

# GAMING

## Eligible Operations:

- Bingo halls
- Card clubs
- Casinos
- Tribal gaming

## Key Underwriting/Qualifying

### Factors (Including but not limited to):

- \$3,500 minimum account premium

## Ineligible for this program:

- Cruising vessels

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Gaming Program
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best

K&K covers gaming risks from bingo halls to casinos through our tailor-made programs. Don't gamble on your insurance coverage; choose K&K to protect your gaming operations and keep the good times rolling.

## Coverages Available & Program Highlights:

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### General Liability

- Written on an Admitted Basis in Most States
- Broadened Coverage Form
- Liquor Liability
- Employee Benefits Liability

### Property

### Boiler and Machinery

### Inland Marine

### Commercial Auto

### Garagekeepers Legal Liability

### Crime

### Excess Liability

### Workers' Compensation (subject to availability)

## Common Associated Exposures:

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- Concessions
- Entertainment
- Hotel/motel
- Gift shops
- Restaurants/lounges
- Valet parking

Insuring the world's fun<sup>®</sup>

### **Contact Information:**

1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

### **Gaming Program**

PHONE: 800.440.5580  
FAX: 260.459.5810

EMAIL:  
KK.VenueGaming@  
kandkinsurance.com

WEBSITE:  
kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

### **Submission Instructions:**

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To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

### **Preliminary Underwriting Information Required:**

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- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of detailed company loss runs and payrolls
- Schedule of activities & special events
- Most current financial statement
- Copies of contracts
- Copy of Gaming Contract (if applicable)

### **Gaming Application(s):**

(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

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#### **K&K Application(s)**

- Gaming Supplemental Questionnaire
- Gaming Business Income Worksheet

#### **ACORD Application(s)**

- Property
- General Liability
- Crime
- Commercial Auto
- Inland Marine
- Umbrella/Excess Liability
- Workers' Compensation

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# GAMING SUPPLEMENTAL APPLICATION

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Location of Premise: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Site Address \_\_\_\_\_

Where are the following coverages placed or being placed?

Workers Compensation Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Excess/Umbrella Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### GENERAL LIABILITY- To be used in conjunction with the ACORD Application

1. Provide description of gaming operation/gaming machines (bingo,slots, etc.): \_\_\_\_\_

Provide square feet of casino/gaming area: \_\_\_\_\_ Provide total payroll for casino/gaming operation: \$ \_\_\_\_\_

Provide gross sales receipts for casino/gaming operations: \$ \_\_\_\_\_ Restaurants: \$ \_\_\_\_\_

Gift shops: \$ \_\_\_\_\_ Hotel/motel: \$ \_\_\_\_\_

2. (Hotels, hospitals and habitational exposures ONLY) Are hard-wired smoke alarms installed in every room?  Yes  No

3. Are certificates of insurance obtained from all sub-contractors and vendors naming our insured as an additional insured?  
 Yes  No

4. Hours of casino operation: \_\_\_\_\_

5. Is the security system monitored?  Yes  No If so, by whom? \_\_\_\_\_

6. Distance to the nearest responding police station? \_\_\_\_\_

7. What is the total number of security staff: \_\_\_\_\_ Number of security staff on duty each shift? \_\_\_\_\_

Number of security staff on duty each shift that are armed? \_\_\_\_\_ Unarmed? \_\_\_\_\_

If armed, what firearm training is required? \_\_\_\_\_

8. Is security contracted?  Yes  No

10. Are background checks run on all employees?  Yes  No If so, to what extent? \_\_\_\_\_

11. Are references required?  Yes  No Are references checked?  Yes  No

### PROPERTY- To be used in conjunction with the ACORD Application ( COVERAGE NOT REQUESTED)

1. Is there a cooking exposure?  Yes  No (If yes, please complete the cooking supplement.)

2. Are there property locations in protection class 7-10?  Yes  No If yes, describe the water source and its location? (Provide information regarding water towers, water wells, fire hydrants, etc.). \_\_\_\_\_

3. What type of access system is available? \_\_\_\_\_

4. Describe the fire department and whether or not it is considered a paid or volunteer fire station. \_\_\_\_\_

5. What is the fire department's response time? \_\_\_\_\_

### LIQUOR LIABILITY (DOES EXPOSURE EXIST? Yes No; COVERAGE NOT REQUESTED)

1. Name of License Holder \_\_\_\_\_ Liquor License # \_\_\_\_\_

2. Have you ever been fined or had your license revoked or suspended?  Yes  No If yes, describe circumstances: \_\_\_\_\_

