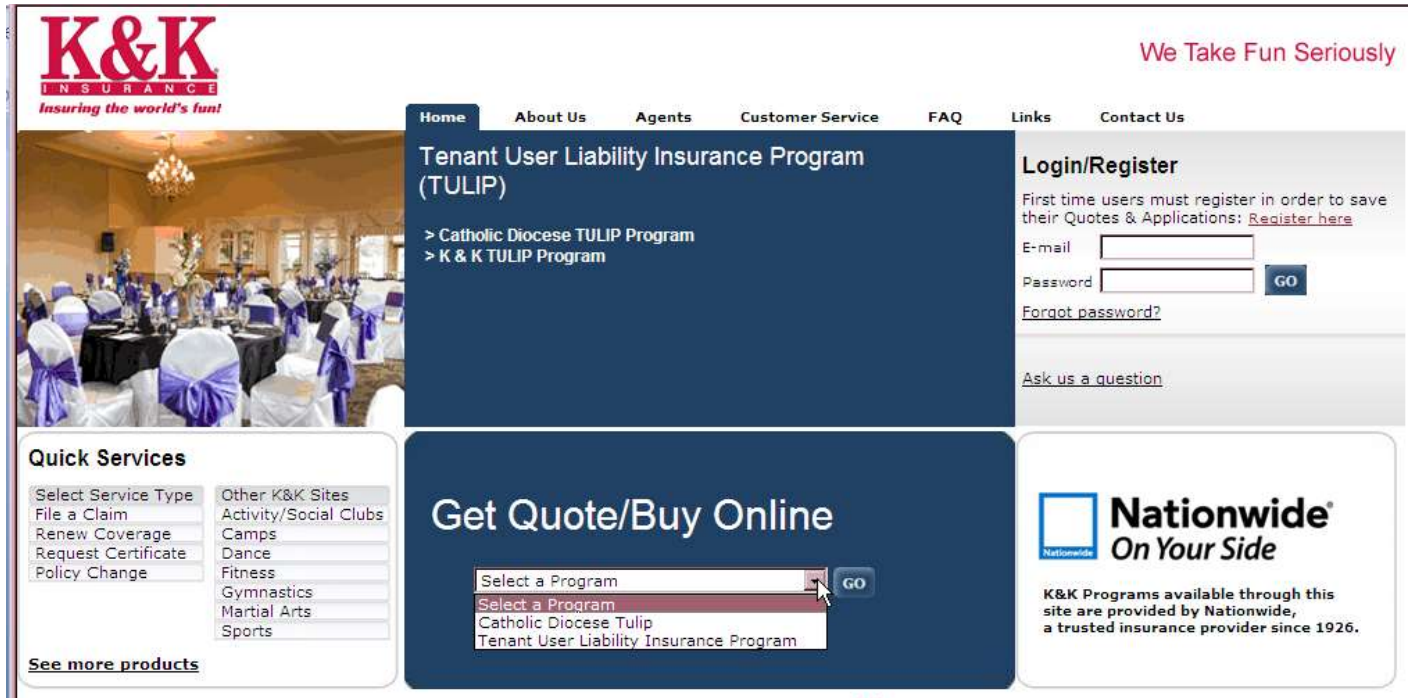
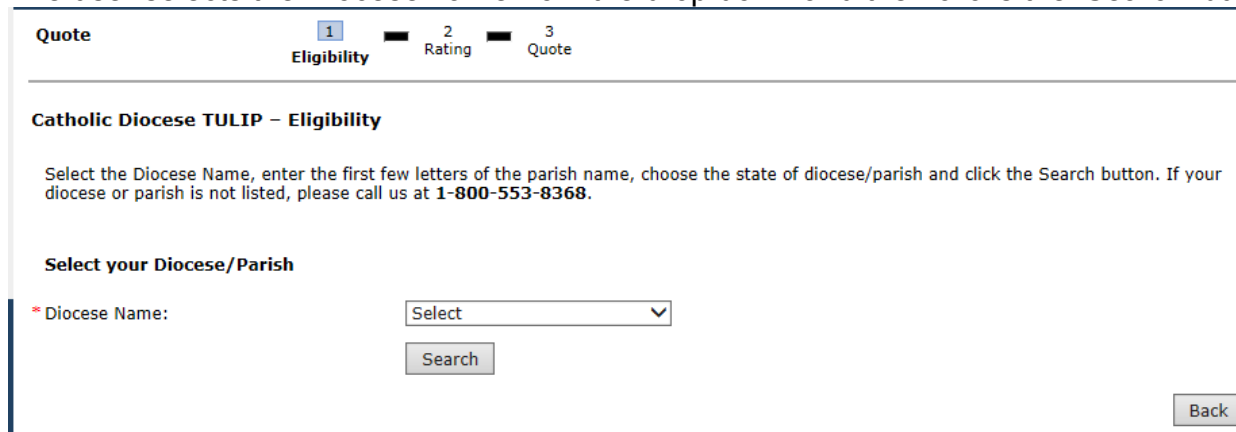


