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 www.kandkinsurance.com
 CA #0334819

HIGH SCHOOL ACTIVITIES/ATHLETICS ASSOCIATION APPLICATION

APPLICANT INFORMATION

Name of Insured (as will appear on policy): _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

LOCATION INFORMATION

Office Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____

Person is: Owner Promoter Agent Other: _____

Phone: _____ Fax: _____

Federal Tax ID Number: _____

Email Address: _____ Web Site Address: _____

Nature of operations/description of organization: _____

Insured is: Corporation Partnership Joint Venture Not for Profit Organization
 Limited Liability Corporation Other (explain): _____

President: _____ Number of years in business: _____

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

AGENCY/BROKERAGE INFORMATION

Name of Agency/Brokerage (if applicable): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Federal Tax ID Number: _____ Email Address: _____

COVERAGE INFORMATION- Check the type of coverage and indicate the limits and deductibles desired:

		Limits Requested	Deductible
<input type="checkbox"/> General Liability	<input type="checkbox"/> Primary	\$ _____	\$ _____
	<input type="checkbox"/> Excess	\$ _____	\$ _____
	<input type="checkbox"/> Legal Liability To Participants	\$ _____	\$ _____
<input type="checkbox"/> Participant Accident	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
	<input type="checkbox"/> Weekly Disability Income	\$ _____	\$ _____
<input type="checkbox"/> Property	<input type="checkbox"/> Property (ACORD application required)	\$ _____	\$ _____
	<input type="checkbox"/> Inland Marine (ACORD application required)	\$ _____	\$ _____
	<input type="checkbox"/> Crime (ACORD application required)	\$ _____	\$ _____
<input type="checkbox"/> Auto (ACORD application required)		\$ _____	\$ _____
<input type="checkbox"/> Workers' Compensation (ACORD application required with Experience Modification Worksheet)		\$ _____	\$ _____
<input type="checkbox"/> Other: _____		\$ _____	\$ _____

ADDITIONAL INSURED: (Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).

NAME	ADDRESS	RELATION TO YOU *
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

* If the additional insured is an owner, manager, or lessor of the premises to you, please indicate the part of the premises leased or rented to you by the designated additional insured, as respects your activity or operation.

UNDERWRITING INFORMATION

1. Has this type of insurance ever been: Cancelled Declined Non-renewed
If so, please explain. _____
2. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?
 Yes No If yes, please explain. _____
3. As respects your operation(s), do you enter into any contracts/lease agreements? Yes No
If yes, what contracts do you enter into? _____
- a. Does the Named Insured assume liability for the other party? Yes No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
- b. Does the other party assume the Named Insured's liability? Yes No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
- c. Does each party assume its own liability? Yes No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
4. Who reviews the contracts prior to signing?
 Corporate Officers Counsel Other (please explain) _____

5. For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured.

	CERTIFICATES (Provide copies.)	LIMITS	ADDITIONAL INSURED
Food Concessionaires	_____	_____	_____
Vendors/Exhibitors	_____	_____	_____
Contractors/Others	_____	_____	_____

6. Is a K&K approved Waiver and Release form read and signed by all persons entering a restricted area prior to entry?

Yes No **(Please attach a copy of waiver/release forms(s))**

7. Is your HSAAA involved in:

Athletic events only—
please list all sports:

Scholastic events only—
please list scholastic events:

Both— list all.

8. Does the association involve itself in:

- Rules and regulations/Eligibility
- Championships/Tournaments
- Regular season activities
- Regular season events/Schedules
- Scholastic* events - off premises
- Scholastic* events - annually
- None of the above
- Other _____

9. Total number of participants in sports/activities under the jurisdiction of the association: _____

*** Scholastic, for the purpose of this application shall be any activities which are not athletic in nature such as bands, clubs, or organizations.**

Please provide a brief narrative explaining the extent of your involvement at the High School level (I.E.: establish rules and regulations only; sign contracts for the state championships only; involved in all aspects of the local high schools curriculum, including day-to-day athletic competitions and all scholastic functions which travel off local school premises).

10. Do the schools have a mandatory Accident Medical Program currently in place? Yes No
If no, is one in the process of being added? Yes No

11. What are the limits? \$_____

12. Does your state have legislation restricting the amount of litigation/suit awards on the individual High Schools? Yes No
If yes, what amount? \$_____

13. Do you require any mandatory limits of liability be carried by each of your association member High Schools? Yes No
If yes, what amount? \$_____

14. Do the students currently sign waiver and release forms? Yes No
 Parental consent forms? Yes No
 If yes, which? _____ (Please remit a copy with application)
 Is signing a waiver and release/consent form a possibility? Yes No
15. Does your association enter into any contracts? Yes No
 If yes, with who? _____
16. Do you have a standard contract form which you complete? Yes No
 If yes, please remit a copy with applications.
17. Is the association listed as an additional insured on the High School's policies? Yes No
18. Are certificates of insurance obtained? Yes No

PRIOR CARRIER INFORMATION- Four years currently valued loss runs must be submitted for any of the four years K&K was not on the account.

Year	Previous Agent	Company	Liability Limits	Premium	Losses
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copies of all lease agreements and contracts entered into on behalf of insured.
- Diagrams and photographs of each location showing all spectator and participant areas.
- Copy of the previous policy.
- Broker of Record letter. (if applicable)
- Copies of waiver/release forms.
- Copies of rules and regulations and safety manuals.
- Four years of current valued company loss runs (company copy including reserves).

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature

 Producer's Signature (if applicable)

 Applicant's Name (print)

 Producer's Name (print)

 Date (MM/DD/YY)

 Date (MM/DD/YY)