



YOUTH SPORTS CAMP & SPORTS CLINIC

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 3/1/09 through 2/28/10



PROGRAM DESCRIPTION

This program has been designed for U.S. - based youth sports camp operations (those attended by campers age 19 or under) or sports clinics that are held at premises not owned or maintained by the sport camp operator. Coverage provided under this program includes important liability protection for the camp or clinic operator, including employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments coverage to the camp or clinic participants. Coverage is provided on an annual basis, but only applies to those camp/clinic sessions that are specifically reported.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

INELIGIBLE OPERATIONS

Camps or clinics offering the following operations or instruction based on any of the following sport categories are not eligible for this insurance program. Please note, this is not a complete listing of ineligible sports. Please contact K&K for more information.

- After school/day care/latch key programs
 - All star/bowl games*
 - Pro-sport try-out and training camps
 - Recruiting camps, showcases, or combines*
 - Sports camp/clinic operators who own their own facility
 - Weight loss camps/programs
- Boxing
 - Box lacrosse
 - Broomball
 - Cycling or BMX
 - Diving
 - Equestrian
 - Martial arts
 - Open water activities
 - Skiing (snow or water)

* Please contact K&K at 1-800-426-2889 for programs that can provide coverage for these types of operations

ELIGIBLE OPERATIONS

Sports operations conducted on a clinic, day camp or overnight camp basis for attendees age 19 and under that are focused on improving skills in one of the following sport categories are eligible for this insurance program. If your sport is not listed, please contact K&K to confirm eligibility at 1-800-426-2889.

- Baseball
 - Basketball
 - Cheerleading
 - Deck/floor hockey
 - Drill team
 - Football
 - Golf
 - Gymnastics
 - Ice hockey
 - Lacrosse
 - Soccer
 - Softball
 - Squash
 - Swimming
 - Strength and conditioning
 - Tennis
 - Track & field
 - Volleyball
 - Water polo
 - Wrestling
- Classroom/lecture clinics for coaches or officials in any of the above mentioned sports are also eligible to enroll in this insurance program

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line at www.kandkinsurance.com

OR

— Submit this enrollment form, with payment, to K&K. —



E-MAIL amateursportsrpg@kandkinsurance.com



FAX 1-260-459-5105



MAIL

Regular: K&K Insurance
Youth Sports Camp RPG
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance
Youth Sports Camp RPG
1712 Magnavox Way
Fort Wayne, IN 46804



QUESTIONS Call 1-800-426-2889

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions, as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to K&K Insurance Group, Inc.

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harrassment, or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Operation, ownership or management of any facility or field other than being used for covered activities
- Nuclear energy
- Operations listed as ineligible
- Pollution
- Transportation of participants
- Use of haunted attractions

COVERAGES AND LIMITS

Commercial General Liability:	Option A	Option B
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (Other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000
Hired Auto and Employers' Nonownership Liability (not provided in Hawaii)	\$ 1,000,000	\$ 2,000,000
Damage to Premise Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants - \$100 claim deductible applies	\$ 25,000	\$ 250,000
Medical Expense Reimbursement for Participants	\$ 1,000	\$ 1,000
Rates:		
Per participant / per daily session	\$ 1.33	\$ 1.82
Per participant / per weekly session (camps 3-7 consecutive days)	\$ 4.00	\$ 5.54
Per participant / overnight camps (camps no more than 7 consecutive days)	\$ 5.32	\$ 7.35
Minimum Premiums:	\$ 240	\$ 360

Commercial General Liability - coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury. Legal liability to participants and professional liability coverage are also provided as part of this program. No deductible applies to liability claims.

Hired Auto and Employers' Nonownership Liability - coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

Medical Payments for Participants - coverage which pays the medical and dental expenses incurred by a "participant" when an accidental injury occurs while participating in your camp or clinic operations. The coverage is provided on an excess basis, responding after all other medical coverage available to the "participant" has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim, and the benefit period is two years from the date of the accident.

Medical Expense Reimbursement for Participants - coverage which will pay expenses incurred for illness which a "participant" first experiences, or is exposed to, during a covered camp or clinic program. The illness must be reported within two years from the first experience or exposure, and payments are made regardless of fault.

