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 CA #0334819

STUDENT ORGANIZATION SUPPLEMENTAL APPLICATION

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

Mailing Address: _____

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

E-mail Address: _____

Web Site Address: _____

President: _____ Secretary: _____

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.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

★ 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

1. Total Membership: _____

Number of Student Members: _____ Number of Student Associations: _____

2. Who has the right and/or authority to authorize, sanction or schedule official events? _____

3. Please describe the type of activities and/or functions to be covered: _____

4. Please describe any ancillary events that will also be covered: _____

5. Will Certificates of Insurance be required for sanctioned events? Yes No

6. Describe the procedure to secure a certificate: _____

7. Is participation in the insurance program? Mandatory Optional Please explain: _____

If optional, how many members participate in your insurance program? _____

8. Are local, state and regional organizations involved in your organization? _____

9. Is insurance coverage to be extended to these groups through the association on a blanket basis? Yes No

If yes, how are the groups certified and/or sanctioned? _____

10. Are all ancillary events sanctioned and supervised by the association? _____

11. Describe any safety precautions or risk management procedures that you have implemented for the associations or chapters. _____

12. Is there a safety/injury control program in place? Yes No If yes, please describe the implementation of the program. _____

13. Is a waiver/release or consent form signed by members? _____

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

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)