



AMATEUR SPORTS TOURNAMENTS & EVENTS

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 to provide coverage on a short-term basis for an amateur sports tournament or event. Coverage provided under this program includes important liability coverage for the U.S.-based organization conducting the event, including the employees and volunteers, for liability claims arising out of its operations. Coverage is also included for ancillary activities (banquets, concerts, awards ceremonies) that are for those participants in your sports tournament or event.

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

INELIGIBLE OPERATIONS

Sports tournaments or events that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- Events involving animals other than service animals
- Professional sports events, try-outs and training camps/clinics
- College or university level championship events
- Highland games
- Events in the following sport categories: (please note, this is not a complete listing of ineligible sports)
 - BMX biking
 - Boxing
 - Cycling
 - Equestrian
 - Ice hockey
 - Kite surfing
 - Mixed martial arts
 - Mountain biking
 - Open water events
 - Rugby
 - Skateboarding
 - Skiing (snow or water)
 - Snowboarding
 - Streetball
 - Tackle football (age 20 & over)
 - Wrestling (age 20 & over)

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.

ELIGIBLE OPERATIONS

An amateur sports tournament or event that meets all of the following criteria is eligible to submit an enrollment form for coverage under this program:

- Maximum number of participants is 1,100
- Maximum spectator attendance per day is 7,500
- Maximum number of event days (including practice days) is 14 days (not including setup and tear down)
- The sport activity being conducted falls into one of the listed eligible classes:
 - Class 1:** bowling, dance, golf, tennis, volleyball, walking
 - Class 2:** baseball, cross country skiing, kickball, softball
 - Class 3:** basketball, cheerleading (age 19 & under), flag or touch football, lacrosse (age 19 & under), on-shore fishing, racquetball, running, soccer (age 19 & under), swimming, tackle football (age 19 & under), wrestling (age 19 & under)
 - Class 4:** diving, gymnastics, in-line hockey or skating, martial arts, soccer (age 20 and over), dodgeball, cheerleading (age 20 and over)
- Notes**
 - If you do not see your sport listed above, please contact K&K at 1-800-426-2889
 - College recruit/showcases and all-star/bowl games (including practices) are eligible operations under this program

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB For more information or applications view 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 T&E RPG P.O. Box 2338 Fort Wayne, IN 46801-2338	Overnight: K&K Insurance T&E 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.

- Abuse, molestation, harrassment, or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Ancillary activities that require a separate admission charge and are open to the public
- Asbestos
- Claims arising out of the operations of independent concessionaires, exhibitors and vendors at your event
- Those operations listed as ineligible
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy
- Pollution
- Room and board liability
- Legal liability to participants coverage and medical payment for participants coverage for professional athletes and celebrity (national/local) participants
- Use of haunted attractions
- 24-hour premises liability

COVERAGES AND LIMITS

Commercial General Liability:	Option A	Option B	Option C	Option D
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000	\$ 3,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Personal & Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	Excluded	Excluded
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Medical Payments for Participants (\$100 deductible applies)	\$ 25,000	\$ 25,000	Excluded	Excluded
Rates: (refer to page 5)	(per participant)	(per participant)	(per spectator)	(per spectator)
Minimum Premiums (per event): (refer to page 5)				

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.

Medical Payments for Participants - coverage pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating at the tournament or event that you are organizing. The coverage is provided on an excess basis, responding after all other coverage available to the “participant” has been exhausted. If no other 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. A “participant” means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors.

FREQUENTLY ASKED QUESTIONS

1. How do I determine who should be the Named Insured?

The named insured is the organization hosting the tournament or event and who is to be protected by this coverage in the event of a lawsuit. The organization is typically required to sign the contract with the facility where the tournament/event is being held. If an entry fee is charged to participate in the tournament/event, the entry fee is paid to the organization as well.

2. You have four coverage options, what are the differences?

Coverage options A and B provide commercial general liability, legal liability to participants and medical payments for participants. Coverage options C and D only provide commercial general liability coverage to spectators. Coverage for bodily injury liability and medical claims to participants are excluded.

3. If my event includes multiple sports how do I know which sport classification to use according to your eligible operations?

You will use the highest sport classification for all participants.

4. Can I combine coverage options?

No. You must select one coverage option

5. I am not sure how many participants or spectators will attend my tournament or event, what do I report?

If this tournament/event is held annually, base your participant or spectator count on the prior year's total numbers. If this is a new tournament/event, please use the maximum number of participants or spectators that your tournament/event can accommodate.

6. If I have multiple events and/or multiple tournaments during the same time period, do I need to complete another enrollment form?

Yes. This program provides coverage for a single tournament or event.

7. What happens if I need to cancel or re-schedule my tournament or event?

Cancellations or changes must be reported prior to the scheduled start date of your tournament or event, and confirmed in writing for a refund or credit to be considered.

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

Coverage can be bound once we receive a completed enrollment form, a copy of your event brochure/flyer and the appropriate premium. The effective date of coverage can either be the first day of set-up or the first day of your event. If your tournament or event has already begun, coverage will be bound and become effective the following day. We request that adequate time is allowed for us to process your enrollment form and issue certificates.

9. Why do you require an event brochure/flyer to bind coverage?

This is a requirement of the carrier to be able to bind coverage. If your tournament/event does not have a brochure/flyer, a written statement providing detailed information on the activities being held during your tournament/event must be submitted with the completed enrollment form and premium payment.

