



**APPLICATION FOR NRPA-SPONSORED TEAM SPORTS  
COMBINED LIABILITY WITH MEDICAL PAYMENTS FOR PARTICIPANTS COVERAGE**  
Valid for effective dates from 6/30/24 through 8/30/25

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 potential 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 and submissions with a premium of \$25,000 or more are subject to additional underwriting. We reserve the right to decline any request for coverage.

Complete all information requested below. Please print clearly.

### A. YOUR INFORMATION

Name of recreational agency, commission, or organization \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

NY Applicants must provide a street address. PO Boxes cannot be accepted.

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

Day telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 5 of the application for Electronic Disclosure and Consent)

### B. YOUR NRPA MEMBERSHIP INFORMATION

**(Be sure to provide this information. Your application cannot be processed without it.)**

Member name \_\_\_\_\_

Name of Organization or Public Member Agency (mandatory) \_\_\_\_\_

Current NRPA membership number (if unknown, please call 1-800-626-NRPA)

**NRPA MEMBERSHIP IS REQUIRED FOR THIS COVERAGE.**

### C. UNDERWRITING INFORMATION

☐ **I am a new account**

Start my coverage on this date \_\_\_\_/\_\_\_\_/\_\_\_\_

Coverage will begin the day after a completed and signed enrollment form with payment is received and approved by us, or on a later date you specified above.

☐ **I am renewing my coverage**

Expiration date of current coverage \_\_\_\_/\_\_\_\_/\_\_\_\_ Renew my coverage on this date \_\_\_\_/\_\_\_\_/\_\_\_\_

To avoid a coverage gap, please make sure you have submitted a completed and signed enrollment form with payment prior to your expiration date.

**NOTE: If you need coverage bound as of today**, please read the statement below and confirm by checking the box that you have not had any losses. Please note, for coverage to be considered you **MUST** submit a completed and signed application submitted with payment. Submission of this form does not guarantee coverage. We reserve the right to decline requests.

☐ I hereby certify that I, or any person or organization to be covered by this insurance, are not aware of any losses, accidents, or circumstances, occurring on this day that might give rise to a claim under this insurance.

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-722-5676 • Fax 1-260-459-5105  
Website [www.nrpainsurance.com](http://www.nrpainsurance.com) • K&K Insurance Group, Inc. is a licensed insurance producer in all states  
(TX license #13924, FL license #L007299); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

## C. UNDERWRITING INFORMATION (continued)

Do you have concussion management protocols/guidelines that are consistently enforced and includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions including but not limited to information such as focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after suspected concussion? ☐ Yes ☐ No

If you suspect an athlete has a concussion, do you have an action plan that includes:

- Immediately removing the athlete from play or practice? ☐ Yes ☐ No
- Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? ☐ Yes ☐ No
- Confirming sports liability waivers (informed consent) from parents and/or players are secured? ☐ Yes ☐ No

NOTE: The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course on their website: [www.cdc.gov/concussion/headsup/youth.html](http://www.cdc.gov/concussion/headsup/youth.html).

## D. TEAM INFORMATION for Swimming; Track & Field; Tennis; Golf; and Wrestling

Please complete for the following sports: Swimming, Track & Field, Tennis; Golf; and Wrestling. Please use the other side of this form to attach another sheet if additional space is needed. For additional insured requests, please complete the attached Certificate of Insurance Request Form. **Note: A complete roster is required for each sport listed below.**

Class A Sports - Rates (per individual/participant)					Class B Sports - Rates (per individual/participant)		
Max. Age	Swimming	Track & Field	Tennis	Golf	Max. Age	Wrestling w/Limited Neuro Injury Coverage	Wrestling w/ Neuro Injury excluded
18 yrs.	\$6.66	\$6.66	\$2.24	\$2.24	18 yrs.	\$11.91	\$11.56
19 & over	\$9.94	\$12.10	\$4.41	\$4.41	19 & over	N/A	N/A

Team Name	Sport	Exclude Neuro Injury Coverage? <small>Only answer for Class B Sports</small>	Max Age	# of Part.	X	Rate (see above)	=	Premium
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
<b>AMOUNT DUE (add all lines above/attached):</b>							=	\$ <b>A</b>

If the option to include limited coverage for neurodegenerative injury coverage is selected, coverage is limited to:

