K&K INSURANCE

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CA# 0334819

AMATEUR SPORTS ASSOCIATIONS INFORMATION FORM

APPLICANT INFORMATION:

1. Name of Insured *(as will appear on policy):*_____
2. Doing Business As:_____
   If there is more than one Named Insured, please provide a list of names including each entity's business operations and relationship to the first named insured including their percentage of ownership.
3. Insured is: ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ LLC ❑ Other *(explain):*_____
4. Mailing Address:_____
   City:_____ State:_____ Zip:_____
5. In what state is the organization headquartered/chartered?_____
6. E-mail Address:_____ Website:_____
7. Contact Person:_____ Title:_____
8. Phone:_____ Fax:_____
9. Tax ID:_____

AGENT INFORMATION: (if applicable)

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

UNDERWRITING INFORMATION:

1. Policy Period Requested: From_____ To_____
2. Nature of operations/description of organization:_____
3. Number of years in business:_____ Number of years management experience:_____
4. Check the type of coverage desired: ❑ GL ❑ EBL (*# of employees*_____) ❑ Liquor ❑ Fireworks ❑ Auto ❑ Inland Marine
   ❑ Sexual Abuse & Molestation ❑ Property ❑ Crime ❑ Excess ❑ D&O ❑ WC ❑ PA ❑ Other:_____
5. Do you engage in any other business operations under the name of the insured as will appear on the policy? ❑ Yes ❑ No
   If yes, provide explanation including whether or not other insurance coverage applies including carrier and policy number:_____
6. Has this insurance ever been cancelled, declined, or non-renewed? ❑ Yes ❑ No
   If yes, please explain:_____
7. Does your current general liability policy have a deductible or self insured retention? ❑ Yes ❑ No
   If yes, amount:_____
8. 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	Relationship to you	Certificate required
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No

9. 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 you as Additional Insured:

	Certificates obtained	Limits	Additional Insured
Food Concessionaires:	❑ Yes ❑ No	_____	❑ Yes ❑ No
Vendors/Exhibitors:	❑ Yes ❑ No	_____	❑ Yes ❑ No
Contractors/Others:	❑ Yes ❑ No	_____	❑ Yes ❑ No

10. Is a K&K approved Waiver & Release form signed by all persons entering a restricted area prior to entry? ❑ Yes ❑ No
(Please attach a copy or indicate your agreement to use a K&K supplied waiver)

11.

Number of Clubs/Teams:	_____	Number of employees:	_____
Average # of participants per event:	_____	Number of coaches:	_____
Number of Officials/Umpires:	_____	Number of volunteers:	_____
Average # of spectators per event:	_____		

12. Breakdown of sport and age *(Please attach a complete list if necessary)*:

	Sport	Number of Participants	Sport	Number of Participants	Sport	Number of Participants
Ages 12 & Under:	_____	_____	_____	_____	_____	_____
Ages 13-15:	_____	_____	_____	_____	_____	_____
Ages 16-17:	_____	_____	_____	_____	_____	_____
Ages 18 & Older:	_____	_____	_____	_____	_____	_____

	Sport	Number of Participants	Sport	Number of Participants	Sport	Number of Participants
Ages 12 & Under:	_____	_____	_____	_____	_____	_____
Ages 13-15:	_____	_____	_____	_____	_____	_____
Ages 16-17:	_____	_____	_____	_____	_____	_____
Ages 18 & Older:	_____	_____	_____	_____	_____	_____

13. List events/activities with anticipated attendance exceeding 20,000:

Event	Location	Date	Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Are all portable/temporary soccer goals in compliance with the CPSC bulletin? ❑ Yes ❑ No ❑ NA
15. Do you intend to have office premises liability coverage? ❑ Yes ❑ No
If yes, please provide your office square footage:_____
16. If you have cheerleading and allow stunts, please describe safety measures such as height of stunts, spotting, supervision.
What cheerleading organization guidelines are followed:_____
17. If you have running, walking or cycling events, do you use closed courses or open roads?_____
Please describe participant safety procedures such as use of SAG *(Support and Gear)* vehicles, barricaded or manned road intersections, etc:_____
18. If you have batting cages, please outline your safety measures such as machine pitch max ball speed, fully enclosed cages, etc:_____
19. If you operate water related events, please describe the bodies of water and outline your safety measures such as lifeguard supervision and personal flotation devices:_____
20. If you have tackle football, is there an age/weight breakdown of players? ❑ Yes ❑ No
21. Is all football related equipment (including mouthpiece) required? ❑ Yes ❑ No
22. List and describe any ancillary activities to be covered:_____

