



AMATEUR SPORTS TEAMS, LEAGUES AND ASSOCIATIONS 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 teams, leagues, clubs and associations conducting youth or adult amateur sports activities. Coverage provided includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. For eligible sports and age groups reported to K&K, covered operations consist of your scheduled, sanctioned, approved, organized and supervised practices, try-outs, clinics, games, playoffs and tournaments in which you participate. Coverage is also provided for your registrations, meetings, concession stand operations, parades in which you participate, picnics, award banquets and ceremonies and incidental fund-raising activities involving the sale of products, coupons, raffle tickets and services, such as: car washes, bake sales and coin drops, for those sports and age groups reported to K&K.

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

INELIGIBLE OPERATIONS

The following sport operations and affiliates are not eligible for this program. (Please note, this is not a complete listing of ineligible operations).

- BMX/stunt cycling
- Boating activities
- Boxing
- Cheerleading (age 20 & over)
- Cycling
- Drill team (age 20 & over)
- Equestrian
- Gymnastics, martial arts, cheer and dance studios
- In-line extreme/stunt skating
- Intercollegiate and interscholastic teams, leagues and associations
- Mixed martial arts
- Rugby
- Shooting sports
- Skateboarding
- Skiing (water or snow)
- Strength and conditioning
- Surfing
- Tackle football (age 20 & over)

Sports groups that are affiliated with the following organizations are not eligible for this program.

- American Amateur Baseball Congress
- American Youth Football
- Babe Ruth Baseball
- Babe Ruth Softball
- Dixie Boys Baseball
- Dixie Softball
- Dixie Youth Baseball
- U.S. Youth Soccer Association

ELIGIBLE OPERATIONS

Organizations providing instruction, practice and competition in the following sports and age groups are eligible for this program, with coverage to be provided based on Class A or Class B classifications.

- Note:
1. If your sport is not listed, contact K&K at 1-800-426-2889 for proper classification.
 2. If you have Class A and Class B participants on the same team, you must use the Class A rate for all participants (Class A coverage option will apply).

Class A Sports:

- Box lacrosse
- Broomball
- Diving
- Dodgeball
- Ice hockey
- In-line hockey
- In-line skating
- Lacrosse (age 20 & over)
- Soccer (age 20 & over)
- Water polo (age 20 & over)
- Wrestling (age 20 & over)

Class B Sports:

- Baseball/t-ball
- Basketball
- Baton twirling
- Cheerleading (age 19 & under)
- Cricket
- Deck/floor/field hockey
- Drill team (age 19 & under)
- Flag & touch football
- Frisbee
- Golf
- Kickball
- Lacrosse (age 19 & under)
- Referee associations
- Soccer (age 19 & under)
- Softball
- Swimming
- Tackle football (age 19 & under)
- Team handball
- Tennis
- Track & field
- Ultimate frisbee
- Umpire associations
- Volleyball
- Water polo (age 19 & under)
- Wrestling (age 19 & under)

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.

- 24-hour premises liability
- Abuse, molestation, harassment, or sexual conduct
- All operations listed as ineligible
- Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- Babysitting/child care services
- Carnivals/festivals
- Concerts
- Employment-related practices
- Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments)
- Events where alcohol is furnished or served
- Fireworks
- Fungi or bacteria
- Haunted attractions
- Lead
- Non-rostered participants at tournaments hosted by the insured
- Operation, ownership or management of any athletic facility or field, other than while being used for covered activities
- Outside concessionaires and vendors in conjunction with your organization
- Sports events/activities involving participants in sports other than those reported and for whom a premium has been paid
- Transportation of participants

COVERAGES AND LIMITS

Coverage provided under this program includes:

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 – coverage which offers protection against bodily injury liability claims brought by persons participating in covered sports activities. Available for Class B sports only.

Professional Liability – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the sports activity. Available for Class B sports only.

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 covered sports activities. 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. Available for Class B sports only.

Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii) – 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.

