

# ATHLETIC CONFERENCES

## Eligible Operations:

- High School Athletic Conferences
- Jr. College Athletic Conferences
- Collegiate Athletic Conferences

## Ineligible Operations:

(Including but not limited to)

- Individual High Schools, Colleges, Universities
- Stand-alone legal liability for participants is not offered

K&K's athletic conference insurance program offers property, liability, and other coverages designed for both high school and collegiate sports conferences.

- \$1,500 minimum premium for high school and collegiate conferences

## Coverages Available & Program Highlights:

---

### General Liability

- Broadened Coverage Form
- Non-audited policy
- No deductible
- Bodily Injury definition redefined
- Crisis Response Coverage
- Volunteers as Additional Insureds
- Legal Liability to Participants
- Employee Benefits Liability
- Sponsors, lessors as Additional Insureds
- Sexual Abuse & Molestation Endorsement – per perp form (optional – subject to qualification based on minimum underwriting criteria and guidelines)

### Property

- Over 25 coverage enhancements
- Equipment Breakdown
- Business Interruption

### Inland Marine

### Crime

### Commercial Auto

### Directors' and Officers' Liability including

### Employment Practices Liability

### Excess Liability

### Accident Medical (Participant Accident)

- High School Athletics
- College Athletics

### Catastrophic Accident Medical

- High School Athletics
- College Athletics

### Event Cancellation & Non-appearance (provided through Showstoppers)

### Workers' Compensation

Insuring the world's fun.®

### **K&K Benefits:**

- Experienced & professional staff
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best

### **Contact Information:**

P.O. Box 2338 Fort Wayne, IN 46801-2338

### **Athletic Conferences**

PHONE: 800-441-3994

FAX: 260-459-5120

EMAIL:

KK.Sports@kandkinsurance.com

WEB SITE:

[www.kandkinsurance.com](http://www.kandkinsurance.com)

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

### **Submission Instructions:**

---

To request an insurance quotation through this program, please complete the appropriate PDF application (available at [www.kandkinsurance.com](http://www.kandkinsurance.com)) and submit as directed in the application. Coverage is subject to underwriting, may not be available to all applicants in all states, and may vary by state. It is important to carefully review the terms and conditions of any insurance quotation. Please contact a K&K representative if you have any questions.

All descriptions, summaries or highlights of coverage are for general informational purposes only and do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy.

# Insuring the world's fun.®



P.O. Box 2338  
 Fort Wayne, Indiana 46801  
 (800) 441-3994 Fax (260) 459-5120  
 www.kandkinsurance.com  
 CA #0334819

# ATHLETIC CONFERENCES APPLICATION

## APPLICANT INFORMATION

Name of Insured (as will appear on policy): \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## LOCATION INFORMATION

Office Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Person is:  Owner  Promoter  Agent  President, Director  
 Other: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Nature of operations/description of organization: \_\_\_\_\_

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 \_\_\_\_\_

## 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"/> Employee Benefits Liability	\$ _____	\$ _____
<input type="checkbox"/> Participant Accident	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
<input type="checkbox"/> Property	<input type="checkbox"/> Property (ACORD application required)	\$ _____	\$ _____
	<input type="checkbox"/> Inland Marine (ACORD application required)	\$ _____	\$ _____
<input type="checkbox"/> Commercial Auto	<input type="checkbox"/> Auto (ACORD application required)	\$ _____	\$ _____
<input type="checkbox"/> Crime (ACORD application required)	\$ _____	\$ _____	
<input type="checkbox"/> Workers' Compensation (ACORD application required with Experience Modification Worksheet)		\$ _____	\$ _____
<input type="checkbox"/> Other: _____		\$ _____	\$ _____

Do you intend to have office premises liability included?  Yes  No If yes, office square footage: \_\_\_\_\_

**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. _____	_____	_____

\* 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.

