

# PROFESSIONAL SPORTS TEAMS

## Eligible Operations:

- Professional sports teams or league wide programs
- Major & minor league sports teams
- Team owned or managed sports facilities

## Key Underwriting/Qualifying

### Factors (Including but not limited to):

- Management must have at least three years management experience
- Waiver/release forms required for all activities where spectators participate
- Minimum account premiums:  
Minor League Baseball- \$5,000  
NFL- \$10,000  
Other professional teams- \$2,500

## Ineligible for this program:

- Boxing \*
- Mixed Martial Arts \*
- Rugby \*
- Wrestling \*

\* K&K offers spectator liability only

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Professional Sports Program
- Endorsed by Minor League Baseball
- 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

Professional sports teams can benefit from the knowledge K&K Insurance Group has gained through years of experience working closely with top sports organizations across the country. Our reputation as a leader in the sports, leisure and entertainment insurance industry comes from Over 70 years of covering some of the toughest risk in sports. For professional-level coverage and world class service—turn to K&K.

## Coverages Available & Program Highlights:

### General Liability

- Broadened Coverage Form
- No Deductible
- Legal Liability to Participants
- Fireworks Liability
- Liquor Liability
- Lessors and Sponsors Can be Included as Additional Insureds
- Employee Benefits Liability

### Property

- Over 25 Property Enhancements
- Equipment Breakdown Included

### Inland Marine

### Commercial Auto

- Owned Autos
- Nonowned/Hired Auto

### Crime

### Excess Liability

Event Cancellation & Non-appearance - ShowStoppers

Workers' Compensation (non-players)

## Common Associated Exposures:

Professional sports teams in the following areas:

- |              |            |
|--------------|------------|
| - Arena      | - Hockey   |
| - Football   | - Lacrosse |
| - Baseball   | - Soccer   |
| - Basketball | - Softball |
| - Football   | - Tennis   |
| - Golf       |            |

Related ancillary activities such as:

- Office premises
- Concessions
- Practice games
- Public appearances such as interviews and autograph signing sessions
- Entertainment prior to, at half time, post game

Insuring the world's fun®

### Contact Information:

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

### Professional Sports Teams 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)

### Submission Instructions:

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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.

### Preliminary Underwriting Information Required:

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- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs, including current year
- Most current financial statement or pro forma on new business ventures
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copies of all contracts
- Copy of operations manual
- Evidence of Work Comp (where applicable)

### Professional Sports Teams Application(s):

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(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

#### K&K Application(s)

- Professional Sports Information Form (for all sports except baseball)
- National Association of Professional Baseball Leagues Information Form (baseball only)
- Baseball Team Property Checklist (if needed)
- Inflatable Liability Questionnaire (if needed)
- Nonowned/Hired Auto Questionnaire (if needed)
- Security Supplemental Information
- Fireworks Application
- Liquor Liability Application (if needed)
- Hot Tub Liability Questionnaire (if needed)

#### ACORD Application(s)

- Property
- Crime
- Commercial Auto
- Computer Coverage
- Inland Marine
- Excess Liability

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 www.kandkinsurance.com  
 CA# 0334819

# NATIONAL ASSOCIATION OF PROFESSIONAL BASEBALL LEAGUES INFORMATION FORM

### APPLICANT INFORMATION:

- Name of Insured (as will appear on policy): \_\_\_\_\_
- 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.
- Insured is:  Corporation  Partnership  Joint Venture  LLC  Other (explain): \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_
- Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Tax ID: \_\_\_\_\_

### AGENT INFORMATION: (if applicable)

- Name of Agency/Brokerage: \_\_\_\_\_
- Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### UNDERWRITING INFORMATION:

- Policy Period Requested: From \_\_\_\_\_ To \_\_\_\_\_
  - Check the type of coverage desired:  GL  EBL (# of employees \_\_\_\_\_)  Liquor  Fireworks  Auto  IM  
 Sexual Abuse & Molestation  Property  Crime  Excess  D&O  WC  Other: \_\_\_\_\_
  - 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: \_\_\_\_\_
  - Has this insurance ever been cancelled, declined, or non-renewed?  Yes  No  
 If yes, please explain: \_\_\_\_\_
  - Does your current general liability policy have a deductible or self insured retention?  Yes  No  
 If yes, amount: \_\_\_\_\_
  - 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         |                             |
|-------|---------|---------------------|------------------------------|-----------------------------|
| _____ | _____   | _____               | <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 |
| _____ | _____   | _____               | <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 |
| _____ | _____   | _____               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- Stadium Name: \_\_\_\_\_
  - Stadium Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - Do you own or lease the facility?  Own  Lease