3. Do all servers receive alcohol awareness training?  Yes  No If yes, describe training: \_\_\_\_\_
4. Are patrons allowed to carry alcoholic beverages onto the premises?  Yes  No
5. Do you stop serving at least one hour prior to closing?  Yes  No
6. Current liquor liability carrier: \_\_\_\_\_
7. Have there been any alcohol related claims in the last five years?  Yes  No If yes, please provide details: \_\_\_\_\_

<b>BASIS</b>	<b>ALCOHOL</b>	<b>FOOD</b>
Sales	\$ _____	\$ _____
Comps. (Gaming)	\$ _____	\$ _____
<b>LIABILITY LIMITS REQUESTED:</b>		\$ _____ per occurrence
		\$ _____ aggregate

**CHILD CARE/DAY CARE (DOES EXPOSURE EXIST?  Yes  No;  COVERAGE NOT REQUESTED)**

1. Describe briefly the type of attention given to minors in the absence of parents: \_\_\_\_\_
2. What is the typical range of ages served in this program? \_\_\_\_\_  
How many of each age grouping are typically involved, when present, at any one time?

	<b>MALE</b>	<b>FEMALE</b>		<b>MALE</b>	<b>FEMALE</b>
Age 1-2	_____	_____	Age 10-12	_____	_____
Age 3-6	_____	_____	Age 13-17	_____	_____
Age 7-9	_____	_____			

3. What is the common ratio of adults to children? \_\_\_\_\_
4. How many adult staff directly supervise the activities? \_\_\_\_\_ Total individuals: \_\_\_\_\_  
At a given time: \_\_\_\_\_
5. What qualifications do you require of adult staff? \_\_\_\_\_
6. Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees - prior to selection?  Yes  No After selection?  Yes  No  
Please attach these policies/procedures or characterize below: \_\_\_\_\_
7. How do children arrive and depart your program/facility? \_\_\_\_\_
8. What system do you use for checking in and out the children as they arrive and depart? \_\_\_\_\_
9. What meals or snacks are provided? \_\_\_\_\_
10. What policies and procedures are in place for investigating an allegation of child sexual abuse by staff? \_\_\_\_\_
11. What adult staff training program(s) do you require and/or provide concerning child sexual abuse prevention? \_\_\_\_\_

**ABUSE & MOLESTATION ( COVERAGE NOT REQUESTED)**

1. Type of facility: \_\_\_\_\_
2. Please check each that describes your current and/or planned operations.
- |   |  |
|---|--|
| <input type="checkbox"/> Day Camp                                 | <input type="checkbox"/> After School Program (on school property) |
| <input type="checkbox"/> Overnight Camp                           | <input type="checkbox"/> Field Trips                               |
| <input type="checkbox"/> Amateur Sports League                    | <input type="checkbox"/> Amateur Sports Team                       |
| <input type="checkbox"/> Transportation of Participating Children | <input type="checkbox"/> One-On-One Training                       |
| <input type="checkbox"/> Other _____                              |  |

3. Identify current hiring practices for paid and volunteer staff: \_\_\_\_\_  
 Are employment applications required for positions?  Yes  No  
 Is prior employment verified for each applicant and recorded in applicant's file?  Yes  No  
 Are references obtained?  Yes  No      Are references checked?  Yes  No  
 Are criminal records checked?  Yes  No  
 Does your employment application include questions regarding prior criminal convictions?  Yes  No  
 Do you advise every applicant that criminal background checks will be performed?  Yes  No
4. Do you discuss the importance of providing a safe environment for the children in your care?  Yes  No
5. Does your orientation include how to recognize the signs of an abused child?  Yes  No
6. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation?  Yes  No
7. Are copies of the procedures provided to each member of your staff?  Yes  No
8. Do you have periodic refresher courses to ensure that your entire staff can recognize the signs of sexual or physical abuse and knows what procedures to follow?  Yes  No
9. Do you periodically review your written procedures to verify that they are up to date?  Yes  No
10. Have you ever had an incident which resulted in an allegation or claim of sexual abuse at your facility?  Yes  No  
 If yes, please explain in detail, including the amount of damages paid to the victim. \_\_\_\_\_  
 \_\_\_\_\_
11. What has been done to prevent such occurrences from happening in the future? \_\_\_\_\_  
 \_\_\_\_\_