**GENERAL INFORMATION**

- Has this type of insurance ever been:  Cancelled  Declined  Non-renewed  
If so, please explain. (Not applicable in Missouri). \_\_\_\_\_
- 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. \_\_\_\_\_
- As respects your operation(s), do you enter into any contracts/lease agreements?  Yes  No  
If yes, what contracts do you enter into? \_\_\_\_\_

**PLEASE PROVIDE COPIES OF ALL CURRENT AGREEMENTS BETWEEN THE CONFERENCE AND THE SCHOOL IT REPRESENTS**

- Does the Named Insured assume liability for the other party?  Yes  No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**
  - Does the other party assume the Named Insured's liability?  Yes  No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**
  - Does each party assume its own liability?  Yes  No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**
4. Who reviews the contracts prior to signing?  Corporate Officers  Counsel  Other (please explain) \_\_\_\_\_

5. For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured.

	CERTIFICATES (Provide copies.)	LIMITS	ADDITIONAL INSURED
Food Concessionaires	_____	_____	_____
Vendors/Exhibitors	_____	_____	_____
Contractors/Others	_____	_____	_____
Member Schools	_____	_____	_____

6. For each athletic championship event, please attach a list including date of event, sport, location, number of participants and the anticipated spectator count.

7. For Ancillary Events, please provide type of Event \_\_\_\_\_ Number of Attendees \_\_\_\_\_

8. Please describe **medical** procedures for event: \_\_\_\_\_

\_\_\_\_\_  
Please describe **security** procedures for event: \_\_\_\_\_

\_\_\_\_\_  
Please describe **evacuation** procedures for event: \_\_\_\_\_

\_\_\_\_\_  
Please describe procedures for safety precautions for the spectators: \_\_\_\_\_

9. Is first aid available for practices, events, etc?  Yes  No

10. What precautions are taken to prevent unauthorized persons from entering restricted areas? \_\_\_\_\_

11. Are participants ever transported to or from practices or competitions by organization members?  Yes  No

If yes, please explain. \_\_\_\_\_

12. Are waiver/release, or consent forms signed by the participants? (**Attach copies of the form(s)**)  Yes  No

13. Are all practices, contests, and ancillary events sanctioned and supervised by the association?  Yes  No

#### **NONOWNED/HIRED AUTO INFORMATION**

1. Do you have a Business Auto Policy for owned autos?  Yes  No

If yes, can coverage be obtained under your Business Auto Policy?  Yes  No

If no, please explain: \_\_\_\_\_

#### **Nonownership Liability**

1. Do employees or volunteers routinely use their autos for company business?  Yes  No

Explain: \_\_\_\_\_

2. Do you, the insured, verify that insurance is in place and with limits of at least \$300,000 before employees or volunteers can use their auto?  Yes  No

3. Do you, the insured, run motor vehicle reports on each employee?  Yes  No

4. What other controls or procedures do you use to protect your company's liability? \_\_\_\_\_

5. Number of Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

#### **Hired Auto Liability (No physical Damage) Vehicles that are rented, hired or borrowed for less than 30 days**

1. During the last 3 years have you rented, hired or borrowed any vehicles for your business?  Yes  No

2. If you anticipate some usage this year –  
A. What type of vehicle (trucks, cars, buses)? \_\_\_\_\_

B. What is the estimated cost to rent or hire the vehicles? \_\_\_\_\_

3. When renting, hiring or borrowing are the vehicles used to –  
A. Transport people  Yes  No

If yes, how many and for how long? \_\_\_\_\_

B. Haul equipment  Yes  No

If yes, please explain and identify? \_\_\_\_\_

4. If using buses or vans, please answer each of the following:  
Maximum number of passengers each vehicle carries? \_\_\_\_\_ Distance they will travel? \_\_\_\_\_

How long the vehicles will be used? \_\_\_\_\_ Year built? \_\_\_\_\_ Cost new? \_\_\_\_\_

5. Do you normally hire vehicles with or without drivers?  With Drivers  Without Drivers

6. Is it company policy to buy insurance for rented vehicles?  Yes  No

7. Do you hire vehicles for more than or less than 30 days for any one time?  More  Less

(If more than 30 days, vehicles should be scheduled)

**Hired Auto Physical Damage**

- 1. What type of vehicles have you leased? \_\_\_\_\_  
What type do you intend to lease (make, model, lease)? \_\_\_\_\_
- 2. What is the highest valued vehicle that you have leased? \_\_\_\_\_  
Intend to lease (type and value)? \_\_\_\_\_
- 3. Do drivers share in the exposure to loss (ie: driver pays half of the deductible)?  Yes  No
- 4. What is the maximum number of vehicles leased at any one time? \_\_\_\_\_
- 5. City and State of the garage location of the vehicles? \_\_\_\_\_  
Comprehensive Deductible? \_\_\_\_\_ Collision Deductible? \_\_\_\_\_

**Leased Vehicles**

If leased, what is the term of the lease? \_\_\_\_\_

Please provide the following information on leased vehicles:

VIN#	Year	Make	Model	New Cost	Garaging Location (City and State)

**Driver Information**

Name	Birth Date	Driver's License Number	State

**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

**No Prior Insurance**

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

**THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:**

- Copies of all lease agreements and contracts.
- Copies of all athletic championship event dates, sport, location, number of participants, the anticipated spectator count and the entity responsible for event facility premises, maintenance, security, medical emergencies, concessions and parking.
- Copies of waiver/release forms.
- Four years of current valued company loss runs (company copy including reserves).