10. Stadium Seating Capacity: \_\_\_\_\_
11. Are you affiliated with a Major League Baseball Team  Yes  No  
 If yes, which team? \_\_\_\_\_
12. Does your stadium meet the 2015 netting recommendations as proposed by MLB?  Yes  No  
 If not, are there plans to make changes in the future?  Yes  Not yet determined or scheduled  
 If yes, estimated completion date: \_\_\_\_\_
13. Number of years in business: \_\_\_\_\_ Number of years management experience: \_\_\_\_\_
14. Estimated annual turnstile attendance: \_\_\_\_\_  
 Turnstile attendance for the last three years: Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_
15. Non-Game Day event attendance for self promoted events: \_\_\_\_\_  
 Type of Events: \_\_\_\_\_
16. Non-Game Day event attendance for events promoted and insured by others: \_\_\_\_\_  
 Type of Events: \_\_\_\_\_  
 Do you receive a certificate naming you as additional insured with limits of at least \$1,000,000?  Yes  No
17. Do you have Rap and/or Hip Hop Concerts?  Yes  No  
 If yes, please provide details: \_\_\_\_\_

18. 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
19. Do you operate amusement devices such as the following?  Mechanical rides  Water slides  Rock climbing walls  
 Dunk Tanks  Sledding/Tubing/Snow Magic  Bungee Jumping  Trampolines/Bungee Trampolines  Go-carts  Inflatables  
 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: \_\_\_\_\_

20. Please list and describe your typical patron on-field/between innings interactive activities: \_\_\_\_\_

- Do participants (or parents/guardians) sign waivers?  Yes  No
21. Do you have hot tubs available for stadium guests?  Yes  No  
 If Yes, please describe chemical safety measures with regard to storage and use: \_\_\_\_\_  
 \_\_\_\_\_  
 How often is the water changed? \_\_\_\_\_  
 Is the area supervised at all times of use?  Yes  No  
 Describe surface area with regard to nearby electrical hazards, foul ball protection and slip/fall control: \_\_\_\_\_  
 \_\_\_\_\_

- Age requirement: \_\_\_\_\_  
 Waivers signed by all users?  Yes  No
22. Are you responsible for annual stadium operations  Yes  No

23. During home games, who is responsible for the following activities:

	STADIUM/ FACILITY	TEAM	OTHER/DESCRIBE	INSURANCE CERTIFICATE ON FILE?
Parking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concession Sales ( <i>excluding alcohol</i> )	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid/Medical	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are responsible for security, who provides:

City/County/State

Private Agency

If private agency, do they provide a certificate of insurance naming you as an additional insured with limits of at least \$1,000,000?

Yes  No

Are you held harmless & indemnified by contract?

Yes  No

Team Staff

If your staff, are they armed?

Yes  No

If yes, please attach training procedures.

24. Is there an emergency evacuation plan established for this facility?

Yes  No

25. Please describe your medical response procedures and staff: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIQUOR LIABILITY:**

1. Does your organization sell or serve alcoholic beverages?

Yes  No

Type of alcoholic beverages sold: \_\_\_\_\_  
\_\_\_\_\_

2. Annual gross alcohol sales: \_\_\_\_\_

3. Annual gross food sales: \_\_\_\_\_

4. Has applicants' alcohol beverage license ever been revoked, suspended or fined?

Yes  No

Has applicant incurred claims for liquor liability during the last three years?

Yes  No

Has any insurer cancelled or non-renewed coverage during the last three years?

Yes  No

If you responded "Yes" to any of the three previous questions, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Are patrons allowed to carry alcoholic beverages onto your premises?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Name the formal alcohol awareness training program that the servers receive (e.g. TIPS, TAMs, TABC): \_\_\_\_\_

7. Do you stop alcohol sales at the bottom of the seventh inning?  Yes  No

8. Does another entity sell or serve alcoholic beverages on your behalf?

Yes  No

If yes, do they provide liquor liability coverage naming you as additional insured with limits of at least \$1,000,000?

Yes  No

To provide contingent liquor liability coverage, we will require a copy of this certificate.

Are you held harmless & indemnified by contract?

Yes  No

**FIREWORKS LIABILITY:**

1. Do you contract with a fireworks company to provide shows as part of your operations?

Yes  No

Does this entity provide you with a certificate of insurance naming

you as additional insured with limits of at least \$1,000,000?

