



**AMATEUR SPORTS RPG DIRECTORS' & OFFICERS' LIABILITY**  
 including Employment Practices Liability for Not-for-Profit Organizations (Claims-made Coverage)  
 Insurance Program and Enrollment Form  
 This brochure is valid for effective dates from 3/1/09 through 2/28/10



**PROGRAM DESCRIPTION**

This program provides important protection to eligible amateur sports organizations for claims arising out of allegations of errors, omissions or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices. Defense costs are paid in addition to the limit of liability. **Coverage is provided on a claims-made basis**, applying only to claims first made during the coverage period.

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

**INELIGIBLE OPERATIONS**

Organizations that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- Booster clubs (those supporting/funding interscholastic/intercollegiate athletic programs)

**ELIGIBLE OPERATIONS**

Organizations that meet all of the following criteria are eligible to submit an enrollment form for coverage under this program:

1. The organization's operations are dedicated to the conduct of amateur sports activities.
2. The organization has tax exempt status as a not-for-profit organization.
3. The annual gross revenue of the organization from all sources is \$3,000,000 or less.
4. The organization has obtained general liability coverage through a supporting Sports, Leisure and Entertainment Risk Purchasing Group Amateur Sports Insurance Program offered by K&K.

**COVERAGE AND LIMITS**

This program provides two limit options to choose from.

Option A	
Maximum Aggregate Limit of Liability	\$ 1,000,000
Retention (each claim)	\$ 1,000
Premium (based on annual gross revenue)	
\$ 0 - \$1,000,000	\$ 625
\$1,000,001 - \$2,000,000	\$ 1,075
\$2,000,001 - \$3,000,000	\$ 1,525
\$3,000,001 or higher	Refer to K&K

Option B	
Maximum Aggregate Limit of Liability	\$ 2,000,000
Retention (each claim)	\$ 1,000
Premium (based on annual gross revenue)	
\$ 0 - \$1,000,000	\$ 950
\$1,000,001 - \$2,000,000	\$ 1,650
\$2,000,001 - \$3,000,000	\$ 2,325
\$3,000,001 or higher	Refer to K&K

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.

**FOUR EASY WAYS TO ENROLL FOR COVERAGE**



**WEB** For information and applications, visit us on-line at [www.kandkinsurance.com](http://www.kandkinsurance.com)

**OR**

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



**E-MAIL** [amateursportsrpg@kandkinsurance.com](mailto:amateursportsrpg@kandkinsurance.com)



**FAX** 1-260-459-5105



**MAIL**

Regular: K&K Insurance D&O RPG P.O. Box 2338 Fort Wayne, IN 46801-2338	Overnight: K&K Insurance D&O RPG 1712 Magnavox Way Fort Wayne, IN 46804
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**QUESTIONS** Call **1-800-426-2889**

## EXCLUSIONS

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

- Advertising injury
- Fungi
- Pollutants
- Bodily injury
- Nuclear energy
- Property damage
- Failure to maintain proper insurance
- Personal injury
- Wrongful death

## COVERAGE INFORMATION

The following are several coverage explanations related to a claims-made policy that should be considered.

### Claims-made During Policy Period

This policy covers only claims actually made or incidents reported against the insured while the policy remains in effect, or any applicable extended reporting period. All coverages under the policy ceases upon the termination date, except for the automatic extended reporting period coverage, unless the insured purchases additional extended reporting period coverage.

### Extended Reporting Period

The automatic extended reporting period is sixty (60) days from the termination or expiration date of the policy. The additional extended reporting period, if purchased, may be up to three (3) years for not-for-profit policies. If this extended reporting period is not purchased and the subsequent policy does not provide full prior acts coverage or is an occurrence policy, there may be gaps in coverage.

## FREQUENTLY ASKED QUESTIONS

### 1. Can I apply for coverage over the phone?

Unfortunately, we are not able to take your information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to K&K via e-mail, fax or mail.

### 2. Does D&O liability cover allegations against the board for abuse, molestation, harassment or sexual conduct?

This type of allegation would be covered under the abuse, molestation, harassment or sexual conduct defense cost reimbursement coverage which is available for purchase as an optional coverage with a commercial general liability policy through a supporting Sports, Leisure and Entertainment Risk Purchasing Group Amateur Sports Insurance Program offered by K&K.

### 3. Does D&O liability provide coverage if a member of the board embezzles money from our funds?

Embezzlement is not covered under this D&O liability policy.