"Participant" means any person engaged in the activities of your camp or sports clinics operations. Participant does not include any compensated member of your staff, including employees or independent contractors.

FREQUENTLY ASKED QUESTIONS

1. How soon does my coverage start? When will I receive proof of coverage?

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. We request that adequate time is allowed for us to process your enrollment form and issue certificates.

2. When should I make my coverage effective?

The effective date is the date you need your insurance to start. For many, this is the first day of the camp/clinic or when you begin setting up. If you are renewing coverage with K&K, use the expiration date of your coverage.

3. How do I calculate the premium? What is a minimum premium?

Premium is based on the actual or maximum number of campers expected times a rate. A minimum premium is the amount you must pay if your calculated premium is less than the minimum premium for the option you choose.

Example: A 2 day clinic that needs \$1,000,000 in coverage for 50 campers:

Step 1: Choose Option A

Step 2: Take the daily session rate for Option A, which is \$1.33, x 50 x 2 for a premium calculation of \$133.

Step 3: Since the premium calculation is below the \$240 minimum premium for Option A, the total premium due for this clinic is \$240.

4. What if I have multiple camps or clinics scheduled and I am not sure how many participants will attend these camps or clinics? What do I report?

At the time of enrollment, please provide us a list of all your known camps or clinics. Use the maximum amount of campers that your camp/clinic can accommodate to calculate the premium due. TBD numbers will not be accepted. You can always submit an audit at the end of your camp if your numbers do not match what you had reported.

5. What do I do if I add a camp or clinic after I submit my enrollment?

To provide coverage for a new camp/clinic not previously reported, you must inform K&K in writing of the new dates by completing a youth camp/clinic supplemental request form prior to the start date of the camp/clinic along with any additional premium due. Camps or clinics not reported to K&K prior to occurring will not be covered.

6. What happens if I need to cancel a camp or clinic?

Cancellations must be reported prior to the scheduled start date or the first day of the camp/clinic session, and confirmed in writing for a refund or credit to be considered. Refunds may be subject to a cancellation penalty of \$120 for Option A or \$180 for Option B.

7. How do I report cancellations, changes or any additional camps after hours or on a weekend?

Since any changes to your coverage need to be reported prior to the scheduled start date or the first day of camp and be submitted in writing, please either fax or e-mail us the necessary change as soon as you can. If you do not have access to fax or e-mail, please leave us a voicemail message and follow up with written confirmation as quickly as possible.

8. Do I need to complete an audit at the end of my camp?

Your coverage may be subject to an audit. Audit forms will be sent with your proof of coverage certificate if we will be auditing your camps or clinics. A completed audit form with a roster of the camper's names is required within 30 days of the end of the reported camp/clinic session.

9. Is Abuse and Molestation coverage available?

Yes, we are able to provide coverage upon receipt of a completed questionnaire and approval from the carrier that reimburses you for up to \$100,000 per claim and \$100,000 in the aggregate for defense costs resulting from claims arising out of abuse, molestation, harassment or sexual conduct. The premium for coverage, if approved, is \$500. Please contact K&K for the questionnaire.

10. Will I receive a policy after I submit the enrollment form?

No. You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (PG). The PG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the PG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each certificate of insurance—there are no shared limits of liability with any other members. A copy of the PG master policy can be requested in writing to: K&K Insurance Group, Inc. 1712 Magnavox Way, Fort Wayne, IN 46804.



Enrollment Form - Youth Sports Camp & Sports Clinic Insurance

Valid for effective dates from 3/1/09 through 2/28/10



Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign where required
3. Remit completed enrollment form (pages 4 - 8) with payment

GENERAL INFORMATION	<input type="radio"/> I am a new account	<input type="radio"/> I am renewing my coverage
	Named insured (as it should appear on the coverage document): _____ (the legal name of the business; typically the name that would appear on any contracts or agreements)	
	Doing business as (DBA): _____ (additional name(s) under which the named insured operates)	
	Mailing address: _____	
	City: _____ State: _____ Zip: _____	
	Contact name: _____	
	Phone: (____) _____ Cell: (____) _____ Fax: (____) _____	
	E-mail: _____ Website: _____	