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)



# LIQUOR LIABILITY APPLICATION

1. Named Insured as is to appear on policy: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

2. Name Liquor License is in: \_\_\_\_\_

3. Liquor License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

4. Is coverage for a specific event?  Yes  No

If yes, explain what kind of event, where event will be held and date of event(s) \_\_\_\_\_

5. Opening and closing hours of event(s) (for each event) \_\_\_\_\_

6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). \_\_\_\_\_

7. Has applicants' alcohol beverage license ever been revoked, suspended or fined?  Yes  No

If yes, please explain: \_\_\_\_\_

8. Has applicant incurred claims for liquor liability during the last three years?  Yes  No

If yes, please explain: \_\_\_\_\_

9. Has any insurer cancelled or non-renewed coverage during the last three years?  Yes  No

If yes, please explain: \_\_\_\_\_

10. Type of alcohol beverages sold: \_\_\_\_\_ What proof: \_\_\_\_\_

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises?  Yes  No

If yes, what type? \_\_\_\_\_

13. Do you maintain security personnel at event entry check points?  Yes  No

If yes, what type? \_\_\_\_\_

Do they exercise the right of search and seizure of contraband items?  Yes  No

If yes, how do they notify the public of this? \_\_\_\_\_

14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)?  Yes  No

15. If site is completely enclosed, are minors allowed to enter?  Yes  No

16. Are the servers professional (two years bartending experience or more)?  Yes  No  
Are the servers non-professional (less than 2 years or no bartending experience)?  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

17. Name the formal awareness training program that the servers receive: \_\_\_\_\_  
\_\_\_\_\_

18. At what point of sale are I.D.'s checked? \_\_\_\_\_  
19. Are rules and regulations clearly displayed for patrons' viewing?  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

20. In what size container is the alcoholic beverage served at each event?  Cup \_\_\_\_\_ oz.  Pitcher  Other: \_\_\_\_\_  
21. Can patrons purchase more than two alcoholic beverages at one time?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

22. Is there any type of designated driver program in effect?  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

23. Is there any other Liquor Liability coverage being provided?  Yes  No  
If yes, explain and attach a copy of the certificate of insurance: \_\_\_\_\_  
\_\_\_\_\_

24. Liability limits requested \$ \_\_\_\_\_ (per occurrence) \$ \_\_\_\_\_ (aggregate)

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)





# NONOWNED/HIRED AUTO QUESTIONNAIRE

(To be completed and returned with Commercial Auto ACORD application)

Named Insured: \_\_\_\_\_

Do you have a Business Auto Policy for owned autos?  Yes  No

If yes, can coverage be obtained under your Business Auto Policy?  Yes  No

If no, please explain: \_\_\_\_\_

### NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business?  Yes  No

If so, please provide details regarding duties involved: \_\_\_\_\_

2. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their auto?  Yes  No

3. Do you run motor vehicle reports on each employee?  Yes  No

4. Please explain what other controls you have in place to protect your company's liability? \_\_\_\_\_

5. Number of Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

### HIRED AUTO LIABILITY

1. During the last three years have you leased, borrowed or hired any vehicles for your business?  Yes  No

2. If you anticipate some usage this year:

A. What type of vehicle (trucks, cars, buses)? \_\_\_\_\_

B. What is the estimated cost to lease or hire the vehicles? \_\_\_\_\_

3. When leasing, hiring or borrowing are the vehicles used to:

A. Transport participants, volunteers or staff only?  Yes  No

If yes, how many? \_\_\_\_\_ For how long? \_\_\_\_\_

Number of times per year: \_\_\_\_\_ Distance traveled per trip: \_\_\_\_\_

B. Haul equipment:  Yes  No

If yes, please explain and identify frequency and distance traveled per trip: \_\_\_\_\_

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries: \_\_\_\_\_ Distance traveled per trip: \_\_\_\_\_

How long the vehicles will be used: \_\_\_\_\_ Year built: \_\_\_\_\_ Cost new: \_\_\_\_\_

5. Does the leasing company provide drivers or do you use your own? \_\_\_\_\_

6. Do you purchase liability insurance from the leasing company?  Yes  No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds?  Yes  No If yes, please explain: \_\_\_\_\_

8. What is the estimated annual cost to hire/lease all vehicles? \_\_\_\_\_

9. Do you hire vehicles for more than or less than 30 days for any one time?  More  Less

If more than 30 days, vehicles should be scheduled.

