

Nationwide[®]

**CONCESSIONAIRES,
EXHIBITORS & VENDORS**

LIABILITY INSURANCE



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 term to the next. You may request a copy of the full policy by submitting a written request to K&K Insurance Group, Inc., program administrator for Nationwide.

Valid for effective dates 4/1/09 through 1/31/10

SPECIALTY LIABILITY



Nationwide[®]
On Your Side

Nationwide Specialty Health[®]

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, tradeshow, 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 Nationwide Mutual Insurance Company rated A+ (Superior) by A.M. Best Company.

INELIGIBLE OPERATIONS

- Alcoholic beverage sales
- Animals
- Auto parts (mechanical)
- Body piercing or permanent tattooing
- Christmas tree retail lots
- Cleaning accessories & products - homemade
- E-commerce selling
- Fire safety equipment
- Fireworks sales & displays
- Haunted attractions
- Health & beauty products - homemade
- Hot wax impressions
- 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
- 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

ELIGIBLE OPERATIONS

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

EXCLUSIONS

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

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

COVERAGES AND LIMITS

Commercial General Liability – 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.

Commercial General Liability	Option 1	Option 2
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000

Premiums (Based upon a single selling unit or 100 sq. ft. space)

See page 5 for additional options available for multiple units or space exceeding 100 sq. ft.

Single event coverage (one month or less)	\$ 153	\$ 230
3 consecutive months coverage	\$ 383	\$ 575
6 consecutive months coverage	\$ 610	\$ 915
Annual coverage	\$ 1,046	\$ 1,569

OPTIONAL COVERAGE AVAILABLE

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your vendor inventory, supply inventory, 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 coinsurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact K&K, program administrator for Nationwide to have your insured value amended to avoid a coinsurance penalty.

Coverage Conditions:

1. This coverage is not available in New Jersey.
2. 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 Nationwide Concessionaires, Exhibitors & Vendors RPG Insurance Program.
3. 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.
4. 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.

Rates

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

TWO EASY WAYS TO ENROLL FOR COVERAGE

FAX 1.260.459.5908

MAIL Regular: Nationwide Specialty Health
c/o K&K, Program Administrator
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: Nationwide Specialty Health
c/o K&K, Program Administrator
1712 Magnavox Way
Fort Wayne, IN 46804

QUESTIONS? Call 1-866-267-5244

Underwritten by Nationwide Mutual Insurance Company.
Administered by K&K Insurance Group, Inc.

© 2009, Nationwide Mutual Insurance Company. All rights reserved. Nationwide, Nationwide Specialty Health, the Nationwide framemark and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company.

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 Nationwide, 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 K&K, program administrator for Nationwide, 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.

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:

$$\text{“Did”} / \text{“Should”} \times \text{Loss Amount} - \text{Deductible} = \text{Amount Paid}$$

“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 (PG). The PG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the PG. 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 PG master policy can be requested in writing to: Nationwide Specialty Health, c/o K&K, program administrator, 1712 Magnavox Way, Fort Wayne, IN 46804.

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 K&K. Please allow adequate time for processing.

ENROLLMENT FORM

Concessionaires, Exhibitors & Vendors

Underwritten by Nationwide Mutual Insurance Company

Valid for effective dates from 4/01/09 through 1/31/10



Nationwide[®]
On Your Side

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Nationwide reserves the right to decline any request for coverage. This is a claims-made policy. The policy for which this enrollment form is made applies, subject to its terms, only to any "Claim" first made against the "Insureds" during the certificate period.

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 5 - 10) with payment

GENERAL INFORMATION

I am a new account I am renewing my coverage

Named insured (as it should appear on the policy): _____
(the legal name of the organization/business; typically the name that would appear on any contracts or agreements)

Doing business as (DBA): _____
(additional names(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 Nationwide, 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

Describe the type of product or service provided or being sold: _____

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

<input type="checkbox"/> Food concessionaire or vendor	No. of food-selling locations or trailers: _____ (unit)
<input type="checkbox"/> Micro reality race tracks	No. of micro reality race tracks: _____ (unit)
<input type="checkbox"/> Trailer-non food, games or merchandise	No. of trailers: _____ (unit)
<input type="checkbox"/> Push carts or kiosks	No. of push carts/kiosks: _____ (unit)
<input type="checkbox"/> Home-based wedding vendor (this type of operation is available only for a single event coverage period)	Service being provided: _____
<input type="checkbox"/> Performing group (this type of operation is available only for a single event coverage period)	Type of performing group: _____
<input type="checkbox"/> Tent or outdoor vending area	Provide dimensions: x = sq. ft.
<input type="checkbox"/> Tradeshow exhibit or booth	Provide dimensions: x = sq. ft.

PROGRAM PREMIUM CALCULATION

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

Name of event: _____

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

Hours of event: _____ AM/PM to _____ AM/PM.

