ESPORTS TEAMS AND EVENTS

Eligible Operations:
- Amateur esports teams
- Professional esports teams
- Esports events

Ineligible Operations:
- Extreme Fighting
- Mixed Martial Arts
- Ultimate Fighting

Key Underwriting/Qualifying Factors (Including but not limited to):
- $3,500 minimum account premium

K&K Benefits:
- Experienced & professional staff dedicated exclusively to servicing the K&K Sports Programs for over 25 years
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated “A” or higher by A.M. Best

Trust our experienced underwriters to provide esports insurance for team operations, premises and operations liability, promotional events, and public appearances.
- Minimum premium: $3,500

Coverages Available & Program Highlights:

General Liability
- Broadened Coverage Form
- Non-audited policy
- No Deductible
- Bodily Injury definition redefined
- Legal Liability to Participants
- Crisis response coverage
- Liquor Liability (in most states)
- Lessors, Co-promoters and Sponsors can be included as Additional Insureds
- Employee Benefits Liability
- Volunteers as Additional Insureds
- Sexual Abuse & Molestation Endorsement – per perp form (optional – subject to qualification based on minimum underwriting criteria and guidelines)

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

Inland Marine

Crime

Commercial Auto

Excess Liability

Accident Medical (Participant Accident)

Event Cancellation & Non-appearance (See Showstoppers)

Workers’ Compensation

Common Associated Exposures:
- Team operations
- 24/7 Premises/Operations Liability Coverage
- Promotional Events and Public Appearances

Insuring the world’s fun®

Contact Information:

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

eSports Insurance
Sports Unit

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

EMAIL:
KK.Sports@kandkinsurance.com

WEB SITE:
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.

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs, including current year
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copies of all contracts (i.e. player, housing, sponsorship), codes of conduct
- Copy of procedure/rule manuals
- Copy of waiver & release forms
- SAM prevention and reporting policy

eSports Application(s):

(Applications can be obtained from our web site: kandkinsurance.com)

K&K Application(s)
- eSports Application
- Participant Accident Supplemental Application (if needed)
- Event Cancellation (if needed)
- Workers' Compensation (if needed)

ACORD Application(s)
- Property
- Computer Coverage
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability

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Fort Wayne, IN 46801-2338
1-800-441-3994 Fax 1-260-459-5120
www.kandkinsurance.com
CA# 0334819

ESPORTS INFORMATION FORM

BUSINESS INFORMATION

1. Name of Insured (as will appear on policy):_____
2. Doing business as:_____
3. Contact person:_____ Phone: (_____)_____
4. Mailing address:_____
   City:_____ State:_____ Zip:_____
5. Website:_____
6. Address of each location, if more than three locations, attach list. (Include street, city, state, and zip code)
   A. Address:_____ ❑ Housing ❑ Office ❑ Venue
      City:_____ State:_____ Zip:_____
   B. Address:_____ ❑ Housing ❑ Office ❑ Venue
      City:_____ State:_____ Zip:_____
   C. Address:_____ ❑ Housing ❑ Office ❑ Venue
      City:_____ State:_____ Zip:_____
7. Insured is: ❑ Corporation ❑ Partnership ❑ Joint venture ❑ Other:_____ FEIN Number:_____
8. Is the insured a non-profit organization? ❑ Yes ❑ No
9. In what state is the organization headquartered/chartered?_____
10. Does the organization engage in any other business operations under the name of the insured as will appear on the policy? ❑ Yes ❑ No
    If yes, explain:_____
11. Policy period being requested: From _____/_____/_____ to _____/_____/_____
12. Number of YEARS in Business:_____

AGENT INFORMATION

1. Name of Agency/Brokerage:_____
2. Contact person:_____ Title:_____
3. Mailing address:_____
   City:_____ State:_____ Zip:_____
4. E-mail Address:_____ Website:_____
5. Phone: (_____)_____ Fax: (_____)_____

COVERAGE INFORMATION

Indicate the coverages desired; note the forms to be completed.