CLASS A SPORTS		
Commercial General Liability:	Option 1	Option 2
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
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ Excluded	\$ Excluded
Legal Liability to Participants	\$ Excluded	\$ Excluded
Medical Payments for Participants	\$ Excluded	\$ Excluded
Rates		
Per participant, all sports, all ages	\$ 3.57	\$ 5.36
Minimum Premiums	\$ 300.00	\$ 400.00

COVERAGES AND LIMITS CONTINUED

CLASS B SPORTS			
Commercial General Liability	Option 1	Option 2	Option 3
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Medical Payments for Participants (excess) \$100 deductible	\$ 25,000	\$ 100,000	\$ 250,000
Minimum Premiums	\$ 300.00	\$ 400.00	\$ 400.00

CLASS B SPORTS – Rates (per participant, per sport)												
Options	Option 1				Option 2				Option 3			
Ages	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 6.11	\$10.03	\$15.87	\$28.81	\$ 8.59	\$13.87	\$18.45	\$36.98	\$ 9.26	\$15.65	\$21.09	\$43.34
Basketball, Ultimate frisbee, Deck/floor/field hockey	\$ 5.89	\$ 7.00	\$14.39	\$19.31	\$ 8.30	\$ 9.93	\$18.90	\$25.07	\$ 8.96	\$10.87	\$21.66	\$29.40
Baton twirling, Frisbee, Golf, Kickball, Tennis, Track & field, Swimming	\$ 5.62	\$ 5.62	\$ 5.62	\$ 5.62	\$ 7.94	\$ 7.94	\$ 7.94	\$ 7.94	\$ 8.91	\$ 8.91	\$ 8.91	\$ 8.91
Cheerleading, Drill team	\$ 6.26	\$ 7.54	\$16.12	Not available	\$ 8.77	\$10.66	\$21.07	Not available	\$ 9.53	\$11.75	\$24.27	Not available
Cricket, Squash	\$ 5.76	\$ 9.14	\$14.18	\$25.33	\$ 8.42	\$12.69	\$16.65	\$32.62	\$ 8.72	\$14.23	\$18.92	\$38.10
Flag & touch football, Team handball	\$ 5.28	\$ 6.45	\$ 8.33	\$ 9.00	\$ 7.54	\$ 9.23	\$11.35	\$12.21	\$ 8.04	\$10.04	\$12.61	\$13.56
Lacrosse, Water polo	\$ 7.17	\$ 8.20	\$ 9.86	See Class A	\$10.29	\$12.03	\$13.27	See Class A	\$10.87	\$12.76	\$14.89	See Class A
Soccer	\$ 7.74	\$ 8.94	\$10.87	See Class A	\$11.08	\$13.10	\$14.54	See Class A	\$11.75	\$13.95	\$16.42	See Class A
Softball	\$ 5.79	\$ 6.88	\$15.87	\$28.81	\$ 8.15	\$ 9.74	\$18.45	\$36.98	\$ 8.78	\$10.66	\$21.09	\$43.34
Tackle football	\$17.91	\$35.04	\$48.28	Not available	\$23.30	\$46.76	\$61.97	Not available	\$26.97	\$55.08	\$73.34	Not available
Umpire & referee associations	\$ 8.45	\$ 8.45	\$ 8.45	\$ 8.45	\$11.31	\$11.31	\$11.31	\$11.31	\$12.80	\$12.80	\$12.80	\$12.80
Volleyball	\$ 5.95	\$ 5.95	\$ 5.95	\$ 5.95	\$ 8.36	\$ 8.36	\$ 8.36	\$ 8.36	\$ 9.47	\$ 9.47	\$ 9.47	\$ 9.47
Wrestling	\$16.23	\$16.23	\$16.23	See Class A	\$21.74	\$21.74	\$21.74	See Class A	\$25.05	\$25.05	\$25.05	See Class A

OPTIONAL COVERAGES AVAILABLE

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your sports equipment, field maintenance equipment, concession stand equipment (excluding products) and small portable storage sheds that you own. You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact K&K to have your insured value amended to avoid a co-insurance penalty.

Coverage conditions:

1. This coverage is not available in New Jersey.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your team, league or association with K&K's Amateur Sports RPG Insurance Program.
3. Coverage cannot be extended to cover non-structural glass or permanent structures such as concession stands, bathrooms, storage units that are permanent, or press boxes.
4. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Amateur Sports RPG Insurance Program.

