

This brochure is valid for effective dates from 3/1/08 through 2/28/09



Program administered by: K&K Insurance Group, Inc • P.O. Box 2338 • Fort Wayne, IN 46801-2338
1-800-426-2889 • Fax 1-260-459-5105 • www.kandkinsurance.com • CA #0334819

Program Description

This insurance program has been specifically designed for U.S.-based teams, leagues, clubs and associations conducting youth or adult amateur sports activities. Coverage provided under this program includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. For those 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. In addition, coverage is provided for your 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.

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.

- Notes**
- If your sport is not listed, contact K&K at 1-800-426-2889 for proper classification.
 - If you have participants on the same team and some are classified as Class A and some are classified as Class B, you must use the Class A rate for all participants.

Class A Sports

- | | | | |
|----------------|-----------------|--|------------------------------|
| • Box lacrosse | • Dodgeball | • Inline skating | • Soccer (age 20 & over) |
| • Broomball | • Ice hockey | • Lacrosse (age 20 & over) | • Water polo (age 20 & over) |
| • Diving | • Inline hockey | • Powerlifting/weightlifting (age 20 & over) | • Wrestling (age 20 & over) |

Class B Sports

- | | | | |
|------------------------------------|-----------------------------|---|--------------------------------|
| • Baseball/t-ball | • Deck/floor/field hockey | • Softball | • Track and field |
| • Basketball | • Touch and flag football | • Squash | • Ultimate frisbee |
| • Baton twirling | • Frisbee | • Swimming | • Umpires/referees association |
| • Cheerleading
(age 19 & under) | • Golf | • Tennis | • Volleyball |
| • Cricket | • Kickball | • Tackle/contact football
(age 19 & under) | • Water polo (age 19 & under) |
| • Drill team (age 19 & under) | • Lacrosse (age 19 & under) | | • Wrestling (age 19 & under) |
| | • Soccer (age 19 & under) | | |

Ineligible Operations

The following sport operations and affiliates are not eligible for this program and should contact K&K at 1-800-426-2889 regarding other insurance programs that may be available. (Please note, this is not a complete listing of ineligible operations.)

- | | | | |
|----------------------|---|--|-----------------------------------|
| • BMX/stunt cycling | • Gymnastics, martial arts,
cheer, and dance studios | • Scuba diving | • Skateboarding |
| • Boating activities | • Extreme/stunt in-line skating | • Shooting sports | • Skiing (snow or water) |
| • Boxing | • Rugby | • Intercollegiate and
interscholastic teams,
leagues, and associations | • Strength and conditioning |
| • Cycling | | | • Surfing |
| • Equestrian | | | • Tackle football (age 20 & over) |

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

- | | | |
|---------------------------|------------------------|---------------------------------|
| • American Youth Football | • Dixie Boys Baseball | • U.S. Adult Soccer Association |
| • Babe Ruth Baseball | • Dixie Softball | • U.S. Youth Soccer Association |
| • Babe Ruth Softball | • Dixie Youth Baseball | |

Notable Exclusions

- Abuse or molestation
- Amusement devices
- Asbestos
- Babysitting/child care services
- Carnivals/festivals
- Climbing walls
- Concerts
- All operations listed as ineligible
- 24-Hour premises liability
- Dunk tanks
- Employment-related practices
- Events involving gambling (ie: bingo, casino nights, poker, Texas hold'em tournaments)
- Events where alcohol is furnished or served
- Fireworks
- Fungi or bacteria
- Haunted attractions
- Lead
- Nuclear energy
- Operation or ownership of a sports facility
- Outside vendors/concessionaires in conjunction with your organization
- Pollution
- Sport events/activities involving participants in sports other than those reported and for whom a premium has been paid
- Transportation of athletes/participants

Coverages, Limits and Rates

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. No deductible applies to liability claims.
- Hired auto and employers' nonownership liability - coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations and also protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured for a short term. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long term basis. This coverage is not provided in Hawaii.
- 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.