**HIRED AUTO PHYSICAL DAMAGE**

- 1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? \_\_\_\_\_  
\_\_\_\_\_
- 2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? \_\_\_\_\_  
\_\_\_\_\_
- 3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)?  Yes  No
- 4. What is the maximum number of vehicles leased at one time? \_\_\_\_\_
- 5. Please provide the garage location of the vehicles (city and state): \_\_\_\_\_
- 6. Requested Comprehensive Deductible? \$ \_\_\_\_\_ Collision Deductible? \$ \_\_\_\_\_

**LIST OF DRIVERS-** Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed

**LEASED VEHICLES**

If leased, what is the term of the lease? \_\_\_\_\_

VIN#	Year	Make	Model	New Cost	Garaging Location (City and State)

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

\_\_\_\_\_  
Date



P.O. Box 2338  
Fort Wayne, IN 46801-2338  
CA# 0334819

# SECURITY SUPPLEMENTAL APPLICATION

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Who is primarily responsible (via contract) for liability coverage of off-duty police?:  Insured  Municipality

Who is primarily responsible (via contract) for Workers's Compensation of off-duty police?:  Insured  Municipality

Are all the applicant's security guard employees licensed by the state as a security guard?  Yes  No

If no, explain: \_\_\_\_\_

### INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

Are background investigation and checks conducted on all employees who perform security duties?  Yes  No

If yes, mark appropriate box:

- Criminal background checks
- Fingerprints
- Background cleared prior to hire
- Previous employer
- Drug screening
- Other: \_\_\_\_\_
- Motor vehicle report
- Personal references

What firearm training is required for armed security employees? \_\_\_\_\_

Does applicant have a formal training program for security employees?  Yes  No

If yes, explain or attach a copy of training manual \_\_\_\_\_

Provide the number of dogs to be used in security operations: \_\_\_\_\_

During the past four years, have any claims been presented to your current or prior insurance carrier for security related incidents?  Yes  No

If yes, please explain those incidents in detail below or provide a separate exhibit. \_\_\_\_\_

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

\_\_\_\_\_  
Date



P.O. Box 2338  
 Fort Wayne, IN 46801-2338  
 1.800.553.8368 Fax 1.260.459.5624  
 www.kandkinsurance.com  
 CA# 0334819

# Workers Compensation Supplemental Application

**General Information** Current number of seasonal employees: \_\_\_\_\_

Percent of employee turnover in the last 12 months: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

If California, please provide the zip code with the highest exposure: \_\_\_\_\_

**Benefits** Group medical insurance? Yes  No  What percentage of employees are covered by the plan? \_\_\_\_\_%

Who is eligible? All employees  Only full time  Other:  \_\_\_\_\_ CPR training provided? Yes  No

**Hiring Practices** Check all that apply:

- Audio Testing
- Orthopedic Back Test
- Reference Check
- Validate Work History
- Criminal Background Check
- Pre/Post Employment Physical
- Substance Abuse Testing
- Written Application
- Formal Interview

Are written job descriptions provided? Yes  No

**Safety** Designated full time safety director? Yes  No  Name: \_\_\_\_\_

Do you have a designated safety committee? Yes  No  Meeting frequency: Daily  Weekly  Monthly  Annually

Does the safety committee present their findings to a management team? Yes  No

What is reviewed by the safety committee during their meetings? \_\_\_\_\_

Safety meetings held for all employees? Yes  No  Frequency: \_\_\_\_\_

Safety training program in place for employees? Yes  No

Safety incentive program? Yes  No  What is the incentive? \_\_\_\_\_

Slip & Fall prevention program? Yes  No  Proper lifting program? Yes  No

Personal protective safety equipment provided? Yes  No

Equipment safeguards utilized? Yes  No  Equipment inspection/maintenance program? Yes  No

