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 www.kandkinsurance.com
 CA# 0334819

AMATEUR SPORTS ASSOCIATIONS 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: _____
- In what state is the organization headquartered/chartered? _____
- 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 _____
- Nature of operations/description of organization: _____
- Number of years in business: _____ Number of years management experience: _____
- Check the type of coverage desired: GL EBL (# of employees _____) Liquor Fireworks Auto Inland Marine
 Sexual Abuse & Molestation Property Crime Excess D&O WC PA 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
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. 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 you as Additional Insured:

	<u>Certificates obtained</u>	<u>Limits</u>	<u>Additional Insured</u>
Food Concessionaires:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendors/Exhibitors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contractors/Others:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Is a K&K approved Waiver & Release form signed by all persons entering a restricted area prior to entry?
(Please attach a copy or indicate your agreement to use a K&K supplied waiver) Yes No

11. Number of Clubs/Teams: _____ Number of employees: _____
 Average # of participants per event: _____ Number of coaches: _____
 Number of Officials/Umpires: _____ Number of volunteers: _____
 Average # of spectators per event: _____

12. Breakdown of sport and age *(Please attach a complete list if necessary):*

	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>
Ages 12 & Under:	_____	_____	_____	_____	_____	_____
Ages 13-15:	_____	_____	_____	_____	_____	_____
Ages 16-17:	_____	_____	_____	_____	_____	_____
Ages 18 & Older:	_____	_____	_____	_____	_____	_____
	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>	<u>Sport</u>	<u>Number of Participants</u>
Ages 12 & Under:	_____	_____	_____	_____	_____	_____
Ages 13-15:	_____	_____	_____	_____	_____	_____
Ages 16-17:	_____	_____	_____	_____	_____	_____
Ages 18 & Older:	_____	_____	_____	_____	_____	_____

13. List events/activities with anticipated attendance exceeding 20,000:

<u>Event</u>	<u>Location</u>	<u>Date</u>	<u>Attendance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Are all portable/temporary soccer goals in compliance with the CPSC bulletin? Yes No NA

15. Do you intend to have office premises liability coverage? Yes No

If yes, please provide your office square footage: _____

16. If you have cheerleading and allow stunts, please describe safety measures such as height of stunts, spotting, supervision.

What cheerleading organization guidelines are followed: _____

17. If you have running, walking or cycling events, do you use closed courses or open roads? _____

Please describe participant safety procedures such as use of SAG (*Support and Gear*) vehicles, barricaded or manned road intersections, etc: _____

18. If you have batting cages, please outline your safety measures such as machine pitch max ball speed, fully enclosed cages, etc: _____

19. If you operate water related events, please describe the bodies of water and outline your safety measures such as lifeguard supervision and personal flotation devices: _____

20. If you have tackle football, is there an age/weight breakdown of players? Yes No

21. Is all football related equipment (including mouthpiece) required? Yes No

22. List and describe any ancillary activities to be covered: _____

23. Do you have Rap and/or Hip Hop Concerts? Yes No
 If yes, please provide details: _____

24. 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
25. Do you operate dunk tanks? Yes No
 If so, please describe the following:
 Tank set-up (e.g. proximity to electricity, water level & drained when not in use, surface type): _____

 Supervision: _____

 User rules (e.g. one person in tank at a time, age/size requirements, shoes required, waivers signed, seated position/hands on knees/sit forward): _____

 General safety (e.g. do not operate in a storm): _____

26. Do you operate amusement devices such as the following? *(Note additional underwriting information may be required)*
 Mechanical rides Water slides Rock climbing walls Sledding/Tubing/Snow Magic Inflatables
 Trampolines/Bungee Trampolines Go-carts 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: _____

27. Will certificates of insurance be required for each of your clubs or sanctioned events? Yes No
28. Describe or provide your association rules and regulations: _____

29. Are local, state and regional organizations involved in your organization? Yes No
 Is insurance to be extended to these groups through the association on a blanket basis? Yes No
30. Is participation in the insurance program mandatory or optional? _____
 If participation is optional, how many members participate in your insurance program? _____
31. Are all coaches/trainers certified? Yes No
 Please explain the certification process: _____

32. Are all practices, contests and ancillary events sanctioned and supervised by the association? Yes No
 If no, explain: _____

33. Explain sanctioning procedures: _____

34. Is there a safety/injury control program in place? Yes No
 Describe: _____

35. Describe medical, security and evacuation procedures for championships, tournaments, etc: _____

36. Are participants ever transported to or from practices or competitions by organization members? Yes No
 If yes, please describe: _____

ABUSE & MOLESTATION:

- 1. Are employment applications required for paid and volunteer staff? Yes No
- 2. 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
- 3. 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
- 4. Does your state permit you to do criminal background investigations on all 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? _____
- 5. Do you have written procedures to implement prevention policies? Yes No
- 6. Do you discuss child/sexual abuse during staff orientation, including how to recognize the signs and how to handle allegations? Yes No
- 7. Do you have written procedures to follow if a child, member or employee reports an incident of sexual or physical abuse or molestation? Yes No
- 8. Do your written procedures for reporting include contacting local or state law enforcement? Yes No
- 9. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017? Yes No
- 10. Have you ever had an incident which resulted in an allegation of sexual abuse? Yes No
If yes, please provide details: _____

PLEASE PROVIDE COPIES OF WRITTEN PROCEDURES AND APPLICATIONS USED FOR BACKGROUND CHECKS, WRITTEN PREVENTION PROCEDURES, AND WRITTEN REPORTING PROCEDURES. REPORTING PROCEDURES MUST INCLUDE CONTACTING LOCAL OR STATE LAW ENFORCEMENT WHEN NOTIFIED OF ABUSE.

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copies of 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
- Copies of rules/regulations, safety manuals, and sanction requirements
- 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)