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

COACHES/OFFICIALS LIABILITY APPLICATION

This coverage is for: ❑ Officials ❑ Coaches ❑ Both

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

Doing Business As: _____

Mailing Address: _____

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

Contact Person: _____

Phone: _____ Fax: _____

Federal Tax ID Number: _____

Email Address: _____ Web Site Address: _____

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 _____

Number of Members: _____ Number of Events: _____

When is your Membership Renewal? _____

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	$_____	$_____
❑ 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.		

* **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. Does your organization train and certify coaches/officials? ❑ Yes ❑ No If yes, please describe program:_____
4. List sports types and for whom coaches/officiating services are provided (i.e. amateur sports associations, schools- collegiate, other, professional sports)._____
5. 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 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.

6. Who reviews the contracts prior to signing?
   ❑ Corporate Officers ❑ Counsel ❑ Other (please explain)

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:

❑ **Copy of the previous policy.** ❑ **Copies of rules, policies and regulations, safety manuals and membership 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/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)