K&K INSURANCE

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CA #0334819

HIGH SCHOOL ACTIVITIES/ATHLETICS ASSOCIATION 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 ❑ 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	$ _____	$ _____
❑ Participant Accident	❑ AD&D	$ _____	$ _____
	❑ Excess Medical	$ _____	$ _____
	❑ Weekly Disability Income	$ _____	$ _____
❑ Property	❑ Property **(ACORD application required)**	$ _____	$ _____
	❑ Inland Marine **(ACORD application required)**	$ _____	$ _____
	❑ Crime **(ACORD application required)**	$ _____	$ _____
❑ Auto **(ACORD application required)**		$ _____	$ _____
❑ Workers' Compensation **(ACORD application required with Experience Modification Worksheet)**		$ _____	$ _____
❑ Other: _____		$ _____	$ _____

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.	_____	_____	_____
3.	_____	_____	_____

*** 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.**

UNDERWRITING 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? _____

   _____

   _____

   a. Does the Named Insured assume liability for the other party? ❑ Yes ❑ No
   PLEASE PROVIDE COPIES OF <u>ALL</u> CONTRACTS OF THIS TYPE.

   b. Does the other party assume the Named Insured's liability? ❑ Yes ❑ No
   PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.

   c. Does each party assume its own liability? ❑ Yes ❑ No
   PLEASE PROVIDE ONE SAMPLE 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	_____	_____	_____

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

7. Is your HSAAA involved in:

❑ Athletic events only– please list all sports:

_____
_____
_____
_____
_____
_____
_____
_____

❑ Scholastic events only– please list scholastic events:

_____
_____
_____
_____
_____
_____
_____
_____

❑ Both– list all.

8. Does the association involve itself in:

❑ Rules and regulations/Eligibility
❑ Championships/Tournaments
❑ Regular season activities
❑ Regular season events/Schedules
❑ Scholastic* events - off premises
❑ Scholastic* events - annually
❑ None of the above
❑ Other _____

9. Total number of participants in sports/activities under the jurisdiction of the association: _____

*** Scholastic, for the purpose of this application shall be any activities which are not athletic in nature such as bands, clubs, or organizations.**

Please provide a brief narrative explaining the extent of your involvement at the High School level (I.E.: establish rules and regulations only; sign contracts for the state championships only; involved in all aspects of the local high schools curriculum, including day-to-day athletic competitions and all scholastic functions which travel off local school premises).

10. Do the schools have a mandatory Accident Medical Program currently in place? ❑ Yes ❑ No
If no, is one in the process of being added? ❑ Yes ❑ No

11. What are the limits? $_____

12. Does your state have legislation restricting the amount of litigation/suit awards on the individual High Schools? ❑ Yes ❑ No
If yes, what amount? $_____

13. Do you require any mandatory limits of liability be carried by each of your association member High Schools? ❑ Yes ❑ No
If yes, what amount? $_____

14. Do the students currently sign waiver and release forms? ❑ Yes ❑ No
    Parental consent forms? ❑ Yes ❑ No

    If yes, which? _____ **(Please remit a copy with application)**

    Is signing a waiver and release/consent form a possibility? ❑ Yes ❑ No
15. Does your association enter into any contracts? ❑ Yes ❑ No

    If yes, with who? _____
16. Do you have a standard contract form which you complete? ❑ Yes ❑ No

    If yes, please remit a copy with applications.
17. Is the association listed as an additional insured on the High School's policies? ❑ Yes ❑ No
18. Are certificates of insurance obtained? ❑ Yes ❑ No

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

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

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ❑ **Copies of all lease agreements and contracts entered into on behalf of insured.**
- ❑ **Diagrams and photographs of each location showing all spectator and participant areas.**
- ❑ **Copy of the previous policy.**
- ❑ **Broker of Record letter. (if applicable)**
- ❑ **Copies of waiver/release forms.**
- ❑ **Copies of rules and regulations and safety manuals.**
- ❑ **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)