



# CONCESSIONAIRES, EXHIBITORS & VENDORS



Liability Insurance Program and Enrollment Form

This brochure is valid for effective dates from 2/1/08 through 1/31/09



K&K Insurance • 1712 Magnavox Way • Fort Wayne, IN 46804 • 1-800-328-2317 • Fax 1-260-459-5502  
www.kandkinsurance.com • CA #0334819

## Program Description

This insurance program has been specifically 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 insureds operations can be conducted from a kiosk, booth, cart, trailer, tent, or an outdoor area. Coverage does not apply for loss or damages to your property, stock or inventory.

## Eligible Operations

- Antiques and collectibles
- Apparel and accessories
- Arts and crafts vendors
- Auto/vehicle accessories
- Candles
- Celebrity appearances
- Cleaning accessories and commercially-made products
- Exercise equipment
- Floral vendors
- Food/drink/produce sales/concessionaires (Option 1 or 3 only)
- Game trailers
- Gift wrap booths
- Hardware sales
- Heath and beauty products—commercially made
- Kitchen/cookware accessories and appliances
- Lawn and garden equipment
- Micro reality race tracks
- Motorized equipment—static display
- Performing groups\* (carolers, dance, groups)
- Product demonstrations
- Product/service displays
- Souvenir sales
- Sports and camping equipment
- Vehicle/boat—static display
- Toys (for ages 5 and over)

\*Can only purchase the single event coverage

## Ineligible Operations

- Alcoholic beverage sales
- Auto parts (mechanical)
- Body piercing and permanent tattooing
- Christmas tree retail lots
- Corn and hay maze
- E-commerce selling
- Fire safety equipment
- Fireworks sales and displays
- Haunted attractions
- Hot wax impressions
- Live animals
- Mechanical or inflatable amusement devices
- Medical testing
- Motor sports activities
- Nutritional/health supplements
- On-site installation/service/repair or products
- On-site equipment sales and rental
- Oxygen/aromatherapy bars
- Protective equipment/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
- Wholesale business

## **Liability Coverage and Limits**

Commercial general liability coverage protects the insured against liability claims for bodily injury and property damage arising out of the premises, operations, products and completed operations, and personal and advertising injury. There is no deductible that applies to liability claims. Products-completed operations coverage includes bodily injury and property damage to a third party arising out of your product or your work once it leaves your possession.

<b><u>Coverage</u></b>	<b><u>Option 1</u></b>	<b><u>Option 2</u></b>	<b><u>Option 3</u></b>	<b><u>Option 4</u></b>
General Aggregate	\$2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000
Products-completed Operations Aggregate	\$ 1,000,000	Excluded	\$ 2,000,000	Excluded
Each Occurrence	\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Medical Expense	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000

### **Notable Exclusions**

- Abuse or molestation
- Amusement devices (rides, slides, inflatables, etc.)
- Asbestos
- Designated operations exclusion—those activities listed as ineligible
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy
- Pollution
- Products-completed operations exclusion applies to those selecting Option 2 or Option 4 limits

### **Carrier**

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

### **Premium Information**

Coverage is available for a single event (a single event at a single location for no more than 30 consecutive calendar days); 3 consecutive months; 6 consecutive months, or annually.

Premium is based upon the square footage of the booth space or the number of trailers, tracks or selling locations that are utilized at the same time. See pages 4 and 5 for premium.

**Note: All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium**

## **How To Obtain Coverage**

1. Complete and sign the enrollment form provided with this brochure.
2. Remit the completed and signed enrollment form and corresponding premium payment to:

**Regular Mail:** **K&K Insurance Group  
Concessionaires/Exhibitors and  
Vendors Program**  
P.O. Box 2338  
Fort Wayne, IN 46801-2338  
Phone 1-800-328-2317

**Overnight:** **K&K Insurance Group  
Concessionaires/Exhibitors and  
Vendors Program**  
1712 Magnavox Way  
Fort Wayne, IN 46804

If paying by credit card, fax to 1-260-459-5502

3. You will be notified by K&K if, for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded.
4. Incomplete enrollment forms will be declined and returned.
5. If your enrollment is accepted, coverage documents will be issued by K&K.
6. Coverage will become effective the day after the completed enrollment form and premium payment are received by K&K, or on a later date that you may specify.
7. Coverage is provided for the term selected (single event, 3 month coverage, 6 month coverage, or annual coverage).
8. Please allow 10 business days for processing.

