

# COLLEGE ATHLETIC DEPARTMENTS

## Eligible Operations:

- College athletic associations and college athletic departments including intercollegiate sports, club sports and intramural sports.

## Ineligible for this program:

- Stand-alone legal liability for participants

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Coaches/ Officials Program
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best

K&K's college athletic department insurance program offers property, liability, and other coverage designed for collegiate athletic associations and collegiate athletic departments.

- \$3,500 minimum premium

## Coverages Available & Program Highlights:

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### General Liability

- Legal Liability to Participants
- Broadened Coverage Form
- Volunteers as Additional Insureds
- No Deductible
- 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 Property Enhancements

### Inland Marine

### Commercial Auto

### Directors and Officers Liability

### Crime

### Excess Liability

### Excess Accident Medical

### Catastrophic Accident Medical

### Event Cancellation & Non-appearance

(provided through Showstoppers)

Insuring the world's fun.®

**Contact Information:**

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

**Athletic Conferences Program**

PHONE: 800-441-3994

FAX: 260.459.5120

EMAIL:

KK.Sports@kandkinsurance.com

WEB SITE:

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:**

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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.®



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

# INTERCOLLEGIATE ATHLETIC ASSOCIATION APPLICATION

## APPLICANT INFORMATION

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

\_\_\_\_\_

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

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

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

What division are you in: ☐ NCAA I ☐ NCAA II ☐ NCAA III ☐ NAIA I ☐ NAIA II  
☐ NJCAA ☐ Other \_\_\_\_\_

## 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**

1. Has this type of insurance ever been: ☐ Cancelled ☐ Declined ☐ Non-renewed  
If so, please explain. \_\_\_\_\_

2. 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. \_\_\_\_\_

3. 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**

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.**

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 Ancillary Events, please provide type of event \_\_\_\_\_ Number of Attendees \_\_\_\_\_

7. 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: \_\_\_\_\_

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

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

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

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

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

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

13. Does the athletic department have any of the following? ☐ Whirlpool ☐ Steam Room ☐ Weight Room ☐ None

Does the general student body have access to these facilities? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

14. Is medical coverage a requirement for participation in your athletic programs? ☐ Yes ☐ No

If yes, what type: \_\_\_\_\_

15. Are athletes currently covered by the NCAA lifetime catastrophic insurance program? ☐ Yes ☐ No

Equivalent program: \_\_\_\_\_ (please attach copy of policy)

16. Estimated number of athletes participating in overall athletic program \_\_\_\_\_

17. Is cheerleading considered to be officially sanctioned, supervised and subsidized by the athletic department? ☐ Yes ☐ No

18. Are stunts that could be deemed hazardous performed by these cheerleaders? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

19. During home athletic contests, who is responsible for the preparation of the athletic playing surface and area competition? ☐ Yes ☐ No

20. Are there any structural alterations required for the contests and/or practices? ☐ Yes ☐ No

Please explain (additional bleachers, etc.), if yes, who is responsible: \_\_\_\_\_

21. Is an emergency vehicle on duty? ☐ Yes ☐ No If yes, for what sports? \_\_\_\_\_

22. If an emergency vehicle is not on duty at all sports events, what is the average emergency response time? \_\_\_\_\_

23. Is a doctor or EMT on duty? ☐ Yes ☐ No If yes, for what sports? \_\_\_\_\_

If not, is first aid available to participants at the event locations? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

24. Total annual spectator attendance:\_\_\_\_\_ Largest single day spectator attendance:\_\_\_\_\_
25. What precautions are taken to prevent unauthorized persons from entering restricted areas?\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
26. Is standing room only permitted? ☐ Yes ☐ No
27. What are the schools requirements for athletic participation (i.e.: scholastic standing, physicians, etc.)?\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
28. Describe the training facilities:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
29. Is an athletic trainer on duty at all times for practices and contests? ☐ Yes ☐ No
30. Intercollegiate sports to be insured: (If additional room is needed, please attach a separate sheet.)

