



NRPA-SPONSORED FOOTBALL

Insurance Program and Enrollment Form

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

Receive coverage immediately by purchasing online at www.nrpainsurance.com

PROGRAM DESCRIPTION

This program has been designed for U.S.-based NRPA members with youth tackle, flag, and touch football teams. Coverage provided includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. For eligible sports and age groups reported to us, covered operations consist of your scheduled, sanctioned, approved, organized and supervised practices, try-outs, clinics, games, playoffs and tournaments in which you participate or host. Coverage is also provided for your registrations, meetings, concession stand operations, parades (in which you participate), picnics, award banquets and ceremonies and incidental fund-raising activities involving the sale of products, coupons, raffle tickets and services, such as: car washes, bake sales and coin drops, for those sports and age groups reported to us.

Coverage is also extended to cheerleaders during practices and games, while acting in their official capacity for the football teams.

NOTE:

- Membership to NRPA is mandatory.
- Coverage is available in all states, except for Alaska and Rhode Island applicants.
- Sexual Misconduct Liability Available - Online purchase only
- Camps & Clinics Coverage Available - Online purchase only
- It is recommended that a Release of Liability and Waiver be signed by each participant and parent/guardian and maintained by the applicant team/league.

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

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.

EXCLUSIONS

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

- 24-hour premises liability
- Sexual Abuse or Sexual Molestation (unless reported to, approved by us, and appropriate premium paid)
- All operations listed as ineligible
- Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Babysitting/child care services
- Carnivals/festivals
- Communicable disease
- Concerts
- Cryogenic chambers/therapy
- Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments)
- Events where alcoholic beverages are furnished
- or served by you, your employees or your "volunteer workers"
- Fireworks
- Haunted attractions
- Non-rostered\ participants at tournaments hosted by the insured
- Operation, ownership or management of any athletic facility or field, other than while being used for covered activities
- Outside concessionaires and vendors in conjunction with your organization
- Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)
- Sports events/activities involving participants in sports other than those reported and for whom a premium has been paid
- Transportation of participants

EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at 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

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

COVERAGES AND LIMITS

Coverage provided under this program includes:

Commercial General Liability (CGL) with Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damages arising out of premises, operations, products and completed operations and personal and advertising injury.

Professional Liability – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the sports activity.

Legal Liability to Participants (LLP) – coverage which offers protection against bodily injury liability claims brought by persons participating in covered sports activities.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your covered sports activities. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$250 deductible applies to each claim and the benefit period is two years from the date of the accident.

Hired Auto and Non-Owned Auto Liability – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired, leased, rented, or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to the use of multi-passenger vehicles (designed to carry 9 or more persons), or to those vehicles that are rented, hired or borrowed on a long-term basis.

Commercial General Liability (CGL):	Option 1	Option 2
Each Occurrence Limit	\$ 1,000,000	\$ 2,000,000
General Aggregate Limit (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury Limit	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You Limit (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense Limit (other than participants)	\$ 5,000	\$ 5,000
Hired Auto Liability Limit	\$ 1,000,000	\$ 2,000,000
Non-Owned Auto Liability Limit	\$ 1,000,000	\$ 2,000,000
Professional Liability Limit	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants Limit (LLP)	\$ 1,000,000	\$ 2,000,000
Medical Payments for Participants (excess) \$100 per claim deductible applies	\$ 250,000	\$ 250,000
Neurodegenerative Injury limit/Aggregate limit	\$ 1,000,000 / \$ 1,000,000	\$ 1,000,000 / \$ 1,000,000
Neurodegenerative Injury Supplementary Payments limit/Aggregate limit	\$ 1,000,000 / \$ 1,000,000	\$ 1,000,000 / \$ 1,000,000

LIMITED NEURODEGENERATIVE INJURY COVERAGE - “Neurodegenerative injury” means any brain injury, neurological injury, disease, condition or dysfunction, including, but not limited to, Alzheimer’s disease, Parkinson’s disease, amyotrophic lateral sclerosis (ALS), mild traumatic brain injury, repetitive brain trauma, chronic traumatic encephalopathy (CTE), dementia, cognitive injury or disorder, memory loss, anxiety disorder, mood disorder, depression, sleeplessness, impulse control problems, headaches or single or repetitive concussive or sub-concussive injury or trauma.

