

PROGRAM DESCRIPTION

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

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

INELIGIBLE OPERATIONS

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

- Alcoholic beverages-selling or furnishing
- Animals
- Auto parts (mechanical)
- Body piercing or permanent tattooing
- Christmas tree retail lots
- Contractors (lighting, stage, sound, etc.)
- Cryogenic chambers/therapy
- E-commerce selling
- Fire safety equipment
- Fireworks sales & displays
- Haunted attractions
- Hot wax impressions
- Leasing/rental operations
- Mazes (corn, hay, fence)
- Medical testing
- Motorsports activities
- Nutritional or health supplements (selling)
- On-site installation, service or repair of products
- On-site equipment sales & rental
- Oxygen or aromatherapy bars
- Paintball equipment/accessories
- Photographers (unless for a single event home-based photographer)
- Protective equipment or apparel
- Storefront operations
- Tobacco products (including e-cigarettes/vapor products)
- Toys (for ages 4 and under)
- Unmanned aircraft systems (e.g.: drones, RC aircrafts)
- Vehicles in motion
- Watercraft exhibits on water
- Weapon sales
- Weight loss plans or products (selling)
- Wholesale business operations

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

ELIGIBLE OPERATIONS

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

EASY WAYS TO ENROLL FOR COVERAGE



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

OR

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



FAX 1-260-459-5502



MAIL

Regular:	Overnight:
K&K Insurance	K&K Insurance
Event RPG	Event RPG
P.O. Box 2338	1712 Magnavox Way
Fort Wayne, IN 46801-2338	Fort Wayne, IN 46804



QUESTIONS Call **1-800-328-2317**

FOR SERVICE REQUESTS ONLY



E-MAIL info@eventinsurance-kk.com

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- that are not designed to bounce on, slide on, ride on or tunnel through)
- Employment-related practices
- All operations listed as ineligible
- Animals (injury or death to any animal or injury, death, or property damage caused by your animal)
- Fireworks
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks-does not apply to structures
- Asbestos
- Fungi or bacteria
- Lead
- Nuclear energy liability

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability (CGL):	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Premiums (based on single unit or 100 sq. ft. space) See page 5 for additional options for multiple units or space exceeding 100 sq. ft.					
Single event coverage (event must be one month or less)	\$ 158.00	\$ 237.00	\$ 487.00	\$ 737.00	\$ 987.00
3 consecutive months coverage	\$ 395.00	\$ 593.00	\$ 843.00	\$ 1,093.00	\$ 1,343.00
6 consecutive months coverage	\$ 628.00	\$ 942.00	\$ 1,192.00	\$ 1,442.00	\$ 1,692.00
Annual Coverage	\$ 1,078.00	\$ 1,617.00	\$ 1,887.00	\$ 2,137.00	\$ 2,387.00

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.

OPTIONAL COVERAGE AVAILABLE

Equipment and Contents Coverage (Inland Marine)

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

Coverage Conditions:

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

Rates			
Total Value per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$.03	\$ 250	\$ 100.00
\$ 10,001 - \$100,000	\$.026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$.026	\$ 2,500	\$ 100.00

FREQUENTLY ASKED QUESTIONS

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

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

2. When should we make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing annual coverage with us, use the expiration date of your coverage. Coverage will be in effect for the time period selected.

3. Can I apply for coverage over the phone?

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

4. What is a general aggregate?

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

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

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are the landlord or sponsor. By providing an entity additional insured status, they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

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

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

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

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

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

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

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

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

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

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

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

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804.



Enrollment Form - Concessionaires, Exhibitors & Vendors

Valid for effective dates from 2/1/17 through 1/31/18

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG 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. We reserve the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE: 1. Complete all sections (print legibly) 2. Sign and date where required 3. Remit completed enrollment form (pages 4-10) with payment

GENERAL INFORMATION

I am a new account I am renewing my coverage

Full legal name of business: _____

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a: Sole Proprietorship Limited Liability Co. Corporation Partnership
 Other (describe): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy).

Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION

1. Check all that apply regarding your type of operations:

- Selling products/services - Describe product/service: _____
- Distribution of literature and/or display only
Describe product/service being displayed/information being provided: _____

2. Are all of the event operations to be insured located within the United States? Yes No

3. Please select the coverage period desired: Single event 3 Months 6 Months Annual

a. If seeking annual coverage, do you own/operate/manage a storefront/brick and mortar business Yes No
or have a long term lease at a single location for your operations?

