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 CA #0334819

AMATEUR SPORTS

Sports Commissions

Application Addendum

Named Insured: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Please provide a schedule of events as follows:

1. Hosted Events and Activities
 - Description of Event
 - Date
 - Location
 - Average Number of Participants for Each and Their Age Groups
 - Average Number of Spectators for Each Event
2. Co-Sponsored Events and Activities (named additional insured on co-sponsor's policy):
 - Description of Event
 - Date
 - Location
 - Average Number of Participants for Each and Their Age Groups
 - Average Number of Spectators for Each Event
3. Recruiter (only responsible for bringing the event to your area, primary coverage held elsewhere):
 - Description of Event
 - Date
 - Location
 - Average Number of Participants for Each and Their Age Groups
 - Average Number of Spectators for Each Event
4. **ADDITIONAL INSUREDS:** If you are required to add entities to your policy as additional insureds, please provide a list of names, as they should appear on the policy, the complete address for each and their relationship to you.

5. Describe medical, security and evacuation procedures for events. _____

6. Are waiver/release or consent forms signed by the participants? Yes No
If yes, please attach a copy of the form(s).
7. Are you a member of the National Association of Sports Commissions? Yes No

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)