Yes  No

To provide contingent fireworks liability coverage, we will require a copy of this certificate.

2. Are you held harmless & indemnified by contract?

Yes  No

3. If this operation is not subcontracted, do your employees conduct fireworks shoots?

Yes  No

If yes, what are their qualifications? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe fire fighting protocol: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAMPS/CLINICS:**

1. Do you operate youth camps and/or clinics?  Yes  No  
Average number of campers per day: \_\_\_\_\_  
Number of days per week: \_\_\_\_\_  
Number of weeks per year: \_\_\_\_\_
2. Do you have any overnight camps?  Yes  No  
Average number of campers per day: \_\_\_\_\_  
Number of days per week: \_\_\_\_\_  
Number of weeks per year: \_\_\_\_\_
4. Do you discuss child/sexual abuse during camp/clinic staff orientation, including how to recognize the signs and how to handle allegations?  Yes  No
5. 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  
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
6. Does your state permit you to do criminal background investigations on 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? \_\_\_\_\_
7. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility?  Yes  No  
If yes, please provide details: \_\_\_\_\_

**THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:**

- Copies of contracts with respects to stadium lease and other 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.**
- 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)



# NONOWNED/HIRED AUTO QUESTIONNAIRE

(To be completed and returned with Commercial Auto ACORD application)

Named Insured: \_\_\_\_\_

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: \_\_\_\_\_

## NON-OWNERSHIP LIABILITY

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

If so, please provide details regarding duties involved: \_\_\_\_\_

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

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

4. Please explain what other controls you have in place to protect your company's liability? \_\_\_\_\_

5. Number of Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

## HIRED AUTO LIABILITY

1. During the last three years have you leased, borrowed or hired 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 lease or hire the vehicles? \_\_\_\_\_

3. When leasing, hiring or borrowing are the vehicles used to:

A. Transport participants, volunteers or staff only?  Yes  No

If yes, how many? \_\_\_\_\_ For how long? \_\_\_\_\_

Number of times per year: \_\_\_\_\_ Distance traveled per trip: \_\_\_\_\_

B. Haul equipment:  Yes  No

If yes, please explain and identify frequency and distance traveled per trip: \_\_\_\_\_

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries: \_\_\_\_\_ Distance traveled per trip: \_\_\_\_\_

How long the vehicles will be used: \_\_\_\_\_ Year built: \_\_\_\_\_ Cost new: \_\_\_\_\_

5. Does the leasing company provide drivers or do you use your own? \_\_\_\_\_

6. Do you purchase liability insurance from the leasing company?  Yes  No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds?  Yes  No If yes, please explain: \_\_\_\_\_

8. What is the estimated annual cost to hire/lease all vehicles? \_\_\_\_\_

9. 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 types of vehicles have you leased or do you intend to lease (Make/Model/Size)? \_\_\_\_\_  
\_\_\_\_\_
- 2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? \_\_\_\_\_  
\_\_\_\_\_
- 3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)?  Yes  No
- 4. What is the maximum number of vehicles leased at one time? \_\_\_\_\_
- 5. Please provide the garage location of the vehicles (city and state): \_\_\_\_\_
- 6. Requested Comprehensive Deductible? \$\_\_\_\_\_ Collision Deductible? \$ \_\_\_\_\_

**LIST OF DRIVERS-** Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LEASED VEHICLES**

If leased, what is the term of the lease? \_\_\_\_\_

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

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)





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# Workers Compensation Supplemental Application

**General Information** Current number of seasonal employees: \_\_\_\_\_

Percent of employee turnover in the last 12 months: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

If California, please provide the zip code with the highest exposure: \_\_\_\_\_

**Benefits** Group medical insurance? Yes  No  What percentage of employees are covered by the plan? \_\_\_\_\_%

Who is eligible? All employees  Only full time  Other:  \_\_\_\_\_ CPR training provided? Yes  No

**Hiring Practices** Check all that apply:

- Audio Testing
- Orthopedic Back Test
- Reference Check
- Validate Work History
- Criminal Background Check
- Pre/Post Employment Physical
- Substance Abuse Testing
- Written Application
- Formal Interview

Are written job descriptions provided? Yes  No

**Safety** Designated full time safety director? Yes  No  Name: \_\_\_\_\_

Do you have a designated safety committee? Yes  No  Meeting frequency: Daily  Weekly  Monthly  Annually