| Men's Sports<br>To Be Insured | Total Number<br>Of Athletes | Total Number<br>Of Spectators | Name & Location of Facility           | Age Of Facility<br>Owned, Leased,etc. |
|-------------------------------|-----------------------------|-------------------------------|---------------------------------------|---------------------------------------|
|                               |                             |                               | Used For Practices<br>And/Or Contests |                                       |
|                               |                             |                               |                                       |                                       |
|                               |                             |                               |                                       |                                       |
|                               |                             |                               |                                       |                                       |
|                               |                             |                               |                                       |                                       |
|                               |                             |                               |                                       |                                       |
|                               |                             |                               |                                       |                                       |

| Women's Sports<br>To Be Insured | Total Number<br>Of Athletes | Total Number<br>Of Spectators | Name & Location of Facility           | Age Of Facility<br>Owned, Leased,etc. |
|---------------------------------|-----------------------------|-------------------------------|---------------------------------------|---------------------------------------|
|                                 |                             |                               | Used For Practices<br>And/Or Contests |                                       |
|                                 |                             |                               |                                       |                                       |
|                                 |                             |                               |                                       |                                       |
|                                 |                             |                               |                                       |                                       |
|                                 |                             |                               |                                       |                                       |
|                                 |                             |                               |                                       |                                       |
|                                 |                             |                               |                                       |                                       |

**MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:**

- ☐ **Four (4) years liability loss history including reserves**
- ☐ **Copies of contracts including lease agreements and waivers.**

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



## 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:

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

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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: \_\_\_\_\_



## WILDFIRE PREVENTION QUESTIONNAIRE

PLEASE NOTE - This application is to be used when the risk is in one of the following 15 states: Alaska, Arizona, California, Colorado, Florida, Idaho, Montana, New Mexico, Nevada, Oklahoma, Oregon, Texas, Utah, Washington, Wyoming.

NAMED INSURED (as will appear on policy): \_\_\_\_\_

1. What are your procedures for clearing brush/debris/shrubs/vegetation and other combustible materials from around buildings and the property in general to help prevent the spread of wildfires (*should be 100' of clearance*)? \_\_\_\_\_

2. Are trees and branches pruned back to a minimum of 10 feet from all buildings? ☐ Yes ☐ No

3. Is the property served by the local municipal water system? ☐ Yes ☐ No

If not, what water is immediately available for firefighting? (e.g., *Water tower, pumper truck, pond, lake, stream with capability of pumping water into a fire*) \_\_\_\_\_

4. Name of the fire department serving your facility: \_\_\_\_\_

Fire Department Address: \_\_\_\_\_

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

5. What is the distance of the fire department listed above from your facility? \_\_\_\_\_

Is it full-time or volunteer? \_\_\_\_\_

6. Are the access roads to your facility paved and reasonably maintained all year? ☐ Yes ☐ No

7. Are the majority of your interior roadways (check one): ☐ Paved ☐ Gravel ☐ Dirt

Are there any steep grades that could hinder vehicle movement? ☐ Yes ☐ No

8. Type of fire prevention material on site (e.g., *Fire Gel, Fire Retardant, Foam*)? \_\_\_\_\_

9. Explain the training you have received on applying the fire prevention material: \_\_\_\_\_

10. What is the breakdown of roofing materials on your buildings? \_\_\_\_\_ % Asphalt \_\_\_\_\_ % Metal

\_\_\_\_\_ % Tile/Slate

\_\_\_\_\_ % Other (describe) \_\_\_\_\_

11. \_\_\_\_\_ % Percentage of buildings that have protective screens on all exterior openings such as sub-floor ventilation/crawl spaces and attic louvers to prevent the entry of windblown sparks, flying firebrands and embers.

12. Describe any type of natural breaks or man-made fire breaks surrounding the property: \_\_\_\_\_

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)