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CA #0334819

PARTICIPANT ACCIDENT SUPPLEMENTAL APPLICATION

Name of Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Web Site Address: _____

Total Number of Participants: _____ Age Range of Participants: _____

Break down participation by type of events and age:

	TYPE OF EVENTS	NUMBER OF PARTICIPANTS
Ages 9 & Under	_____	_____
Ages 10-12	_____	_____
Ages 13-15	_____	_____
Ages 16-17	_____	_____
Ages 18 & Older	_____	_____

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UNDERWRITING INFORMATION

- Are emergency procedures in place? Yes No Tested? Yes (*Attach copy of procedure*) No
- Do you require any emergency vehicle and licensed EMT at each event? Yes No
If no, please explain: _____

- If an emergency vehicle is not on site, what is the average emergency response time? _____
- Is first aid available to both participants and spectators at the event location(s)? Yes No
Please explain: _____

- Describe medical, security and evacuation procedures: _____

- Is the insurance program: Mandatory Optional, please explain: _____

If optional, how many members are eligible to participate in your insurance program? _____

- Are all coaches/trainers certified? Yes No
Please explain certification process: _____

- Are all practices, contests and ancillary events sanctioned and supervised by you? Yes No
- Do you have sanctioning procedures in place: Yes (*Attach copies of sanction requirements and application*) No

10. Are you a member of an association or other organization which promotes or governs the activities named above? Yes No

11. Are participants ever transported to or from practices or competitions at your direction and under your supervision? Yes No

If yes, please describe: _____

12. Is a K&K approved waiver and release form read and signed by all persons entering a restricted area prior to entry? Yes *(Please attach a copy of forms(s))* No

13. Are coaches and officials to be covered? Yes No

14. Please indicate any additional information which you feel is important here: _____

ANCILLARY EVENTS INFORMATION - Describe any events or activities.

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIOR CARRIER INFORMATION- We require currently valued loss runs for each of the last four years K&K was not on the account.

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copies of diagrams and photographs of each location showing all spectator and participant areas where covered activities take place.
- Copy of the previous/present policy.
- Broker of Record letter. (if applicable)
- Copies of waiver/release forms.
- Copies of rules and regulations, safety manuals and sanction requirements and application.
- Four years of company loss runs (company copy including reserves).

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/YYYY)

Date (MM/DD/YYYY)