K&K INSURANCE

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

INTERCOLLEGIATE ATHLETIC ASSOCIATION APPLICATION

APPLICANT INFORMATION

Name of Insured *(as will appear on policy):*_____

_____

Doing Business As:_____

Mailing Address:_____

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

What division are you in: ❑ NCAA I ❑ NCAA II ❑ NCAA III ❑ NAIA I ❑ NAIA II
❑ NJCAA ❑ Other_____

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._____
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 Ancillary Events, please provide type of event_____ Number of Attendees_____

7. 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:_____

8. Is first aid available for practices, events, etc.? ❑ Yes ❑ No

9. What precautions are taken to prevent unauthorized persons from entering restricted areas?_____

10. Are participants ever transported to or from practices or competitions by organization members? ❑ Yes ❑ No

If yes, please explain._____

11. Are waiver/release, or consent forms signed by the participants? **(Attach copies of the form(s)** ❑ Yes ❑ No

12. Are all practices, contests, and ancillary events sanctioned and supervised by the association? ❑ Yes ❑ No

13. Does the athletic department have any of the following? ❑ Whirlpool ❑ Steam Room ❑ Weight Room ❑ None

Does the general student body have access to these facilities? ❑ Yes ❑ No

Please explain:_____

14. Is medical coverage a requirement for participation in your athletic programs? ❑ Yes ❑ No

If yes, what type:_____

15. Are athletes currently covered by the NCAA lifetime catastrophic insurance program? ❑ Yes ❑ No

Equivalent program:_____ **(please attach copy of policy)**

16. Estimated number of athletes participating in overall athletic program_____

17. Is cheerleading considered to be officially sanctioned, supervised and subsidized by the athletic department? ❑ Yes ❑ No

18. Are stunts that could be deemed hazardous performed by these cheerleaders? ❑ Yes ❑ No

Please explain:_____

19. During home athletic contests, who is responsible for the preparation of the athletic playing surface and area competition? ❑ Yes ❑ No

20. Are there any structural alterations required for the contests and/or practices? ❑ Yes ❑ No

Please explain (additional bleachers, etc.), if yes, who is responsible:_____

21. Is an emergency vehicle on duty? ❑ Yes ❑ No If yes, for what sports?_____

22. If an emergency vehicle is not on duty at all sports events, what is the average emergency response time?_____

23. Is a doctor or EMT on duty? ❑ Yes ❑ No If yes, for what sports?_____

If not, is first aid available to participants at the event locations? ❑ Yes ❑ No

Please explain:_____

24. Total annual spectator attendance:_____ Largest single day spectator attendance:_____

25. What precautions are taken to prevent unauthorized persons from entering restricted areas?_____

26. Is standing room only permitted? ❑ Yes ❑ No

27. What are the schools requirements for athletic participation (i.e.: scholastic standing, physicians, etc.)?_____

28. Describe the training facilities:_____

29. Is an athletic trainer on duty at all times for practices and contests? ❑ Yes ❑ No

30. Intercollegiate sports to be insured: **(If additional room is needed, please attach a separate sheet.)**

Men's Sports To Be Insured	Total Number Of Athletes	Total Number Of Spectators	Name & Location of Facility Used For Practices And/Or Contests	Age Of Facility Owned, Leased,etc.

Women's Sports To Be Insured	Total Number Of Athletes	Total Number Of Spectators	Name & Location of Facility Used For Practices And/Or Contests	Age Of Facility Owned, Leased,etc.

MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

❑ **Four (4) years liability loss history including reserves**

❑ **Copies of contracts including lease agreements and waivers.**

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)