### 4. Does D&O liability provide coverage if a participant is injured during a covered activity?

No, this would be covered under the medical payments for participants coverage, if eligible, that is provided with a commercial general liability policy through a supporting Sports, Leisure and Entertainment Risk Purchasing Group Amateur Sports Insurance Program offered by K&K.

### 5. Can any board member complete and sign the D&O liability enrollment form?

The carrier requires that the enrollment form for D&O liability coverage be completed and signed by either the President, Executive Director or the Treasurer of the board.

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

If you are a new account, you will receive a copy of the policy. Renewal accounts will only receive a certificate of insurance evidencing coverage.



# Enrollment Form - Amateur Sports RPG Directors' & Officers' Liability

including Employment Practices Liability Insurance for Not-for-Profit Organizations (Claims-made Coverage)

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 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. This is a claims-made policy. The policy for which this enrollment form is made applies, subject to its terms, only to any "Claim" first made against the "Insureds" during the certificate period.

### TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign where required
3. Remit completed enrollment form (pages 3 - 6) with payment

<b>GENERAL INFORMATION</b>	<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 organization or 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: _____	

<b>DATES</b>	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: ____ / ____ / ____

<b>BUSINESS INFORMATION</b>	Form of business: <input type="radio"/> Not-for-profit organization <input type="radio"/> For-profit organization
	Do you currently have commercial general liability coverage with K&K? <input type="radio"/> Yes <input type="radio"/> No
	If yes, please check the program from which you have purchased this coverage through K&K.
	<input type="radio"/> Teams, Leagues & Associations Program <input type="radio"/> Dance Schools & Programs
	<input type="radio"/> Gymnastics Clubs & Cheer Gyms Program <input type="radio"/> Martial Arts Schools & Programs
	Date of incorporation: _____ / _____ / _____ Tax ID #: _____
	Number of full-time compensated employees (over 30 hours a week for 12 months): _____
	Number of part-time compensated employees (under 30 hours a week or less than 12 months): _____
	Number of volunteers (not including board members): _____
	Total annual gross revenue for the organization (gross revenue includes all receipts from fees, sponsorships, fundraisers, membership, ticket sales): _____ \$
Total assets for the organization (example: sports equipment, concession stand equipment): .. \$	
Total liabilities for the organization (example: loans): .. \$	

**PAST ACTIVITIES WARRANTY**

**NEW ACCOUNTS ONLY – Complete this section only if this is a new enrollment form with K&K.**

Does your organization currently have D&O liability in force with another insurance company?  Yes  No  
 If yes, please provide the following:

Carrier: \_\_\_\_\_ Limit: \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_ Exp. date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Past Activities:**

No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include the loss payment and defense cost):

If so, explain: \_\_\_\_\_  
 \_\_\_\_\_

If none, check here

No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance, except as follows:

If none, check here

**PREMIUM CALCULATION**

Premium (based on annual gross revenue)	Option A \$1,000,000 Limit	Option B \$2,000,000 Limit	Florida Resident	
			Option A \$1,000,000 Limit	Option B \$2,000,000 Limit
\$ 0 - \$ 1,000,000	<input type="radio"/> \$ 625	<input type="radio"/> \$ 950	<input type="radio"/> \$ 631.25	<input type="radio"/> \$ 959.50
\$ 1,000,001 - \$ 2,000,000	<input type="radio"/> \$ 1,075	<input type="radio"/> \$ 1,650	<input type="radio"/> \$ 1,085.75	<input type="radio"/> \$ 1,666.50
\$ 2,000,001 - \$ 3,000,000	<input type="radio"/> \$ 1,525	<input type="radio"/> \$ 2,325	<input type="radio"/> \$ 1,540.25	<input type="radio"/> \$ 2,348.25
\$ 3,000,001 or higher	Refer to company	Refer to company	Refer to company	Refer to company

**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: \_\_\_\_\_

**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**

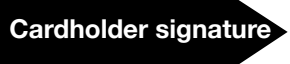
**TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM**

Agency name: \_\_\_\_\_  
 Agency mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Agent/contact name: \_\_\_\_\_  
 Agency telephone: (\_\_\_\_\_) \_\_\_\_\_ Agency fax: (\_\_\_\_\_) \_\_\_\_\_  
 Agent/contact e-mail address: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

**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**

**PREMIUMS ARE 100% FULLY EARNED AND 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 \_\_\_\_\_

**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 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.

**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: \_\_\_\_\_

(Must be signed by president, executive director, or treasurer acting as an authorized agent of the organization)

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Named insured (from page 3): \_\_\_\_\_