23. Do you have Rap and/or Hip Hop Concerts? ❑ Yes ❑ No
If yes, please provide details:

24. Do you operate seasonal haunted houses? ❑ Yes ❑ No
If so, please verify fire safety codes are met and that fire marshal certification is obtained, if applicable ❑ Yes ❑ No

25. Do you operate dunk tanks? ❑ Yes ❑ No
If so, please describe the following:
Tank set-up (e.g. proximity to electricity, water level & drained when not in use, surface type):
Supervision:
User rules (e.g. one person in tank at a time, age/size requirements, shoes required, waivers signed, seated position/hands on knees/sit forward):
General safety (e.g. do not operate in a storm):

26. Do you operate amusement devices such as the following? *(Note additional underwriting information may be required)*
❑ Mechanical rides ❑ Water slides ❑ Rock climbing walls ❑ Sledding/Tubing/Snow Magic ❑ Inflatables
❑ Trampolines/Bungee Trampolines ❑ Go-carts ❑ Other:
If Yes, please provide details including whether or not other insurance is provided by the attraction owner, how is the attraction supervised and whether or not participants/parents/guardians sign waivers:

27. Will certificates of insurance be required for each of your clubs or sanctioned events? ❑ Yes ❑ No

28. Describe or provide your association rules and regulations:

29. Are local, state and regional organizations involved in your organization? ❑ Yes ❑ No
Is insurance to be extended to these groups through the association on a blanket basis? ❑ Yes ❑ No

30. Is participation in the insurance program mandatory or optional?
If participation is optional, how many members participate in your insurance program?

31. Are all coaches/trainers certified? ❑ Yes ❑ No
Please explain the certification process:

32. Are all practices, contests and ancillary events sanctioned and supervised by the association? ❑ Yes ❑ No
If no, explain:

33. Explain sanctioning procedures:

34. Is there a safety/injury control program in place? ❑ Yes ❑ No
Describe:

35. Describe medical, security and evacuation procedures for championships, tournaments, etc:

36. Are participants ever transported to or from practices or competitions by organization members? ❑ Yes ❑ No
If yes, please describe:

ABUSE & MOLESTATION:

1. Are employment applications required for paid and volunteer staff? ❑ Yes ❑ No
2. Does your staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted for any crime including sex related or child abuse related offenses? ❑ Yes ❑ No
3. If the application contains this type of question, and the applicant checks "yes" to prior convictions, are they refused a position of employment? ❑ Yes ❑ No
4. Does your state permit you to do criminal background investigations on all staff members? ❑ Yes ❑ No
   If yes, do you request and receive such background investigations on all staff members ❑ Yes ❑ No
   If yes, who provides this service?_____
5. Do you have written procedures to implement prevention policies? ❑ Yes ❑ No
6. Do you discuss child/sexual abuse during staff orientation, including how to recognize the signs and how to handle allegations? ❑ Yes ❑ No
7. 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
8. Do your written procedures for reporting include contacting local or state law enforcement? ❑ Yes ❑ No
9. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017? ❑ Yes ❑ No
10. Have you ever had an incident which resulted in an allegation of sexual abuse? ❑ Yes ❑ No
    If yes, please provide details:_____

PLEASE PROVIDE COPIES OF WRITTEN PROCEDURES AND APPLICATIONS USED FOR BACKGROUND CHECKS, WRITTEN PREVENTION PROCEDURES, AND WRITTEN REPORTING PROCEDURES. REPORTING PROCEDURES MUST INCLUDE CONTACTING LOCAL OR STATE LAW ENFORCEMENT WHEN NOTIFIED OF ABUSE.

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, and sanction requirements**
- ❑ **Accord applications if you would like quotes for Property, Inland Marine, Crime, Auto, Excess or Worker's Compensation**

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)