The user can register if first time user; login if already a registered user; click on the down arrow beneath the words 'Get Quote/Buy Online', select a program and click on the 'Go' button to start the application process.

During the application process, all required fields need to be completed and any calculate buttons need to be clicked.



The user selects the Diocese name from the drop down and then clicks the 'Search' button.



A list of parish names will show on the screen.

Quote
1
Eligibility
2
Rating
3
Quote

Catholic Diocese TULIP – Eligibility

Select the Diocese Name, enter the first few letters of the parish name, choose the state of diocese/parish and click the Search button. If your diocese or parish is not listed, please call us at **1-800-553-8368**.

Select your Diocese/Parish

* Diocese Name:

Please choose from the Diocese/Parishes listed below:

| Diocese Name | Parish Name | Address |
|---|----------------------------|---------------------------------------|
| <input type="radio"/> Archdiocese of Cincinnati | All Saints Catholic Parish | 8939 Montgomery Road , Cincinnati |
| <input type="radio"/> Archdiocese of Cincinnati | Alter Crest | c/o St. Joseph Orphanage , Cincinnati |
| <input type="radio"/> Archdiocese of Cincinnati | Alter High School | 940 East David Road , Kettering |

The user selects the parish.

Please choose from the Diocese/Parishes listed below:

| Diocese Name | Parish Name | Address |
|--|----------------------------|-----------------------------------|
| <input checked="" type="radio"/> Archdiocese of Cincinnati | All Saints Catholic Parish | 8939 Montgomery Road , Cincinnati |

The user clicks on the ‘Continue’ button at the bottom of the screen

| | | |
|---|------------|----------------------------|
| <input type="radio"/> Archdiocese of Cincinnati | Visitation | 407 W. Main Street , Eaton |
|---|------------|----------------------------|

The user selects the type of event to be insured.

Quote 1 Eligibility 2 Rating 3 Quote

Catholic Diocese TULIP – Eligibility

Please select the type of event to be insured.

Eligible Events

| | | |
|---|--------------------------------------|-----------------------------------|
| <input type="radio"/> Anniversary party | <input type="radio"/> Cook-Off | <input type="radio"/> Play |
| <input type="radio"/> Auction | <input type="radio"/> Corn Hole | <input type="radio"/> Poker |
| <input type="radio"/> Awards banquet | <input type="radio"/> Dance | <input type="radio"/> Prom |
| <input type="radio"/> Awards presentation | <input type="radio"/> Debutante ball | <input type="radio"/> Quinceanera |
| <input type="radio"/> Baby shower | <input type="radio"/> Demonstration | <input type="radio"/> Raffle |
| <input type="radio"/> Bake sale | <input type="radio"/> Dinner | <input type="radio"/> Recital |

If 'Meeting' is selected, an additional question is displayed and must be answered before continuing to the next screen in the online process.

| | | |
|---|--|---|
| <input type="radio"/> Casino Game | <input checked="" type="radio"/> Meeting | <input type="radio"/> Wake |
| <input type="radio"/> Choir Concert | <input type="radio"/> Memorial service | <input type="radio"/> Wedding |
| <input type="radio"/> Christening | <input type="radio"/> Musical Concert | <input type="radio"/> Wedding reception |
| <input type="radio"/> Concert (Bluegrass, Classical, Country and Western, Pop Rock) | <input type="radio"/> Open House | <input type="radio"/> Wine Tasting |
| <input type="radio"/> Conference | <input type="radio"/> Opera | <input type="radio"/> Workshop |
| <input type="radio"/> Confirmation | <input type="radio"/> Pageant | |
| <input type="radio"/> Convention | <input type="radio"/> Picnics w/out Pool or Lake | |

Is this meeting: Just one time Recurring (held on a regular basis)

***If the insured's event type is not listed above, DO NOT CONTINUE. Please contact our office for confirmation of eligibility at 1-800-553-8368.**

The user clicks the 'Continue' button at the bottom of the screen.

