



# Sexual Misconduct Liability Coverage Request Supplemental Questionnaire

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Remit completed questionnaire with payment

## GENERAL INFORMATION

Named insured (as it appears on your Member Certificate): \_\_\_\_\_  
 Policy number (as it appears on your Member Certificate): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

## DATES

Coverage will begin the day after coverage is bound or on a later date you specify below. Coverage will expire on the same day as your K&K RPG commercial general liability program coverage.

Start my coverage on this date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## BUSINESS INFORMATION

**Coverage is contingent upon underwriting review and approval of the following questionnaire.**

Please note, if approved, the limit of coverage available for this optional coverage is: \$250,000 with a \$1,000,000 aggregate. We do not have any higher limits options available.

1. Does your organization currently have employees, volunteers or independent contractors?  Yes  No  
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct  Yes  No  
been made against you or your organization or anyone working on behalf of your organization?  
If yes, please explain: \_\_\_\_\_
3. Are you aware of any occurrences that could lead to a claim?  Yes  No  
If yes please explain: \_\_\_\_\_
4. Do you, your organization or sanctioning/governing body have written procedures and training  Yes  No  
in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct?  
If yes, do they include:
  - How to recognize the signs of abuse and molestation  Yes  No
  - All known, alleged or suspected abuse incidents must be reported to law enforcement  Yes  No
  - Procedures are provided or available to all paid and volunteer staff, and sanctioning/  
governing body members  Yes  No
  - No one-on-one situations allowed without visibility by others  Yes  No
  - A supervision plan to monitor all participants at the facility/event site that also prevents  Yes  No  
access to secluded areas such as closets, unsupervised rooms, etc.
  - A policy regarding appropriate and inappropriate physical contact, verbal interaction and  Yes  No  
electronic communications with children during and outside of regularly scheduled  
business activities

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-648-6406 • Fax 1-260-459-5940  
www.kandkinsurance.com

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operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

## BUSINESS INFORMATION CONTINUED

5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

<b>Please Complete All Questions</b>	<b>Employees</b>	<b>Volunteers/Independent contractors</b>
The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.		
Do you have employees and/or Volunteers/Independent contractors?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are employee/volunteer/independent contractor applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #5: \_\_\_\_\_

## MAILING INFO

Submit completed questionnaire to K&K. Upon receipt we will review and, if accepted, will provide you with a quotation. Premium payment is needed in order to bind coverage.

- E-mail            info@sportsinsurance-kk.com
- Fax                1-260-459-5105
- Mail

Regular:    K&K Insurance Group, Inc.  
MM Sports RPG Programs  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.  
MM Sports RPG Programs  
1712 Magnavox Way  
Fort Wayne, IN 46804

## REPRESENTATION STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

I am aware that accurate reporting is required for premium calculation and that my books and records, as they relate to this coverage, may be examined or audited by the company at any time during the coverage period and up to three years thereafter. I acknowledge that intentional misrepresentation or misreporting may jeopardize coverage and that the company reserves the right to decline/void any ineligible coverage.

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

**WHERE ALLOWED BY JURISDICTION, COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.**

**Applicant business name** (from page 1): \_\_\_\_\_

**Applicant or agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**If an agent:** Check here to acknowledge you are signing on behalf of the named insured