Coverage - Class A Sports	Option 1	Option 2
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 2,000,000	\$ 2,000,000
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 in Hawaii)	\$ 1,000,000	\$ 2,000,000
Rates (per participant per sport) - Class A Sports	Option 1	Option 2
Rate per participant, all sports, all ages	\$ 3.57	\$ 5.36
Minimum Premium	\$ 300	\$ 400

Coverage, Limits, and Rates

Coverage - Class B Sports	Option 1	Option 2	Option 3
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000
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 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 Premium	\$ 300	\$ 400	\$ 400

Rates (per participant per sport) - Class B Sports												
Ages	12 & Under			13-15			16-19			20 & over		
Options	1	2	3	1	2	3	1	2	3	1	2	3
Touch & Flag Football	\$ 5.28	\$ 7.54	\$ 8.04	\$ 6.45	\$ 9.23	\$ 10.04	\$ 8.33	\$11.35	\$ 12.62	\$ 9.00	\$ 12.22	\$13.56
Cricket & Squash	\$ 5.76	\$ 8.15	\$ 8.72	\$ 9.14	\$12.70	\$ 14.24	\$14.18	\$16.66	\$ 18.93	\$25.35	\$ 32.64	\$38.13
Softball	\$ 5.79	\$ 8.16	\$ 8.78	\$ 6.89	\$ 9.74	\$ 10.67	\$15.88	\$18.46	\$ 21.10	\$28.84	\$ 37.00	\$43.37
Basketball, Ultimate Frisbee Deck/Floor/Field Hockey	\$ 5.89	\$ 8.30	\$ 8.95	\$ 7.00	\$ 9.93	\$ 10.87	\$14.40	\$18.77	\$ 21.67	\$19.32	\$ 25.09	\$29.42
Baseball & T-Ball	\$ 6.10	\$ 8.60	\$ 9.26	\$10.03	\$13.87	\$ 15.66	\$15.88	\$18.46	\$ 21.10	\$28.84	\$37.00	\$43.37
Cheerleading/Drill Team	\$ 6.26	\$ 8.77	\$ 9.53	\$ 7.55	\$10.67	\$ 11.75	\$16.13	\$20.92	\$ 24.29	See Class A Sports		
Lacrosse, Water Polo	\$ 7.17	\$10.29	\$10.87	\$ 8.20	\$12.03	\$ 12.77	\$ 9.87	\$13.28	\$ 14.90	See Class A Sports		
Soccer	\$ 7.75	\$11.09	\$11.75	\$ 8.95	\$13.11	\$ 13.95	\$10.88	\$14.54	\$ 16.43	See Class A Sports		
Wrestling	\$16.24	\$21.76	\$25.07	\$16.24	\$21.76	\$ 25.07	\$16.24	\$21.76	\$ 25.07	See Class A Sports		
Tackle & Contact Football	\$17.92	\$23.32	\$26.99	\$35.07	\$46.80	\$ 55.12	\$48.31	\$62.01	\$ 73.40	No Coverage Available		
Baton Twirling, Frisbee, Golf, Kickball, Tennis, Track & Field, Swimming	\$ 5.62	\$ 7.94	\$ 8.90	\$ 5.62	\$ 7.94	\$ 8.90	\$ 5.62	\$ 7.94	\$ 8.90	\$ 5.62	\$ 7.94	\$ 8.90
Volleyball	\$ 5.95	\$ 8.35	\$ 9.47	\$5.95	\$ 8.35	\$ 9.47	\$5.95	\$ 8.35	\$ 9.47	\$ 5.95	\$ 8.35	\$ 9.47
Umpire & Referee Assoc.	\$ 8.45	\$11.31	\$12.81	\$8.45	\$11.31	\$ 12.81	\$8.45	\$11.31	\$ 12.81	\$ 8.45	\$11.31	\$ 12.81

Carrier

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

Optional Coverages Available

Equipment Coverage

Items eligible for coverage include: sports equipment, field maintenance equipment, concession stand equipment (excluding products) or small portable storage sheds that you own. This coverage is for loss or damage to your equipment due to fire, theft, vandalism or other covered causes (subject to the actual policy terms and conditions). Please note, you must insure the **full** replacement cost of **all** your supplies and equipment to avoid a co-insurance penalty at the time of loss. Further, should you add additional equipment or supplies to your inventory, please contact K&K to have your insured value amended to avoid a co-insurance penalty.