***If the insured's event type is not listed above, DO NOT CONTINUE. Please contact our office for confirmation of eligibility at 1-800-553-8368.**

This is the screen that is displayed for any type of event selected on the prior screen other than 'Meeting, Recurring (held on a regular basis)'.

As the questions are answered, some additional information will appear on the screen. The bottom of this page and the next page shows the information that will appear on the screen as the questions are answered.

After all questions are answered, click the Continue button at the bottom of the screen.

Quote

1 Eligibility
 2 Rating
 3 Quote

Catholic Diocese TULIP- Eligibility

Desired coverage dates (including setup and teardown):

[You may specify any day from 06/29/2012 to 12/29/2012]

Provide Attendance Information

| | |
|---|--|
| Number of consecutive event days (not including set-up or tear-down): | <input style="width: 90%;" type="text"/> |
| Estimated daily attendance of this event: | <input style="width: 90%;" type="text"/> |
| Total event attendance: | <input style="width: 90%;" type="text"/> |

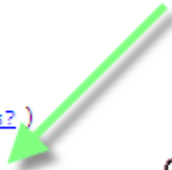
- Are overnight accommodations part of the event? Yes No
- Is there a live musical performance at the event? Yes No
- Alcoholic beverages are (select one):
 - Not available at the event
 - Furnished without a charge ([what's this?](#))
 - Sold ([what's this?](#))
 - Both sold and furnished without a charge ([what's this?](#))
- Does the insured event have any concessionaires, exhibitors or vendors? Yes No
- Does the event have any of the following activities? Yes No
 - Rides, mechanical amusement devices, inflatable recreational devices, dunk tanks, bungee operations/equipment
 - Petting zoos or animals owned, rented or hired by the insured
 - Fireworks/pyrotechnics

Back
Continue

An additional question will be displayed if 'Furnished without a charge' is selected.

- Alcoholic beverages are (select one):
 - Not available at the event
 - Furnished without a charge ([what's this?](#))**
 - Sold ([what's this?](#))
 - Both sold and furnished without a charge ([what's this?](#))
- Is the insured required to obtain a liquor license/permit? Yes No

If 'Furnished without a charge' is selected, the question about liquor license/permit will be displayed.



This snag-it shows additional questions that are displayed as questions are answered.

Catholic Diocese TULIP- Eligibility

Desired coverage dates (including setup and teardown):
* [You may specify any day from 06/29/2012 to 12/29/2012]

Provide Attendance Information

| | |
|---|----------------------|
| Number of consecutive event days (not including set-up or tear-down): | <input type="text"/> |
| Estimated daily attendance of this event: | <input type="text"/> |
| Total event attendance: | <input type="text"/> |

Are overnight accommodations part of the event? Yes No

Is there a live musical performance at the event? Yes No

If 'Yes' is selected, the question about the music appears on the screen.

Is the music rap/hip-hop/alternative? Yes No

Alcoholic beverages are (select one):

- Not available at the event
- Furnished without a charge ([what's this?](#))
- Sold ([what's this?](#))
- Both sold and furnished without a charge ([what's this?](#))

If either 'Sold' or 'Both sold and...' is selected, the question about the liquor license or permit appears on the screen.

In whose name is the liquor license or permit? Insured Caterer/Vendor Facility Sponsor

Does the insured event have any concessionaires, exhibitors or vendors? Yes No

If 'Yes' is selected, the question about vendor coverage appears on the screen.

Do the concessionaires, exhibitors or vendors currently have coverage? Yes No

If 'No' is selected, the 3 items indicated appear on the screen.

How many concessionaires, exhibitors or vendors need coverage at this event?