**Note:** Any request to amend or change coverage or the information reported on the enrollment form must be submitted in writing to K&K before the originally requested effective date to be eligible for a premium refund.

**This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual insurance policy for complete information regarding coverage terms, conditions and exclusions. You may request a copy of the full policy by submitting a written request to K&K Insurance Group, Inc.**



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**CONCESSIONAIRES,  
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 Liability Enrollment Form

This brochure is valid for effective dates from 2/1/08 to 1/31/09

This form must be completed, signed and returned with your payment. The submission of this enrollment form does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Certain operations are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage. TO AVOID DELAYS, PLEASE TYPE OR PRINT LEGIBLY.

**Insured Information**

Name: \_\_\_\_\_

Trade name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Contact name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Web site: \_\_\_\_\_

Form of business:  Individual  Partnership/joint venture  Limited liability company  Trust  
 Other: \_\_\_\_\_

Provide a detailed list or description of the products that you sell, handle or display in your operations. \_\_\_\_\_

**Premium Calculation (Please indicate either by number of units or by square footage)**

Which of the following best describes the number of units in which you conduct the operations to be insured?

Trailers - Number of trailers utilized at one time _____	Race Track - Number of tracks utilized _____
Food trailer/locations - Number of _____	at one time _____
trailers/locations utilized at one time _____	Performing Group - Number of _____
Game trailer -Number of trailers utilized _____	performing groups *
at one time _____	* only able to purchase single event coverage
Push cart - Number of carts utilized at one time _____	

Which of the following best describes the area in which you conduct the operations to be insured?

Tent - give the dimensions _____	ft. by _____	ft.
Kiosk - give the dimensions _____	ft. by _____	ft.
Outdoor area - give the dimensions _____	ft. by _____	ft.
Tradeshow booth - give the dimensions _____	ft. by _____	ft.
Other: - Give dimensions _____	ft. by _____	ft.
(Describe _____)		

**Must be completed to process.**

**Indicate the height of the unit, trailer, booth or display, including any attached or freestanding signage. \_\_\_\_\_ ft. If the display is higher than 12 ft at any point, provide a photograph of the display.**

Premium based upon square footage or number of units

	0-100 Sq. ft./1 Unit	101-200 Sq. ft./ 2 Units	201-300 Sq. ft./ 3 Units	Each addt'l 100 Sq. ft. / Unit
Single Event				
Option 1	___ \$170	___ \$255	___ \$298	___ \$43
Option 2	___ \$139	___ \$209	___ \$243	___ \$34
Option 3	___ \$255	___ \$383	___ \$446	___ \$63
Option 4	___ \$209	___ \$314	___ \$366	___ \$52
3 Month Coverage				
Option 1	___ \$425	___ \$638	___ \$ 744	___ \$106
Option 2	___ \$349	___ \$524	___ \$ 611	___ \$ 87
Option 3	___ \$638	___ \$957	___ \$1,117	___ \$160
Option 4	___ \$523	___ \$785	___ \$ 915	___ \$130
6 Month Coverage				
Option 1	___ \$ 678	___ \$1,017	___ \$1,187	___ \$170
Option 2	___ \$ 556	___ \$ 834	___ \$ 973	___ \$139
Option 3	___ \$1,017	___ \$1,526	___ \$1,780	___ \$254
Option 4	___ \$ 834	___ \$1,251	___ \$1,460	___ \$209
Annual Coverage				
Option 1	___ \$1,162	___ \$1,743	___ \$2,034	___ \$291
Option 2	___ \$ 953	___ \$1,430	___ \$1,668	___ \$238
Option 3	___ \$1,743	___ \$2,615	___ \$3,050	___ \$435
Option 4	___ \$1,429	___ \$2,144	___ \$2,501	___ \$357

**Total Premium due** .....\$ \_\_\_\_\_ **(A)**  
**Florida applicants must add 1% to the total premium due. 1% x Premium (A) = Florida**  
**Assessment fee** .....\$ \_\_\_\_\_ **(B)**  
**Total amount due (A+B) for Florida applicants** .....\$ \_\_\_\_\_

**Notes:**

1. Premiums are 100% fully earned at inception and nonrefundable.
2. Premium and enrollment form must be received in our office 10 days prior to the requested effective dates.
3. Event cancellation, event date changes, or exposure changes must be reported to K&K Insurance in writing before the originally requested effective date to be eligible for a premium refund.