Rates			
Total Value per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$.03	\$ 250	\$100
\$ 10,001 - \$100,000	\$.026	\$1000	\$100
\$ 100,001 +	\$.026	\$2500	\$100

Conditions

1. This coverage is available in all states **except New Jersey**.
2. Coverage cannot be extended to cover non-structured glass or permanent structures such as concession stands, bathrooms, storage units that are permanent, or press boxes.
3. 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 Insurance Program.
4. Coverage is not available on a stand-alone basis. You must have coverage for your team, league, or association with K&K's Amateur Sports Program. If your insured value exceeds \$25,000 and/or you have any single items with a value of \$5,000 or more, please include a list of those items and their value with this enrollment form.

See page 9 of the enrollment form to apply for this optional coverage. Premium must accompany the enrollment form in order to bind coverage.

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 coverage for under the Amateur Sports Insurance Program and must follow the same coverage option purchased for your team, league or association.

Premises 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)	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Personal & 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 fields without buildings/structures	\$ 11.55	\$ 17.33	\$ 17.33
Outdoor athletic fields with buildings/structures (such as: concession stands, restrooms, portable storage unit, dug-out or press box)	\$ 12.71	\$ 19.06	\$ 19.06
Minimum Premium (per field)	\$ 50	\$ 75	\$ 75

Optional Coverages Available Continued

Premises Liability for Sports Fields Conditions

1. You must be a not-for-profit organization.
2. Coverage is not available on a stand-alone basis.
3. Coverage is only available for those 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 Insurance Program.
5. A separate certificate of insurance will be issued reflecting this coverage

See page 10 of the enrollment form to apply for this optional coverage. Premium must accompany the enrollment form in order to bind coverage.

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 is excluded for hosted tournaments you organize involving non-rostered participants unless this coverage is purchased. (You and your rostered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage.)

Hosted Tournament	Option 1	Option 2	Option 3
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000
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 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
Rates			
Rate (per non-rostered participant)	\$ 2.31	\$ 4.39	\$ 4.73
Minimum Premium (per event)	\$ 200	\$ 225	\$ 250

Hosted Tournament Conditions

1. Coverage must follow the same coverage options purchased for your team, league or association.
2. Your hosted tournament must be three consecutive days or less.
3. Coverage available for Class B sports only. (Please refer to brochure for listing of Class B sports.)
4. A separate certificate of insurance will be issued reflecting this coverage.
5. A copy of your schedule of events, participant registration form and event brochure flyer must be submitted with the enrollment form.
6. Hosted tournament premiums are fully earned at the inception of the tournament.

Note: Tournaments falling outside of these coverage conditions may be provided coverage through other programs offered by K&K. Contact K&K for more information at 1-800-426-2889

See page 11 of the enrollment form to apply for this optional coverage. Premium must accompany enrollment form in order to bind coverage.

Optional Coverages Available Continued

Abuse or Molestation 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 and Officers 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.

How to Obtain Coverage

1. Remit the completed and signed enrollment form and corresponding payment to:

Regular Mail: K&K Insurance Group, Inc.
Attn: RPG Programs
P.O. Box 2338
Fort Wayne, IN 46801-2338

Overnight: K&K Insurance Group, Inc.
Attn: RPG Programs
1712 Magnavox Way
Fort Wayne, IN 46804

Phone: 1-800-426-2889

If paying by credit card, fax to 1-260-459-5105

2. You will be notified by K&K if, for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your payment will be returned or refunded. An incomplete enrollment form will be declined and returned.
3. Coverage will become effective the day after your completed enrollment form and payment are received by K&K, or on a later date that you may specify.
4. Coverage is provided on an annual basis.
5. Please allow 10 business days for processing.

Note: Any requests to amend or change coverage or the information reported on the enrollment form must be submitted in writing 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. You may request a copy of the full policy by submitting a written request to K&K Insurance Group, Inc.



