft. space)		
See page 5 for additional options available for multiple units or space exceeding 100 sq. ft.		
Single event coverage (one month or less)	\$ 153	\$ 230
3 consecutive months coverage	\$ 383	\$ 575
6 consecutive months coverage	\$ 610	\$ 915
Annual coverage	\$ 1,046	\$ 1,569

Commercial General Liability – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

OPTIONAL COVERAGE AVAILABLE

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your vendor inventory, supply inventory, trailers, equipment and portable storage units due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact K&K to have your insured value amended to avoid a co-insurance penalty.

Coverage Conditions:

1. This coverage is not available in New Jersey.
2. Coverage is not available on a stand-alone basis. You must have six month or annual commercial general liability coverage for your concession, exhibitor or vendor business with K&K's Concessionaires, Exhibitors & Vendors RPG Insurance Program.
3. Coverage cannot be extended to cover fine jewelry and fine arts, non-structural glass and permanent structures such as concession stands or storage units that are not portable.
4. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire one year from the effective date.

Rates			
Total Value per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$.03	\$ 250	\$ 100
\$ 10,001 - \$100,000	\$.026	\$ 1,000	\$ 100
\$ 100,001 +	\$.026	\$ 2,500	\$ 100

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. If you are renewing annual coverage with K&K, use the expiration date of your coverage. Coverage will be in effect for the time period selected.

3. Can I apply for coverage over the phone?

Unfortunately, we are unable to take your information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to K&K via e-mail, fax or mail.

4. What is a general aggregate?

The general aggregate is the maximum amount to be paid out in any policy period for all losses.

5. I have been asked by the event where I am exhibiting to add them as an additional insured to my policy. What does this mean?

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 the landlord or sponsor. By providing an entity additional insured status, they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You may request an additional insured in the appropriate section of the enrollment form. Please remember to provide the complete name, address and relationship to you. Additional insured requests must be made in writing.

6. If we need to request another certificate of insurance for a specific event that we are attending, how do we do this?

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

7. What is the coinsurance penalty referenced with equipment and contents coverage?

The equipment and contents coverage available within this program contains a 100% coinsurance clause. With a 100% coinsurance clause, you are agreeing to accept a penalty if a covered loss occurs and all of your equipment and contents are not insured to their replacement cost value. For this reason, it is vital that the values of your equipment and contents be accurately reported and updated annually to reflect inflation and other increases in cost. If they are undervalued, a coinsurance penalty may be applied at the time of a loss. The penalty equals the difference between the amount of the loss and the amount actually paid by the carrier.

The simple formula used to arrive at the amount to be paid by the carrier is as follows:

“Did” / “Should” x Loss Amount – Deductible = Amount Paid

“Did” = the amount of coverage you did purchase
“Should” = the replacement value of your equipment and contents that you should have insured

8. What does the term “replacement cost” value mean with regards to equipment and contents coverage?

Replacement cost means that the value of covered property will be based on the replacement cost at the time of loss without any deduction for depreciation. It is limited to the cost of repair or replacement with similar property and used for the same purpose.

9. 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 - Concessionaires, Exhibitors & Vendors

Valid for effective dates from 2/1/10 through 1/31/11

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign 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): _____
(the legal name of the organization or business; typically the name that would appear on any contracts or agreements)

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: _____

DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by K&K, 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

Describe the product or service provided or being sold: _____

Select one of the following that best describes your business operations:

Food concessionaire or vendor No. of food-selling locations or trailers: _____(unit)

Micro reality race tracks No. of micro reality race tracks: _____(unit)

Trailer-non food, games or merchandise No. of trailers: _____ (unit)

Push carts or kiosks No. of push carts/kiosks: _____(unit)

Home-based wedding vendor **(this type Service being provided: _____ of operation is available only for a single event coverage period)**

Performing group **(this type Type of performing group: _____ of operation is available only for a single event coverage period)**

Tent or outdoor vending area Provide dimensions: _____ x _____ = _____ sq. ft.

