LARGE AMATEUR SPORTS ASSOCIATIONS

Eligible Operations:
- Amateur sports associations

Ineligible Operations:
- Extreme Sports
- Mixed Martial Arts

K&K Benefits:
- Experienced & professional staff dedicated exclusively to servicing the K&K Amateur Sports Associations Program for over 25 years
- 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 large amateur sports association insurance is designed for associations, leagues, and teams requiring additional property and liability coverage not offered through our quote-and-buy-online amateur sports teams, leagues and associations liability insurance program.
- Minimum premium: $3,500

For amateur teams, leagues, and associations with less complex coverage needs, please visit our quote-and-buy-online Amateur Sports Teams, Leagues, and Associations program at www.kandkinsurance.com

Coverages Available & Program Highlights:

General Liability
- Broadened coverage form
- Non-audited policy
- No deductible
- Bodily Injury definition redefined
- Crisis Response coverage
- Fireworks Liability
- Liquor Liability (in most states)
- Legal Liability to Participants
- Lessors, co-promoters, and sponsors can be included as Additional Insureds
- Employee Benefits Liability
- Volunteers as Additional Insureds
- Sexual Abuse & Molestation Endorsement – per perp form (optional – subject to qualification based on minimum underwriting criteria and guidelines)

Directors' and Officers' Liability including EPLI Property
- over 25 coverage enhancements
- Equipment Breakdown
- Business Interruption

Inland Marine

Crime

Commercial Auto

Excess Liability

Accident Medical (Participant Accident)

Event Cancellation and Non-appearance (provided through Showstoppers)

Workers' Compensation

Common Associated Exposures:

- Awards/banquets/ ceremonies
- Food, souvenir & beverage concessions
- Fund-raisers
- Games & exhibitions
- Tryouts & practices

Insuring the world's fun®

Contact Information:

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

Large Amateur Sports Associations

Sports Unit

PHONE: **800.441.3994**
FAX: **260.459.5120**

EMAIL:
KK.Sports@kandkinsurance.com

WEB SITE:
kandkinsurance.com

Amateur Sports Teams, Leagues & Associations

Risk Purchasing Group Program (RPG)

PHONE: **800.426.2889**
FAX: **260.459.5105**

EMAIL:
info@sportsinsurance-kk.com

WEB SITE:
sportsinsurance-kk.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)

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.

Submission Instructions:

To request an insurance quotation through this program, please complete the appropriate PDF application (available at 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.

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs, including current year
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copies of all contracts
- Copy of procedure/rule manuals
- Copy of waiver & release forms

Amateur Sports Associations Application(s):

(Applications can be obtained from our web site: kandkinsurance.com)

K&K Application(s)

- Amateur Associations Application
- Participant Accident Supplemental Application (if needed)
- Event Liquor Liability Application (if needed)
- Abuse & Molestation Supplemental Questionnaire (if needed)
- Water Related Activities Supplemental (if needed)
- Nonowned/Hired Application (if needed)
- Fireworks Supplemental Application (if needed)
- Security Supplemental Information (if needed)
- Inflatables Liability Questionnaire (if needed)

ACORD Application(s)

- Property
- Computer Coverage
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability

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K&K INSURANCE

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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:

	Certificates obtained	Limits	Additional Insured
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? ❑ Yes ❑ No
(Please attach a copy or indicate your agreement to use a K&K supplied waiver)

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)*:

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

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

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

Event	Location	Date	Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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)

K&K INSURANCE

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PARTICIPANT ACCIDENT SUPPLEMENTAL APPLICATION

Name of Insured:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

Email Address:_____ Web Site Address:_____

Total Number of Participants:_____ Age Range of Participants:_____

Break down participation by type of events and age:

	TYPE OF EVENTS	NUMBER OF PARTICIPANTS
Ages 9 & Under		
Ages 10-12		
Ages 13-15		
Ages 16-17		
Ages 18 & Older		

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE

UNDERWRITING INFORMATION

1. Are emergency procedures in place? ❑ Yes ❑ No Tested? ❑ Yes ***(Attach copy of procedure)*** ❑ No
2. Do you require any emergency vehicle and licensed EMT at each event? ❑ Yes ❑ No

   If no, please explain:_____
3. If an emergency vehicle is not on site, what is the average emergency response time?_____
4. Is first aid available to both participants and spectators at the event location(s)? ❑ Yes ❑ No

   Please explain:_____
5. Describe medical, security and evacuation procedures:_____
6. Is the insurance program: ❑ Mandatory ❑ Optional, please explain:_____

   If optional, how many members are eligible to participate in your insurance program?_____
7. Are all coaches/trainers certified? ❑ Yes ❑ No

   Please explain certification process:_____
8. Are all practices, contests and ancillary events sanctioned and supervised by you? ❑ Yes ❑ No
9. Do you have sanctioning procedures in place: ❑ Yes ***(Attach copies of sanction requirements and application)*** ❑ No

10. Are you a member of an association or other organization which promotes or governs the activities named above? ❑ Yes ❑ No

11. Are participants ever transported to or from practices or competitions at your direction and under your supervision? ❑ Yes ❑ No

If yes, please describe:_____

_____

_____

12. Is a K&K approved waiver and release form read and signed by all persons entering a restricted area prior to entry? ❑ Yes ***(Please attach a copy of forms(s)*** ❑ No

13. Are coaches and officials to be covered? ❑ Yes ❑ No

14. Please indicate any additional information which you feel is important here:_____

_____

_____

ANCILLARY EVENTS INFORMATION - Describe any events or activities.

