

ZOOS & AQUARIUMS

Eligible Operations:

- Walk-through zoos
- Drive-through zoos
- Animal sanctuary (open to public)
- Aquariums

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Management must have at least three years zoo management experience
- Prefer parks that are AZA certified
- Parks with 24-hour security
- Parks that comply with USDA licensing requirements
- Parks in compliance with safety and fire codes
- Parks that secure certificates of insurance from vendors/concessionaires/sub-contractors or lessors
- Minimum premium
general liability- \$2,500
package- \$5,000

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Zoo & Aquarium Program for over 20 years
- Proud member of the American Zoo and Aquarium Association (AZA)
- Active participation in industry trade shows and meetings
- Over 60 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
- Premium installment plans available

Every year the experienced team at K&K is hard at work insuring the world's fun. K&K handles the coverages so you can concentrate on providing thrills and making the impossible and the amazing come to life. For zoos, aquariums and much more, innovative property & casualty coverages from K&K are just the ticket.

Coverages Available & Program Highlights:

General Liability

- Written on an Admitted Basis
- Broadened Coverage Form
- No General Aggregate
- Non-auditable Policy
- Volunteer Accident- Accident Medical Coverage for Zoo Volunteers
- Volunteers as Additional Insureds
- Amusement Ride Liability
- Liquor Liability
- Employee Benefits Liability
- Transmissible Pathogens Coverage

Directors and Officers Including Employment Practices Liability

Property

- Equipment Breakdown Included
- Emergency Vacating Expenses Covered up to \$25,000, Crisis Response Coverage—\$25,000, Full Building Ordinance "A" Coverage

Inland Marine

Commercial Auto

- Owned Auto
- Nonowned/Hired Auto

Crime

Excess Liability

Workers' Compensation

Event Cancellation & Non-appearance

Common Associated Exposures:

- Animal rides
- Day camps
- Food & beverage concessions
- Kiddie rides
- Play areas
- Special event liability for promotions, etc.

Insuring the world's fun®

Contact Information:

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

Zoos & Aquariums Program

PHONE: .800.553.8368

FAX: 260.459.5624

EMAIL:

KK.EventsAttractions@kandkinsurance.com

WEB SITE:

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:

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.

Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of detailed, currently-valued company loss runs
- Diagram/map of zoo/aquarium
- Brochure (if available)
- Web site address
- Schedule of events/promotions/ exhibitions
- Amusement/carnival ride description

Zoos & Aquariums Application(s):

(Applications can be obtained from our web site: kandkinsurance.com)

K&K Application(s)

- Zoological Park & Aquarium Information Form
- Liquor Liability Application (if needed)

ACORD Application(s)

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

Insuring the world's fun.®



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-800-553-8368 Fax 1-260-459-5624
 www.kandkinsurance.com
 CA# 0334819

ZOOLOGICAL PARK AND AQUARIUM APPLICATION

(Include copies of lists, licenses and other items as requested.)

IMPORTANT

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

1. Applicant Information:

Named Insured as it is to appear on policy: _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Website: _____

Contact Person: _____

Person is: Owner Promoter Agent Other: _____

Telephone Number (_____) _____ Fax Number(_____) _____

Name of Agent/Brokerage: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (_____) _____ Fax Number(_____) _____

Tax ID Number: _____ E-mail Address: _____

a. Nature of business/description of operations/events: _____

b. Insured is: Corporation Partnership Joint Venture Other: _____

c. Policy Period Requested: _____ to _____

d. Estimated Number of Events: _____

2. Type of Institution:

Zoological Park Aquarium Wildlife Park Oceanarium Combination

3. Who Owns:

Land: _____

Collections: _____

Buildings/Grounds: _____

4. Institution is For Profit Non-Profit

5. How long under present ownership? _____ How long under present management? _____

6. Additional Insureds Requested (subject to underwriting approval.):

Name	Relationship to Insured
_____	_____
_____	_____
_____	_____
_____	_____

7. Present Insurance/Risk Retention Method:

- Claims Made Form Occurrence Form
- Provided by municipality
- Self Insured Self Insured Retention Retention Limit \$ _____
- Insured Retention Limit \$ _____
- Insurance Limit \$ _____
- Insurance Company: _____

Attach four year loss history (including current year)