Neurodegenerative Injury Limit / Aggregate Limit: \$1,000,000 / \$1,000,000  
 Neurodegenerative Injury Supplementary Payments / Aggregate: \$1,000,000 / \$1,000,000

## E. TEAM INFORMATION for Basketball; Baseball; Softball; Volleyball; Soccer; Street, Field, Floor and Roller Hockey; Ice Hockey; and Lacrosse

Please complete for the following sports: Basketball; Baseball; Softball; Volleyball; Soccer; Street, Field, Floor and Roller Hockey; Ice Hockey and Lacrosse. Please use the other side of this form to attach another sheet if additional space is needed. For additional insured requests, please provide the name and address of the additional insured as well as their relationship to you (e.g owner of premises, sponsor, etc) on a separate page.

Class A Sports - Rates (per team)				
Max. Age	Basketball	Baseball	Softball	Volleyball
12 yrs.	\$114.00	\$114.00	\$114.00	\$114.00
16 yrs.	\$138.00	\$138.00	\$138.00	\$138.00
18 yrs.	\$193.00	\$193.00	\$193.00	\$193.00
19 & over	\$366.00	\$366.00	\$366.00	\$366.00

Class B Sports - Rates (per team)								
Max. Age	Soccer W/ Limited Neuro Injury	Soccer W/Neuro Injury Excluded	Street, Field, Floor & Roller Hockey W/ Limited Neuro Injury	Street, Field, Floor & Roller Hockey W/Neuro Injury Excluded	Ice Hockey W/ Limited Neuro Injury	Ice Hockey W/Neuro Injury Excluded	Lacrosse W/ Limited Neuro Injury	Lacrosse W/Neuro Injury Excluded
12 yrs.	\$137.00	\$126.00	\$157.00	\$148.00	\$196.00	\$183.00	\$193.00	\$182.00
16 yrs.	\$166.00	\$155.00	\$186.00	\$177.00	\$226.00	\$213.00	\$224.00	\$213.00
18 yrs.	\$166.00	\$155.00	\$243.00	\$234.00	\$283.00	\$270.00	\$280.00	\$269.00
19 & over	N/A	N/A	\$276.00	\$267.00	\$320.00	\$307.00	\$320.00	\$307.00

Team Name	Sport	Exclude Neuro Injury Coverage? <small>Only answer for Class B Sports</small>	Max Age	# of Teams	X	Rate (see above)	=	Premium
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
<b>AMOUNT DUE (add all lines above/attached):</b>							<b>=</b>	<b>\$ B</b>

If the option to include limited coverage for neurodegenerative injury coverage is selected, coverage is limited to:

Neurodegenerative Injury Limit / Aggregate Limit: \$1,000,000 / \$1,000,000

Neurodegenerative Injury Supplementary Payments / Aggregate: \$1,000,000 / \$1,000,000

## F. DAY CAMPS/CLINICS

Please complete this section for any day camps/clinics you may have for those sports reported in Section E and/or F. Please use the other side of this form or attach another sheet if additional space is needed. For additional insured requests, please complete the attached Certificate of Insurance Request Form.

Rates (per individual/participant)	
Max age	Rate (per participant/per day)
18 yrs	\$ 2.14
19 & Over	N/A

Name of Camp/Clinic and Location	Sport(s)	Dates of Camp/Clinic	Hours of Camp/Clinic	Max Age	# of Part.	X	# of Days	X	Rate (see above)	=	Premium
						X		X		=	\$
						X		X		=	\$
						X		X		=	\$
						X		X		=	\$
						X		X		=	\$
						X		X		=	\$
						X		X		=	\$
						X		X		=	\$
						X		X		=	\$
						X		X		=	\$
						X		X		=	\$
AMOUNT DUE (add all lines above/attached):										=	\$ C

## G. TOTAL COST SUMMARY

Swimming; Track & Field; Tennis; Golf; and Wrestling	\$	A
Basketball; Baseball; Softball; Volleyball; Soccer; Street, Field, Floor and Roller Hockey; Ice Hockey; and Lacrosse	\$	B
Day Camps/Clinics Cost	\$	C
<b>Total Cost Due</b> (add A + B + C = D)	\$	D

## IMPORTANT. PLEASE READ.

### Surplus Lines Disclosure

The commercial general liability insurance policy is being placed in your home state as surplus lines coverage under the Nonadmitted Insurance Model Act. The insurer with which such policy is placed is not licensed in your home state and is not subject to its supervision. The insurer is an eligible Surplus Lines Insurer. Policies placed with eligible surplus lines insurers are not subject to the rate and form review of any Insurance Department and there is no protection afforded under the provision of any state insurance guaranty association for this policy.

