K&K INSURANCE

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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
❑ General Liability	❑ Primary	$ _____	$ _____
	❑ Excess	$ _____	$ _____
	❑ Legal Liability To Participants	$ _____	$ _____
	❑ Employee Benefits Liability	$ _____	$ _____
❑ Participant Accident	❑ AD&D	$ _____	$ _____
	❑ Excess Medical	$ _____	$ _____
❑ Property	❑ Property **(ACORD application required)**	$ _____	$ _____
	❑ Inland Marine **(ACORD application required)**	$ _____	$ _____
❑ Commercial Auto	❑ Auto **(ACORD application required)**	$ _____	$ _____
❑ Crime **(ACORD application required)**	$ _____	$ _____	
❑ Workers' Compensation **(ACORD application required with Experience Modification Worksheet)**		$ _____	$ _____
❑ Other: _____		$ _____	$ _____

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

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	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. (Not applicable in Missouri). _____
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 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)

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.

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.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE (if applicable)
PRINT NAME	PRINT NAME
DATE (MM/DD/YY)	DATE (MM/DD/YY)