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AMATEUR SPORTS
Teams, Leagues & Associations
Insurance Enrollment Form
This enrollment form is valid for effective
dates from 3/1/08 through 2/28/09

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

I am a new account
 I am renewing my coverage
 If renewing, have any changes occurred other than your # of participants? Yes No
 If yes, please describe: _____

Insured Information

Name of organization (as it should appear on the policy): _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Contact name: _____
 Phone: (_____) _____ Cell: (_____) _____ Fax: (_____) _____
 E-mail: _____ Web site: _____

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

Are you seeking coverage for an (please check one):
 Individual team or club
 League or club
 What is the total number of teams within your league/club? _____
 Are you seeking coverage from K&K for all of your teams and participants? Yes No
 Association
 What is the total number of leagues/affiliates within your association? _____
 What is the total number of teams/clubs within your association? _____
 Are you seeking coverage from K&K for all of your leagues, teams and participants? Yes No

Desired effective date: (check one): **Note:** Coverage will not be made effective until the day after the completed enrollment form and payment are received by K&K, or on a later date that you may specify.
 Start my coverage the day after my enrollment form and payment are received
 Start my coverage on this date: ____/____/____
 Start my coverage upon my expiration date of: ____/____/____

How would you like your coverage documents delivered? Please check one:
 E-mail to: _____ attn: _____
 Fax to: _____ attn: _____
 Mail to: _____ attn: _____

- Is there any form of player compensation or prize money awarded for participation? Yes No
- Are any of your teams comprised of 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?
- Does your sports organization own or operate a facility or field? Yes No
- Are you a public or private school/university or school system? Yes No
- Are you a gymnastics, martial arts, cheer or dance studio? Yes No
- Are you a government entity? Yes No
- Are any of your activities held on a residential location? Yes No

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="checkbox"/> American Youth Football | <input type="checkbox"/> Babe Ruth Baseball | <input type="checkbox"/> U.S. Adult Soccer Association |
| <input type="checkbox"/> Dixie Boys Baseball | <input type="checkbox"/> Babe Ruth Softball | <input type="checkbox"/> U.S. Youth Soccer Association |
| <input type="checkbox"/> Dixie Softball | <input type="checkbox"/> Dixie Youth Baseball | |

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. All of your participants are required to be reported in the premium calculation, and a roster may be requested as verification. Please refer to the charts in the brochure for sport classifications and rates. The total premium due is fully earned at inception and is not refundable in the event of a cancellation.

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

Continue to page 9

If no optional coverages are needed, please proceed to the total premium summary section on page 11.

Optional Coverage(s) Premium Calculation

Equipment Coverage (not available in New Jersey)

Physical address of location where equipment will be stored: (No P.O. boxes can be accepted)

Address	City	State	Zip
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Is your total replacement value more than \$25,000?

- No, my total value is \$ _____. Please proceed to the chart below
- Yes, my values are listed below

Please individually list any items with values over \$5,000

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please provide values for categories below

(DO NOT include those values already entered above)

Sports Equipment (such as balls, uniforms, pads, helmets, netting, etc.) \$ _____

Field Maintenance Equipment (such as lawn mowers, grooming equipment, etc.) \$ _____

Concession Stand Equipment, excluding products (such as popcorn, hot dog and soda machines) \$ _____

Portable Storage Units (not permanent structures) \$ _____

Misc. Equipment (please describe) _____ \$ _____

Your Total Replacement Value (add all lines above and list the value below) \$ _____

Rates					
Value Limits	Your Total Replacement Value	X	Rate	=	Premium
\$ 1 - \$ 10,000 (\$250 deductible)		X	\$ 0.03	=	\$ _____
\$ 10,001 - \$ 100,000 (\$1,000 deductible)		X	\$ 0.026	=	\$ _____
\$ 100,001 + (\$2,500 deductible)		X	\$ 0.026	=	\$ _____
Total Premium:					\$ _____
Minimum Premium:					\$ 100.00
Equipment Premium Due: If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium.					\$ _____

Continue to page 10

Hosted Tournament Coverage (available for Class B only)

Premium is determined by applying the appropriate rate for the coverage option selected to your non-rostered participant count. Your coverage option must follow the same sport, age group and coverage options purchased for your team, league or association. Further, in order to purchase this coverage your tournament needs to be three consecutive days or less. If your tournament does not meet all of these conditions, or should you have more than one hosted tournament, please contact K&K at 1-800-426-2889 for other coverage options.