8. Attendance:

Average Daily Attendance _____

Maximum Daily Attendance _____

Total Annual Attendance _____

9. Revenues:

- A. Admission Charge
 - Adults \$ _____
 - Minors \$ _____
 - Total Annual Admission Receipts \$ _____
- B. Souvenir/Gift Shop Receipts \$ _____
- C. Concessions
 - Food/Beverage \$ _____
 - Alcoholic Beverage \$ _____
 - Total Concession Receipts \$ _____
 - Are concessions contracted to others? Yes No
- D. Endowments/Grants
 - Contributions \$ _____
 - Memberships \$ _____
 - Other \$ _____
- E. Total Annual Revenues \$ _____

10. Liability Limits Requested:

- A. Occurrence Form Claims Made Form
- Each Occurrence \$ _____
- General Aggregate* \$ _____
- B. Deductible Limit (if any) \$ _____
- Self Insured Retention Limit \$ _____

* *Other aggregates may apply per policy requirements.*

11. Description of Operations (Attach list if necessary):

A. General:

- | | | |
|---|--|--|
| <input type="checkbox"/> Museum | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Novelty/Gift Shop |
| <input type="checkbox"/> Tram/Monorail/Train(s) | <input type="checkbox"/> Lake(s)/Pond(s)/Stream(s) | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Breeding Facility | <input type="checkbox"/> Breeding Loan Activities | <input type="checkbox"/> Other Loan Activities |
| <input type="checkbox"/> Alcoholic Beverages | | |

- Sold Gratuitous

Whose responsibility is the liquor liability? _____

If contracted, does the liquor concessionaire provide liability coverage? Yes No

If no, explain: _____

- Carts, Vans, Buses, Motorcycles or ATVs

- On Premises Off Premises

- Veterinary Services

- Veterinarian is employed Veterinarian is contracted.

- Off Premises

Institution Describe: _____

Captive Facility Describe: _____

Breeding Facility Describe: _____

Wildlife Exhibitions List wildlife exhibited: _____

- On Premises

Institution Describe: _____

Captive Facility Describe: _____

Breeding Facility Describe: _____

Wildlife Exhibitions List wildlife exhibited: _____

B. Educational (check, if any):

On Premises

Off Premises*

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Lectures | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Demonstrations | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tours | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Childrens' Day or Overnight Camps | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> School Presentations | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> College Work/Class Research Program | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Docent Program | <input type="checkbox"/> | <input type="checkbox"/> |

*Describe any off-premises activities including live wildlife exhibitions: _____

C. Research:

- Separate Research Library Formal Research Project(s)

Describe: _____

D. Special Events/Activities/Attractions:

- Fireworks Displays Concerts Other Performances

Describe: _____

- Parking Lot Events

Describe: _____

- Special Functions (*social, political events, etc. — attach schedule*)

Describe: _____

- Holiday or Other Seasonal Promotions

Describe: _____

- Publications

Describe: _____

- Fund Raisers

Describe: _____

- Mechanical Rides and/or Water Rides (*carnival/amusement*)

Describe: _____

Is there a qualified ride inspector to perform mechanical and electrical inspections? Yes No

Are maintenance manuals for all rides kept on premises? Yes No

Do you have a formal/written ride operator training program? Yes No

Do the rides meet the ASTM standards for amusement rides and/or ANSI standards for sky rides/chairlifts/aerial tramways? Yes No

Are your rides inspected by your state? Yes No

- Animal Rides

Describe: _____

Habitat Rides

Describe: _____

Animal Mascot Loans

Describe: _____

Do you have a petting zoo? Yes No

If Yes, is it operated by an independent contractor? Yes No

If Yes, do you receive a certificate of insurance naming you as an additional insured? Yes No

Do you have a contract with a hold harmless and indemnification agreement? Yes No

Are all animals properly vaccinated? Yes No

Is there a hand washing at the exit of the petting zoo? Yes No

Is there signage posted with regard to the importance of hand washing after animal contact? Yes No

Playground

Describe: _____

Grandstand

Bleachers

Describe seating age and construction: _____

Other Describe: _____

12. Hours of Operation:

In Season: _____ to _____ Off Season: _____ to _____

Describe off-season activities or promotions: _____

13. Institution Opening Date: _____ **Closing Date:** _____

14. Total Acres (off main zoo premises): _____ **Parking Spaces:** _____

15. Avian Flu Guidelines:

Does the risk comply with the 2005 AZA Avian Flu Guidelines as summarized below? Yes No

If No, please attach an outline of your Avian Flu procedures.

