

SCHOOL ATHLETICS

Eligible Operations:

- College athletic conferences
- Bowl games
- Coaches & officials associations
- Collegiate athletic & activity programs
- Collegiate clubs & intramural sports programs
- H.S. athletic conferences/associations
- Jr. college athletic programs
- Sports camps & clinics
- Student government
- Tournaments/all-star games

Key Underwriting/Qualifying Factors

(Including but not limited to):

- \$3,500 minimum account premium
- \$1,500 minimum per collegiate conference

Ineligible for this program:

- Liability coverage for individual high schools or individual private schools
- Stand alone legal liability to participants

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K School Athletics Program
- 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
- Premium installment plans available

K&K Insurance provides unique insurance programs for all levels of intercollegiate and interscholastic sports activities.

Coverages Available & Program Highlights:

General Liability

- Broadened Coverage Form
- Volunteers as Additional Insureds
- Legal Liability to Participants
- No Deductible
- Employee Benefits Liability
- Sponsors, Lessors as Additional Insureds

Property

- Over 25 Property Enhancements

Inland Marine

Commercial Auto

- Nonowned/Hired Auto
- Business Auto

Directors and Officers Liability

Crime

Excess Liability

Excess Accident Medical

- K-12 (mandatory and voluntary) Including Athletics
- College Athletics

Catastrophic Accident Medical

- K-12 Including Athletics
- College Athletics

Sexual Abuse & Molestation

Event Cancellation & Non-appearance

Common Associated Exposures:

- Ancillary events related to scheduled sports activities
- Fund raisers
- Office premises
- Setup/teardown days

Insuring the world's fun.®

Submission Instructions:

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

Contact Information:

1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338

School Athletics Program

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)

Preliminary Underwriting Information Required:

- Application(s) (see below)
- Five years of company loss runs, including current year
- Copy of procedures manual
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured

K&K School Athletics Application(s):

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

Athletic Conferences

- Athletic Conferences Application
- Nonowned/Hired (included in above application)
- Liquor Liability Application (if applicable)
- Security Supplemental Information (if applicable)

Intercollegiate Athletic Association

- Intercollegiate Athletic Association Application

High School Athletics/Activities Association

- High School Activities/Athletics Association Application
- Nonowned/Hired Application (if applicable)

Bowl/All-star Games

- Bowl/All-star Games Application
- Participant Accident Supplemental Application (if applicable)
- Nonowned/Hired Application (if applicable)
- Liquor Liability Application (if applicable)
- Fireworks Supplemental Application (if applicable)
- Security Supplemental Information (if applicable)
- Inflatable Liability Questionnaire (if needed)
- Sexual Abuse & Molestation Supplemental (if needed)

Coaches/Officials

- Coaches/Officials Liability Application

Intercollegiate Sports Accident Medical

- Intercollegiate/Club/Intramural Sports-Basic Medical Insurance Program Quotation Request Form

Interscholastic Sports Accident Medical

- Interscholastic Quotation Request Form

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1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 (800) 441-3994 / (260)459-5588
 Fax (260) 459-5120 CA# 0334819
 www.kandkinsurance.com

**INTERCOLLEGIATE SPORTS ONLY
 BASIC MEDICAL INSURANCE PROGRAM
 QUOTATION REQUEST FORM**

Name of School: _____

Web Site: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Information Provided By: _____ Title: _____

Phone: _____ Fax: _____ E-mail Address: _____

Sports Sanctioning Body: _____ Division: _____

NUMBER OF PARTICIPANTS

	<i>Men</i>	<i>Women</i>		<i>Men</i>	<i>Women</i>		<i>Men</i>	<i>Women</i>
ARCHERY	_____	_____	GOLF	_____	_____	SWIM/DIVE	_____	_____
BADMINTON	_____	_____	GYMNASTICS	_____	_____	TENNIS	_____	_____
BAND	_____	_____	ICE HOCKEY	_____	_____	TRACK & FIELD	_____	_____
BASEBALL	_____	_____	KARATE/JUDO	_____	_____	VOLLEYBALL	_____	_____
BASKETBALL	_____	_____	LACROSSE	_____	_____	WATER POLO	_____	_____
BOWLING	_____	_____	RIFLE	_____	_____	WRESTLING	_____	_____
BOXING	_____	_____	RODEO	_____	_____	OTHERS (LIST)	_____	_____
CHEERLEADERS	_____	_____	ROWING/CREW	_____	_____	_____	_____	_____
CROSS COUNTRY	_____	_____	RUGBY	_____	_____	_____	_____	_____
CYCLING	_____	_____	SAILING	_____	_____	_____	_____	_____
EQUESTRIAN	_____	_____	SKIING	_____	_____	_____	_____	_____
FENCING	_____	_____	SOCCER	_____	_____	_____	_____	_____
FIELD HOCKEY	_____	_____	SOFTBALL	_____	_____	_____	_____	_____
FOOTBALL, FALL	_____	_____	STUDENT MANAGERS	_____	_____	_____	_____	_____
FOOTBALL, SPRING	_____	_____	SQUASH/RACQUETBALL	_____	_____	_____	_____	_____

1. PREVIOUS INSURANCE INFORMATION: Please provide copies of claim reports from your prior insurance carrier(s).

	Three Years Prior	Two Years Prior	One Year Prior	Current Year
Maximum Medical Coverage	\$ _____	\$ _____	\$ _____	\$ _____
Excess or Primary	_____	_____	_____	_____
Deductible	\$ _____	\$ _____	\$ _____	\$ _____
Full Coverage for Pre-Existing Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Coverage for HMO/PPO Denials	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit Period Limit	_____	_____	_____	_____
Accidental Death Maximum Limit	\$ _____	\$ _____	\$ _____	\$ _____
Premium	\$ _____	\$ _____	\$ _____	\$ _____
Number of Claims Paid	_____	_____	_____	_____
Benefits Paid	\$ _____	\$ _____	\$ _____	\$ _____
as of (Date)	_____	_____	_____	_____
Name of Insurer	_____	_____	_____	_____

2. RISK MANAGEMENT INFORMATION:

Certified athletic trainer(s) on staff? Yes No

If yes, for which sports is trainer responsible? _____

Team Physician: On Staff On Retainer Other (please describe) _____

Physician's Specialty: _____

Is physician board certified? Yes No

Does the athletic department or coaching staff routinely:

Obtain information about athlete's other insurance coverage? Yes No

Require pre-participation physical examination? Yes No

If yes, for which sports? _____

Type of institution? Public Private

Type of surface where activities take place? Artificial Grass

What other activities take place on this surface? _____

Does your institution have a medical school which provides care at no cost to the athletes? Yes No

What percentage of your student athletes have primary medical coverage? _____

This is not an offer of coverage nor an application for insurance. Requests for coverage will be subject to company underwriting standards. Actual coverage terms will be described in a policy of insurance if one is issued. I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the form 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)

Please mail or fax both sides of this form to:



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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: _____

FRAUD WARNING

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.

NOTICE TO 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD WARNING (continued)

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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

AIG FRAUD APPS (2021/06)

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.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)