Does the safety committee present their findings to a management team? Yes  No

What is reviewed by the safety committee during their meetings? \_\_\_\_\_

Safety meetings held for all employees? Yes  No  Frequency: \_\_\_\_\_

Safety training program in place for employees? Yes  No

Safety incentive program? Yes  No  What is the incentive? \_\_\_\_\_

Slip & Fall prevention program? Yes  No  Proper lifting program? Yes  No

Personal protective safety equipment provided? Yes  No

Equipment safeguards utilized? Yes  No  Equipment inspection/maintenance program? Yes  No

If yes, describe: \_\_\_\_\_

Hazardous materials communication program? Yes  No  Accident investigation program? Yes  No

Are supervisors held accountable for injuries? Yes  No

**Management** Does the insured have a return to work program? Yes  No  With full pay? Yes  No

Written  Informal  Modified duty offered to injured employees? Yes  No

Is the insured willing to implement safety recommendations made by the carrier? Yes  No

Is the insured willing to implement loss control recommendations made by the carrier? Yes  No

**Premises** Housekeeping/cleanliness at the jobsite Excellent  Good  Poor

Condition of equipment: Excellent  Good  Poor  Proper safeguards? Yes  No

Do employees perform maintenance and custodial work at your facilities? Yes  No

If yes, are the employees responsible for housecleaning, laundry, cooking or yard work/landscaping? Yes  No

If yes, do employees maintain the exterior?

**Vehicle/Driving Exposure** Is there a driver safety program? Yes  No  Are MVR's run? Yes  No

How often?: \_\_\_\_\_ Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations: \_\_\_\_\_

Driving distance? \_\_\_\_\_ Frequency of driving? Daily  Weekly  Other  \_\_\_\_\_

Number of company vehicles? \_\_\_\_\_ Number of employees authorized to operate company vehicles? \_\_\_\_\_

What is the purpose of the driving exposure? \_\_\_\_\_

Do more than 3 employees travel together in any one vehicle? Yes  No

Vehicles inspection/maintenance program? Yes  No



# ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name: \_\_\_\_\_

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

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

**You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.**

1. Does the Applicant have written procedures and a plan of supervision that monitors staff and volunteers in day-to-day relationships with its members, both on and off the premises?  Yes  No

2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy?  Yes  No  
If yes, please attach a copy

a. If yes, does the written policy include:

i. Definition of sexual and physical abuse/molestation?  Yes  No

ii. Incident reporting procedures?  Yes  No

iii. Investigation procedures?  Yes  No

iv. Disciplinary procedures?  Yes  No

v. Retaliation warning?  Yes  No

vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy?  Yes  No

b. Are procedures in place to monitor the implementation and on-going execution of this policy?  Yes  No

3. Does the Applicant's employment process include a criminal background check on all employment and volunteer candidates, whether direct employee, volunteer or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment or participation is made?  Yes  No

Please identify and explain any current employees, volunteers or independent contractors who are not subject to criminal/sex offender registry background checks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is your vendor for the Criminal Background and Sex Offender Registry checks? (Required) \_\_\_\_\_

4. Does the Applicant verify employment-related references?  Yes  No

5. Does the Applicant conduct personal interviews?  Yes  No

6. Is there a formal policy regarding staff training on:

a. Appropriate and inappropriate physical contact with clients or children?  Yes  No

b. Appropriate and inappropriate verbal interactions with clients or children?  Yes  No

c. Appropriate and inappropriate electronic communications with clients or children?  Yes  No

d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities?  Yes  No

e. Recognition of the signs of abuse or molestation?  Yes  No

7. Does any employee, volunteer or independent contractor
- a. have one-on-one access to clients or children in a closed door or transportation setting?  Yes  No
- b. physically touch another person as part of their job responsibilities?  Yes  No
- If yes, please explain: \_\_\_\_\_
- 
8. Please indicate the age range of members, patrons, students, or populations served (check all that apply):
- 0 - 18 years of age     18 – 25 years old     25 – 50 years old     over 50 years old     All
9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation?  Yes  No
- If yes, please describe: \_\_\_\_\_
- 
- a. Was a suit brought against the organization?  Yes  No
- b. Was the case settled?  Yes  No
- c. Was the case taken to trial?  Yes  No
- d. How much money was paid as damages to the victim? \_\_\_\_\_
10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage?  Yes  No
11. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017?  Yes  No
12. Additional remarks/information: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

**FOR MAINE APPLICANTS ONLY:** THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

**FOR UTAH APPLICANTS ONLY:** THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

**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)