Are any of the following operations or products sold, displayed, demonstrated or promoted by the concessionaire, exhibitor or vendor? Yes No

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); Mechanical or inflatable amusement devices; Medical testing; Motorsports activities; Nutritional/health supplements (selling); On-site equipment sales/rental; On-site installation/service/ repair of products; 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 (selling); Wholesale business operations.

Does the event have any of the following activities? Yes No

If 'Yes' is selected, the grey box appears on the screen.

- Rides, mechanical amusement devices, inflatable recreational devices, dunk tanks, bungee operations/equipment
- Petting zoos or animals owned, rented or hired by the insured
- Fireworks/pyrotechnics

These activities are not covered by this program and resulting claims will be denied. You may continue to purchase coverage online with the understanding that these activities are excluded. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an Additional Insured. If you require additional insurance for these activities, please discontinue the online process and contact us to determine if other programs are available.


Accept & continue Decline & exit

If the event type 'Meeting, Recurring (held on a regular basis)' was selected this is the next screen that is displayed.

After all questions are answered, click the Continue button at the bottom of the screen.

Quote 1 Eligibility 2 Rating 3 Quote

Catholic Diocese TULIP- Eligibility

Desired coverage dates (including setup and teardown): 
 [You may specify any day from 08/11/2016 to 02/11/2017]

Provide Recurring Meeting Information

Type of Meeting(Example: Support Groups,Community Organizations,Alcoholics Anonymous, etc.):

Approximate number of participants per meeting:

Frequency of meetings: ▾

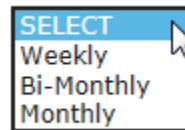
Time of Meetings: ▾ AM PM To ▾ AM PM

Do the meetings have any of the following activities? Yes No

- Rides, mechanical amusement devices, inflatable recreational devices, dunk tanks, bungee operations/equipment
- Petting zoos or animals owned, rented or hired by the insured
- Fireworks/pyrotechnics
- Selling, Serving or consumption of alcohol

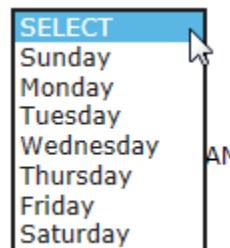
- Select the meeting frequency from the drop down box.

- Frequency of meetings
- Time of Meetings:



- If weekly is selected, select the day of week the meeting occurs on.

- Day of the week the meetings occur:
If meetings are more than one day a week, please call us at 800-553-8368.
- Time of Meetings:
- Do the meetings have any of the following activities?



If the user selects 'No' they then click on the Continue button. If the user selects 'Yes' they will get a popup message and will not be able to complete the online application.

Quote

1 Eligibility
 2 Rating
 3 Quote

Catholic Diocese TULIP – Ineligible Operations

The following events/activities are ineligible for enrollment in this program and no coverage will be provided. To continue, you must first confirm that none of the following services are offered by the entity obtaining a quotation.

| | |
|--|--|
| Activist rallies/marches/literature distribution | Gun/knife shows |
| Athletic events and competitions* | Haunted attractions |
| BYOB* | Historical battle reenactments |
| Cinematography & photography for commercial use | In-or-on water activities (pools, lakes, rivers, etc) |
| Concerts* | Mazes (corn/hay/fence) |
| Day Care Operations | Motorized vehicle/motorcycle/watercraft practicing for, qualifying for, or testing for any racing speed, demolition or stunting activity |
| Events held on an airport premises | Parades* |
| Events providing room accommodations and/or camping as part of the event | Rodeos* (activities including, but not limited to bull or bronco riding, roping activities, or barrel racing) |

***This event/activity is not available online. Please contact K&K at 1-800-553-8368**

Are any of the above events/activities offered? Yes No

Back
Continue

The information entered on the Eligibility screen will populate the fields in the screen shown below. The premium will be shown in under the Total Event Attendance column. This is the rating screen for any event selected on the eligibility screen other than a meeting that recurs on a regular basis.

Quote

1 Eligibility
 2 Rating
 3 Quote

Catholic Diocese TULIP - Rates

Premium

| Commercial General Liability | Number of Event days | Overnight? | Number of Vendors | Total Event Attendance (attendees) |
|------------------------------|----------------------|------------|-------------------|-------------------------------------|
| \$1,000,000.00 | | | | \$ |

Back
Continue

The snag-its below show how the premium information is displayed when the event type is meeting recurring either weekly, bi-monthly or monthly.

