



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

# INTERCOLLEGIATE ATHLETIC ASSOCIATION APPLICATION

## APPLICANT INFORMATION

Name of Insured (as will appear on policy): \_\_\_\_\_  
\_\_\_\_\_

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

What division are you in:  NCAA I     NCAA II     NCAA III     NAIA I     NAIA II  
 NJCAA     Other \_\_\_\_\_

## 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**

1. Has this type of insurance ever been:  Cancelled  Declined  Non-renewed  
If so, please explain. \_\_\_\_\_
  2. 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. \_\_\_\_\_
  3. 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**
- a. Does the Named Insured assume liability for the other party?  Yes  No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**
  - b. Does the other party assume the Named Insured's liability?  Yes  No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**
  - c. 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 Ancillary Events, please provide type of event \_\_\_\_\_ Number of Attendees \_\_\_\_\_

7. 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: \_\_\_\_\_

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

9. What precautions are taken to prevent unauthorized persons from entering restricted areas? \_\_\_\_\_

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

If yes, please explain. \_\_\_\_\_

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

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

13. Does the athletic department have any of the following?  Whirlpool  Steam Room  Weight Room  None

Does the general student body have access to these facilities?  Yes  No

Please explain: \_\_\_\_\_

14. Is medical coverage a requirement for participation in your athletic programs?  Yes  No

If yes, what type: \_\_\_\_\_

15. Are athletes currently covered by the NCAA lifetime catastrophic insurance program?  Yes  No

Equivalent program: \_\_\_\_\_ (**please attach copy of policy**)

16. Estimated number of athletes participating in overall athletic program \_\_\_\_\_

17. Is cheerleading considered to be officially sanctioned, supervised and subsidized by the athletic department?  Yes  No

18. Are stunts that could be deemed hazardous performed by these cheerleaders?  Yes  No

Please explain: \_\_\_\_\_

19. During home athletic contests, who is responsible for the preparation of the athletic playing surface and area competition?  Yes  No

20. Are there any structural alterations required for the contests and/or practices?  Yes  No

Please explain (additional bleachers, etc.), if yes, who is responsible: \_\_\_\_\_

21. Is an emergency vehicle on duty?  Yes  No If yes, for what sports? \_\_\_\_\_

22. If an emergency vehicle is not on duty at all sports events, what is the average emergency response time? \_\_\_\_\_

23. Is a doctor or EMT on duty?  Yes  No If yes, for what sports? \_\_\_\_\_

\_\_\_\_\_

If not, is first aid available to participants at the event locations?  Yes  No

Please explain: \_\_\_\_\_

24. Total annual spectator attendance: \_\_\_\_\_ Largest single day spectator attendance: \_\_\_\_\_

25. What precautions are taken to prevent unauthorized persons from entering restricted areas? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Is standing room only permitted?  Yes  No

27. What are the schools requirements for athletic participation (i.e.: scholastic standing, physicians, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Describe the training facilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Is an athletic trainer on duty at all times for practices and contests?  Yes  No

30. Intercollegiate sports to be insured: (If additional room is needed, please attach a separate sheet.)

Men's Sports To Be Insured	Total Number Of Athletes	Total Number Of Spectators	Name & Location of Facility	
			Used For Practices And/Or Contests	Age Of Facility Owned, Leased, etc.

Women's Sports To Be Insured	Total Number Of Athletes	Total Number Of Spectators	Name & Location of Facility	
			Used For Practices And/Or Contests	Age Of Facility Owned, Leased, etc.

**MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:**

- Four (4) years liability loss history including reserves**
- Copies of contracts including lease agreements and waivers.**

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)