ACORD application required:

❑ Property ❑ General Liability ❑ Inland Marine ❑ Crime ❑ Auto ❑ Excess ❑ Workers Compensation
❑ Liquor (complete Liquor Liability section)
❑ Sexual Abuse & Molestation (complete Sexual Abuse & Molestation section)
❑ Nonowned & Hired Auto (complete Nonowned & Hired Auto section)

PRIOR CARRIER INFORMATION

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUMS
20				
20				
20				
20				
20				

1. Describe or provide your organizational rules and regulations:_____

2. Please explain or include governing bodies rules and regulations:_____

3. Is there a safety/injury control program in place? ❑ Yes ❑ No
   Describe:_____
4. Are participants ever transported to or from practices or competitions by organization members? ❑ Yes ❑ No
   If yes, please describe:_____
5. Has this type of insurance ever been canceled, declined or non-renewed? (Not applicable in Missouri) ❑ Yes ❑ No
   If yes, explain:_____
6. Is a K&K approved Waiver & Release form signed by all persons? ❑ Yes ❑ No
   (Please attach a copy or indicate your agreement to use a K&K supplied waiver)
7. Number of Teams:_____ Number of employees:_____
   Average # of participants per event:_____ Number of coaches:_____
   Number of Officials:_____ Number of volunteers:_____
   Average # of spectators per event:_____

8. Breakdown of eSport team *(Please attach a complete list if necessary)*:

	Team Name	Number of Participants	Team Name	Number of Participants	Team Name	Number of Participants
Ages 12 & Under:						
Ages 13-15:						
Ages 16-17:						
Ages 18 & Older:						

Member of League? ❑ Yes ❑ No
Name?_____

9. Please indicate exposures below for team residence and promotional events:

- ❑ Circuit training/cardio equip/freeweights
- ❑ Cryotherapy
- ❑ Jacuzzis_____
- ❑ Personally constructed or manufactured exercise equipment
- ❑ Rock climbing walls (STATIONARY)_____
- ❑ Rock climbing walls (PORTABLE)_____
- ❑ Sauna/steamrooms _____
- ❑ Swimming pools (INDOOR)_____
- ❑ Swimming pools (OUTDOOR)_____
- ❑ Tanning units_____
- ❑ Tennis courts (INDOOR)_____
- ❑ Tennis courts (OUTDOOR)_____
- ❑ Trampoline
- ❑ Whirlpools_____
- ❑ Other_____

10. Do you intend to have premises liability coverage for any team housing, office, or other venue? ❑ Yes ❑ No
    If yes, please describe:_____
11. List and describe any exposures and/or activities held off premises by insured:_____

12. Any space leased to others? ❑ Yes ❑ No
    If yes, please provide name of entity(s), type of operation, and square footage:_____

MANAGEMENT/PERSONNEL/SAFETY/SECURITY

1. List management experience and qualifications:
2. Are all personnel in residence your employees? ❑ Yes ❑ No
   If no, please list those who are not and whether they carry their own insurance:
   Name:_____ ❑ No ❑ Yes Limit:_____
   Name:_____ ❑ No ❑ Yes Limit:_____
3. Total number of full time employees:_____; Part time employees:_____; Volunteers:_____
   Are volunteers covered under your Workers Compensation policy? ❑ Yes ❑ No
4. Are employees certified in CPR or first aid? ❑ Yes ❑ No
5. What certifications do your staff have?_____
6. Does the facility have an automated external defibrillator (AED)? ❑ Yes ❑ No
8. Is the AED easily accessible for those who have been trained in the use of the AED? ❑ Yes ❑ No
9. Do you have AED trained staff on duty? ❑ Yes ❑ No
10. Are there written medical emergency and evacuation procedures in place? ❑ Yes ❑ No
11. What security features are installed? ❑ Sprinkler system ❑ Burglar alarm ❑ Fire alarm ❑ Central station alarm
    ❑ Smoke detectors ❑ Fire extinguishers ❑ Security cameras