The information entered on the Eligibility screen will populate the fields in the screen shown below. The premium will be shown in under the Total Event Attendance column.

Quote 1 Eligibility **2 Rating** 3 Quote

Catholic Diocese TULIP - Rates

Premium

| Commercial General Liability | # of Participants per meeting | Frequency of meetings | Premium |
|------------------------------|-------------------------------|-----------------------|---------|
| \$1,000,000.00 | | Weekly | \$ |

Quote 1 Eligibility **2 Rating** 3 Quote

Catholic Diocese TULIP - Rates

Premium

| Commercial General Liability | # of Participants per meeting | Frequency of meetings | Premium |
|------------------------------|-------------------------------|-----------------------|---------|
| \$1,000,000.00 | | Bi-Monthly | \$ |

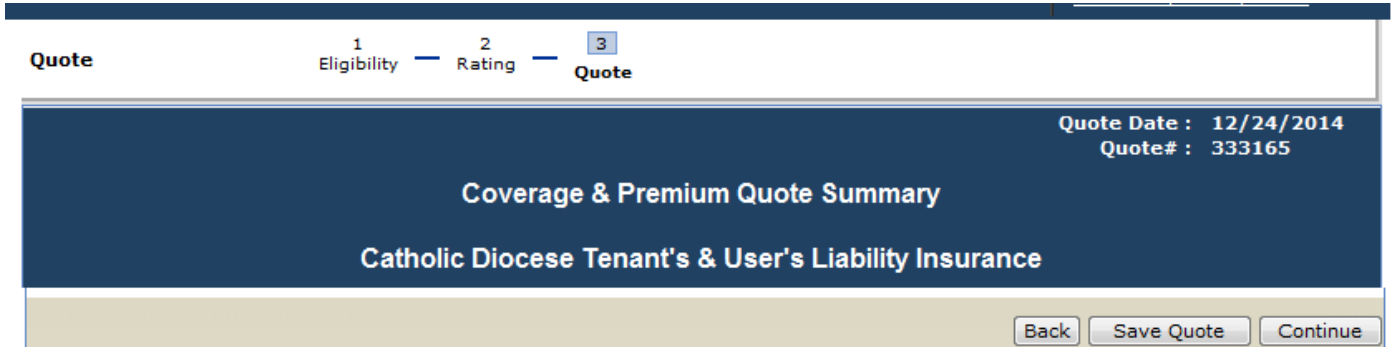
Quote 1 Eligibility **2 Rating** 3 Quote

Catholic Diocese TULIP - Rates

Premium

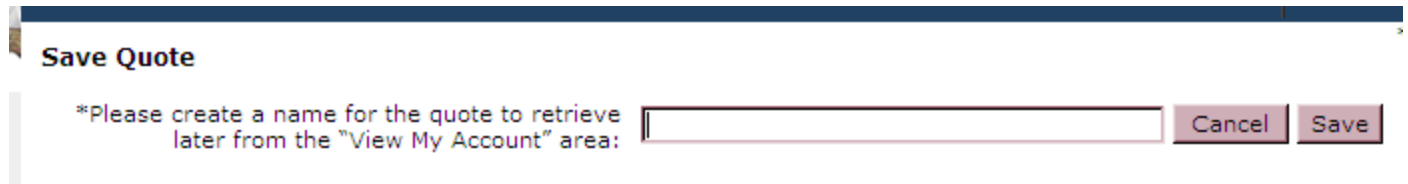
| Commercial General Liability | # of Participants per meeting | Frequency of meetings | Premium |
|------------------------------|-------------------------------|-----------------------|---------|
| \$1,000,000.00 | | Monthly | \$ |

See the bottom of the quote summary screen for options available on this screen. You can click on the Edit button on the right side of the quote summary to edit a section if necessary.