(Storefront/brick and mortar operations or those with long term leases are not eligible for annual coverage. Coverage is only available for a single event (lasting one month or less), 3 months or 6 months policy periods for those exposures that occur away from any of your owned or long-term leased premises.)

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

- Customers can walk up to your booth, exhibit, tent, trailer, etc.
Examples:
 - You are a food trailer and customers walk up to your window to obtain their food and they walk away. You do not provide seating
 - You are a game trailer and you open up the side of the trailer and customers play a game while standing outside of your trailer
 a. Provide your # of units (e.g.: trailer, push cart, table): _____
- Customers are able to walk in, through and around your booth, exhibit, tent, trailer, etc.
Examples:
 - You are a food vendor that also provides seating for your customers
 - You are a game trailer and customers enter your trailer to play games
 a. Provide your total square footage: _____
- Micro reality race tracks a. Provide # of your tracks: _____
- Home-based wedding vendor. Available only for a single event coverage period - use 1 unit rating

NOTE: This commercial general liability coverage applies only while you are operating as a concessionaire, exhibitor or vendor. This program does not provide commercial automobile coverage.

BUSINESS INFORMATION CONT.

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

Name of event: _____

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

Date(s) of event: (including set-up/tear-down): _____ / _____ / _____ to _____ / _____ / _____

Location of event (Venue name): _____

Street address: _____ City: _____ State: _____ Zip: _____

NOTE: This coverage only applies to a single event and the single event cannot exceed one month

DOCUMENT DELIVERY

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

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

Fax to: _____ attn: _____

Mail to: _____ attn: _____

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

Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.

This certificate is for our: Program coverage (commercial general liability) Equipment and contents coverage

Check the type of certificate you are requesting: Additional insured Evidence of coverage Loss payee

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter Event organizer

Franchisor Lessor of equipment and contents

Other (please identify/explain): _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.**)

Form CG2026 Primary endorsement Waiver of subrogation

Other (please explain): _____

Date certificate needed by: _____ / _____ / _____

If applicable:

For specific event:

Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

For equipment and contents/loss payee:

Type of equipment (please describe): _____

Limit: _____

CERTIFICATE REQUESTS

PROGRAM PREMIUM CALCULATION

Please check the coverage period and premium that is applicable.