Tradeshow exhibit or booth Provide dimensions: _____ x _____ = _____ sq. ft.

If applying for single event coverage, please provide the following information:

Name of event: _____

Date(s) of event (including set-up and tear-down days): ____/____/____ to ____/____/____

Hours of event: ____ A.M. / P.M. to ____ A.M. / P.M.

Location of event: _____
Venue name
Street address
City
State
Zip

Date certificate needed by: _____

Please check the coverage period and premium that is applicable.

OPTION 1						
\$ 1,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or up to 100 Sq. Ft.	2 Units or 101-200 Sq. Ft.	3 Units or 201-300 Sq. Ft.	4 Units or 301-400 Sq. Ft.	5 Units or 401-500 Sq. Ft.	6 Units or 501-600 Sq. Ft.
Single Event <small>(one month or less)</small>	<input type="radio"/> \$ 153	<input type="radio"/> \$ 230	<input type="radio"/> \$ 269	<input type="radio"/> \$ 308	<input type="radio"/> \$ 347	<input type="radio"/> \$ 386
3 Month	<input type="radio"/> \$ 383	<input type="radio"/> \$ 575	<input type="radio"/> \$ 671	<input type="radio"/> \$ 767	<input type="radio"/> \$ 863	<input type="radio"/> \$ 959
6 Month	<input type="radio"/> \$ 610	<input type="radio"/> \$ 915	<input type="radio"/> \$ 1,068	<input type="radio"/> \$ 1,221	<input type="radio"/> \$ 1,374	<input type="radio"/> \$ 1,527
Annual	<input type="radio"/> \$ 1,046	<input type="radio"/> \$ 1,569	<input type="radio"/> \$ 1,831	<input type="radio"/> \$ 2,093	<input type="radio"/> \$ 2,355	<input type="radio"/> \$ 2,617
OPTION 2						
\$ 2,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or up to 100 Sq. Ft.	2 Units or 101-200 Sq. Ft.	3 Units or 201-300 Sq. Ft.	4 Units or 301-400 Sq. Ft.	5 Units or 401-500 Sq. Ft.	6 Units or 501-600 Sq. Ft.
Single Event <small>(one month or less)</small>	<input type="radio"/> \$ 230	<input type="radio"/> \$ 345	<input type="radio"/> \$ 404	<input type="radio"/> \$ 463	<input type="radio"/> \$ 522	<input type="radio"/> \$ 581
3 Month	<input type="radio"/> \$ 575	<input type="radio"/> \$ 860	<input type="radio"/> \$ 1,003	<input type="radio"/> \$ 1,146	<input type="radio"/> \$ 1,289	<input type="radio"/> \$ 1,432
6 Month	<input type="radio"/> \$ 915	<input type="radio"/> \$ 1,373	<input type="radio"/> \$ 1,602	<input type="radio"/> \$ 1,831	<input type="radio"/> \$ 2,060	<input type="radio"/> \$ 2,289
Annual	<input type="radio"/> \$ 1,569	<input type="radio"/> \$ 2,354	<input type="radio"/> \$ 2,746	<input type="radio"/> \$ 3,138	<input type="radio"/> \$ 3,530	<input type="radio"/> \$ 3,922

Contact K&K for operations with more than 6 units or 600 sq. ft.

Optional Equipment and Contents Coverage

This optional coverage is available only with six month or annual commercial general liability coverage.

