



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-800-441-3994 Fax 1-260-459-5120
 www.kandkinsurance.com
 CA# 0334819

**NAIA, NJCAA OR
 INDEPENDENT SCHOOL
 INTERCOLLEGIATE SPORTS**

REQUEST FOR COVERAGE

NOTE: PROGRAM NOT AVAILABLE IN THE FOLLOWING STATES: CA, CO, ID, IN, MD, NH, NY, OH, SD, WA.

GENERAL INFORMATION

Plan sponsor (full legal name): _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contracting official name: _____ Title: _____ email: _____

COVERAGE AVAILABLE

Accidental Death & Dismemberment \$10,000
 Accident Medical
 Deductible \$25,000
 Benefit Period 10 years
 Optional Catastrophe Cash Benefit \$500,000

Coverage includes practice and play and group or team travel arranged for by the school to or from a game.

SPORTS RISK CATEGORY

	<u>\$5 Million limit</u>	<u>Optional Catastrophe Cash benefit</u>
Fall and Spring Football and two or more other Hazardous Sports	<input type="checkbox"/> \$21,215	<input type="checkbox"/> \$4,977
Fall and Spring Football and one other Hazardous Sports	<input type="checkbox"/> \$18,985	<input type="checkbox"/> \$4,454
Fall and Spring Football and no other Hazardous Sports	<input type="checkbox"/> \$16,763	<input type="checkbox"/> \$3,932
Fall Only Football and two or more other Hazardous Sports	<input type="checkbox"/> \$15,660	<input type="checkbox"/> \$3,675
Fall Only Football and one other Hazardous Sports	<input type="checkbox"/> \$13,427	<input type="checkbox"/> \$3,150
Fall Only Football and no other Hazardous Sports	<input type="checkbox"/> \$11,210	<input type="checkbox"/> \$2,629
No Football and two or more other Hazardous Sports	<input type="checkbox"/> \$8,122	<input type="checkbox"/> \$1,905
No Football and one other Hazardous Sports	<input type="checkbox"/> \$5,866	<input type="checkbox"/> \$1,376
No Football and no other Hazardous Sports	<input type="checkbox"/> \$3,635	<input type="checkbox"/> \$852

Hazardous Sports: Boxing, Football, Gymnastics, Ice Hockey, Martial Arts, Lacrosse, Rodeo, Rugby, Skiing, Snowboarding, Surfing, Diving, Wrestling.

LOSS HISTORY

To see if your institution qualifies for this program, please complete the following. We will respond to your request within three work days.

1. In the last five years, have you had any medical losses in excess of \$25,000 among your intercollegiate athletes? Yes No

If yes, please complete the following concerning each such claim.

<u>Academic Year</u>	<u>Sport</u>	<u>Paid Claims</u>	<u>Claim Reserve</u>	<u>Nature of Injury and Status</u>

IMPORTANT- List the sports to be covered on the back of this form.

Mail to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, Indiana 46804 • Attention: Sports Division

SPORTS TO BE COVERED

NUMBER OF MEN	NUMBER OF WOMEN	
_____	_____	Archery
_____	_____	Badminton
_____	_____	Band
_____	_____	Baseball
_____	_____	Basketball
_____	_____	Bowling
_____	_____	Boxing
_____	_____	Cheerleading
_____	_____	Cricket
_____	_____	Crew
_____	_____	Cross Country
_____	_____	Cross Country Skiing
_____	_____	Diving
_____	_____	Equestrian
_____	_____	Fencing
_____	_____	Field Hockey
_____	_____	Football, Fall only
_____	_____	Football, Spring & Fall
_____	_____	Golf
_____	_____	Gymnastics
_____	_____	Ice Hockey
_____	_____	Lacrosse
_____	_____	Martial Arts
_____	_____	Racquetball
_____	_____	Riflery
_____	_____	Rodeo
_____	_____	Rowing
_____	_____	Rugby
_____	_____	Sailing
_____	_____	Skiing
_____	_____	Snowboarding
_____	_____	Soccer
_____	_____	Softball
_____	_____	Squash
_____	_____	Student Athletic Trainers/Managers
_____	_____	Surfing
_____	_____	Swimming only (no diving)
_____	_____	Synchronized Swimming
_____	_____	Tennis
_____	_____	Track & Field
_____	_____	Ultimate Frisbee
_____	_____	Volleyball
_____	_____	Water Polo
_____	_____	Wrestling
OTHER SPORTS (please list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____