OPTION 1 - \$1,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 – 300 Sq. Ft.	4 Units or 301 – 400 Sq. Ft.	5 Units or 401 – 500 Sq. Ft.	6 Units or 501 – 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 158.00	<input type="radio"/> \$ 237.00	<input type="radio"/> \$ 277.00	<input type="radio"/> \$ 317.00	<input type="radio"/> \$ 357.00	<input type="radio"/> \$ 397.00
3 Months	<input type="radio"/> \$ 395.00	<input type="radio"/> \$ 593.00	<input type="radio"/> \$ 692.00	<input type="radio"/> \$ 791.00	<input type="radio"/> \$ 890.00	<input type="radio"/> \$ 989.00
6 Months	<input type="radio"/> \$ 628.00	<input type="radio"/> \$ 942.00	<input type="radio"/> \$1,099.00	<input type="radio"/> \$1,256.00	<input type="radio"/> \$1,413.00	<input type="radio"/> \$1,570.00
Annual	<input type="radio"/> \$1,078.00	<input type="radio"/> \$1,617.00	<input type="radio"/> \$1,887.00	<input type="radio"/> \$2,157.00	<input type="radio"/> \$2,427.00	<input type="radio"/> \$2,697.00
OPTION 2 - \$2,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 – 300 Sq. Ft.	4 Units or 301 – 400 Sq. Ft.	5 Units or 401 – 500 Sq. Ft.	6 Units or 501 – 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 237.00	<input type="radio"/> \$ 356.00	<input type="radio"/> \$ 416.00	<input type="radio"/> \$476.00	<input type="radio"/> \$ 536.00	<input type="radio"/> \$ 596.00
3 Months	<input type="radio"/> \$ 593.00	<input type="radio"/> \$ 890.00	<input type="radio"/> \$1,039.00	<input type="radio"/> \$1,188.00	<input type="radio"/> \$1,337.00	<input type="radio"/> \$1,486.00
6 Months	<input type="radio"/> \$ 942.00	<input type="radio"/> \$1,413.00	<input type="radio"/> \$1,649.00	<input type="radio"/> \$1,885.00	<input type="radio"/> \$2,121.00	<input type="radio"/> \$2,357.00
Annual	<input type="radio"/> \$1,617.00	<input type="radio"/> \$2,426.00	<input type="radio"/> \$2,831.00	<input type="radio"/> \$3,236.00	<input type="radio"/> \$3,641.00	<input type="radio"/> \$4,046.00
OPTION 3 - \$3,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 – 300 Sq. Ft.	4 Units or 301 – 400 Sq. Ft.	5 Units or 401 – 500 Sq. Ft.	6 Units or 501 – 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 487.00	<input type="radio"/> \$ 606.00	<input type="radio"/> \$ 666.00	<input type="radio"/> \$ 726.00	<input type="radio"/> \$ 786.00	<input type="radio"/> \$ 846.00
3 Months	<input type="radio"/> \$ 843.00	<input type="radio"/> \$1,140.00	<input type="radio"/> \$1,289.00	<input type="radio"/> \$1,438.00	<input type="radio"/> \$1,587.00	<input type="radio"/> \$1,736.00
6 Months	<input type="radio"/> \$1,192.00	<input type="radio"/> \$1,663.00	<input type="radio"/> \$1,924.00	<input type="radio"/> \$2,199.00	<input type="radio"/> \$2,474.00	<input type="radio"/> \$2,749.00
Annual	<input type="radio"/> \$1,887.00	<input type="radio"/> \$2,830.00	<input type="radio"/> \$3,303.00	<input type="radio"/> \$3,776.00	<input type="radio"/> \$4,249.00	<input type="radio"/> \$4,722.00
OPTION 4 - \$4,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 – 300 Sq. Ft.	4 Units or 301 – 400 Sq. Ft.	5 Units or 401 – 500 Sq. Ft.	6 Units or 501 – 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 737.00	<input type="radio"/> \$ 856.00	<input type="radio"/> \$ 916.00	<input type="radio"/> \$ 976.00	<input type="radio"/> \$1,036.00	<input type="radio"/> \$1,096.00
3 Months	<input type="radio"/> \$1,093.00	<input type="radio"/> \$1,390.00	<input type="radio"/> \$1,539.00	<input type="radio"/> \$1,688.00	<input type="radio"/> \$1,837.00	<input type="radio"/> \$1,986.00
6 Months	<input type="radio"/> \$1,442.00	<input type="radio"/> \$1,913.00	<input type="radio"/> \$2,174.00	<input type="radio"/> \$2,449.00	<input type="radio"/> \$2,724.00	<input type="radio"/> \$2,999.00
Annual	<input type="radio"/> \$2,137.00	<input type="radio"/> \$3,080.00	<input type="radio"/> \$3,585.00	<input type="radio"/> \$4,098.00	<input type="radio"/> \$4,611.00	<input type="radio"/> \$5,124.00
OPTION 5 - \$5,000,000 Commercial General Liability Limit						
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 – 300 Sq. Ft.	4 Units or 301 – 400 Sq. Ft.	5 Units or 401 – 500 Sq. Ft.	6 Units or 501 – 600 Sq. Ft.
Single Event	<input type="radio"/> \$ 987.00	<input type="radio"/> \$1,106.00	<input type="radio"/> \$1,166.00	<input type="radio"/> \$1,226.00	<input type="radio"/> \$1,286.00	<input type="radio"/> \$1,346.00
3 Months	<input type="radio"/> \$1,343.00	<input type="radio"/> \$1,640.00	<input type="radio"/> \$1,789.00	<input type="radio"/> \$1,938.00	<input type="radio"/> \$2,087.00	<input type="radio"/> \$2,236.00
6 Months	<input type="radio"/> \$1,692.00	<input type="radio"/> \$2,163.00	<input type="radio"/> \$2,424.00	<input type="radio"/> \$2,699.00	<input type="radio"/> \$2,974.00	<input type="radio"/> \$3,249.00
Annual	<input type="radio"/> \$2,387.00	<input type="radio"/> \$3,330.00	<input type="radio"/> \$3,835.00	<input type="radio"/> \$4,348.00	<input type="radio"/> \$4,879.00	<input type="radio"/> \$5,422.00