**CRIME - To be used in conjunction with the ACORD Application. (  COVERAGE NOT REQUESTED)**

**For limits over \$100,000, contact K&K directly for a separate application.**

1. Identify and describe all safes: \_\_\_\_\_  
 \_\_\_\_\_  
 Provide U.L. grading: \_\_\_\_\_
2. Describe the alarm system installed in/on all safes: \_\_\_\_\_  
 \_\_\_\_\_  
 Provide U.L. Grade: \_\_\_\_\_ Central Station? \_\_\_\_\_ Police Connection? \_\_\_\_\_
3. Identify and describe all vaults: \_\_\_\_\_  
 Provide U.L. Grade: \_\_\_\_\_
4. Describe the alarm system connection to the vaults: \_\_\_\_\_  
 Provide U.L. Grade: \_\_\_\_\_ Central Station? \_\_\_\_\_ Police Connection? \_\_\_\_\_
5. Are surveillance cameras utilized in the vault room or counting room?  Yes  No
6. Describe procedures for opening safes and vaults. \_\_\_\_\_  
 \_\_\_\_\_
7. How many people have access to the counting room? \_\_\_\_\_
8. Describe access controls to the counting room? \_\_\_\_\_  
 \_\_\_\_\_
9. Number of surveillance cameras on the gaming floor: \_\_\_\_\_ Cashier's Area: \_\_\_\_\_  
 How long are videos kept? \_\_\_\_\_ Are they stored:  On-Site  Off-Site
10. Frequency of chips and tokens inventory: \_\_\_\_\_ Frequency of cash count: \_\_\_\_\_
11. How frequently are dealers logs verified and balanced? \_\_\_\_\_
12. Is a supervisor on duty and present during counting?  Yes  No
13. Are purses and packages prohibited from the Counting Room?  Yes  No  
 Are pockets forbidden?  Yes  No
14. Describe procedures for bank deposits to include, transport and average size of deposit: \_\_\_\_\_  
 \_\_\_\_\_  
 Number of messengers: \_\_\_\_\_ Number of Guards: \_\_\_\_\_
15. Is credit extended?  Yes  No Describe credit procedures: \_\_\_\_\_  
 \_\_\_\_\_

16. Are markers safeguarded?  Yes  No Describe: \_\_\_\_\_

Are original markers allowed off-premises?  Yes  No

17. Are employees required to take drug tests?  Yes  No

18. Please describe any other procedures you may have in place to control the theft, disappearance and destruction of moneys and securities: \_\_\_\_\_

**AUTO/GARAGE - To be used in conjunction with the ACORD Application. (  COVERAGE NOT REQUESTED)**

1. What auto controls and/or procedures does the insured have in place to prevent losses from occurring? \_\_\_\_\_

2. Indicate driver assignments to specific vehicles. \_\_\_\_\_

3. Identify all vehicles garaged at home of employees. \_\_\_\_\_

4. Who is authorized to drive vehicles? \_\_\_\_\_

5. Identify all vehicles used to transport employees/guests. Advise as to frequency of use, maximum radius of operation and passenger capacity. \_\_\_\_\_

6. Is shuttle service contracted?  Yes  No

7. Is there a scheduled vehicle maintenance program in existence?  Yes  No

8. Indicate address of all guest or employee parking areas. Indicate if owned or leased. Include area map.  
\_\_\_\_\_  
 Owned  Leased  
\_\_\_\_\_  
 Owned  Leased  
\_\_\_\_\_  
 Owned  Leased  
\_\_\_\_\_  
 Owned  Leased

9. Identify those vehicles which fall under 638 Funds? \_\_\_\_\_

**MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:**

- Copy of your plot plan for all locations as well as a completed Unoccupied/Vacant Building Schedule.
- Copy of written procedures given to staff regarding the recognition/prevention of sexual abuse or molestation.
- Copies of any security contracts or security training manuals given to employees.
- Complete list of drivers, license #, date of birth and the states licensed (MVRs if applicable).
- Copy of vehicle schedule with usage attached.
- Copy of shuttle service contract and certificate of insurance, if applicable.
- Copy of compact agreement. (Tribal Gaming only)
- Copy of five years loss runs, including most current year.
- Most current financial statements.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)