**If applying for single event coverage please answer the next five questions:**

- 1. Name of event: \_\_\_\_\_
- 2. Date(s) of event, including set-up and tear-down dates: \_\_\_\_\_
- 3. Hours of event: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.
- 4. Location of event
  - a. Venue name: \_\_\_\_\_
  - b. City, state: \_\_\_\_\_

5. **Additional insured:** List the name and mailing address of any entity requiring a certificate of insurance evidencing them as an additional insured, and indicate their relationship to you. Please verify additional insured language as specified in the contract wording prior to submitting the enrollment form for approval. Providing a copy of the insurance section of your contract will help us complete certificates of insurance quickly and accurately.

Name of additional insured: \_\_\_\_\_

Additional insured address: \_\_\_\_\_

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

Relationship of additional insured:

- Landowner/manager of premises
- Sponsor
- Organizer of event

Fax certificate to the attention of: \_\_\_\_\_ at: (\_\_\_\_\_) \_\_\_\_\_

Date certificate needed by: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If applying for 3 month, 6 month or annual coverage please answer the next five questions:**

- 1. New or renewal
  - I am renewing my coverage with K&K
  - I am a former insured and returning to K&K
  - I am a new account for K&K
- 2. Desired effective dates
  - Start my coverage on the date after my enrollment form and payment are received
  - Start my coverage upon my expiration date of \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Start my coverage on this date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** Coverage will not be made effective prior to the date that the enrollment form and payment are received by K&K Insurance.

3. Number of shows attending during the coverage period: \_\_\_\_\_

4. Do you attend more than one show simultaneously?  Yes  No

5. **Additional insured:** List the name and mailing address of any entity requiring a certificate of insurance evidencing them as an additional insured, and indicate their relationship to you. Please verify additional insured language as specified in the contract wording prior to submitting the enrollment form for approval. Providing a copy of the insurance section of your contract will help us complete certificates of insurance quickly and accurately.

a. Name of event: \_\_\_\_\_

b. Date(s) of event, including set-up and tear-down dates: \_\_\_\_\_

c. Hours of event: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.

d. Location of event: \_\_\_\_\_

Venue name: \_\_\_\_\_

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

e. Name of additional insured: \_\_\_\_\_

f. Additional insured address: \_\_\_\_\_

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

g. Relationship of additional insured

- Landowner/manager of premises
- Sponsor
- Organizer of event

Fax certificate to the attention of: \_\_\_\_\_ at: (\_\_\_\_\_) \_\_\_\_\_

Date certificate needed by: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE READ AND SIGN

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.

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.

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, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. 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 signature: \_\_\_\_\_ Printed name: \_\_\_\_\_
Title: \_\_\_\_\_ Date: \_\_\_\_\_ Trade name: \_\_\_\_\_

INSURANCE AGENT INFORMATION

To be completed by the licensed agent representing the insured, if any.

Agency name: \_\_\_\_\_
Agency mailing address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Agent/contact name: \_\_\_\_\_
Agency telephone : ( ) \_\_\_\_\_ Agency fax: ( ) \_\_\_\_\_
Agent/contact e-mail address: \_\_\_\_\_

Do you have existing business with K&K Insurance? .....  Yes  No
For additional information regarding other programs, log onto our website at www.kandkinsurance.com.(For K&K use only)
Agency ID# \_\_\_\_\_

Note: There are no commissions included in this program. A fee may be separately charged, subject to state insurance regulations. Fees should not be included in the payment remitted to K&K. Agents do not have authority to issue binders or certificates of insurance on behalf of this program.

Mailing Instructions: Please refer to page 4, "How to Obtain Coverage" number 2.

In order to avoid a delay in processing, prior to mailing please verify that:

- The eligibility criteria as outlined in the brochure have been met.
All questions/sections of the enrollment form have been answered/completed.
The Warranty and Disclosure Statement section is signed. The required premium payment has been provided.
If paying by credit card, the complete credit card information is provided, along with signature.

Making Your Payment: Please check payment option.

- 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:
I authorize K&K Insurance Group, Inc. to charge my premium payment to my credit card in the amount of \$ \_\_\_\_\_.
VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: \_\_\_\_\_
Reference number (last 3 digits on back of card): \_\_\_\_\_ Expiration date: \_\_\_\_\_
Print name (as on card): \_\_\_\_\_
Cardholder signature: \_\_\_\_\_