2005 AZA AVIAN FLU GUIDELINES:

A. Facility should follow standard biosecurity measures for zoos and aquariums

B. Facility should have formal procedures addressing the following:

- Control measures that would be initiated upon suspected or confirmed cases of avian influenza, such as isolating and decontaminating affected areas or closing portions of the facility.*
- Protocols for short-term treatment of sick and injured native birds before releasing them to rehabilitation facilities.*
- Employee education program that provides information on topics such as how to prevent influenza from spreading and guidelines that help keep them and the birds they care for healthy.*
- Guidelines with proactive steps in the event of an outbreak of bird flu in or near the facility.*
- Proper local jurisdiction protocol is followed with regard to deceased wild birds found on premises*

C. Employees working in bird areas should be required to wear appropriate personal protective equipment and employ proper cleaning and disinfecting protocols.

16. Zoo/Camp Operations (if applicable):

- A. Would you like a quote for sexual abuse and molestation coverage (if eligible)? Yes No
- B. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a camper or member reports someone molested him/her? Yes No
- C. Do you have a plan of supervision that monitors staff in day to day living relationships with campers? Yes No
- D. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? Yes No

If yes, please attach copy

- E. If application contains this type of question, and applicant checks "yes" to prior convictions, are they refused a position of employment? Yes No
- F. Does your state permit you to do criminal background investigations on staff members? Yes No
- If yes, do you request and receive such background investigations on all staff members?** Yes No

If yes, who provides service? _____

- G. Have you ever had an incident which resulted in an allegation of sexual abuse at your camp? Yes No
- Was a claim made against your camp? Yes No

If yes, please provide details of the claim/incident: _____

How much money was paid as damages to the victim? _____

What has been done to prevent such occurrences from happening in the future? _____

- H. **If you have volunteers, are the answers to the questions above the same?** Yes No

Not applicable, we have no volunteers.

If No, please explain: _____

17. Professional Affiliations:

- A. Is the institution a member of the American Zoo and Aquarium Association? Yes No
- B. Is the institution accredited by the AZA? Yes No

**PLEASE
NOTE**

**IF YOU ANSWER "YES" TO PART "B" OF QUESTION 17, SKIP TO ITEM #25 AND SIGNATURE PAGE.
IF YOU ANSWER "NO" TO PART "B" OF QUESTION 17, PLEASE FINISH FILLING OUT THIS APPLICATION.**

18. Regulatory Compliance:

A. Does the institution comply with:

1. All local fire codes? Yes No

If no, explain: _____

2. All local, state and federal regulations? Yes No

If no, explain: _____

B. Does the facility comply with the Animal Welfare Act, Part 3 – Standards Subparts D, E and F as respects the following?

Facilities and Operation Standards:

Facilities – General Yes No

Facilities – Indoor Yes No

Facilities – Outdoor Yes No

Primary Enclosures Yes No

Space Requirements Yes No

Animal Health and Husbandry Standards:

Feeding Yes No

Watering/Water Quality Yes No

Sanitation Yes No

Employees or Attendants Yes No

Classification and Separation Yes No

Veterinary Care Yes No

Handling Yes No

Transportation Standards:

Consignments to Carriers and Intermediate Handlers Yes No

Primary Enclosures Used to Transport Live Non-Human Primates Yes No

Primary Conveyances (Motor Vehicle, Rail, Air, Marine) Yes No

Food and Water Requirements Yes No

Care in Transit Yes No

Terminal Facilities Yes No

Handling Yes No

A complete explanation must be given for any “NO” answer in part B of question #18 (*attach sheet if necessary*). _____

C. Attach Copies of All licenses, including:

• USDA Registered Exhibition License **License #** _____

• USDA Licensed Exhibitor and any other required USDA licenses

• Most current USDA inspection report

D. Are any staff members under investigation for alleged violation of any wildlife regulations? Yes No

If yes, explain: _____

19. Security:

- A. Number and type of personnel: _____
(Private, employees, city or county police) Armed Unarmed
- B. Describe after-hours and off-season security plans: _____