Premium figures do not include surplus lines taxes and fees.

Please see the Member Certificate issued to you for important notices related to surplus lines insurance required by your home state and the exact amount of the applicable surplus lines taxes and fees.

The insurance company is rated A(Excellent) by AM Best Company with financial size category of XV (\$2 Billion or Greater)

## IMPORTANT INFORMATION

**PLEASE READ, COMPLETE #9 BELOW (if you do not wish to receive documents via email), AND SIGN ON PAGE 8**

### Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) 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.

K&K Insurance Group (K&K), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through K&K, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by faxing, emailing, or by mailing a written notice to: K&K Insurance; P.O. Box 2338, Fort Wayne, IN 46801-2338.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time by faxing, emailing, or mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at [www.kandkinsurance.com](http://www.kandkinsurance.com).
9. DOCUMENT DELIVERY. 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.

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: \_\_\_\_\_

### AGENTS:

Please complete the information below.

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 represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by K&K, I will provide K&K with reasonably satisfactory evidence of all of the above mentioned items.

I understand there are no commissions included in this program unless purchased online at [www.nrpainsurance.com](http://www.nrpainsurance.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.

Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FRAUD WARNING

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.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** 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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** 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 THAT 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.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO MAINE APPLICANTS:** 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 OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

## FRAUD WARNING (continued)

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

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAYBE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.



**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](mailto: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 an "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.

**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.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my book 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. We reserve 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 and that this policy is 100% non-refundable/non-transferrable once coverage begins.**

**Applicant business name** (from page 1): \_\_\_\_\_

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

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

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

**AGENTS: YOU MUST CONTINUE TO NEXT PAGE AND COMPLETE AGENT WARRANTY SECTION**  
**Enrollments cannot be accepted unless this section is completed**



## FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

(Certain operations are not eligible for coverage by this program and submissions with a premium of \$25,000 or more are subject to additional underwriting. We reserve the right to decline any request for coverage).

**Step 1:** Name of Applicant (from page 1): \_\_\_\_\_

**Step 2:** Enter Coverage calculation from page 4 - Line D \$ \_\_\_\_\_ (a)

**Step 3:** Calculate Surplus Lines/Stamping Fees – this is based on the Named Insured's state from page 1

NOTE: If your state is not specifically listed, use the last column labeled "All Other States". All states must calculate a surplus lines/stamping fee.

Insured's State	HI	IL	MI	MT	NV	NY	OK	UT	WY	All Other States
Surplus Line Tax	.0468	.035	.025	.0275	.035	.036	.06	.0425	.03	.025
Stamping Fee	N/A	.0004	N/A	N/A	.004	.0015	N/A	.0018	.00175	N/A
<b>FINAL STATE RATE</b>	<b>.0468</b>	<b>.0354</b>	<b>.025</b>	<b>.0275</b>	<b>.039</b>	<b>.0375</b>	<b>.06</b>	<b>.0443</b>	<b>.03175</b>	<b>.025</b>

Premium from Step 2 - \$ \_\_\_\_\_ (a) x **Final State Rate** from chart above \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (b)

**Step 4:** Cost Total (add lines a + b) \$ \_\_\_\_\_

**Step 5:** Select Payment Option

☐ ACH – this option is only available for purchases made 15 days or more prior to the effective date

Proceed to the next page to complete the ACH payment

☐ Mail in Check – make check payable to K&K Insurance Group

K&K Insurance  
NRPA - RPG Program  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

☐ Credit Card

Proceed to the next page to complete the credit card payment

## PAYMENT OPTIONS

Applicant name: \_\_\_\_\_ Effective date: \_\_\_\_\_

NOTE: This program is 100% fully earned at inception. Premium Finance payments cannot be accepted, unless the premium finance company agrees to the 100% fully earned policy.

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

• **E-mail** info@nrpainsurance.com

or

• **Fax** 1-260-459-5105

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 I: 123456789 I:
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.

YOUR NAME  
1234 Main Street  
Anywhere, OH 00000

DATE \_\_\_\_\_ 123

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

0044072324 0000123456789 123

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. CHECK NUMBER

☐ **PAY BY CREDIT CARD:**

• **Fax only** 1-260-459-5105

☐ 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.