FACILITY

1. Who is responsible for maintaining the structural and mechanical equipment in the residence?_____

SEXUAL ABUSE/MOLESTATION *(If coverage is desired)*

1. Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees? ❑ Yes ❑ No
2. Do you conduct criminal background checks on employees or volunteers who work with children? ❑ Yes ❑ No
3. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? ❑ Yes ❑ No
4. Do written procedures include an obligation to immediately report suspected abuse to local authorities? ❑ Yes ❑ No
5. Are copies of the procedures provided to each member of your staff? ❑ Yes ❑ No
6. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? ❑ Yes ❑ No
7. Has a sexual abuse/molestation claim ever been made against your facility? ❑ Yes ❑ No
   If yes, explain in detail, including the amount of damages paid to the victim:_____

   What has been done to prevent such occurrences from happening in the future?_____

SWIMMING POOLS, SLIDES AND DIVING BOARDS ❑ Yes ❑ No

If yes, please provide:

1. Depth of pool(s):_____
2. Square footage of pool(s):_____ *(required for accurate property evaluation)*
4. Describe safety precautions and life saving equipment available:_____
5. Are there any diving boards? ❑ Yes ❑ No
   If yes, height of board:_____
6. Does facility have waterslides? ❑ Yes ❑ No
   If yes, how many?_____
   What is the height of each slide?_____

SAUNA/STEAMROOM ❑ Yes ❑ No

If yes, please provide:

1. Are rules posted regarding the proper use and safety precautions? ❑ Yes ❑ No
2. Does the sauna(s)/steamroom(s) heating element have a protective cover to prevent burns? ❑ Yes ❑ No
3. Are all manufacturer recommendations followed for sauna(s)/steamroom(s) usage? ❑ Yes ❑ No

CLIMBING WALLS ❑ Yes ❑ No

If yes, please provide:

1. Location(s) of climbing walls:_____
2. Height of wall(s):_____
3. Provide minimum age allowed to use climbing walls:_____
4. Belay system used? ❑ Yes ❑ No
5. Describe landing surface and thickness:_____
6. Describe how climbing wall is monitored:_____

INFLATABLES/BOUNCE EQUIPMENT ❑ Yes ❑ No

1. If yes, how many?_____
2. Is the inflatable and/or bounce house rented or owned by the insured?_____
3. If rented, who is responsible for installation to ensure properly anchored?_____
4. If owned, what guidelines are followed to ensure properly anchored?_____

_____

5. How is it monitored for use and by whom?_____

LIQUOR LIABILITY *(If coverage is desired)*

1. Name liquor license is in:_____
2. Liquor license number:_____ Class of license:_____
3. Opening and closing hours of alcoholic beverage sales:_____
4. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ❑ Yes ❑ No
   If yes, please explain:_____

   _____
5. Has applicant incurred claims for liquor liability during the last four years? ❑ Yes ❑ No
   If yes, please explain:_____

   _____
6. Has any insurer canceled or non-renewed coverage during the last four years? ❑ Yes ❑ No
   If yes, please explain:_____

   _____
7. Type of alcoholic beverages sold: ❑ Beer ❑ Wine ❑ Liquor
8. Annual gross sales of alcoholic beverages: $_____
9. Are patrons allowed to carry alcoholic beverages onto the premises? ❑ Yes ❑ No
   If yes, what type?_____

   _____
10. Name the formal awareness training program that the servers receive:_____
11. At what point of sale are I.D.s checked?_____
12. If there any other Liquor Liability coverage being provided? ❑ Yes ❑ No
    If yes, explain and attach a copy of the certificate of insurance:_____