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 CA #0334819

# COOKING SUPPLEMENTAL

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

**Equipment:** Indicate which of the following apply and the number of each:

Ranges \_\_\_\_\_ Ovens \_\_\_\_\_ Deep Fryers \_\_\_\_\_ Grills \_\_\_\_\_ Broilers \_\_\_\_\_ Griddles \_\_\_\_\_

1. Are deep fryers control by 475°F high-limit thermostat?  Yes  No
2. Is the distance between other cooking surfaces and the deep fryer a minimum of 16 inches?  Yes  No
3. Are all combustibile walls greater than 18 inches from the nearest cooking unit?  Yes  No

**Vents, Hoods & Ducts:** Provide the following information; note necessary details in the narrative:

1. Are all cooking units covered by hoods and vents?  Yes  No
2. Are vents protected by filters (not mesh type) or a grease extractor system?  Yes  No  
 If yes, how often are they cleaned? \_\_\_\_\_ By whom? \_\_\_\_\_
3. Are hoods vented to the outside by ducts?  Yes  No
4. Do vents extend into or through roof space or other concealed areas?  Yes  No
5. Are hoods vented at least 18 inches from combustibile material or otherwise suitably protected?  Yes  No
6. Are adequate clean-out openings provided?  Yes  No
7. Is grease build-up noted anywhere on the exhaust system?  Yes  No
8. Is there a contract with a commercial firm to clean and service the exhaust system?  Yes  No
9. Does the cleaning schedule appear adequate?  Yes  No
10. Are wiring and lighting protected from grease build-up?  Yes  No
11. How often is the hood and duct system cleaned? \_\_\_\_\_ By whom? \_\_\_\_\_

**Protection:** Provide the following information; note necessary details in the narrative:

1. Is an automatic extinguishing system provided in the hood and duct?  Yes  No  
 Manufacturer: \_\_\_\_\_
2. Does the system cover all cooking surfaces?  Yes  No
3. Is automatic fuel shut-off provided?  Yes  No
4. Is an accessible means of manual activation of the extinguishing system provided?  Yes  No
5. Are separate temperature high-limit controls provided on the deep fryers?  Yes  No
6. Are proper portable fire extinguisher provided in the kitchen?  Yes  No
7. Is maintenance contract maintained on the extinguishing system? By whom?  Yes  No
8. How often is the extinguishing system serviced? \_\_\_\_\_ By whom? \_\_\_\_\_

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)



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# GAMING BUSINESS INCOME WORKSHEET

Insureds Name \_\_\_\_\_  
 Contacts Name/Title \_\_\_\_\_  
 Location of Premise \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

	COLUMN 1 Year Ending _____	COLUMN 2 Year Ending _____
A. Total Gross Gaming Win	_____	_____
B. Hotel Revenue	_____	_____
C. Restaurant Revenue	_____	_____
D. Gift Shop Revenue	_____	_____
E. Other Revenues (Describe)	_____	_____
F. Total Revenues	_____	_____
G. Non-Contributing Expenses	_____	_____
1. Goods or Supplies In	_____	_____
2. Casino Operations	_____	_____
3. Hotel Operations	_____	_____
4. Restaurant Operations	_____	_____
5. Gift Shop Operations	_____	_____
6. Gaming Tax	_____	_____
7. Contracted Services	_____	_____
8. Ordinary Payroll (Only If Deleted) See Attached Form	_____	_____
9. Cost of Utilities Excess Min.	_____	_____
10. Miscellaneous Expenses	_____	_____
H. Total Deductions	_____	_____
I. Business Income Value (F – H) = 100% limit	_____	_____
J. x _____ Co-Insurance %	_____	_____
K. + Extra Expense Values	_____	_____
Business Income Limit (J + K)	_____	_____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)



# Explanation for Worksheet Question G.8

Business interruption coverage can be written to include:

1. All Payroll
2. Provide Payroll only for a limited number of days (30 day increments)
3. Provide Payroll only for specific classes of employees
4. Payroll may be entirely excluded or may be provided for any combination mentioned here.

“Ordinary Payroll” means Payroll Expense for your employees except:

1. Officers
2. Executives
3. Department Managers
4. Employees Under Contract
5. Additional exemptions such as Specific Job Classes or Specific Employees.

“Ordinary Payroll Expenses” include:

1. Payroll
2. Employee Benefits (if directly related to payroll)
3. FICA (employers portion)
4. Union Dues
5. Workers’ Compensation premiums.

