



# GOLF CART RPG ENROLLMENT FORM

## PROGRAM DESCRIPTION

This program has been designed to provide liability coverage limited to the usage of golf carts and other motorized pit equipment, during an approved motorsports event. This coverage does NOT provide any physical damage coverage for golf carts.

## EXCLUSIONS

- Product/ Completed Operations
- Liability for On-Track Activities
- Fungi or Bacteria
- Medical Payments
- Employment-related Practices
- Fireworks
- Lead
- Nuclear Energy Liability
- Asbestos

## COMMERCIAL GENERAL LIABILITY (CGL) COVERAGES

Coverage	Limit
Each Occurrence	\$1,000,000
General Aggregate (other than Products-Completed Operations)	\$2,000,000
Products Completed Operations Aggregate	Not Covered
Personal & Advertising Injury	\$1,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$300,000
Medical Expense	Not Covered

## APPLICANT INFORMATION

Named of Insured (as it will appear on certificate): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Effective / Expiration dates of coverage (time period of the event): \_\_\_\_\_ to \_\_\_\_\_

Event/ Location: \_\_\_\_\_

## UNDERWRITING INFORMATION

- Will all drivers of the golf cart have a valid driver's license and be at least 18 years or older?  Yes  No
- Have any of the insured(s) and or team managers been convicted of fraud and or theft related charges?  Yes  No
- Has the insured had any claim(s) related to golf carts and/or motorized pit equipment in the last 5 years?  Yes  No

## PROGRAM PREMIUM CALCULATION

Premium of \$60 per unit/ per event \_\_\_\_\_

Number of golf carts/ motorized pit equipment used: \_\_\_\_\_

Total Premium Due (calculated from above information) \_\_\_\_\_

Risk Purchasing Administration Fee (REQUIRED to be able to process enrollment) \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

## PAYMENT INFORMATION:

FOR YOUR SECURITY, WE CANNOT ACCEPT CREDIT CARD PAYMENTS VIA EMAIL. PLEASE SEND CREDIT CARD AUTHORIZATION FORM BY FAX OR MAIL ONLY.



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### WARRANTY AND DISCLOSURE STATEMENT

#### 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.

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 book 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. K&K reserves the right to decline/void any ineligible 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. The information I provided on this enrollment form becomes a part of the insurance contract.

#### Compensation and Other Disclosure Information

K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to [warranty@kandkinsurance.com](mailto:warranty@kandkinsurance.com)

In addition, premiums paid by clients to K&K for remittance to insurers, client refunds and claim payments paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, K&K may be considered to have an incentive to place your insurance coverages with a particular insurance company. Where K&K participates in contingent commission arrangements with insurance companies, K&K may be entitled to additional commission in the range of 0 to 5% depending upon whether and when specified thresholds are achieved.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages rise.

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.



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## GENERAL FRAUD STATEMENT

**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 knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS** Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application

for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in 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.

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

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

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

# K&K Insurance – Client Services

## SINGLE USE Credit Card Authorization Form – **Motorsports Accounts**

**For Internal Use Only:**

Insured Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Underwriter: Kraig Hopkins / Marilyn Haynes

**FOR YOUR PROTECTION AND SECURITY, K&K INSURANCE GROUP, INC. WILL NO LONGER ACCEPT CREDIT CARD AUTHORIZATION FORMS VIA E-MAIL. In order to promptly apply funds to your account, you must fax authorization to the number below:**

**Please fax completed form to 1-260-459-5502**

I (We) hereby authorize K&K Insurance Group, Inc. to debit the credit card listed below, for the premium amount of: \$ \_\_\_\_\_ - This premium payment applies to the following event:

Event Type: Golf Cart RPG

Event Date: \_\_\_\_\_

Event Location: 2018 SCCA Runoffs - Sonoma Raceway

VISA

MASTERCARD

DISCOVER

AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name (as appears on card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Phone Number: \_\_\_\_\_

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