TO AVOID A COINSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000

Value

	\$ _____
	\$ _____
	\$ _____
	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

Vendor inventory (such as items held for sale)	\$ _____
Supply inventory (such as equipment, giveaways, paper goods)	\$ _____
Trailer equipment, excluding products (such as trailers, signs, concession equipment, refrigerators, cooking equipment, supplies)	\$ _____
Portable storage units (not permanent structures)	\$ _____
Misc. equipment - please describe: _____	\$ _____

Total replacement value (add all lines above) \$ _____

Step 2: List physical addresses where equipment and contents are stored

P.O. boxes cannot be accepted

Location 1: _____				
Address	City	State	Zip	
Location 2: _____				
Address	City	State	Zip	

Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Optional Equipment and Contents Premium	
<input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)	
$\$.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Total Replacement Value Equipment and Contents Premium (\$100 minimum premium applies) </div>	
<input type="radio"/> My total replacement value is over \$10,000 (\$1,000 deductible applies to values \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)	
$\$.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Total Replacement Value Equipment and Contents Premium (\$100 minimum premium applies) </div>	

TOTAL PREMIUM SUMMARY	Program Premium (commercial general liability)	\$
	Equipment and Contents Premium	\$
	Total Premium Due	\$
	Florida Applicants	
	Florida applicants need to add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium due	
	Total Premium Due (total premium due x 1.01)	\$

DOCUMENT DELIVERY	<p>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.</p> <p><input type="radio"/> E-mail to: _____ attn: _____ (selecting this option confirms your consent for coverage documents to be delivered via e-mail)</p> <p><input type="radio"/> Fax to: _____ attn: _____</p> <p><input type="radio"/> Mail to: _____ attn: _____</p>
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CERTIFICATE REQUESTS	<p>Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.</p> <p>This certificate is for our:</p> <p><input type="radio"/> Program coverage (commercial general liability) <input type="radio"/> Equipment and contents coverage</p> <p>Check the type of certificate you are requesting:</p> <p><input type="radio"/> Additional insured <input type="radio"/> Evidence of coverage <input type="radio"/> Loss payee</p> <p>Certificate holder information:</p> <p>Entity name: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Relationship to named insured:</p> <p><input type="radio"/> Owner/lessor of premises <input type="radio"/> Sponsor <input type="radio"/> Co-promoter <input type="radio"/> Mortgagee</p> <p><input type="radio"/> Franchisor <input type="radio"/> Lessor of equipment and contents</p> <p><input type="radio"/> Other (please identify/explain): _____</p> <p>Special certificate language needed (please explain/attach): _____</p> <p>If applicable:</p> <p>Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____</p> <p>Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M.</p> <p>Type of event/activity: _____</p> <p>Name of event/activity: _____</p> <p>Location of event/activity: _____</p> <p>Date certificate needed by: _____</p>
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GENERAL FRAUD STATEMENT

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, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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 FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

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 I.D: _____

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

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

PAYMENT INFORMATION

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 _____

READ AND SIGN

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 (the ownership, operation, maintenance, or use of any airfield or airport facility or premises. This exclusion does not apply to concessionaires, exhibitors, or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises); 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 use 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); Asbestos, Commercial general liability standard exclusions (CG 0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Saddle animal; Snowmobile; Those operations listed as ineligible: Alcoholic beverage sales; Animals, Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots, Cleaning accessories and products – homemade; E-commerce selling; Fire safety equipment; Fireworks sales and displays, Haunted attractions; Health and beauty products – homemade; Hot wax impressions; Mazes (corn/hay/fence); Medical testing; Motor sports activities; Nutritional or health supplement products(selling); On-site installations, service or repair of products; On-site equipment sales and rental; Oxygen or aromatherapy bars; Protective equipment or apparel; Storefront operations; Tobacco products; Toys (for ages 4 and under); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight loss plans or products (selling); Wholesale business operations

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.

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 signature _____

Date: _____

Printed name: _____ Title: _____

FOR K&K USE ONLY

Rec: ___/___/___ Status: N R Broker: Y N Comm: _____ %
 Exp Policy #: _____ Exp Dates: ___/___/___ to ___/___/___
 Cert #: _____ Insured #: _____
 Option: _____ Premium: \$ _____ Pay Plan: 100 Bill: AB AD CBG
 Eff/Exp: ___/___/___ to ___/___/___ Delivery: M F E Date: ___/___/___
 A&M IM D&O EX WC Opt Form: 2026 2011 8016 8018 876
 Policy #: _____ Cert #: _____ Comments: _____