K&K INSURANCE
Insuring the world's fun!

2020 AMERICAN AMATEUR BASEBALL CONGRESS DIRECTORS' AND OFFICERS'

Including Employment Practices Liability Insurance for Not-for Profit Entities. Pricing available through 12/31/20

PROGRAM DESCRIPTION

This program provides important protection for American Amateur Baseball Congress, AABC State Associations and Leagues for claims arising out of allegations of errors, omissions or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services, and wrongful employment practices. Defense costs are paid in addition to the limit of liability. Coverage is provided on a claims-made basis, applying only to claims first made during the coverage period.

ELIGIBLE ORGANIZATIONS

Only those organizations that meet all of the following criteria are eligible to submit an enrollment form for coverage under this program:

1. The organization's operations are dedicated to the conduct of amateur sports activities.
2. The organization operates as a not-for-profit organization.
3. The annual revenue of the organization from all sources is $1,000,000 or less. (If greater than $1,000,000, submit for individual consideration.)
4. Organizations with no more than 5 full time and 25 part time employees (if greater, submit for individual consideration)
5. The organization is the American Amateur Baseball Congress, a AABC State Association or AABC registered league.

EXCLUSIONS

This insurance will not pay any claim based upon:

- Advertising injury
- Bodily injury
- Punitive damages
- Pollutants
- Fungi
- Nuclear
- Personal injury
- Property damage
- Wrongful death

DIRECTORS' & OFFICERS' AND EMPLOYMENT PRACTICES LIABILITY

OPTION A

Coverage	Limit
Maximum Aggregate Limit of Liability	$1,000,000 Each Policy Year
Retention	$ 1,000 Each Claim

OPTION B

Coverage	Limit
Maximum Aggregate Limit of Liability	$2,000,000 Each Policy Year
Retention	$ 1,000 Each Claim

The annual cost is fully earned at the inception of coverage and is not refundable. Full payment is required to bind coverage. Please refer to the enrollment form for cost.

EASY WAYS TO ENROLL FOR COVERAGE

Submit this enrollment form, with payment, to K&K.

FAX 260-459-5502

MAIL

Regular: K&K Insurance Sports Division
c/o AABC Insurance Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Sports Division
c/o AABC Insurance Program
1712 Magnavox Way
Fort Wayne, IN 46804

QUESTIONS Call **1-800-441-3994**

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions. A copy of the policy is available upon request.

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Enrollment Form - 2020 American Amateur Baseball Congress Directors' and Officers' including Employment Practices Liability Insurance for Not-for-Profit Entities Pricing available through 12/31/20

Notice: The policy for which this enrollment form is made applies, subject to its terms, only to any "Claim" first made against the "Insureds" during the certificate coverage period.
This form must be completed and returned with your payment. Prices shown are available until December 31, 2020. The submission of this enrollment form does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The expiration date is one full year from the effective date. Read the entire brochure and enrollment form carefully before signing. This is claims-made coverage.

GENERAL INFORMATION

Name of organization: _____Date of incorporation:_____
Mailing address: _____
City: _____State: _____Zip:_____
Contact person: _____Phone: (_____)_____
E-mail:_____Web site: _____Fax no: (_____)_____
Please indicate how your certificate should be delivered ❍ E-mail ❍ Fax ❍ U.S. mail

ELIGIBILITY INFORMATION

Does the organization operate as a not-for-profit entity? ❍ Yes ❍ No
Is your organizations' annual revenue from all sources $1,000,000 or less? ❍ Yes ❍ No
Has your organization registered with AABC? ❍ Yes ❍ No
Does your organization have more than 5 full-time employees and 25 part-time employees? ❍ Yes ❍ No

DATES

Does the organization currently have D&O coverage in force? ❍ No ❍ Yes
(If yes, please provide the following:)
Carrier:_____Limit:_____Premium:_____Retention:_____Exp Date:_____
❍ Start my coverage on this date: ____/____/_____
Note: Coverage will not be made effective prior to the date that the enrollment form and payment are received and approved by K&K.

NEW ACCOUNTS ONLY - Complete this section only if this is a new enrollment form with K&K.

PAST ACTIVITIES

No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include loss payment and defense costs): If so, explain._____
_____
If none, check here ❍

No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance, except as follows:
_____
If none, check here ❍

PAYMENT CALCULATION

If your organization meets the underwriting criteria for the program, limits of liability will be available for the following cost which is based upon your organization's annual gross revenue.

Select coverage Option A or B and check the appropriate box.

Option A-Directors and officers including employment practices liability insurance coverage includes a $1,000,000 limit with a $1,000 retention per claim.

	Organization's Annual Gross Revenue	Cost Per Board
❍	$ 0 - $ 1,000,000	$ 600

Option B-Directors and officers including employment practices liability insurance coverage includes a $2,000,000 limit with a $1,000 retention per claim.

	Organization's Annual Gross Revenue	Cost Per Board
❍	$ 0 - $ 1,000,000	$ 900
	Option A or B Cost:	$_____

Reminder:

- Cost is 100% fully earned at inception and nonrefundable.
- Coverage can only be obtained by remitting a signed and completed enrollment form along with payment in full.
- Incomplete enrollment forms will be declined and returned.
- All enrollment forms must be signed by the president, executive director or treasurer of your organization.
- Coverage will not be made effective prior to the date that the completed enrollment form and payment are received in our office.

EXPLANATIONS

Notice: Following are several items related to claims made policies that should be considered.

PRIOR ACTS
If a claims made policy contains a retroactive date, that policy provides no coverage for claims arising out of incidents, occurrences, or alleged wrongful acts which took place prior to that retroactive date.

CLAIMS MADE DURING POLICY PERIOD
This policy covers only claims actually made or incidents reported against the insured while policy remains in effect, or any applicable extended reporting period. All coverage under the policy ceases upon the termination date, except for the automatic extended reporting period coverage, unless the insured purchases additional extended reporting period coverage.

EXTENDED REPORTING PERIOD
The automatic extended reporting period is sixty (60) days from the termination or expiration date of the policy. The additional extended reporting period, if purchased, may be up to three (3) years for non-profit policies. If this extended reporting period is not purchased and the subsequent policy does not provide full prior acts coverage or is an occurrence policy, there may be gaps in coverage.

CLAIMS MADE POLICY MATURITY
When the retroactive date on a claims made policy is concurrent with the effective date of the policy or less than five years prior to the effective date, there is considered to be a reduced level of exposure in relation to an occurrence policy. For this reason, claims made rates are comparatively lower than occurrence rates. As the claims made relationship matures, the insured can expect substantial annual premium increases independent of overall rate level increases. If, however, the retroactive date on a claims made policy is more than five years prior to the effective date of the policy, that claims made relationship is considered mature and rate levels will not increase for this reason.

READ AND SIGN

WARRANTY STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form 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 am aware that the insurance company expects accurate reporting for my payment calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years afterwards. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Applicant signature _____Printed name: _____

Title:_____Date: _____

(Must be signed by president, executive director, or treasurer acting as an authorized agent of the organization)

PAYMENT INFORMATION

❍ Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check #_____ for $_____

❍ Credit Card: **For your security, we cannot accept credit card payments via e-mail. Please fax or mail only.**

❍ VISA ❍ MASTERCARD ❍ DISCOVER

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of $ _____

Print name (as on card): _____

Cardholder signature: _____