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE

PRIOR CARRIER INFORMATION- We require currently valued loss runs for each of the last four years K&K was not on the account.

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES

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

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ❑ **Copies of diagrams and photographs of each location showing all spectator and participant areas where covered activities take place.**
- ❑ **Copy of the previous/present policy.**
- ❑ **Broker of Record letter. (if applicable)**
- ❑ **Copies of waiver/release forms.**
- ❑ **Copies of rules and regulations, safety manuals and sanction requirements and application.**
- ❑ **Four years of 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/YYYY)	Date (MM/DD/YYYY)

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:

   _____

   _____

   _____

   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:_____

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

(Continued on next page)

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)

K&K INSURANCE

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

WATER RELATED EVENTS QUESTIONNAIRE

Named Insured:_____ Contact Name:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____ Email:_____

1. What type of event will you be holding?_____
2. Will this event take place on open or closed waters? ❑ Open ❑ Closed
3. What type of safety equipment and guidelines are required of the participants?_____
   _____
4. Are there any requirements of a participant to enter the event (i.e. training, age)?_____
   _____
5. Are the participants required to sign waivers? ❑ No ❑ Yes **(If so, please provide a copy)**
6. Please provide a schedule of events. With this schedule please include the following for each event:
   ❑ Date ❑ Location ❑ Number of Participants ❑ Estimated Gross Receipts
   ❑ Age Group of the Participants ❑ Number of Spectators ❑ Number of Volunteers
7. If you are utilizing volunteers, what type of experience is required in order to qualify as a volunteer?_____
   _____
8. Has the Coast Guard or Local Authorities been notified about your event? ❑ Yes ❑ No
   Will they be present at your event? ❑ Yes ❑ No If so, how many and where will they be located?_____
   _____
9. What is the realistic response time for medical assistance?_____
10. Does the equipment used during an event belong to you or the participants ❑ Yes ❑ No
    If not, who provides the equipment rented or loaned to the participants?_____
    _____
11. Is the equipment thoroughly checked prior to being used? ❑ Yes ❑ No
12. Does the insured need any ancillary events covered? ❑ Yes ❑ No
    If so, please provide a description of the activity along with the date, location and estimated attendance
13. **ADDITIONAL INSUREDS: If you are required to add entities to your policy as additional insureds, please provide a list of names, as they should appear on the policy, the complete address for each and their relationship to you.**
14. **Please provide a diagram of the course and copies of any brochures or manuals available for this event.**

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

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

SECURITY SUPPLEMENTAL INFORMATION

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' 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 investigations and checks conducted on all employees who perform security duties? ___ Yes ___ No

If yes, mark appropriate box:

❑ Criminal Background Checks ❑ Previous Employer ❑ Motor Vehicle Report

❑ Fingerprints ❑ Drug Screening ❑ Personal Reference

❑ Background Cleared Prior to Hire ❑ Other _____

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 number of dogs to be used in your 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, 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 (MM/DD/YY) Date (MM/DD/YY)

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

FIREWORKS SUPPLEMENTAL APPLICATION

Name of Insured:_____

1. Date(s) of fireworks exposure:_____
2. Specific location of fireworks display(s):_____
3. Estimated spectator attendance:_____
4. Name of organization shooting fireworks:_____
5. Will other coverage be provided? ❑ Yes ❑ No
   If yes, please attach copy of certificate with your name listed as additional insured (minimum limit of $1,000,000 required).
6. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

Name	Experience

7. Are fireworks: "over the counter type"? ❑ Yes ❑ No -or- permit required/professional ❑ Yes ❑ No
   If insured is shooting fireworks, provide copy of current license.
8. Is a permit required by State, City, County authority for this fireworks display? ❑ Yes ❑ No
   If yes, please explain_____
9. Provide diagram of the fireworks display area, detailing the following information:
   a. Spectator fencing – distance from launch site to spectators
   b. Launch site
   c. Direction of launch
   d. Spectator parking lot
   e. Concessions area
   f. Surrounding areas
10. Describe firefighting equipment on site of event:_____
11. If no firefighting equipment on site, give distance to nearest fire station:_____
    Fire protection is: ❑ Volunteer ❑ Paid
12. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? ❑ Yes ❑ No
    If no, give distance in miles to nearest medical facility:_____ and response time in minutes:_____
13. Have you displayed fireworks before? ❑ Yes ❑ No
    If yes, describe any claims/losses that have occurred and the amount of loss:_____
14. Limit of Liability requested (cannot be greater than the event limit): ❑ $500,000 ❑ $1,000,000

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 Date (MM/DD/YY)

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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 ❍ Safe 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 formal safety protocol? 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 Regular inspections for housekeeping hazards and condition of equipment performed? Yes ❍ No ❍
If so, how often and by whom? _____
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 ❍

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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)

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)