



Enrollment Form - Concessionaires, Exhibitors & Vendors

Valid for effective dates from 2/1/12 through 1/31/13

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An 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 membership 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. K&K reserves 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

Named insured (as it should appear on the policy): _____
(For the "Named Insured" use your name if you operate as a sole proprietor, or your legal business name if you operate as a corporation or LLC.)

Doing business as (DBA): _____
(additional name(s) under which the named insured operates)

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

Please provide a description of the type of product being sold or service being provided: _____

Are all of your operations to be insured within the United States? Yes No

Please select the coverage period desired:

Single Event 3 Months 6 Months Annual

If seeking annual coverage, do you own, operate or manage a storefront/brick and mortar business? Yes No

(Storefront/brick and mortar operations 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.)

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

Food concessionaire or vendor No. of food-selling locations or trailers: _____(unit)

Micro reality race tracks No. of micro reality race tracks: _____(unit)

Trailer-non food, games or merchandise No. of trailers: _____ (unit)

Push carts or kiosks No. of push carts/kiosks: _____(unit)

Home-based wedding vendor Service being provided: _____

(this type of operation is available only for a single event coverage period)

Tent or outdoor vending area Provide square footage: _____

Tradeshow exhibit or booth Provide square footage: _____

If applying for single event coverage, please provide the following information. Event must be for one month or less.

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: _____

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"/> \$ 153.00	<input type="radio"/> \$ 230.00	<input type="radio"/> \$ 269.00	<input type="radio"/> \$ 308.00	<input type="radio"/> \$ 347.00	<input type="radio"/> \$ 386.00
3 Months	<input type="radio"/> \$ 383.00	<input type="radio"/> \$ 575.00	<input type="radio"/> \$ 671.00	<input type="radio"/> \$ 767.00	<input type="radio"/> \$ 863.00	<input type="radio"/> \$ 959.00
6 Months	<input type="radio"/> \$ 610.00	<input type="radio"/> \$ 915.00	<input type="radio"/> \$1,068.00	<input type="radio"/> \$1,221.00	<input type="radio"/> \$1,374.00	<input type="radio"/> \$1,527.00
Annual	<input type="radio"/> \$1,046.00	<input type="radio"/> \$1,569.00	<input type="radio"/> \$1,831.00	<input type="radio"/> \$2,093.00	<input type="radio"/> \$2,355.00	<input type="radio"/> \$2,617.00
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"/> \$ 230.00	<input type="radio"/> \$ 345.00	<input type="radio"/> \$ 404.00	<input type="radio"/> \$ 463.00	<input type="radio"/> \$ 522.00	<input type="radio"/> \$ 581.00
3 Months	<input type="radio"/> \$ 575.00	<input type="radio"/> \$ 863.00	<input type="radio"/> \$1,007.00	<input type="radio"/> \$1,151.00	<input type="radio"/> \$1,295.00	<input type="radio"/> \$1,439.00
6 Months	<input type="radio"/> \$ 915.00	<input type="radio"/> \$1,373.00	<input type="radio"/> \$1,603.00	<input type="radio"/> \$1,833.00	<input type="radio"/> \$2,063.00	<input type="radio"/> \$2,293.00
Annual	<input type="radio"/> \$1,569.00	<input type="radio"/> \$2,354.00	<input type="radio"/> \$2,747.00	<input type="radio"/> \$3,140.00	<input type="radio"/> \$3,533.00	<input type="radio"/> \$3,926.00
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"/> \$ 480.00	<input type="radio"/> \$ 595.00	<input type="radio"/> \$ 654.00	<input type="radio"/> \$ 713.00	<input type="radio"/> \$ 772.00	<input type="radio"/> \$ 831.00
3 Months	<input type="radio"/> \$ 825.00	<input type="radio"/> \$1,113.00	<input type="radio"/> \$1,257.00	<input type="radio"/> \$1,401.00	<input type="radio"/> \$1,545.00	<input type="radio"/> \$1,689.00
6 Months	<input type="radio"/> \$1,165.00	<input type="radio"/> \$1,623.00	<input type="radio"/> \$1,869.00	<input type="radio"/> \$2,137.00	<input type="radio"/> \$2,405.00	<input type="radio"/> \$2,673.00
Annual	<input type="radio"/> \$1,831.00	<input type="radio"/> \$2,746.00	<input type="radio"/> \$3,205.00	<input type="radio"/> \$3,664.00	<input type="radio"/> \$4,123.00	<input type="radio"/> \$4,582.00
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"/> \$ 730.00	<input type="radio"/> \$ 845.00	<input type="radio"/> \$ 904.00	<input type="radio"/> \$ 963.00	<input type="radio"/> \$1,022.00	<input type="radio"/> \$1,081.00
3 Months	<input type="radio"/> \$1,075.00	<input type="radio"/> \$1,363.00	<input type="radio"/> \$1,507.00	<input type="radio"/> \$1,651.00	<input type="radio"/> \$1,795.00	<input type="radio"/> \$1,939.00
6 Months	<input type="radio"/> \$1,415.00	<input type="radio"/> \$1,873.00	<input type="radio"/> \$2,119.00	<input type="radio"/> \$2,387.00	<input type="radio"/> \$2,655.00	<input type="radio"/> \$2,923.00
Annual	<input type="radio"/> \$2,081.00	<input type="radio"/> \$2,996.00	<input type="radio"/> \$3,479.00	<input type="radio"/> \$3,977.00	<input type="radio"/> \$4,475.00	<input type="radio"/> \$4,973.00
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"/> \$ 980.00	<input type="radio"/> \$1,095.00	<input type="radio"/> \$1,154.00	<input type="radio"/> \$1,213.00	<input type="radio"/> \$1,272.00	<input type="radio"/> \$1,331.00
3 Months	<input type="radio"/> \$1,325.00	<input type="radio"/> \$1,613.00	<input type="radio"/> \$1,757.00	<input type="radio"/> \$1,901.00	<input type="radio"/> \$2,045.00	<input type="radio"/> \$2,189.00
6 Months	<input type="radio"/> \$1,665.00	<input type="radio"/> \$2,123.00	<input type="radio"/> \$2,369.00	<input type="radio"/> \$2,637.00	<input type="radio"/> \$2,905.00	<input type="radio"/> \$3,173.00
Annual	<input type="radio"/> \$2,331.00	<input type="radio"/> \$3,246.00	<input type="radio"/> \$3,729.00	<input type="radio"/> \$4,227.00	<input type="radio"/> \$4,735.00	<input type="radio"/> \$5,262.00

