

- Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$500.00. = \$ _____
 • Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Optional \$5,000.00 Medical Expense Benefit 2% of Part II Total premium _____ x .02 = \$ _____
- Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Liquor Liability coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Part III Total Premium = \$ _____

Part IV Additional Insureds

Up to 3 additional insureds are included at no additional cost. Please include a separate sheet for more additional insureds if needed. Name, Address and Relationship of all additional insureds to be added to the policy:

Legal Name, Full Name, E-mail	Full Mailing address (including city, state and zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, O - Other (write down details)

Total Number of Additional Insureds (after initial three) _____ x \$10.00 = \$ _____
 Additional Insureds requiring Primary Non-Contributory Endorsements _____ x \$100.00 = \$ _____
 Additional Insureds requiring Waiver of Subrogation Endorsements _____ x \$100.00 = \$ _____

Part IV Total Premium = \$ _____

Total Policy Premium = \$ _____

Part V Payment

(If you purchase both accident and liability coverage, you only need to complete payment information once)

Choose one of the following options. Please initial your choice:

- Enclosed is my check for the total premium.
- Please charge my: Visa MasterCard Discover American Express

*For Premiums less than \$1,000.00, a \$10.00 convenience fee will be added.
 For Premiums \$1,000.00 and higher, a convenience fee equal to 2.5% of the premium will be added.*

Name on Card _____

Cardholder Billing Address _____

Card # _____ Exp. Date (mm/yy) _____

Security Code _____

Part VI Acknowledgements and Signatures

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **Fraud Warning** 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 there to, commits a fraudulent insurance act, which may be a crime.
- c. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent E-mail Address

Agency Mailing Address



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