RATES - YOUTH FOOTBALL TEAM/LEAGUE PROGRAM

TACKLE FOOTBALL

OPTION #1 - \$1,000,000 Limit - Commercial General Liability (Per Occurrence)/\$250,000 Medical Payments for Participants

Tackle Football - Team Rates With Limited Neuro Injury Coverage	
Maximum Age	Combined Rate
12 years	\$ 376.00
15 years	\$ 483.00
16 years	\$ 649.00
17 years	N/A
18 years	N/A
Above charges are per team	

Tackle Football - Team Rates Neuro Injury Excluded	
Maximum Age	Combined Rate
12 years	\$ 358.00
15 years	\$ 465.00
16 years	\$ 631.00
17 years	N/A
18 years	N/A
Above charges are per team	

OPTION #2 - \$2,000,000 Limit - Commercial General Liability (Per Occurrence)/\$250,000 Medical Payments for Participants

Tackle Football - Team Rates With Limited Neuro Injury Coverage	
Maximum Age	Combined Rate
12 years	\$ 430.00
15 years	\$ 537.00
16 years	\$ 703.00
17 years	N/A
18 years	N/A
Above charges are per team	

Tackle Football - Team Rates Neuro Injury Excluded	
Maximum Age	Combined Rate
12 years	\$ 403.00
15 years	\$ 510.00
16 years	\$ 676.00
17 years	N/A
18 years	N/A
Above charges are per team	

FLAG/TOUCH FOOTBALL

OPTION #1 - \$1,000,000 Limit - Commercial General Liability (Per Occurrence)/\$250,000 Medical Payments for Participants

Flag/Touch Football - Team Rates	
Maximum Age	Combined Rate
12 years	\$ 93.00
15 years	\$ 116.00
16 years	\$ 176.00
17 years	\$ 176.00
18 years	\$ 176.00
Above charges are per team	

OPTION #2 - \$2,000,000 Limit - Commercial General Liability (Per Occurrence)/\$250,000 Medical Payments for Participants

Flag/Touch Football - Team Rates	
Maximum Age	Combined Rate
12 years	\$ 109.00
15 years	\$ 132.00
16 years	\$ 192.00
17 years	\$ 192.00
18 years	\$192.00
Above charges are per team	

FREQUENTLY ASKED QUESTIONS

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

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

2. When should we make our coverage effective?

The effective date is the date you need your insurance to start. For many, this is the first day that your organization has try outs or practices. If you are renewing coverage with us, use the expiration date of your existing coverage. Coverage will be in effect for one year.

3. Our organization has not had try outs and we are not sure how many teams we will have for each sport and age group, how should I report my number of teams?

You will need to report the maximum number of teams for each age group and sport according to your projected rosters. You may add additional teams at any time by contacting us.

4. Does this coverage follow the teams where ever they go to practice or play?

Coverage will follow the reported teams as long as they are participating in covered, sponsored and/or supervised activities of the insured including tournaments hosted by other organizations. Coverage does not apply to the transportation of participants.

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

No. You will receive a certificate of insurance as proof of coverage. By applying for this insurance, you are applying for membership in the Sports, Leisure and Entertainment Risk Purchasing Group (RPG), a group formed and operating pursuant to the Liability Risk

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

6. Do I have coverage for virtual training?

Coverage does extend to incidental virtual training provided by you (the named insured) to your clients/members. The policy is intended to extend bodily injury coverage for training available to your clients/members only (through a private platform such as a password protected website or a closed Facebook group) - Coverage does not extend to any training material that is accessible to the general public.

Reasonable precautions should be taken when assessing potential new clients/members online, including but not limited to: health assessments, waivers/release forms, and interviews prior to instruction or training. We encourage you to consult with an attorney to consider special waiver/release agreements that will apply specifically to virtual training.

Virtual training/instruction does not extend to any training/instruction that includes gymnastic apparatuses, tumbling, or stunting (including pyramids), or in-water activities. We do not provide coverage for cyber liability, so if you are taking payment or collecting personal information online and it is compromised, there would be no coverage under the general liability policy.



APPLICATION FOR NRPA-SPONSORED FOOTBALL

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

Name of your league, conference, team(s) _____

Date of season _____ Approx. number of football players _____ Approx. number of cheerleaders _____

Number of coaches _____ By what organization do you operate? _____

Name of official to whom insurance certificates are to be sent _____

Contact person _____

Address _____

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

City _____ State _____ Zip _____

Email _____ Day telephone (____) _____ Fax (____) _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 9 - Consent for Electronic Transactions)

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.