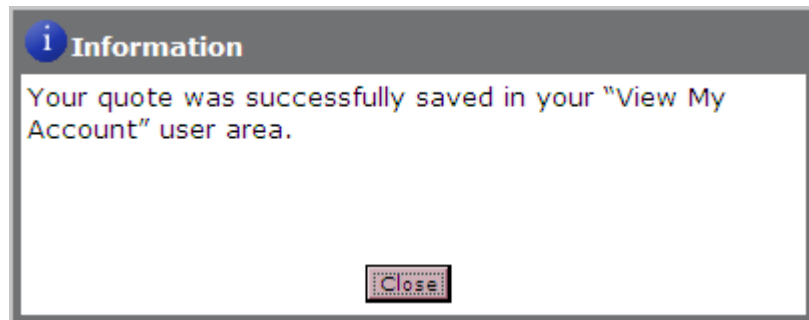


If you want to save the quote you need to be logged in.

To save at Quote Summary enter a name for the document and click on the 'Save' button.



Close the pop-up message.



Click the 'Continue' button to continue the online application process.

If the user is not logged in, they will not see the 'Insured information is the same as login information' box. The 'State' field will be automatically filled with the data from the eligibility screen.

Enrollment **1** Insured Information — 2 Additional Information — 3 Certificate Request — 4 Warranty — 5 Final Summary — 6 Payment

** fields are mandatory*

Insured Information

IMPORTANT: THIS SECTION IS TO BE COMPLETED FOR THE PERSON OR BUSINESS PURCHASING COVERAGE

1. For the "Named Insured" use your name if you operate as a sole proprietor, or your legal business name if you operate as a corporation or LLC.

2. You will be asked to provide information for Additional Insureds later in the purchase process.

Insured information is the same as login information

*Named insured (as it should appear on the policy) ([what's this?](#)):

Doing business as (DBA) ([what's this?](#)):

*Contact first name:

*Contact last name:

*Mailing address:

*City:

*State:

*Zip:

*Phone (including area code):

Cell (including area code):

Fax (including area code):

*E-mail:

*Re-confirm e-mail:

Website address (if any):

This is a new account
 This is a renewal of coverage

Click the Continue button.

This screen will not be displayed if meeting, recurring on a regular basis was selected on the eligibility screen.

The fields highlighted in yellow below (for illustrative purposes only) will be automatically filled with the information entered earlier in the application process.

The user needs to complete the 'Name of event:' and 'Is the event held annually?' sections then click the Continue button.

Enrollment 1 Insured Information — **2 Additional Information** — 3 Certificate Request — 4 Warranty — 5 Final Summary — 6 Payment

Event – Additional Information

Name of event:

Date(s) of event/coverage (including set up and tear down):

Event location

Venue name:

Address:

City:

State:

Zip:

Is this event held annually? Yes No

An additional certificate of insurance is automatically generated for the location the event is being held. If additional certificates of insurance are needed for another entity, enter the required entity information; click on the Add This Certificate button. When all certificates have been added, click the Continue button.

Enrollment 1 Insured Information 2 Additional Information 3 **Certificate Request** 4 Warranty 5 Final Summary 6 Payment

Certificate of Insurance Requests

At the conclusion of the insurance purchase, you will receive a certificate(s) of insurance as evidence of the coverage that has been purchased.

If you require additional certificates listing a facility, property owner, or sponsor as an **Additional Insured**, please complete the certificate information section below.

Do you need to request any additional certificate(s) of insurance to present to a third party? ([what's this?](#)) Yes No

Additional Insured Field is limited to 90 characters. If a longer name is needed, you must complete your insurance transaction first, then submit a request for another certificate by using the ONLINE Certificate Request Option on the Customer Service tab located at the top of our website page.

Certificate Information:

Name of Certificate holder (Additional Insured):

Mailing address:

City:

State:

Zip:

Please indicate the relationship of the above entity: (select one)

Owner, manager or lessor of the premises/location where the events take place

Sponsor of event

Co-promoter of event

If the relationship of the certificate holder you are entering is not listed above or if special language is required, complete your insurance purchase first. After your purchase is complete, you may submit a special request by using the ONLINE Certificate Request option on the Customer Service tab located at the top of our web page.

Certificate 1 [Preview](#)

Certificate holder: **Additional Insured**

Entity name: **Archdiocese of Cincinnati/All Saints Catholic Parish**

Mailing address: **8939 Montgomery Road**

City: **Cincinnati** State: **Ohio** Zip: **45236**

Relationship: **Owner, Manager or Lessor of the premises**

The user completes the required fields and clicks the Continue button.