Rates			
Total Value per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$.03	\$ 250	\$ 100.00
\$ 10,001 - \$100,000	\$.026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$.026	\$ 2,500	\$ 100.00

Premises Liability for Sports Fields

If you are a not-for-profit organization and you own, operate or maintain a sports field(s) and do not rent, donate or lease the field(s) out to other organizations, this coverage provides you with premises liability for the field(s). The use of the field(s) can only be for those sports and age groups that you have purchased commercial general liability coverage for under the Amateur Sports RPG Insurance Program.

Coverage conditions:

1. You must be a not-for-profit organization.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your team, league or association with K&K's Amateur Sports RPG Insurance Program and coverage must follow the same coverage option purchased for your team, league or association.
3. Coverage is only available to those named insureds that do not rent, donate or lease their field(s) to other organizations.
4. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Amateur Sports RPG Insurance Program.

Coverage and Limits			
Commercial General Liability	Option 1	Option 2	Option 3
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000
Rates	(per acre)	(per acre)	(per acre)
Outdoor athletic field with or without buildings and structures	\$ 12.71	\$ 19.06	\$ 19.06
Minimum Premiums (per field)	\$ 50.00	\$ 75.00	\$ 75.00

OPTIONAL COVERAGES AVAILABLE CONTINUED

Hosted Tournament Coverage (available for Class B sports only)

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Coverage excludes non-rostered participants that participate in tournaments you host unless this optional coverage is purchased. The named insured and their rostered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage.

Coverage conditions:

1. Coverage available for Class B sports only.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your team, league or association with K&K's Amateur Sports RPG Insurance Program and coverage must follow the same coverage option and sport and age group purchased for your team, league or association.
3. Your hosted tournament must be seven days or less.
4. A copy of your schedule of events, participant registration form and event brochure flyer must be submitted with the enrollment form.
5. Hosted tournament premiums are 100% fully earned and non-refundable once the tournament begins.

Coverage and Limits			
Commercial General Liability	Option 1	Option 2	Option 3
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Medical Payments for Participants	\$ 25,000	\$ 100,000	\$ 250,000
Rates (per non-rostered participant)	\$ 2.31	\$ 4.39	\$ 4.73
Minimum Premiums (per event)	\$ 200.00	\$ 225.00	\$ 250.00

Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Coverage

This coverage 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 or molestation. Please contact K&K at 1-800-426-2889 for additional information on this available optional coverage.

Directors' & Officers' Liability including Employment Practices Liability

This coverage provides important protection for 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. Please contact K&K at 1-800-426-2889 for additional information on this available optional coverage.

FREQUENTLY ASKED QUESTIONS

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

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

2. When should we make our coverage effective?

The effective date is the date you need your insurance to start. For many, this is the first day that your organization has try outs or practices. If you are renewing coverage with K&K, use the expiration date of your existing coverage. Coverage will be in effect for one year.

3. Our organization has not had try outs and we are not sure how many participants we will have for each sport and age group, how should I report my number of participants?

You will need to report the maximum number of participants for each age group and sport according to your projected rosters. You may add additional participants at any time by using the Amateur Sports Supplemental form.

4. If a participant plays several sports in the organization, do we charge for each sport?

Yes, the rate is based on a per participant for each sport and age group.

5. If we need to request another certificate of insurance for a field/gym that we are using, how do we do this?

A written request from the organization contact is required. There is a certificate request form that will be sent with your original coverage documents that can either be faxed or e-mailed to K&K. Please allow adequate time for processing.

6. Does this coverage follow the participants where ever they go to practice or play?

Coverage will follow the reported participants as long as they are participating in covered, sponsored and/or supervised activities of the insured including tournaments hosted by other organizations. Coverage does not apply to the transportation of participants.

7. Will we receive a policy after submitting the enrollment form?

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 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 insured member organization-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.

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
RPG Program
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance
RPG Program
1712 Magnavox Way
Fort Wayne, IN 46804



QUESTIONS Call 1-800-426-2889



Enrollment Form - Amateur Sports Teams, Leagues and Associations

Valid for effective dates from 3/01/09 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.

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign where required
3. Remit completed enrollment form (pages 7 - 14) with payment

GENERAL INFORMATION

I am a new account I am renewing my coverage

Named insured (as it should appear on the policy): _____
(the legal name of the organization or business; typically the name that would appear on any contracts or agreements)

Doing business as (DBA): _____
(additional names(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).

Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION

Form of business: Not-for-profit organization For-profit organization

Type of organization:

- Individual team
- League or club (an entity organized to provide regulated competition for multiple teams participating in a specific sport)
- Association (an entity, usually not-for-profit, that exists to further a particular sport, to protect the public interest and the interests of the participants of that sport. A fee is typically charged to become a member and formal rules/regulations are usually required and enforced)

Are you seeking coverage for all participants within your organization? Yes No

Do any of your teams include both youth athletes (Class B sports) and adult athletes (Class A sports) participating together on the same team? Yes No

If yes, you must use the Class A rate for all participants when rating your premium. Class A coverage will apply.

Are you a member of any of the following organizations? (check those that apply)

No, we are not a member of any of these organizations

- | | |
|--|---|
| <input type="radio"/> American Amateur Baseball Congress | <input type="radio"/> Dixie Boys Baseball |
| <input type="radio"/> American Youth Football | <input type="radio"/> Dixie Softball |
| <input type="radio"/> Babe Ruth Baseball | <input type="radio"/> Dixie Youth Baseball |
| <input type="radio"/> Babe Ruth Softball | <input type="radio"/> U.S. Youth Soccer Association |

Is there any form of player compensation or prize money awarded for participation? Yes No

Are you a school sanctioned sports team or league? Yes No

Are you a gymnastics, martial arts, cheer or dance studio? Yes No

Are you a municipality or a park and recreation division? Yes No

Are any of your activities held on private residential property? Yes No

Does the named insured own, operate or maintain any pools? Yes No

Are you responsible for the ownership, operation or maintenance of a facility or field? Yes No

The exposures/activities listed above may or may not be covered by this program and any resulting claims could be denied. If you wish to cover any of these activities, please contact K&K to determine if other coverage options are available.

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 issued 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: _____

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.

PROGRAM PREMIUM CALCULATION

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. Please select only one limit option to apply for all sports and age groups. All of your participants are required to be reported in the premium calculation, and a roster may be requested as verification.

CLASS A SPORTS					Option 1 \$1,000,000 Limit				Option 2 \$2,000,000 Limit			
Rates (per participant, all sports, all ages)					\$ 3.57				\$ 5.36			
CLASS B SPORTS – Rates (per participant, per sport)												
Options	Option 1 \$1,000,000 CGL Limit \$25,000 Medical Payments				Option 2 \$2,000,000 CGL Limit \$100,000 Medical Payments				Option 3 \$2,000,000 Limit \$250,000 Medical Payments			
Ages	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 6.11	\$10.03	\$15.87	\$28.81	\$ 8.59	\$13.87	\$18.45	\$36.98	\$ 9.26	\$15.65	\$21.09	\$43.34
Basketball, Ultimate frisbee, Deck/floor/field hockey	\$ 5.89	\$ 7.00	\$14.39	\$19.31	\$ 8.30	\$ 9.93	\$18.90	\$25.07	\$ 8.96	\$10.87	\$21.66	\$29.40
Baton twirling, Frisbee, Golf, Kickball, Tennis, Track & field, Swimming	\$ 5.62	\$ 5.62	\$ 5.62	\$ 5.62	\$ 7.94	\$ 7.94	\$ 7.94	\$ 7.94	\$ 8.91	\$ 8.91	\$ 8.91	\$ 8.91
Cheerleading, Drill team	\$ 6.26	\$ 7.54	\$16.12	Not available	\$ 8.77	\$10.66	\$21.07	Not available	\$ 9.53	\$11.75	\$24.27	Not available
Cricket, Squash	\$ 5.76	\$ 9.14	\$14.18	\$25.33	\$ 8.42	\$12.69	\$16.65	\$32.62	\$ 8.72	\$14.23	\$18.92	\$38.10
Flag & touch football, Team handball	\$ 5.28	\$ 6.45	\$ 8.33	\$ 9.00	\$ 7.54	\$ 9.23	\$11.35	\$12.21	\$ 8.04	\$10.04	\$12.61	\$13.56
Lacrosse, Water polo	\$ 7.17	\$ 8.20	\$ 9.86	See Class A	\$10.29	\$12.03	\$13.27	See Class A	\$10.87	\$12.76	\$14.89	See Class A
Soccer	\$ 7.74	\$ 8.94	\$10.87	See Class A	\$11.08	\$13.10	\$14.54	See Class A	\$11.75	\$13.95	\$16.42	See Class A
Softball	\$ 5.79	\$ 6.88	\$15.87	\$28.81	\$ 8.15	\$ 9.74	\$18.45	\$36.98	\$ 8.78	\$10.66	\$21.09	\$43.34
Tackle football	\$17.91	\$35.04	\$48.28	Not available	\$23.30	\$46.76	\$61.97	Not available	\$26.97	\$55.08	\$73.34	Not available
Umpire & referee associations	\$ 8.45	\$ 8.45	\$ 8.45	\$ 8.45	\$11.31	\$11.31	\$11.31	\$11.31	\$12.80	\$12.80	\$12.80	\$12.80
Volleyball	\$ 5.95	\$ 5.95	\$ 5.95	\$ 5.95	\$ 8.36	\$ 8.36	\$ 8.36	\$ 8.36	\$ 9.47	\$ 9.47	\$ 9.47	\$ 9.47
Wrestling	\$16.23	\$16.23	\$16.23	See Class A	\$21.74	\$21.74	\$21.74	See Class A	\$25.05	\$25.05	\$25.05	See Class A

