



# NRPA-SPONSORED INSTRUCTORS & INTERNS

## Insurance Program and Enrollment Form

This brochure is valid for effective dates from 9/1/25 through 6/30/26

### PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of a U.S.-based instructors, interns, and lifeguards employed or volunteering at various parks and recreational facilities in the U.S.A.

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

The sponsoring organization is not an additional Named Insured under the policy.

**NOTE: Coverage is available in all states, except for applicants in Alaska and Rhode Island.**

### NOTABLE EXCLUSIONS

- Certified athletic trainers
- Coaches (exempt or non-exempt) acting on behalf of a college, school, or any other organized competitive athletic team
- Cryogenic chamber/therapy
- Instruction of the following activities: canoeing, cycling, diving, equestrian, gymnastics, kayaking, martial arts, paintball, rowing, scuba diving, skiing, surfing, wrestling, boxing, motorsports, snowboarding
- Instruction held on or in open water (e.g.: lakes, ponds, oceans)
- Lifeguard operations on open water
- Medical, therapy or health care services
- Mountain climbing (indoor and outdoor man made practice areas)
- Rope training
- Self-employment, volunteer activities outside the scope of defined "business pursuits", conducting of tours abroad, ownership of summer camps and/or overnight camps or similar activities, work at overnight camps and/or similar activities

### ELIGIBLE INDIVIDUALS

Individuals who are eligible for coverage under this policy include:

- Professional and non-professional recreation and park department employees
- Volunteer recreation, park and playground workers
- College students majoring in the field of recreation
- Individual members of NRPA

### EASY WAYS TO ENROLL FOR COVERAGE



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

**OR**

Submit this enrollment form, with payment, to us.



**FAX** 1-260-459-5105



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



**QUESTIONS Call 1-800-722-5676**

#### FOR SERVICE REQUESTS ONLY



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

This program is administered by K&K Insurance Group, Inc.

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

## COVERAGES AND LIMITS

Coverages	Option 1	Option 2
<b>Commercial General Liability (CGL)</b>	<b>Limits</b>	<b>Limits</b>
Each Occurrence Limit	\$ 500,000	\$ 1,000,000
General Aggregate Limit (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 500,000	\$ 1,000,000
Personal and Advertising Injury Limit	\$ 500,000	\$ 1,000,000
Legal Liability to Participants Limit	\$ 500,000	\$ 1,000,000
Professional Liability Limit	\$ 500,000	\$ 1,000,000
Damage to Premises Rented to You Limit (Fire Legal Liability)	\$ 500,000	\$ 1,000,000
Medical Expense Limit (other than participants)	\$ 5,000	\$ 5,000
<b>Cost</b>		
Per Instructor	\$ 106.00	\$ 133.00
Per Student	\$ 62.00	\$ 78.00
Per Lifeguard	\$ 300.00	\$ 375.00

Coverage provided under this program includes:

**Commercial General Liability with Broadening Endorsement** – 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.

**Legal Liability to Participants** – coverage which offers protection against bodily injury liability claims brought by persons participating in activities under the direction of the insured.

**Professional Liability** – provides protection against wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of activities) that occur under the operations of the insured.

## FREQUENTLY ASKED QUESTIONS

### 1. Can I apply for coverage over the phone?

Unfortunately, we are not able to accept your enrollment information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to us via fax or mail.

### 2. What is a general aggregate?

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

### 3. Will I receive a policy after I submit the enrollment form?

No. You will receive a certificate of insurance as proof of coverage. By applying for this insurance, you are applying for membership in the Sports, Leisure

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



# Enrollment Form - NRPA-SPONSORED INSTRUCTORS & INTERNS

Valid for effective dates from 9/1/25 through 6/30/26

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.

## A. YOUR INFORMATION

☐ I am a new account ☐ I am renewing my coverage

Name of sponsoring organization (Note: Sponsor is NOT an Additional Named Insured) \_\_\_\_\_

If no sponsoring organization, please put the name of the individual purchasing this coverage.

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

Address \_\_\_\_\_

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

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

Day telephone (\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

## B. YOUR NRPA MEMBERSHIP INFORMATION - NRPA MEMBERSHIP IS REQUIRED FOR THIS COVERAGE.

(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) \_\_\_\_\_

## C. NAMES OF INSTRUCTORS AND/OR INTERNS

• This is your membership number with NRPA. Please do not use any numbers provided by us

Please provide the full name of each instructor/intern you are seeking to obtain coverage on below and the total cost to be remitted. Should you have more than 8 instructors/interns, please provide information on an additional sheet. No change in name (substitution) may be made once this insurance is in force. NOTE: Each individual instructor/intern must be complete and sign the attached pages 3 through 5 and be remitted with this enrollment form.