Event name _____
 Event date(s) _____ Event hours _____ A.M./P.M. to _____ A.M./P.M.
 Location _____
 Sport Type _____ Age Group _____ Total Spectator Attendance _____

	Class B Option 1	Class B Option 2	Class B Option 3
Rate (per part/per event):	\$ 2.31	\$ 4.39	\$ 4.73
Minimum Premium (per event):	\$ 200	\$ 225	\$ 250

Option	Total # of Non-Rostered Participants	X	Rate	=	Premium
		X	\$	=	\$
Total Premium:					\$
Minimum Premium (per event): Please enter your minimum premium from above					\$
Hosted Tournament Premium Due: If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium.					\$

Total Premium Summary	
Program Premium Due (please refer to page 8 for total)	\$ _____ (a)
Equipment Premium Due (please refer to page 9 for total)	\$ _____ (b)
Premises Liability Premium Due (please refer to page 10 for total)	\$ _____ (c)
Hosted Tournament Premium Due (please refer to page 11 for total)	\$ _____ (d)
Total Premium Due (add lines a thru d)	\$ _____
FL Applicants Total Premium Due: Please add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium due (Total Premium Due x 1.01).	\$ _____

Continue to page 12

Certificate Requests:

Please note, you will receive a certificate showing evidence that coverage has been bound. Use this section to request any additional certificates.

This certificate is for our:
 Commercial general liability coverage Equipment coverage
 Hosted tournament coverage Premises liability for sports fields coverage

Check the type of certificate that you are requesting:
 Additional Insured Evidence of Coverage Loss Payee

Certificate holder/entity name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter Lessor of equipment
 Other (please identify/explain): _____

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

If we need to fax or e-mail this certificate, please indicate.
Fax: (____) _____ attn: _____
E-mail: _____

NOTE: Requests can not be processed without completing all of the information above. Please remember to verify your requests as specified in any contracts you have signed prior to submitting your enrollment form for approval. All certificate requests must be submitted in writing.

This certificate is for our:
 Commercial general liability coverage Equipment coverage
 Hosted tournament coverage Premises liability for sports fields coverage

Check the type of certificate that you are requesting:
 Additional Insured Evidence of Coverage Loss Payee

Certificate holder/entity name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter Lessor of equipment
 Other (please identify/explain): _____

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

If we need to fax or e-mail this certificate, please indicate.
Fax: (____) _____ attn: _____
E-mail: _____

NOTE: Requests can not be processed without completing all of the information above. Please remember to verify your requests as specified in any contracts you have signed prior to submitting your enrollment form for approval. All certificate requests must be submitted in writing.

If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

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 Insurance Group, Inc., 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: _____ Printed name: _____
 Title: _____ Date: _____ Policy named insured: _____

INSURANCE AGENT INFORMATION

To be completed by the licensed agent representing the insured, if any.

Agency name: Marvin Okun Agency
 Agency mailing address: 527 South Rose Street
 City: Kalamazoo State: MI Zip: 49007
 Agent/contact name: Jerry McCoy
 Agency telephone : (269) 349-9603 Agency fax: (269) 349-0448
 Agent/contact e-mail address: jmccoy@okuninsurance.com Tax I.D.: 8134-001

Mailing Instructions: Please refer to page 6, "How to Obtain Coverage" number 1.

In order to avoid a delay in processing, prior to mailing please verify that:

- The eligibility criteria as outlined in the brochure has been met
- All questions/sections of the enrollment form have been answered/completed
- The Warranty and Disclosure Statement section is signed
- The required payment has been provided

Making Your Payment: Please check payment option.

- 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: _____