Location of event: _____
Venue name/Street address/City/State/Zip

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="checkbox"/> \$ 153	<input type="checkbox"/> \$ 230	<input type="checkbox"/> \$ 269	<input type="checkbox"/> \$ 308	<input type="checkbox"/> \$ 347	<input type="checkbox"/> \$ 386
3 Month	<input type="checkbox"/> \$ 383	<input type="checkbox"/> \$ 575	<input type="checkbox"/> \$ 671	<input type="checkbox"/> \$ 767	<input type="checkbox"/> \$ 863	<input type="checkbox"/> \$ 959
6 Month	<input type="checkbox"/> \$ 610	<input type="checkbox"/> \$ 915	<input type="checkbox"/> \$ 1,068	<input type="checkbox"/> \$ 1,221	<input type="checkbox"/> \$ 1,374	<input type="checkbox"/> \$ 1,527
Annual	<input type="checkbox"/> \$ 1,046	<input type="checkbox"/> \$ 1,569	<input type="checkbox"/> \$ 1,831	<input type="checkbox"/> \$ 2,093	<input type="checkbox"/> \$ 2,355	<input type="checkbox"/> \$ 2,617

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="checkbox"/> \$ 230	<input type="checkbox"/> \$ 345	<input type="checkbox"/> \$ 404	<input type="checkbox"/> \$ 463	<input type="checkbox"/> \$ 522	<input type="checkbox"/> \$ 581
3 Month	<input type="checkbox"/> \$ 575	<input type="checkbox"/> \$ 860	<input type="checkbox"/> \$ 1,003	<input type="checkbox"/> \$ 1,146	<input type="checkbox"/> \$ 1,289	<input type="checkbox"/> \$ 1,432
6 Month	<input type="checkbox"/> \$ 915	<input type="checkbox"/> \$ 1,373	<input type="checkbox"/> \$ 1,602	<input type="checkbox"/> \$ 1,831	<input type="checkbox"/> \$ 2,060	<input type="checkbox"/> \$ 2,289
Annual	<input type="checkbox"/> \$ 1,569	<input type="checkbox"/> \$ 2,354	<input type="checkbox"/> \$ 2,746	<input type="checkbox"/> \$ 3,138	<input type="checkbox"/> \$ 3,530	<input type="checkbox"/> \$ 3,922

Contact K&K, program administrator for Nationwide, for operations with more than 6 units or 600 sq. ft.

K&K USE ONLY

Rec: _____ Status: N R Broker: Y N Comm: _____ %
 Exp policy #: _____ Cert #: _____ Insured #: _____
 Option: _____ Premium: \$ _____ Pay plan: 100 30/70 25/3 Bill: AB AD CBG
 Eff/Exp: _____ to _____ Delivery: M F E Date: _____
 A&M IM D&O EX WC Opt form: 2026 2011 8016 8018 876
 Policy #: _____ Cert #: _____ Comments: _____

OPTIONAL COVERAGE PREMIUM CALCULATION

Equipment & Contents

TO AVOID A CO-INSURANCE 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 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: List physical addresses (Street, City, State, Zip) where equipment and contents are stored (P.O. boxes can not be accepted)

Location 1	
Location 2	

STEP 3: Calculate premium (If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment & Contents Premium

My total replacement value is between \$1 - 10,000 (\$250 deductible will apply)

$\$.03 \times \$$	$= \$$	$\$$
Total Replacement Value		Equipment & Contents Premium (\$100 minimum premium applies)

My total replacement value is over 10,000 (A \$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)

$\$.026 \times \$$	$= \$$	$\$$
Total Replacement Value		Equipment & Contents Premium (\$100 minimum premium applies)

TOTAL PREMIUM SUMMARY

Program Premium (commercial general liability)	\$
Equipment & Contents Premium	\$
TOTAL PREMIUM DUE	\$
FLORIDA APPLICANTS NEED TO ADD A 1% STATE MANDATED HURRICANE CATASTROPHE FUND ASSESSMENT FEE TO THE TOTAL PREMIUM DUE	
TOTAL PREMIUM DUE FOR FLORIDA RESIDENTS (total premium due x 1.01)	\$

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: _____

CERTIFICATE REQUESTS

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 & 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 & contents Other (please identify/explain): _____
Special certificate language needed (please explain/attach): _____

If applicable:

RE: Date(s) of event/activity: _____ to _____
Hours of event/activity: _____ AM/PM to _____ AM/PM
Type of event/activity: _____
Name of event/activity: _____
Location of event/activity: _____

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

PAYMENT INFORMATION

- Check: Please make check payable to Nationwide Mutual Insurance Company.
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., program administrator for Nationwide to charge my payment to my credit/debit card in the amount of \$ _____

Print name (as on card): _____
Signature: _____

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; 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); 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; 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

FRAUD WARNINGS

- (DC)** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (MD)** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (CA)** For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (FL)** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- (KY)** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- (LA)** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- (MO)** An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.
- (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.
- (PR)** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.
- (WA)** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.”
- (All Other States)** 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/or civil penalties.

WARRANTY & 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. 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.

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicants Signature _____ Date: _____

Printed name: _____ Title: _____

INSURANCE AGENT INFORMATION

To be completed by the licensed agent representing the insured.

Agency Name _____

Agency Mailing Address _____

City _____ State _____ Zip _____

Career Agent _____ Agent No _____

Associate Agent _____ Agent No _____

Agency Phone _____ Agency Fax _____

Agent/Contact E-mail _____ Agency ID# (For internal use only) _____

I received the completed and signed enrollment form along with total premium payment in my office on:

_____.

Signed (Agent Signature) _____

Note: Agents do not have authority to issue binders or a certificate of insurance on behalf of this program. A 10% commission is available to licensed agents for this program. Please remit net payment.