



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

AMATEUR SPORTS ASSOCIATIONS INFORMATION FORM

APPLICANT INFORMATION:

1. Name of Insured (*as will appear on policy*): _____
2. Doing Business As: _____
If there is more than one Named Insured, please provide a list of names including each entity's business operations and relationship to the first named insured including their percentage of ownership.
3. Insured is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ LLC ☐ Other (*explain*): _____
4. Mailing Address: _____
City: _____ State: _____ Zip: _____
5. In what state is the organization headquartered/chartered? _____
6. E-mail Address: _____ Website: _____
7. Contact Person: _____ Title: _____
8. Phone: _____ Fax: _____
9. Tax ID: _____

AGENT INFORMATION: (if applicable)

1. Name of Agency/Brokerage: _____
2. Contact Person: _____ Title: _____
3. Mailing Address: _____
City: _____ State: _____ Zip: _____
4. E-mail Address: _____ Website: _____
5. Phone: _____ Fax: _____

UNDERWRITING INFORMATION:

1. Policy Period Requested: From _____ To _____
2. Nature of operations/description of organization: _____
3. Number of years in business: _____ Number of years management experience: _____
4. Check the type of coverage desired: ☐ GL ☐ EBL (# of employees _____) ☐ Liquor ☐ Fireworks ☐ Auto ☐ Inland Marine
☐ Sexual Abuse & Molestation ☐ Property ☐ Crime ☐ Excess ☐ D&O ☐ WC ☐ PA ☐ Other: _____
5. Do you engage in any other business operations under the name of the insured as will appear on the policy? ☐ Yes ☐ No
If yes, provide explanation including whether or not other insurance coverage applies including carrier and policy number: _____

6. Has this insurance ever been cancelled, declined, or non-renewed? ☐ Yes ☐ No
If yes, please explain: _____

7. Does your current general liability policy have a deductible or self insured retention? ☐ Yes ☐ No
If yes, amount: _____

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

Name	Address	Relationship to you	Certificate required	
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No
_____	_____	_____	☐ Yes	☐ No

9. 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 you as Additional Insured:

	<u>Certificates obtained</u>	<u>Limits</u>	<u>Additional Insured</u>
Food Concessionaires:	☐ Yes ☐ No	_____	☐ Yes ☐ No
Vendors/Exhibitors:	☐ Yes ☐ No	_____	☐ Yes ☐ No
Contractors/Others:	☐ Yes ☐ No	_____	☐ Yes ☐ No

10. Is a K&K approved Waiver & Release form signed by all persons entering a restricted area prior to entry?
(Please attach a copy or indicate your agreement to use a K&K supplied waiver)

☐ Yes ☐ No

11. Number of Clubs/Teams: _____ Number of employees: _____
 Average # of participants per event: _____ Number of coaches: _____
 Number of Officials/Umpires: _____ Number of volunteers: _____
 Average # of spectators per event: _____

12. Breakdown of sport and age (Please attach a complete list if necessary):

	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>
Ages 12 & Under:	_____	_____	_____	_____	_____	_____
Ages 13-15:	_____	_____	_____	_____	_____	_____
Ages 16-17:	_____	_____	_____	_____	_____	_____
Ages 18 & Older:	_____	_____	_____	_____	_____	_____

	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>
Ages 12 & Under:	_____	_____	_____	_____	_____	_____
Ages 13-15:	_____	_____	_____	_____	_____	_____
Ages 16-17:	_____	_____	_____	_____	_____	_____
Ages 18 & Older:	_____	_____	_____	_____	_____	_____

13. List events/activities with anticipated attendance exceeding 20,000:

<u>Event</u>	<u>Location</u>	<u>Date</u>	<u>Attendance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Are all portable/temporary soccer goals in compliance with the CPSC bulletin? ☐ Yes ☐ No ☐ NA
 15. Do you intend to have office premises liability coverage? ☐ Yes ☐ No

If yes, please provide your office square footage: _____

16. If you have cheerleading and allow stunts, please describe safety measures such as height of stunts, spotting, supervision.

