

SCHOOL ATHLETICS



Eligible Operations:

- Athletic conferences - H.S. athletic conferences/associations
- Bowl games
- Coaches & officials associations
- Collegiate athletic & activity programs
- Collegiate clubs & intramural sports programs
- Jr. college athletic programs
- Sports camps & clinics
- Student government
- Tournaments/all-star games

Key Underwriting/Qualifying

Factors (Including but not limited to):

- \$3,500 minimum account premium
- \$1,500 minimum per collegiate conference

Ineligible for this program:

- Liability coverage for individual high schools or individual private schools
- Coverage limited to participant legal liability

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K School Athletics Program
- Active participation in industry trade shows and meetings
- Over 50 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

K&K Insurance provides unique insurance programs for all levels of intercollegiate and interscholastic sports activities.

Coverages Available & Program Highlights:

General Liability

- Broadened Coverage Form
- No General Aggregate
- Volunteers as Insureds
- Legal Liability to Participants
- No Deductible
- Employee Benefits Liability
- Sponsors, Lessors as Additional Insureds

Property

- Over 25 Property Enhancements

Inland Marine

Commercial Auto

- Nonowned/Hired Auto
- Business Auto

Directors and Officers Liability

Crime

Excess Liability

Excess Accident Medical (Participant Accident)

- High School Athletics
- College Athletics

Catastrophic Accident Medical

- High School Athletics
- College Athletics

Sexual Abuse & Molestation (available on a limited basis)

Event Cancellation & Non-appearance

Common Associated Exposures:

- Ancillary events related to scheduled sports activities
- Fund raisers
- Office premises

Insuring the world's fun.®

SCHOOL ATHLETICS



Submission Instructions:

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

Contact Information:

1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338

School Athletics Program

PHONE: (800) 441-3994

FAX: (260) 459-5120

EMAIL:

KK_Sports@kandkinsurance.com

WEB SITE:

www.kandkinsurance.com

California License #0334819

Preliminary Underwriting Information Required:

- Application(s) (see below)
- Four years of company loss runs, including current year
- Copy of procedures manual
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured

K&K School Athletics Application(s):

(Applications can be obtained from our web site: www.kandkinsurance.com)

Athletic Conferences

- Athletic Conferences Application
- Nonowned/Hired (included in above application)
- Liquor Liability Application (if applicable)
- Security Supplemental Information (if applicable)

Intercollegiate Athletic Association

- Intercollegiate Athletic Association Application

High School Athletics/Activities Association

- High School Activities/Athletics Association Application
- Nonowned/Hired Application (if applicable)

Bowl/All-star Games

- Bowl/All-star Games Application
- Participant Accident Supplemental Application (if applicable)
- Nonowned/Hired Application (if applicable)
- Liquor Liability Application (if applicable)
- Fireworks Supplemental Application (if applicable)
- Security Supplemental Information (if applicable)
- Inflatable Liability Questionnaire (if needed)
- Sexual Abuse & Molestation Supplemental (if needed)
- Short Term Special Event RPG Enrollment Form

Coaches/Officials

- Coaches/Officials Liability Application

Intercollegiate Sports Accident Medical

- Intercollegiate/Club/Intramural Sports-Basic Medical Insurance Program Quotation Request Form

Interscholastic Sports Accident Medical

- Interscholastic Quotation Request Form

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CA #0334819

COACHES/OFFICIALS LIABILITY APPLICATION

This coverage is for: Officials Coaches Both

Name of Insured (as will appear on policy): _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____

Phone: _____ Fax: _____

Federal Tax ID Number: _____

Email Address: _____ Web Site Address: _____

Insured is: Corporation Partnership Joint Venture Not for Profit Organization
 Limited Liability Corporation Other (explain): _____

President: _____ Number of years in business: _____

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

Number of Members: _____ Number of Events: _____

When is your Membership Renewal? _____

AGENCY/BROKERAGE INFORMATION

Name of Agency/Brokerage (if applicable): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Federal Tax ID Number: _____ Email Address: _____

COVERAGE INFORMATION- Check the type of coverage and indicate the limits and deductibles desired:

		Limits Requested	Deductible
<input type="checkbox"/> General Liability	<input type="checkbox"/> Primary	\$ _____	\$ _____
	<input type="checkbox"/> Excess	\$ _____	\$ _____
	<input type="checkbox"/> Legal Liability To Participants	\$ _____	\$ _____
<input type="checkbox"/> Participant Accident	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
	<input type="checkbox"/> Weekly Disability Income	\$ _____	\$ _____
<input type="checkbox"/> Other: _____		\$ _____	\$ _____

ADDITIONAL INSURED: (Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).

NAME	ADDRESS	RELATION TO YOU *
1. _____		

* If the additional insured is an owner, manager, or lessor of the premises to you, please indicate the part of the premises leased or rented to you by the designated additional insured, as respects your activity or operation.

UNDERWRITING INFORMATION

- Has this type of insurance ever been: Cancelled Declined Non-renewed
If so, please explain. _____
- Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?
 Yes No If yes, please explain. _____
- Does your organization train and certify coaches/officials? Yes No If yes, please describe program: _____
- List sports types and for whom coaches/officiating services are provided (i.e. amateur sports associations, schools-collegiate, other, professional sports). _____
- As respects your operation(s), do you enter into any contracts/lease agreements? Yes No
If yes, what contracts do you enter into? _____
- a. Does the Named Insured assume liability for the other party? Yes No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
b. Does the other party assume the Named Insured's liability? Yes No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
c. Does each party assume its own liability? Yes No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
- Who reviews the contracts prior to signing?
 Corporate Officers Counsel Other (please explain)

PRIOR CARRIER INFORMATION- Four years currently valued loss runs must be submitted for any of the four years K&K was not on the account.

Year	Previous Agent	Company	Liability Limits	Premium	Losses
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copy of the previous policy.
- Four years of company loss runs (company copy including reserves).
- Copies of rules, policies and regulations, safety manuals and membership application.

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.

_____ Applicant's Signature	_____ Date (MM/DD/YY)	_____ Producer's Signature (if applicable)	_____ Date (MM/DD/YY)
_____ Applicant's Name (print)		_____ Producer's Name (print)	



MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENTS FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

APPLICANT NAME: _____

FRAUD WARNING

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who 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.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a less or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD APPS (2009/04)

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

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.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)