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

D. TEAM INFORMATION

Please complete the rating and underwriting information below. All teams in an insured League, Conference, or Association must be reported and covered. Please use the other side of this form or attach another sheet if additional space is needed. For additional insured requests, please complete the Certificate Request Section.

NOTE:

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

Rates (per team)						
Max Age	Option 1 \$1,000,000 Commercial General Liability Incl. \$250,000 of Medical Payment for Participants			Option 2 \$2,000,000 Commercial General Liability Incl. \$250,000 of Medical Payment for Participants		
	Flag/Touch Football	Tackle Football		Flag/Touch Football	Tackle Football	
		w/Limited Neuro Injury Coverage	w/Neuro Injury Excluded		w/Limited Neuro Injury Coverage	w/Neuro Injury Excluded
12 yrs	\$ 93	\$376	\$358	\$109	\$430	\$403
15 yrs	\$116	\$483	\$465	\$132	\$537	\$510
16 yrs	\$176	\$649	\$631	\$192	\$703	\$676
17 yrs	\$176	N/A	N/A	\$192	N/A	N/A
18 yrs	\$176	N/A	N/A	\$192	N/A	N/A

- How many teams do you have? _____
- ☐ Check here if you are opting to exclude all neurodegenerative injury coverage for tackle football. Please make sure that you are using the accurate rates above. Do not check if you want to include neurodegenerative coverage.
- Calculate total cost

# of Teams	Team Name	Sport Type	Max Age	Limit of Liability Needed	Rate Per Team (see above)
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
TOTAL COST DUE (add all lines above/attached)					\$

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

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

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

2. This certificate is for: ☐ General Liability Coverage ☐ Equipment & Contents/Inland Marine Coverage (if applicable)
☐ Hosted Tournament Coverage ☐ Premises Liability for Sports Fields Coverage

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

☐ Owner/manager/lessor of premises (facility or venue) ☐ Sponsor ☐ Co-promoter

☐ Lessor of equipment/contents (liability) ☐ Loss Payee (equipment/contents)

☐ Other (please identify/explain): _____

☐ Sports Governing Body

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

4. Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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

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

☐ Other (please explain): _____

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

If applicable:

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

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

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

Location of event/activity: _____

7. For Loss Payee: Type of equipment (please describe): _____

Replacement cost value: _____

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

The following notable exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability; Sexual abuse or sexual molestation (unless reported to, approved by us, and appropriate premium paid); Access or disclosure of confidential or personal information and data-related liability – with limited bodily injury exception; Asbestos and silicosis; Babysitting/child care services; Cannabis; Carnivals/festivals; Certain computer-related losses; Collegiate summer teams/leagues/associations; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; Cryogenic chambers/therapy; Employment-related practices; ERISA; Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments); Events where alcoholic beverages are furnished or served by you, your employees or your "volunteer workers"; Fireworks; Fungus; Non-rostered participants at tournaments hosted by the enrolled member; Intercollegiate & Interscholastic teams, leagues and associations; Lead; Nuclear energy; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires/vendors in conjunction with your organization; Perfluoroalkyl and polyfluoroalkyl substances (PFAS); Professional/semi-professional athletes, teams and leagues; Radioactive matter; Specified recreational vehicles and activities: Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any device or equipment a person rides for enjoyment, including, but not limited to, any mechanical or non-mechanical ride, slide, water slide (including any ski or tow when used in connection with a water slide), moonwalk or moon bounce, bungee operation or equipment or inflatable recreational device. Amusement device also includes any vertical device or equipment used for climbing—either permanently affixed or temporarily erected. Amusement device does not include any video arcade or computer game or any device that is specifically designed for the training or instruction of the activity for which you are enrolled; Concerts; Dunk tanks; Haunted attraction; Animals (injury or death to any animal or injury death, or property damage caused by any animal owned, rented, or hired by you); Performer; Rodeo; Saddle animal; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Total pollution; Transportation of athletes/participants (Bodily injury to participants while in a hired auto or non-owned auto); Use of multi-passenger vehicles; Participants in: Box lacrosse, Broomball, Diving, Dodgeball, Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed), Judo, Karate, Lacrosse, Martial arts, Powerlifting, Ringette, Roller hockey (inline), Speed skating (ice), Taekwondo, Takraw, Water hockey, Water polo, Weightlifting, Wrestling; Adventure races, Aerobic exercise, Bandy, Biathlon, BMX/stunt cycling, Boating activities/sports, Bobsled, Body boarding, Boxing, Canoe, Cheerleading (age 19 & over), Climbing, Cycling, Duathlon, Equestrian, Hammer throw, Hang gliding, Hostelling, Inline (extreme/stunt/aggressive/free-style) skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Mixed martial arts; Modern pentathlon, Mountain biking and/or hiking, Mountain boarding, Open water fishing, Open water activities/sports, Orienteering, Outrigging, Paintball, Parachute, Parasailing, Polo (horse), Rafting, Rodeo, Roller derby, Rowing/Crew, Rugby, Sailing, Scuba diving, Shooting sports and/or hunting, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled/crew dog racing, Snorkeling, Snow boarding, Snow surfing, Soccer/Futsal, Sports parachuting, Streetball, Surfing (including boogie boards), Tackle and contact football (age 17 & over), Trampoline, Trapeze, Tritathlon, Unicycling, Wake boarding, Wind surfing, Wrestling (professional), Yachting