What cheerleading organization guidelines are followed: _____

17. If you have running, walking or cycling events, do you use closed courses or open roads? _____

Please describe participant safety procedures such as use of SAG (Support and Gear) vehicles, barricaded or manned road intersections, etc: _____

18. If you have batting cages, please outline your safety measures such as machine pitch max ball speed, fully enclosed cages, etc: _____

19. If you operate water related events, please describe the bodies of water and outline your safety measures such as lifeguard supervision and personal flotation devices: _____

20. If you have tackle football, is there an age/weight breakdown of players? ☐ Yes ☐ No

21. Is all football related equipment (including mouthpiece) required? ☐ Yes ☐ No

22. List and describe any ancillary activities to be covered: _____

23. Do you have Rap and/or Hip Hop Concerts? ☐ Yes ☐ No
If yes, please provide details: _____

24. Do you operate seasonal haunted houses? ☐ Yes ☐ No
If so, please verify fire safety codes are met and that fire marshal certification is obtained, if applicable ☐ Yes ☐ No
25. Do you operate dunk tanks? ☐ Yes ☐ No
If so, please describe the following:
Tank set-up (e.g. proximity to electricity, water level & drained when not in use, surface type): _____

Supervision: _____

User rules (e.g. one person in tank at a time, age/size requirements, shoes required, waivers signed, seated position/hands on knees/sit forward): _____

General safety (e.g. do not operate in a storm): _____

26. Do you operate amusement devices such as the following? *(Note additional underwriting information may be required)*
☐ Mechanical rides ☐ Water slides ☐ Rock climbing walls ☐ Sledding/Tubing/Snow Magic ☐ Inflatables
☐ Trampolines/Bungee Trampolines ☐ Go-carts ☐ Other: _____
If Yes, please provide details including whether or not other insurance is provided by the attraction owner, how is the attraction supervised and whether or not participants/parents/guardians sign waivers: _____

27. Will certificates of insurance be required for each of your clubs or sanctioned events? ☐ Yes ☐ No
28. Describe or provide your association rules and regulations: _____

29. Are local, state and regional organizations involved in your organization? ☐ Yes ☐ No
Is insurance to be extended to these groups through the association on a blanket basis? ☐ Yes ☐ No
30. Is participation in the insurance program mandatory or optional? _____
If participation is optional, how many members participate in your insurance program? _____
31. Are all coaches/trainers certified? ☐ Yes ☐ No
Please explain the certification process: _____

32. Are all practices, contests and ancillary events sanctioned and supervised by the association? ☐ Yes ☐ No
If no, explain: _____

33. Explain sanctioning procedures: _____

34. Is there a safety/injury control program in place? ☐ Yes ☐ No
Describe: _____

35. Describe medical, security and evacuation procedures for championships, tournaments, etc: _____

36. Are participants ever transported to or from practices or competitions by organization members? ☐ Yes ☐ No
If yes, please describe: _____

ABUSE & MOLESTATION:

1. Are employment applications required for paid and volunteer staff? ☐ Yes ☐ No
2. Does your staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? ☐ Yes ☐ No
3. If the application contains this type of question, and the applicant checks "yes" to prior convictions, are they refused a position of employment? ☐ Yes ☐ No
4. Does your state permit you to do criminal background investigations on all staff members? ☐ Yes ☐ No
If yes, do you request and receive such background investigations on all staff members ☐ Yes ☐ No
If yes, who provides this service? _____
5. Do you have written procedures to implement prevention policies? ☐ Yes ☐ No
6. Do you discuss child/sexual abuse during staff orientation, including how to recognize the signs and how to handle allegations? ☐ Yes ☐ No
7. Do you have written procedures to follow if a child, member or employee reports an incident of sexual or physical abuse or molestation? ☐ Yes ☐ No
8. Do your written procedures for reporting include contacting local or state law enforcement? ☐ Yes ☐ No
9. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017? ☐ Yes ☐ No
10. Have you ever had an incident which resulted in an allegation of sexual abuse? ☐ Yes ☐ No
If yes, please provide details: _____

PLEASE PROVIDE COPIES OF WRITTEN PROCEDURES AND APPLICATIONS USED FOR BACKGROUND CHECKS, WRITTEN PREVENTION PROCEDURES, AND WRITTEN REPORTING PROCEDURES. REPORTING PROCEDURES MUST INCLUDE CONTACTING LOCAL OR STATE LAW ENFORCEMENT WHEN NOTIFIED OF ABUSE.

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ☐ **Copies of contracts where you assume liability of another party**
- ☐ **Five years currently valued loss runs**
- ☐ **Copies of certificates of insurance naming you as additional insured from fireworks shooter, amusement ride operator, liquor concessionaire, where applicable**
- ☐ **Copies of waiver/release forms**
- ☐ **Copies of rules/regulations, safety manuals, and sanction requirements**
- ☐ **Accord applications if you would like quotes for Property, Inland Marine, Crime, Auto, Excess or Worker's Compensation**

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)

FRAUD WARNINGS
APPLICATION ADDENDUM

This form supersedes any Application verbiage to the contrary.

FRAUD WARNINGS

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 CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 AGENCIES.

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, MAY BE SUBJECT TO PROSECUTION FOR THE COMMISSION OF 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.

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.

MANDATORY SIGNATURE SUPPLEMENT

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: _____

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.

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)