Type of Individual	\$500,000 CGL Limit Option	\$1,000,000 CGL Limit Option
Individual	\$106.00 per individual	\$133.00 per individual
Student	\$62.00 per student	\$78.00 per student
Lifeguard	\$300.00 per lifeguard	\$375.00 per lifeguard

\* Rates above do not include the Risk Purchasing Group Fee of \$20.00

Full Name of Instructor/Intern	CGL Limit Needed	Rate (see above)
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
TOTAL PREMIUM (add all lines above/attached)		\$

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)

## 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:** Sponsoring Organization Name (or individual if no sponsoring org) from page 3 \_\_\_\_\_

**Step 2:** Enter Program Premium:

Total Liability premium from page 3 \$ \_\_\_\_\_ (a)

**Step 3:** Calculate Surplus Lines/Stamping Fees – this is based on the Sponsoring Organization’s state from page 3

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	.00175	.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>.06175</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:** Liability Premium Total (add lines a + b) \$ \_\_\_\_\_ (c)

RPG Fee (required fee) \$ 20.00 (d)

**Step 5:** Cost Total (add lines c + d) \$ \_\_\_\_\_

**Step 6:** Select Payment Option

☐ ACH – this option is only available for purchases made 15 days or more prior to the effective date  
Complete the ACH payment on page 8

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

Regular Mail

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

Overnight Mail

K&K Insurance  
NRPA Program  
1690 Broadway, Bldg 19, Ste110  
Fort Wayne, IN 46802

☐ Credit Card

Complete the credit card payment section on page 8

**Step 7:** Proceed to page 8 unless you are a New York or Wyoming Applicant

**New York Applicant** - please see instructions on page 5 on how to complete page 6. Upon completion, proceed to page 8

**Wyoming Applicant** - please see instructions on page 5 on how to complete page 7. Upon completion, proceed to page 8

# NEW YORK and WYOMING APPLICANTS

## Instructions for completing pages 6 and 7

### **NEW YORK APPLICANTS:**

Please complete page 6 and return to us. Coverage cannot be bound without receipt of this completed form.

Step 1: Complete the Named Insured Box. Use the same name and address as completed on page 3.

Step 2: Complete the Named Insured Line. Use the same name as shown above in the Named Insured Box.

Step 3 Enter your policy premium. This can be found on page 4, line a.

Step 4 Enter your State Surplus Lines Tax.

To calculate, enter the amount from page 4, line a below and take that premium times the rate shown.

Enter this amount on the Excess Line Tax line.

$$$.036 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Amount from line a, page 4

Step 5: Enter your State Stamping Fee.

To calculate, enter the amount from page 4, line a below and take that premium times the rate shown.

Enter this amount on the Stamping Fee line.

$$$.0015 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Amount from line a, page 4

Step 6: Enter your Total Policy Cost. Add together the amounts from steps 3 – 5 and enter the total on this line.

Step 7: Sign the form. Please note, this needs to be signed by the insured (contact name on the application).

A broker cannot sign this form.

### **WYOMING APPLICANTS:**

Please complete page 7 and return to us. Coverage cannot be bound without receipt of this completed form.

Step 1: Complete the Named Insured Line. Use the same name as completed on page 3.

Step 2: Complete the Named Insured Line. Use the same name as shown above.

Step 3: Sign, date and provide your title. Please note, this needs to be signed by the insured (contact name on the application). A broker cannot sign this form.

**K&K INSURANCE AGENCY**  
**1690 Broadway, Bldg 19, Ste 110**  
**Fort Wayne, IN 46802**

## NOTICE OF EXCESS LINE PLACEMENT

**Named Insured:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

Consistent with the requirements of the New York Insurance Law and Regulation 41 \_\_\_\_\_  
(Named Insured)

is hereby advised that all or a portion of the required coverages have been placed by K&K INSURANCE AGENCY with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Placements with unauthorized insurers can only be made under one of the following circumstances:

- a) A diligent effort was first made to place the required insurance with companies authorized in New York to write coverages of the kind requested; or
- b) NO diligent effort was required because i) the coverage qualifies as an “Export List” risk, or ii) the insured qualifies as an “Exempt Commercial Purchaser”.

Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Financial Services pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State security fund.

**TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)**

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges(1) and a service fee that includes taxes, stamping fees, and (if indicated) a fee(1) for compensation in addition to commissions received, and other expenses(1).

I further understand and agree that all fees, inspection charges and other expenses denoted by(1) are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

RE: Policy No. TBD Insurer **AIG SPECIALTY INSURANCE COMPANY**

Policy Premium \$\_\_\_\_\_

### Insurer Imposed Charges

Taxable Policy Fees	(1)	\$0.00
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Taxable Inspection Fee	(1)	\$0.00
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### Service Fee Charges

Excess Line Tax (3.60%) \$

Stamping Fee (0.15%) \$\_\_\_\_\_

Broker Fee	(1)	\$0.00
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Inspection Fee	(1)	\$0.00
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Other Expenses (specify) (1)	\$0.00
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Total Policy Cost \$ \_\_\_\_\_

(Signature of Insured)

(1) = Fully earned



# Wyoming Insurance Department

## Surplus Lines Notice to Insured

106 East 6th Avenue  
Cheyenne, WY 82002  
(307) 777-7401

Named Insured: \_\_\_\_\_

Surplus Lines Insurance Company: AIG Specialty Insurance Company

Policy Effective Dates: TBD      Expiration Date: TBD

I, \_\_\_\_\_, hereby affirm that, prior to placement of the above-referenced insurance  
(Named Insured)  
coverage with a surplus lines insurer I have been advised that:

- (i) The insurer with which the surplus lines broker places the insurance is not license by this state and is not subject to its supervision; and
- (ii) In the event of the insolvency of the surplus lines insurer, losses will not be paid by the Wyoming Insurance Guaranty Association.

I further understand that the policy forms, conditions, premium and deductibles ussed by surplus lines insurances may be different from those found in policies used by admitted insurance companies.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

As required by Wyo. Stat. § 26-11-109(b), a copy of this form shall be retained by the surplus lines broker.

## PAYMENT OPTIONS

Sponsoring Organization or Individual 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.

\_\_\_\_\_ Date: \_\_\_\_\_

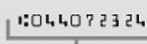


Authorized Signature(s) - (Not required if authorization by phone by K&K)

\_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature(s) - (Not required if authorization by phone by K&K)

### EXPLANATION OF CHECK NUMBERS

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

YOUR NAME 1234 Main Street Anywhere, OH 00000		123
DATE _____		
PAY TO THE ORDER OF _____ \$ _____		
_____ DOLLARS		
 <b>ROUTING</b> 1. NUMBER	 <b>ACCOUNT</b> 2. NUMBER	 <b>CHECK</b> 3. 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](http://Aon.com/FATCA) to obtain appropriate W-9.





# Individual Instructor/Intern Enrollment Form

Valid for effective dates from 9/1/25 through 6/30/26



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.

- TO AVOID PROCESSING DELAYS, PLEASE:**
1. Complete all sections (print legibly)
  2. Sign and date where required
  3. Remit completed enrollment form (pages 9 - 14) for each instructor/intern/lifeguard

## GENERAL INFORMATION

Instructor's name (as it should appear on the policy): \_\_\_\_\_  
First name Last name

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

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

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

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

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

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

Description of duties (please describe): \_\_\_\_\_

Location of duties (please describe): \_\_\_\_\_

Name of employer/municipality: \_\_\_\_\_

CGL Limit desired: ☐ \$500,000 ☐ \$1,000,000 Note: Coverage is 100% fully earned at inception

## 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.

## 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)

## AGENT INFORMATION

## AGENTS:

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

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

## PLEASE READ AND COMPLETE THE BELOW

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

### Consent for Electronic Transactions

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

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

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

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

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

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

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

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

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

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

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

☐ Fax to: \_\_\_\_\_ Attn: \_\_\_\_\_

☐ Mail to: \_\_\_\_\_ Attn: \_\_\_\_\_

### 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.

# 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 MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

## PLEASE READ AND SIGN BELOW

**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 name** (from page 9): \_\_\_\_\_

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

*I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By selecting 'Yes' and typing my name above, I am electronically signing the application and agreeing to the terms and conditions stated in the K&K Consent for Electronic Transactions. I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.* ☐ Yes ☐ No

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

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

**AGENTS: YOU MUST COMPLETE THE AGENT WARRANTY SECTION ON PAGE 10**