If yes, describe: \_\_\_\_\_

Hazardous materials communication program? Yes  No  Accident investigation program? Yes  No

Are supervisors held accountable for injuries? Yes  No

**Management** Does the insured have a return to work program? Yes  No  With full pay? Yes  No

Written  Informal  Modified duty offered to injured employees? Yes  No

Is the insured willing to implement safety recommendations made by the carrier? Yes  No

Is the insured willing to implement loss control recommendations made by the carrier? Yes  No

**Premises** Housekeeping/cleanliness at the jobsite Excellent  Good  Poor

Condition of equipment: Excellent  Good  Poor  Proper safeguards? Yes  No

Do employees perform maintenance and custodial work at your facilities? Yes  No

If yes, are the employees responsible for housecleaning, laundry, cooking or yard work/landscaping? Yes  No

If yes, do employees maintain the exterior?

**Vehicle/Driving Exposure** Is there a driver safety program? Yes  No  Are MVR's run? Yes  No

How often?: \_\_\_\_\_ Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations: \_\_\_\_\_

Driving distance? \_\_\_\_\_ Frequency of driving? Daily  Weekly  Other  \_\_\_\_\_

Number of company vehicles? \_\_\_\_\_ Number of employees authorized to operate company vehicles? \_\_\_\_\_

What is the purpose of the driving exposure? \_\_\_\_\_

Do more than 3 employees travel together in any one vehicle? Yes  No

Vehicles inspection/maintenance program? Yes  No



# ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.**

1. Does the Applicant have written procedures and a plan of supervision that monitors staff and volunteers in day-to-day relationships with its members, both on and off the premises?  Yes  No

2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy?  Yes  No  
If yes, please attach a copy

- a. If yes, does the written policy include:
  - i. Definition of sexual and physical abuse/molestation?  Yes  No
  - ii. Incident reporting procedures?  Yes  No
  - iii. Investigation procedures?  Yes  No
  - iv. Disciplinary procedures?  Yes  No
  - v. Retaliation warning?  Yes  No
  - vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy?  Yes  No

b. Are procedures in place to monitor the implementation and on-going execution of this policy?  Yes  No

3. Does the Applicant's employment process include a criminal background check on all employment and volunteer candidates, whether direct employee, volunteer or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment or participation is made?  Yes  No

Please identify and explain any current employees, volunteers or independent contractors who are not subject to criminal/sex offender registry background checks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is your vendor for the Criminal Background and Sex Offender Registry checks? (Required) \_\_\_\_\_

4. Does the Applicant verify employment-related references?  Yes  No

5. Does the Applicant conduct personal interviews?  Yes  No

6. Is there a formal policy regarding staff training on:
- a. Appropriate and inappropriate physical contact with clients or children?  Yes  No
  - b. Appropriate and inappropriate verbal interactions with clients or children?  Yes  No
  - c. Appropriate and inappropriate electronic communications with clients or children?  Yes  No
  - d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities?  Yes  No
  - e. Recognition of the signs of abuse or molestation?  Yes  No

7. Does any employee, volunteer or independent contractor
- a. have one-on-one access to clients or children in a closed door or transportation setting?  Yes  No
- b. physically touch another person as part of their job responsibilities?  Yes  No
- If yes, please explain: \_\_\_\_\_
- 
8. Please indicate the age range of members, patrons, students, or populations served (check all that apply):
- 0 - 18 years of age     18 – 25 years old     25 – 50 years old     over 50 years old     All
9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation?  Yes  No
- If yes, please describe: \_\_\_\_\_
- 
- a. Was a suit brought against the organization?  Yes  No
- b. Was the case settled?  Yes  No
- c. Was the case taken to trial?  Yes  No
- d. How much money was paid as damages to the victim? \_\_\_\_\_
10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage?  Yes  No
11. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017?  Yes  No
12. Additional remarks/information: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

**FOR MAINE APPLICANTS ONLY:** THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

**FOR UTAH APPLICANTS ONLY:** THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

*Applicant name:* \_\_\_\_\_

## **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 thereto, commits a fraudulent insurance act.

**NOTICE TO APPLICANTS:** 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 THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

# FRAUD WARNING (continued)

**NOTICE TO NEW YORK APPLICANTS:** 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 THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO OREGON APPLICANTS:** 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 THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

AIG FRAUD APPS (2021/06)

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)