    _____
13. Liability limits requested: $_____ (per occurrence) $_____ aggregate

NONOWNED AND HIRED AUTO LIABILITY *(If coverage is desired)*

1. Do you have a Business Auto Policy for business-owned autos? ❑ Yes ❑ No
   (If yes, you will need to add hired/nonowned auto to that policy)
2. Does your operation require employees to drive their personal vehicles for company business on a regular basis? ❑ Yes ❑ No
   If yes, describe the reasons why they would be using their personal vehicles for company business:_____
   _____
3. Do you verify that their personal auto insurance is in place with limits of a least $300,000
   before employees can use their autos for company business? ❑ Yes ❑ No
4. During the last three years have you leased, borrowed, or hired any vehicles for your business? ❑ Yes ❑ No
5. 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?_____
   C. Number per month_____ Number per year_____
6. LIST OF DRIVERS - Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ❑ Copies of contracts where you assume liability of another party
- ❑ Five years currently valued loss runs
- ❑ Copies of certificates of insurance naming you as additional insured from fireworks shooter, amusement ride operator, liquor concessionaire, where applicable
- ❑ Copies of waiver/release forms
- ❑ Copies of rules/regulations, safety manuals, sanction requirements, participant contracts
- ❑ Acord applications if you would like quotes for Property, Inland Marine, Crime, Auto, Excess or Worker's Compensation
- ❑ SAM prevention and reporting policy

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)

LIQUOR LIABILITY APPLICATION

1. Named Insured as 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)

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 | Date

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:_____

K&K INSURANCE

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

PARTICIPANT ACCIDENT SUPPLEMENTAL APPLICATION

Name of Insured:_____

Mailing Address:_____

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

Email Address:_____ Web Site Address:_____

Total Number of Participants:_____ Age Range of Participants:_____

Break down participation by type of events and age:

	TYPE OF EVENTS	NUMBER OF PARTICIPANTS
Ages 9 & Under		
Ages 10-12		
Ages 13-15		
Ages 16-17		
Ages 18 & Older		

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE

UNDERWRITING INFORMATION

1. Are emergency procedures in place? ❑ Yes ❑ No Tested? ❑ Yes ***(Attach copy of procedure)*** ❑ No
2. Do you require any emergency vehicle and licensed EMT at each event? ❑ Yes ❑ No

   If no, please explain:_____
3. If an emergency vehicle is not on site, what is the average emergency response time?_____
4. Is first aid available to both participants and spectators at the event location(s)? ❑ Yes ❑ No

   Please explain:_____
5. Describe medical, security and evacuation procedures:_____
6. Is the insurance program: ❑ Mandatory ❑ Optional, please explain:_____

   If optional, how many members are eligible to participate in your insurance program?_____
7. Are all coaches/trainers certified? ❑ Yes ❑ No

   Please explain certification process:_____
8. Are all practices, contests and ancillary events sanctioned and supervised by you? ❑ Yes ❑ No
9. Do you have sanctioning procedures in place: ❑ Yes ***(Attach copies of sanction requirements and application)*** ❑ No

10. Are you a member of an association or other organization which promotes or governs the activities named above? ❑ Yes ❑ No

11. Are participants ever transported to or from practices or competitions at your direction and under your supervision? ❑ Yes ❑ No

If yes, please describe:_____

_____

_____

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

13. Are coaches and officials to be covered? ❑ Yes ❑ No

14. Please indicate any additional information which you feel is important here:_____

_____

_____

ANCILLARY EVENTS INFORMATION - Describe any events or activities.

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE

PRIOR CARRIER INFORMATION- We require currently valued loss runs for each of the last 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 diagrams and photographs of each location showing all spectator and participant areas where covered activities take place.**
- ❑ **Copy of the previous/present policy.**
- ❑ **Broker of Record letter. (if applicable)**
- ❑ **Copies of waiver/release forms.**
- ❑ **Copies of rules and regulations, safety manuals and sanction requirements and 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/YYYY)	Date (MM/DD/YYYY)

K&K INSURANCE
Insuring the world's fun!
P.O. Box 2338
Fort Wayne, IN 46801-2338
www.kandkinsurance.com
CA# 0334819

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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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)