- C. Are tranquilizer guns or dart guns loaned or taken off premises at any time? Yes No
If yes, describe: _____
- D. Describe any alarm system present, including burglary or theft prevention measures: _____

- E. Are guard dogs used? Yes No
If yes, explain procedure: _____

20. Enclosure System:

- A. Describe the primary enclosure systems for all habitats including patron separation distance/height
(attach sheet if necessary): _____

- B. Describe the general minimum specifications for all other primary enclosures: _____

- C. Describe the secondary enclosure system (premises perimeter fencing, etc.): _____

- D. Is there a separate performance area for animal acts? Yes No
If yes, describe the type of animals involved and how they are transferred to and from performance areas:

- E. Detail any breaches of any enclosure systems within the past five years: _____

21. Employees:

- A. Number of employees: Full-time: _____ Part-time: _____
If volunteers are used, explain their responsibilities: _____

- B. Explain employee training methods *(attach copy.)*

22. Loaned Animals:

- A. Describe the written policy regarding loans to others (*attach copy.*)
- B. Describe the written policy regarding loans to the institution (*attach copy.*)
- C. Describe non-owned animals exhibited at the institution: _____

23. Animal Waste Treatment/Disposal:

- A. Explain the procedures for waste removal, treatment and/or disposal: _____

B. Are all waste treatment/disposal permits obtained and ordinances complied with? Yes No

If no, explain in detail _____

24. Is "Hands On" activity for any of the following permitted?

- A. Poisonous snakes (*except employee handlers*) Yes No
- B. Adult male elephants (*over the age of 10*) Yes No
- C. Horned Animals Yes No
- D. Primates Yes No
- E. Off premises exhibitions Yes No

Explain any "Yes" answers in detail, including safety measures used: _____

25. ADDITIONAL INFORMATION - PLEASE INCLUDE COPIES OF:

Column #1

- Institution map/diagram
- Animal loan agreement
- Sample copies of all contracts, including those described in application
- Amusement/Carnival ride description
- Detailed 4-year loss summary (including current year)
- Institution schedule, including special events, promotions, exhibitions
- Liquor license (if alcoholic beverages are sold)
- Ride inspection checklists

***(AZA Accredited Programs stop here.
Non-accredited programs continue to Column #2).***

Column #2

- All licenses/permits
- Venomous animal injury plan
- Patron/employee emergency evacuation plan
- Animal recapture plan
- Animal acquisition/disposal plan
- Employee training manual

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)



LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
2. Name Liquor License is in: _____
3. Liquor License Number: _____ Class of License: _____
4. Is coverage for a specific event? Yes No If yes, explain what kind of event, where event will be held and date of event(s). _____
5. Opening and closing hours of event(s) (for each event): _____
6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). _____
7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
 If yes, please explain: _____
8. Has applicant incurred claims for liquor liability during the last three years? Yes No
 If yes, please explain: _____
9. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No
 If yes, please explain: _____
10. Type of alcohol beverages sold: _____ What proof: _____

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
 If yes, what type? _____
13. Do you maintain security personnel at event entry check points? Yes No
 If yes, what type? _____
 Do they exercise the right of search and seizure of contraband items? Yes No
 If yes, how do they notify the public of this? _____
14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? Yes No
15. If site is completely enclosed, are minors allowed to enter? Yes No

(Continued on next page)

16. Are the servers professional (two years bartending experience or more)? Yes No
 Are the servers non-professional (less than 2 years or no bartending experience)? Yes No
 Explain: _____
17. Name the formal awareness training program that the servers receive: _____

18. At what point of sale are I.D.'s checked? _____
19. Are rules and regulations clearly displayed for patrons' viewing? Yes No
 Explain: _____
20. In what size container is the alcoholic beverage served at each event? Cup _____ oz. Pitcher Other: _____
21. Can patrons purchase more than two alcoholic beverages at one time? Yes No
 If yes, please explain: _____
22. Is there any type of designated driver program in effect? Yes No
 Explain: _____
23. Is there any other Liquor Liability coverage being provided? Yes No
 If yes, explain and attach a copy of the certificate of insurance: _____
24. Liability limits requested \$_____ (per occurrence) \$_____ (aggregate)

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)



MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

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

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 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 HI

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 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 MA, NE, and VT

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 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

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 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.

FRAUD APPS (2016/04)

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)

DATE (MM/DD/YY)