DATES	Coverage will begin the day after the completed enrollment form and premium are received and approved by K&K, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)
	<input type="radio"/> Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION	Are all camp/clinic attendees age 20 or over?	<input type="radio"/> Yes	<input type="radio"/> No
	Are you an after school, day care or latch key program?	<input type="radio"/> Yes	<input type="radio"/> No
	Do you own the facility where the camp/clinic takes place?	<input type="radio"/> Yes	<input type="radio"/> No
	Are you a weight loss camp/program?	<input type="radio"/> Yes	<input type="radio"/> No
	Is your event an all star game or bowl game?	<input type="radio"/> Yes	<input type="radio"/> No
	Is your event a professional try-out or training camp?	<input type="radio"/> Yes	<input type="radio"/> No
	Is this a recruiting event, showcase or combine?	<input type="radio"/> Yes	<input type="radio"/> No
	Is your camp held on the property of a private home or residence?	<input type="radio"/> Yes	<input type="radio"/> No
	Does your program include any trips away from the main location?	<input type="radio"/> Yes	<input type="radio"/> No
	If yes, please submit additional details. Trips made away from the main location must be reported prior to occurring, and approved by K&K.		
The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities, please contact K&K to determine if other coverage options are available.			
Are any of your camps/clinics by invitation only?		<input type="radio"/> Yes	<input type="radio"/> No

CERTIFICATE REQUESTS

Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Indicate the type of certificate that you are requesting: Additional insured OR Evidence of coverage

Re: Date(s) of camp: ____/____/____ to ____/____/____

Type of sport: _____

Location: _____

Certificate holder/entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter

Special certificate language needed (please explain or attach information): _____

DOCUMENT DELIVERY

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be delivered to the same person. Please select only one option.

E-mail to: _____ attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)

Fax to: _____ attn: _____

Mail to: _____ attn: _____

AGENTS ONLY

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/contact name: _____

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax I.D.: _____

Note: There are no commissions included in this program. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to K&K. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program

K&K USE ONLY

Rec: ____/____/____ Status N R Broker: Y N Comm: _____%

Exp Policy #: _____ Cert #: _____ Insured #: _____

Option: _____ Premium: \$ _____ Pay Plan: 100 30/70 25/3 Bill: AB AD CBG

Eff/Exp: ____/____/____ to ____/____/____ Delivery: M F E Date: ____/____/____

Opt: A&M IM D&O Ex WC Opt Form: 2026 2011 8016 8018 876

Policy #: _____ Cert #: _____ Comments: _____

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN, and VA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

PREMIUMS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS

PAYMENT INFORMATION

Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature _____

READ AND SIGN

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage you are purchasing. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing—either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Ancillary activities/trips held away from the reported camp/clinic location unless supervised, approved and on file with the company; Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Operation, maintenance or management of any athletic facility or field, other than while being used for covered activities; Performers; Rodeos; Saddle animals; Snowmobile; Transportation of participants; Those operations listed as ineligible: After school, day care and latch key programs; All star/bowl games; Pro-sport try-out and training camps; Recruiting camps, showcases, or combines; Sports camp/clinic operators who own their own facility; Sports camps/clinics offering instruction of: Adventure races, Bandy, Bobsled, Body boarding, Box/indoor lacrosse, BMX or stunt cycling, Broomball, Canoeing, Cycling, Diving, Dodgeball, Equestrian, Hang gliding, Hammer throw, Highland games, Hostelling, Hurling, Inline Stunt performing, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Martial arts, Mixed martial arts, Modern pentathlon, Mountain biking, Mountain boarding, Open water activities, Open water fishing, Outrigging, Parachute, Parasailing, Polo (horse), Rodeo, Roller derby, Rowing, Rugby, Sailing, Scuba diving, Shooting, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled dog racing, Snorkeling, Snowboarding/snow surfing, Streetball, Surfing, Trapeze, Takraw, Trampoline, Triathlon, Wind surfing, Yachting; Weight loss camps/programs.

WARRANTY AND DISCLOSURE STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form 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.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant signature _____

Date: _____

Printed name: _____ Title: _____

Named insured (from page 4): _____