Sport	Class A or B	Coverage Option	Age Group	# of Participants	X	Rate	=	Premium	
					X	\$	=	\$	
					X	\$	=	\$	
					X	\$	=	\$	
Premium: (add all lines above)								=	\$
Minimum Premium: Option 1 = \$300 Option 2 = \$400 Option 3 = \$400									
Please enter your minimum premium								\$	
Total Premium Due: If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium								\$	

OPTIONAL COVERAGE PREMIUM CALCULATION

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

Sports equipment (such as balls, uniforms, pads, helmets, netting)	\$ _____
Field maintenance equipment (such as lawn mowers, grooming equipment)	\$ _____
Concession stand equipment, excluding products (such as popcorn, hot dog and soda machines)	\$ _____
Portable storage units (not permanent structures)	\$ _____
Misc. equipment - please describe _____	\$ _____

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: List physical addresses where equipment and contents are stored

(P.O. boxes cannot be accepted)

Location 1: _____				
Address	City	State	Zip	
Location 2: _____				
Address	City	State	Zip	

Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment & Contents Premium

My total replacement value is between \$1 - \$10,000
(\$250 deductible will apply)

\$.03 x \$ _____ = \$ _____ \$ _____

Total Replacement Value

Equipment & Contents Premium
(\$100 minimum premium applies)

My total replacement value is over \$10,000
(A \$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)

\$.026 x \$ _____ = \$ _____ \$ _____

Total Replacement Value

Equipment & Contents Premium
(\$100 minimum premium applies)

EQUIPMENT & CONTENTS (NOT AVAILABLE IN NEW JERSEY)

OPTIONAL COVERAGE PREMIUM CALCULATION CONTINUED

PREMISES LIABILITY FOR SPORTS FIELDS

THIS COVERAGE IS NOT AVAILABLE IF YOUR ORGANIZATION RENTS, DONATES OR LEASES TO ANY OTHER ENTITIES.

Premium is determined by applying the appropriate rate for the coverage option selected to your total acreage and field count. Choose the same limit option selected for your team, league or association on page 9.

Physical address for sport field(s): _____
Address City State Zip

Options	Rates / Premium Calculation			
Option 1 \$1,000,000 Limit	<input type="radio"/> \$ 12.71	x	_____	= \$ _____
			Acreage	\$ _____
	\$ 50.00	x	_____	= \$ _____
			# of fields	Premium = greater of two totals
Option 2 \$2,000,000 Limit	<input type="radio"/> \$ 19.06	x	_____	= \$ _____
			Acreage	\$ _____
	\$ 75.00	x	_____	= \$ _____
			# of fields	Premium = greater of two totals

HOSTED TOURNAMENT

THIS COVERAGE IS ONLY AVAILABLE FOR CLASS B SPORTS AND HOSTED TOURNAMENTS LASTING SEVEN (7) DAYS OR LESS IN DURATION.

Premium is determined by applying the appropriate rate for the coverage option selected to your non-rostered participant count. Choose the same limit option selected for your team, league or association on page 9. If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium. For multiple hosted tournaments, complete separate requests with the information provided below for each tournament.