Enrollment 1 Insured Information 2 Additional Information 3 Certificate Request 4 **Warranty** 5 Final Summary 6 Payment

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

I have agreed to all of the above terms

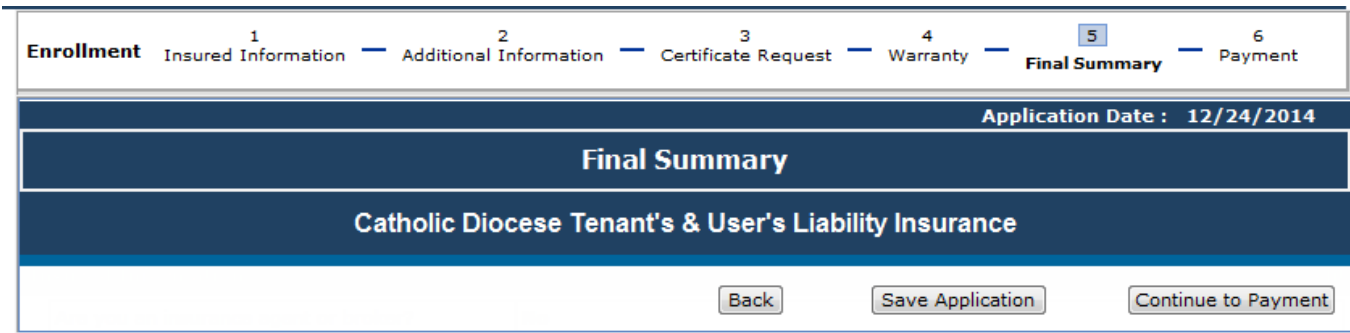
Name of person completing this form:

First name:

Last name:

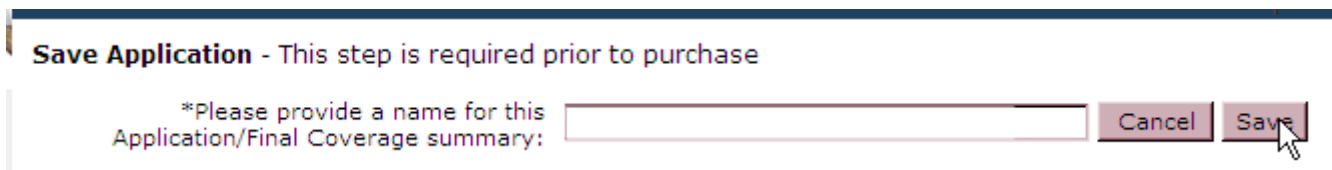
Relationship to insured:

See the bottom of the final summary screen for options available on this screen.

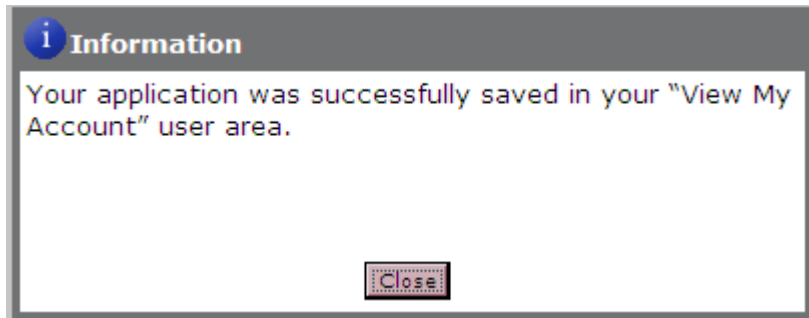


Saving the application is a required step to purchase coverage. It is also required if you want to save the information on the application and purchase later.

If the application was saved at the quote summary, the name given to the document will show in the name field on this screen. If the user is just saving at the final summary, enter a name for the document. Click on the 'Save' button.



Close the pop-up message.



Click on the 'Continue To Payment' button at the bottom of the final summary screen.

The user selects the method of payment and clicks the Continue button. The appropriate screens will come up for the method of payment selected.



After the payment has been processed the purchase summary screen will come up. From here the insured can print out the coverage documents. An email will also be sent to the registered user's email address containing the purchase summary along with the coverage documents.