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

Optional Equipment and Contents Coverage - Not Available in New Jersey

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)

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

Total replacement value (add all lines above) \$ _____

Step 2: List physical addresses where equipment and contents are stored

P.O. boxes cannot be accepted

Location 1: _____

Address	City	State	Zip
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Location 2: _____

Address	City	State	Zip
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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)	
$\$.03 \times \$$ _____ $= \$$ _____	$\$$ _____
Total Replacement Value	Equipment and Contents Premium (\$100.00 minimum premium applies)
<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)	
$\$.026 \times \$$ _____ $= \$$ _____	$\$$ _____
Total Replacement Value	Equipment and Contents Premium (\$100.00 minimum premium applies)

OPTIONAL COVERAGE PREMIUM CALCULATION

TOTAL COST SUMMARY	Program Premium (Required Coverage)	\$	(A)
	Equipment and Contents Premium (Optional Coverage)	\$	(B)
	Premium Due - Subtotal (add lines A thru B)	\$	(C)
	FLORIDA APPLICANTS ONLY		
	Florida applicants need to add a 1.3% state mandated Hurricane Catastrophic Fund Assessment fee to the premium due FL Premium Due - Subtotal: Multiply line (C) x 1.013	\$	(D)
	Annual Risk Purchasing Group Membership Fee (Required)	\$ 10.00	(E)
Total Cost Due - Lines (C) or (D) + (E)			

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

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.	
	<input type="radio"/> E-mail to: _____ attn: _____	(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
	<input type="radio"/> Fax to: _____ attn: _____	
	<input type="radio"/> Mail to: _____ attn: _____	

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: _____ SAM Policy #: _____ SAM Prem: _____
D&O Policy #: _____ D&O Prem: _____ Insured #: _____	

CERTIFICATE REQUESTS

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.

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 Mortgagee
 Franchisor Lessor of equipment and contents
 Other (please identify/explain): _____

Special certificate language needed (please explain/attach): _____

Date certificate needed by: _____ / _____ / _____

If applicable:

Program Coverage:

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: _____

Equipment & Contents Coverage:

Description of equipment: _____ Value: _____

PAYMENT INFORMATION

Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ 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: _____

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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA
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.

APPLICABLE IN FLORIDA 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.

APPLICABLE IN HAWAII For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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

APPLICABLE IN OHIO Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA 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.

APPLICABLE IN WASHINGTON 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.

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: _____

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

READ AND SIGN

COVERAGE EXCLUSIONS

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 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Saddle animal; Snowmobile; Those operations listed as ineligible: Alcoholic beverage sales; Animals, Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots, Cleaning accessories and products – homemade; E-commerce selling; Fire safety equipment; Fireworks sales and displays, Haunted attractions; Health and beauty products – homemade; Hot wax impressions; 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; Photographers (unless for a single event home-based wedding photographer); Protective equipment or apparel; Storefront operations; Tobacco products; Toys (for ages 4 and under); 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.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to: underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium. The total may also include an annual RPG membership fee up to ten dollars.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books 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.

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.

Applicant or agent signature: _____ Date: _____

Printed name: _____ Title: _____

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

Named insured (from page 4): _____