A. If the business income insurance is to cover all ordinary payroll, do not complete section G.8.

B. If the business income is to cover all ordinary payroll only for a specific time period, please provide:

Payroll Amount: \$ \_\_\_\_\_ Number of Days (30 day increments) \_\_\_\_\_

C. If business income is to be written on specific classes of employees, please identify the classes, the limit of coverage to be provided and/or the length of time the coverage is to be provided in 30 day increments:

Class: \_\_\_\_\_ Payroll to be Included \$ \_\_\_\_\_

Class: \_\_\_\_\_ Payroll to be Included \$ \_\_\_\_\_

Class: \_\_\_\_\_ Payroll to be Included \$ \_\_\_\_\_

Include on line G.8. only the remaining payroll expense to be deducted.



# PUBLIC TRANSPORTATION QUESTIONNAIRE

(To be completed to provide coverage under the Commercial Auto Policy)

**The following information must be provided to properly underwrite any vehicle used to transport passengers:**

1. Please provide vehicle operations details: \_\_\_\_\_
2. Please provide details on who will operate the vehicles including list of drivers, ages, and information required for us to obtain MVRs if not provided elsewhere.
3. Please describe the criteria in the hiring of drivers: \_\_\_\_\_
4. Please describe the training of the drivers: \_\_\_\_\_
5. Are vehicles ever loaned or given to employees for their personal use?  Yes  No
6. Is management involved in daily operations?  Yes  No
7. Does the applicant have a formal safety program?  Yes  No  
If yes, describe including how often regular meetings are conducted: \_\_\_\_\_
8. Does the applicant have a written maintenance program?  Yes  No  
If yes, who is responsible for this? \_\_\_\_\_
9. Does the applicant follow daily DOT inspection procedures?  Yes  No
10. Are service records and pre-use inspection logs of each vehicle maintained on a daily basis?  Yes  No
11. Are vehicles equipped with passenger seat belts?  Yes  No
12. Where are vehicles stored?
13. Please describe the storage details including inside or inside and security measures for storage area: \_\_\_\_\_
14. What percentage of driving takes place on:  
Paved/Main Roads: \_\_\_\_\_  
Steep/Winding Roads: \_\_\_\_\_  
Dirt/Gravel Roads: \_\_\_\_\_
15. Annual cost to hire the vehicles:  
a. Where the insured must insure the vehicle \$\_\_\_\_\_ (Primary)  
b. Where the lessor insures the vehicle \$\_\_\_\_\_ (Excess)\*  
\* Please be sure to collect a certificate of insurance evidencing automobile liability coverage naming you as additional insured  
c. What is the average term of the lease? \_\_\_\_\_

16. Vehicle Details:

Vehicle Capacity	Number of owned units	Number of rented/leased units	Average days used per week	Percent of trips 0 - 50 miles	Percent of trips 51 - 200 miles	Percent of trips > 200 miles	Annual Miles
8 or less:							
9 - 20:							
21 - 60:							
> 60:							

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Date (MM/DD/YYYY)



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# SECURITY SUPPLEMENTAL INFORMATION

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Who is primarily responsible (via contract) for liability coverage of off-duty police?  Insured  Municipality

Who is primarily responsible (via contract) for Workers' Compensation of off-duty police?  Insured  Municipality

Are all the applicant's security guard employees licensed by the state as a security guard?  Yes  No

If no, explain: \_\_\_\_\_

### INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

Are background investigations and checks conducted on all employees who perform security duties? \_\_\_ Yes \_\_\_ No

If yes, mark appropriate box:

- Criminal Background Checks
- Fingerprints
- Background Cleared Prior to Hire
- Previous Employer
- Drug Screening
- Other \_\_\_\_\_
- Motor Vehicle Report
- Personal Reference

What firearm training is required for armed security employees? \_\_\_\_\_

Does applicant have a formal training program for security employees? \_\_\_ Yes \_\_\_ No

If yes, explain **or** attach a copy of training manual.

Provide number of dogs to be used in your security operations \_\_\_\_\_

During the past four years, have any claims been presented to your current or prior insurance carrier for security related incidents? \_\_\_ Yes \_\_\_ No. If yes, explain those incidents in detail below or provide a separate exhibit.

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)

**THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:**

*Applicant name:* \_\_\_\_\_

## **FRAUD WARNING**

Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

### **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 CA**

For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **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 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)\*. \*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, 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 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 MN**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **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.

### **Applicable in VT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2024/01)

# NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

## REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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 also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE (MM/DD/YY)

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DATE (MM/DD/YY)