Event name: _____
 Event date(s): ____/____/____ to ____/____/____ Event hours: ____ A.M./P.M. to ____ A.M./P.M.
 Location: _____
 Sport type: _____ Age group: _____ Total spectator attendance: _____

Options	Rates / Premium Calculation per Tournament			
Option 1 \$1,000,000 CGL Limit \$25,000 Medical Payments	<input type="radio"/> \$ 2.31	x	_____	= \$ _____
			# of non-rostered participants	Hosted Tournament Premium (\$200 minimum premium applies)
Option 2 \$2,000,000 CGL Limit \$100,000 Medical Payments	<input type="radio"/> \$ 4.39	x	_____	= \$ _____
			# of non-rostered participants	Hosted Tournament Premium (\$225 minimum premium applies)
Option 3 \$2,000,000 CGL Limit \$250,000 Medical Payments	<input type="radio"/> \$ 4.73	x	_____	= \$ _____
			# of non-rostered participants	Hosted Tournament Premium (\$250 minimum premium applies)

TOTAL PREMIUM SUMMARY	Program Premium	\$
	Equipment & Contents Premium	\$
	Premises Liability for Sports Fields Premium	\$
	Hosted Tournament Premium	\$
	Total Premium Due	\$
	Florida Applicants	
	Florida applicants need to add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium due	
	Total Premium Due (total premium due x 1.01)	\$

CERTIFICATE REQUESTS	Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.	
	This certificate is for our:	
	<input type="radio"/> Program coverage (commercial general liability)	<input type="radio"/> Equipment & contents coverage
	<input type="radio"/> Premises liability for sports field coverage	<input type="radio"/> Hosted tournament coverage
	Check the type of certificate you are requesting:	
	<input type="radio"/> Additional insured	<input type="radio"/> Evidence of coverage <input type="radio"/> Loss payee
	Certificate holder information:	
	Entity name: _____	
	Mailing address: _____	
	City: _____ State: _____ Zip: _____	
Relationship to named insured:		
<input type="radio"/> Owner/lessor of premises	<input type="radio"/> Sponsor <input type="radio"/> Co-promoter <input type="radio"/> Mortgagee	
<input type="radio"/> Franchisor	<input type="radio"/> Lessor of equipment & contents	
<input type="radio"/> Other (please identify/explain): _____		
If applicable:		
RE: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____		
Type of event/activity: _____		
Name of event/activity: _____		
Location of event/activity: _____		

FOR 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 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% 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 _____

READ AND SIGN

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability (unless optional coverage is purchased); Abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased); 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.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: Box/ indoor lacrosse, Broomball, Diving, Dodgeball, Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating, Judo, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey, Soccer (age 20 & over), Street hockey, Taekwondo, Takraw, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over), Wrestling (age 20 & over); Babysitting/child care services; Carnivals/festivals; Cheer and dance studios; Commercial general liability standard exclusions (CG0001 12/04 edition); Concerts; Employment-related practices; Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments); Events where alcohol is served; Fireworks; Fungi or bacteria; Gymnastics studios; Haunted attractions; Intercollegiate & Interscholastic teams, leagues and associations; Lead; Martial arts studios; Non-rostered participants at tournaments hosted by the enrolled member (unless optional coverage is purchased); Nuclear energy liability; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires/vendors in conjunction with your organization; Performers; Rodeos; Saddle animals; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Transportation of athletes/participants; Those operations listed as ineligible: Adventure races, Bandy, BMX/stunt cycling, Boating activities, Bobsled, Body boarding, Boxing, Canoe, Cheerleading (age 20 & over), Climbing, Cycling, Drill team (age 20 & over), Equestrian, Fitness – aerobics and exercise, Hammer throw, Hang gliding, Hostelling, Inline extreme/stunt skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Mixed martial arts; Modern pentathlon, Mountain biking, Mountain boarding, Open water fishing, Outrigging, Parachute, Parasailing, Polo (horse), Rafting, Rodeo, Roller derby, Rowing, Rugby, Sailing, Scuba diving, Shooting sports, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled dog racing, Snorkeling, Snow boarding, Snow surfing, Strength and conditioning, Streetball, Surfing, Tackle football (age 20 & over), Trampoline, Trapeze, Triathlon, Unicycling, Wake boarding, Wind surfing, Yachting

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: _____