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

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)

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)

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: _____

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.

AGENTS:

YOU MUST COMPLETE THIS SECTION to be recognized as the broker on this account.

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 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: _____

Compensation and Other Disclosure Information

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

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

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

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

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each a "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member. If you or any Client Group Member asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

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

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 and that this policy is 100% non-refundable/non-transferrable once coverage begins.

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/event name (from page 5): _____

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

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

By selecting 'Yes' and typing my name above, I am electronically signing the application and agreeing to the terms and conditions stated in the K&K Consent for Electronic Transactions. I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. ☐ Yes ☐ No

Printed name: _____ **Title:** _____

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

AGENTS: Make sure you have complete the agent section on page 11

FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

Certain operations may not be eligible for coverage under 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 5): _____

Step 2: Enter Program Cost: \$ _____ (a)
Coverage calculation (from page 6):

Step 3: Round the total in Step 2 (a) to the nearest dollar (\$0.50 and above = round up; \$0.49 and below = round down) \$ _____ (b)

Step 4: Calculate Surplus Lines/Stamping Fees – this is based on the Named Insured's state from page 5

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
FINAL STATE RATE	.0468	.0354	.025	.0275	.039	.0375	.06175	.0443	.03175	.025

Premium from Step 3 - \$ _____ (b) x **Final State Rate** from chart above \$ _____ = \$ _____ (c)

Step 5: Cost Total (add lines b + c) \$ _____ (d)

Step 6: RPG Fee (required fee) \$20 x _____ = \$ _____ (e)
Number of teams from page 6

Step 7: Cost Total (add lines d + e) \$ _____

Step 8: 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 section on page 17

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

Regular Mail

Overnight Mail

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

K&K Insurance
NRPA - RPG Program
1690 Broadway, Bldg 19, Ste 110
Fort Wayne, IN 46802

☐ Credit Card

Complete the credit card payment section on page 17

Step 9: Proceed to page 17 unless you are a New York or Wyoming Applicant

New York Applicant - please see instructions on page 14 on how to complete page 15. Upon completion, proceed to page 17

Wyoming Applicant - please see instructions on page 14 on how to complete page 16. Upon completion, proceed to page 17

NEW YORK and WYOMING APPLICANTS

Instructions for completing pages 15 and 16

NEW YORK APPLICANTS:

Please complete page 15 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 5.

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 13, line b.

Step 4 Enter your State Surplus Lines Tax.

To calculate, enter the amount from page 13, line b 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 b, page 13

Step 5: Enter your State Stamping Fee.

To calculate, enter the amount from page 13, line b 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 b, page 13

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 16 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 5.

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
---------------------	-----	--------

Taxable Inspection Fee	(1)	\$0.00
------------------------	-----	--------

Service Fee Charges

Excess Line Tax (3.60%) \$

Stamping Fee (0.15%) \$_____

Broker Fee	(1)	\$0.00
------------	-----	--------

Inspection Fee	(1)	\$0.00
----------------	-----	--------

Other Expenses (specify) (1)	\$0.00
------------------------------	--------

Total Policy Cost \$

(Signature of Insured)

(1) = Fully earned



Wyoming Insurance Department

Surplus Lines Notice to Insured

106 East 6th Avenue
Cheyenne, WY 820002
(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

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.

_____ 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 1: 123456789 1:
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.

The diagram shows a check with the following fields:

- YOUR NAME
1234 Main Street
Anywhere, OH 00000
- DATE _____
- PAY TO THE ORDER OF _____ \$ _____
- _____ DOLLARS
- ROUTING NUMBER: 044072324
- ACCOUNT NUMBER: 000123456789
- CHECK NUMBER: 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.