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

Optional Equipment and Contents Coverage

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

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

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

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

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

Value

	\$ _____
	\$ _____
	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

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

Total replacement value (add all lines above)

\$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place: Yes No
 a. If yes, please describe: _____
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No
 a. If yes, please describe: _____
4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

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

Optional Equipment and Contents Premium	
<input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)	
$$.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \qquad \qquad \qquad \$ \underline{\hspace{2cm}}$ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Total Replacement Value Equipment and Contents Premium (\$100.00 minimum premium applies) </div>	
<input type="radio"/> My total replacement value is over \$10,000 (\$1,000 deductible applies to values \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)	
$$.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \qquad \qquad \qquad \$ \underline{\hspace{2cm}}$ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Total Replacement Value Equipment and Contents Premium (\$100.00 minimum premium applies) </div>	

TOTAL PREMIUM SUMMARY	Program Premium (Required Coverage)	\$	(A)
	Equipment and Contents Premium (Optional Coverage)	\$	(B)
	Premium Due - Subtotal (add lines A thru B)	\$	

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

AGENTS ONLY	TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM	
	Agency name: _____	
	Agency mailing address: _____	
	City: _____ State: _____ Zip: _____	
	Agent/contact name: _____	
	Agency telephone: (____) _____ Agency fax: (____) _____	
	Agent/contact e-mail address: _____ Tax I.D.: _____	
	<p>Note: There are no commissions included in this program unless purchased online at www.eventinsurance-kk.com. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program</p>	

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

PAYMENT INFORMATION	Step 1: Calculate Final Cost
	Total Premium Due (from above) \$ _____
	Risk Purchasing Administration Fee \$ \$15.00
	(REQUIRED to be able to process enrollment)
	TOTAL COST DUE \$ _____
	Step 2: Select Payment Method. Check one.
	<input type="radio"/> Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____
	<input type="radio"/> Credit Card: For your security, we cannot accept credit card payments via e-mail. Please fax or mail only.
	<input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DISCOVER <input type="radio"/> 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: _____	

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO 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 Agencies.

Applicable in FL and OK Any person 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)*. *Applies in FL Only.

Applicable in KS Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an

insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

The following exclusions are contained in the commercial general liability coverage provided by this program: Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport (the ownership, operation, maintenance, or use of any airfield or airport facility or premises. This exclusion does not apply to concessionaires, exhibitors, or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises); Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment use for climbing- either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos, Commercial general liability standard exclusions (CG 0001 04/13 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Rodeos; Saddle animal; Snowmobile; Violation of statutes that govern emails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Alcoholic beverages-selling or furnishing; Animals, Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots; Contractors (lighting, stage, sound, etc.); Cryogenic chambers/therapy; E-commerce selling; Fire safety equipment; Fireworks sales and displays, Haunted attractions; Hot wax impressions; Leasing/rental operations; Mazes (corn/hay/fence); Medical testing; Motor sports activities; Nutritional or health supplement products (selling); On-site installations, service or repair of products; On-site equipment sales and rental; Oxygen or aromatherapy bars; Paintball equipment/accessories; Photographers (unless for a single event home-based photographer); Protective equipment or apparel; Storefront operations; Tobacco products (including e-cigarettes/vapor products); Toys (for ages 4 and under); Unmanned aircraft systems (e.g.: drones, RC aircraft); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight loss plans or products (selling); Wholesale business operations

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

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. 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. K&K reserves 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. The information I provided on this enrollment form becomes a part of the insurance contract.

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, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received 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 of any alternative quotes presented to the purchaser by the producer, by emailing a written request to warranty@kandkinsurance.com.

In addition, premiums paid by clients to K&K for remittance to insurers, client refunds and claim payments 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. As a result, K&K may be considered to have an incentive to place your insurance coverages with a particular insurance company. Where K&K participates in contingent commission arrangements with insurance companies, K&K may be entitled to additional commission in the range of 0 to 5% depending upon whether and when specified thresholds are achieved.

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 of your Group Members 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 Corporation, 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 the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

Applicant or agent signature: _____ **Date:** _____
Printed name: _____ **Title:** _____

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

Applicant Business Name (from page 4): _____