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 www.kandkinsurance.com
 CA #0334819

ATHLETIC CONFERENCES 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 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
<input type="checkbox"/> General Liability	<input type="checkbox"/> Primary	\$ _____	\$ _____
	<input type="checkbox"/> Excess	\$ _____	\$ _____
	<input type="checkbox"/> Legal Liability To Participants	\$ _____	\$ _____
	<input type="checkbox"/> Employee Benefits Liability	\$ _____	\$ _____
<input type="checkbox"/> Participant Accident	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
<input type="checkbox"/> Property	<input type="checkbox"/> Property (ACORD application required)	\$ _____	\$ _____
	<input type="checkbox"/> Inland Marine (ACORD application required)	\$ _____	\$ _____
<input type="checkbox"/> Commercial Auto	<input type="checkbox"/> Auto (ACORD application required)	\$ _____	\$ _____
<input type="checkbox"/> Crime (ACORD application required)	\$ _____	\$ _____	
<input type="checkbox"/> Workers' Compensation (ACORD application required with Experience Modification Worksheet)		\$ _____	\$ _____
<input type="checkbox"/> Other: _____		\$ _____	\$ _____

Do you intend to have office premises liability included? Yes No If yes, office square footage: _____

ADDITIONAL INSURED: (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

- Has this type of insurance ever been: Cancelled Declined Non-renewed
If so, please explain. (Not applicable in Missouri). _____
- 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. _____
- 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

- Does the Named Insured assume liability for the other party? Yes No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
 - Does the other party assume the Named Insured's liability? Yes No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
 - 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 each athletic championship event, please attach a list including date of event, sport, location, number of participants and the anticipated spectator count.

7. For Ancillary Events, please provide type of Event _____ Number of Attendees _____

8. 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: _____

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

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

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

If yes, please explain. _____

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

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

NONOWNED/HIRED AUTO INFORMATION

1. 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: _____

Nonownership Liability

1. Do employees or volunteers routinely use their autos for company business? Yes No

Explain: _____

2. Do you, the insured, verify that insurance is in place and with limits of at least \$300,000 before employees or volunteers can use their auto? Yes No

3. Do you, the insured, run motor vehicle reports on each employee? Yes No

4. What other controls or procedures do you use to protect your company's liability? _____

5. Number of Employees _____ Number of Volunteers _____

Hired Auto Liability (No physical Damage) Vehicles that are rented, hired or borrowed for less than 30 days

1. During the last 3 years have you rented, hired or borrowed 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 rent or hire the vehicles? _____

3. When renting, hiring or borrowing are the vehicles used to –
A. Transport people Yes No

If yes, how many and for how long? _____

B. Haul equipment Yes No

If yes, please explain and identify? _____

4. If using buses or vans, please answer each of the following:
Maximum number of passengers each vehicle carries? _____ Distance they will travel? _____

How long the vehicles will be used? _____ Year built? _____ Cost new? _____

5. Do you normally hire vehicles with or without drivers? With Drivers Without Drivers

6. Is it company policy to buy insurance for rented vehicles? Yes No

7. 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 type of vehicles have you leased? _____
 What type do you intend to lease (make, model, lease)? _____
2. What is the highest valued vehicle that you have leased? _____
 Intend to lease (type and value)? _____
3. Do drivers share in the exposure to loss (ie: driver pays half of the deductible)? Yes No
4. What is the maximum number of vehicles leased at any one time? _____
5. City and State of the garage location of the vehicles? _____
 Comprehensive Deductible? _____ Collision Deductible? _____

Leased Vehicles

If leased, what is the term of the lease? _____

Please provide the following information on leased vehicles:

VIN#	Year	Make	Model	New Cost	Garaging Location (City and State)

Driver Information

Name	Birth Date	Driver's License Number	State

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

No Prior Insurance

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copies of all lease agreements and contracts.**
- Copies of all athletic championship event dates, sport, location, number of participants, the anticipated spectator count and the entity responsible for event facility premises, maintenance, security, medical emergencies, concessions and parking.**
- Copies of waiver/release forms.**
- 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)