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

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through the 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 enrolled member—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 - Amateur Sports Tournaments & Events 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

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 hosting the event, typically the name that would appear on any contracts or agreements)

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

BUSINESS INFORMATION

1. Does your event involve any animals other than service animals? Yes No
2. Is your event a professional sports event, try-out or training camp? Yes No
3. Is your event a college or university level championship event? Yes No
4. Does your event have any of the following exposures? (check those that apply)
 - No, we do not have any of these exposures
 - BMX Ice hockey Open water events Snowboarding
 - Boxing Kite surfing Rugby Streetball
 - Cycling Mixed martial arts Skateboarding Tackle football
 - Equestrian Mountain biking/hiking Skiing (water or snow) (age 20 and over)
 - Highland games Wrestling (age 20 and over)

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.

5. Is there any form of monetary compensation or prize money awarded to participants? Yes No
If yes, please provide the payout schedule.
6. Do you have an admission charge for spectators over \$20? Yes No
7. Do you have any vendors at your event? Yes No
8. Do any of your ancillary activities require a separate admission charge or are open to the public? Yes No
9. Will alcoholic beverages be sold? Yes No
If yes, who holds the liquor permit? Insured Facility Caterer/vendor Sponsor

Name of event: _____
 Type of competition/sport(s): _____
 Dates of event (include set-up and tear-down): _____ / _____ / _____ to _____ / _____ / _____
 Hours of event (include set-up and tear-down): _____ A.M. / P.M. to _____ A.M. / P.M.
 Event location(s): _____
 Age group of athletes: _____ Total number of athletes: _____
 Average daily spectator attendance: _____ Total spectator attendance: _____

EVENT BROCHURE/FLYER REQUIRED TO BIND COVERAGE

Select one option and one sport class

Options	Sport Class <small>(see pg. 1)</small>	Rates - Calculation Per Tournament	Minimum Premium <small>(see below)</small>	Greater of Two Totals = Premium	Florida Applicants Premium = Premium x 1.01
Option A \$1,000,000 CGL limit \$25,000 Medical Payments	Class 1	<input type="radio"/> \$3.83 x _____ = \$ _____ # of participants	\$	\$	\$
	Class 2	<input type="radio"/> \$4.64 x _____ = \$ _____ # of participants	\$	\$	\$
	Class 3	<input type="radio"/> \$5.65 x _____ = \$ _____ # of participants	\$	\$	\$
Option B \$2,000,000 CGL limit \$25,000 Medical Payments	Class 1	<input type="radio"/> \$4.79 x _____ = \$ _____ # of participants	\$	\$	\$
	Class 2	<input type="radio"/> \$5.79 x _____ = \$ _____ # of participants	\$	\$	\$
	Class 3	<input type="radio"/> \$7.05 x _____ = \$ _____ # of participants	\$	\$	\$
Option C \$1,000,000 CGL limit	Classes 1-4	<input type="radio"/> \$0.23 x _____ = \$ _____ # of spectators	\$	\$	\$
Option D \$2,000,000 CGL limit	Classes 1-4	<input type="radio"/> \$0.34 x _____ = \$ _____ # of spectators	\$	\$	\$

PREMIUM CALCULATION

Minimum Premiums (per event):

Options	Number of Event Days													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
A or C	\$240	\$360	\$480	\$600	\$720	\$840	\$960	\$1,080	\$1,200	\$1,320	\$1,440	\$1,560	\$1,680	\$1,800
B or D	\$360	\$540	\$720	\$900	\$1,080	\$1,260	\$1,440	\$1,620	\$1,800	\$1,980	\$2,160	\$2,340	\$2,520	\$2,700

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

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: _____

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

CANCELLATIONS OR CHANGES MUST BE REPORTED PRIOR TO YOUR SCHEDULED START DATE

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 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.

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.

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: _____

READ AND SIGN

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability; 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.); Ancillary activities that require a separate admission charge and is open to the public; 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, Cheerleading (age 20 & over), Diving, Dodgeball, Drill team (age 20 & over), Gymnastics, Hurling, Inline hockey, Inline skating, Judo, Karate, 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); Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Legal liability to participants for professional athletes and celebrity participants; Medical payments for participants for professional athletes and celebrity participants; 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, exhibitors and vendors at your event; Performers; Rodeos; Room and board liability; Saddle animals; Snowmobile; Those operations listed as ineligible: Events involving animals other than service animals; Professional sports events, try-outs and training camps/clinics; College or university level championship events; Events in the following sport categories: Adventure races, Bandy, Billiards, Bobsled, Body boarding, Boxing, BMX stunt performance, Canoe, Cycling, Darts, Equestrian, Fishing (open water), Tackle football (age 20 & over), Hammer throw, Hang gliding, Highland games, Hostelling, Ice hockey, Inline stunt performing, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Mixed martial arts; Modern pentathlon, Mountain biking, Mountain boarding, Outrigging, Parachute, Parasailing, Polo (horse), Rafting, Rodeo, Roller derby, Rowing, Rugby, Sailing, Scuba diving, Shooting, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled dog racing, Snow boarding, Snow surfing, Snorkeling, Streetball, Surfing, Trampoline, Trapeze, Triathlon, Unicycling, Wake boarding, Wind surfing, Wrestling (age 20 & over), 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: _____

Named insured (from page 4): _____