STATE HIGH SCHOOL ATHLETIC ASSOCIATION

Quote and buy coverage immediately online at www.kandkinsurance.com

Eligible Operations:

- High School Athletic Conferences
- High School Athletic Associations

Ineligible Operations:

- Individual high schools or individual private schools
- Stand-alone legal liability to participants

K&K offers insurance solutions for state high school athletic associations, high school all-star games, events, fundraisers, and other sports association activities.

- Minimum Premium: $3,500

Coverages Available & Program Highlights:

General Liability
- Broadened Coverage Form
- Non-audited policy
- No deductible
- Bodily Injury definition redefined
- Crisis Response coverage
- Volunteers as Additional Insureds
- Legal Liability to Participants
- Employee Benefits Liability
- Sponsors, lessors as Additional Insureds
- Sexual Abuse and Molestation Endorsement – per perp form (optional – subject to qualification based on minimum underwriting criteria and guidelines)

Property
- Over 25 coverage enhancements
- Equipment Breakdown
- Business Interruption

Inland Marine

Crime

Commercial Auto

Directors' and Officers' Liability including EPLI

Excess Liability

Accident Medical (Participant Accident)
- K-12 (mandatory and voluntary) Including Athletics

Catastrophic Accident Medical
- K-12 Including Athletics

Event Cancellation and Non-appearance (provided through Showstoppers)

Workers' Compensation

Insuring the world's fun®

Contact Information:

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

State High School Athletic Associations

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

EMAIL: KK.Sports@kandkinsurance.com
WEB SITE: www.kandkinsurance.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.

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Instructor Programs
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated “A” or higher by A.M. Best

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K&K INSURANCE

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

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 (MM/DD/YY) | Date (MM/DD/YY)

K&K INSURANCE

LIQUOR LIABILITY APPLICATION

1. Named Insured as it 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, 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)

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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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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:_____

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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)