

New Lower Rates!



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 has been specifically designed for U.S. - based youth sports camp operations (those attended by campers age 19 or under) or sports clinics that are held at premises that are not owned or maintained by the sport camp operator. Coverage provided under this program includes important liability protection for the camp or clinic operator, including employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments coverage to the camp or clinic participants. Coverage is provided on an annual basis, but only applies to those camp/clinic sessions that are specifically reported.

Eligible Operations

Sports operations conducted on a clinic, day camp or overnight camp basis for attendees age 19 and under that are focused on improving skills in one of the following sport categories are eligible for this insurance program. If your sport is not listed, please contact K&K to confirm eligibility at 1-800-426-2889.

- Baseball
 - Basketball
 - Cheerleading
 - Deck/floor hockey
 - Drill team
 - Football
 - Golf
 - Gymnastics
 - Ice hockey
 - Lacrosse
 - Soccer
 - Softball
 - Squash
 - Swimming
 - Strength and conditioning
 - Tennis
 - Volleyball
 - Track & field
 - Wrestling
 - Water polo
- Classroom/lecture clinics for coaches or officials in any of the above mentioned sports are also eligible to enroll in this insurance program

Ineligible Operations

Camps or clinics offering the following operations or instruction based on any of the following sport categories are not eligible for this insurance program. Please note, this is not a complete listing of ineligible sports. Please contact K&K for more information.

- After school/day care/latch key programs
 - All star/bowl games*
 - Pro-sport try-out and training camps
 - Recruiting camps, showcases, or combines*
 - Sports camp/clinic operators who own their own facility
 - Weight loss camps/programs
- Boxing
 - Broomball
 - Diving
 - Martial arts
 - Skiing (snow or water)
 - Box lacrosse
 - Cycling or BMX
 - Equestrian
 - Open water activities
- * Please contact K&K at 1-800-426-2889 for programs that can provide coverage for these types of operations

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.

Coverage, Limits and Rates

Commercial general liability coverage 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 and professional liability coverage are also provided as part of this program. No deductible applies to liability claims.

Medical payments for participants coverage pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your camp or clinic operations. 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.

Medical expense reimbursement for participants coverage will pay expenses incurred for illness which a “participant” first experiences, or is exposed to, during a covered camp or clinic program. The illness must be reported within two years from the first experience or exposure, and payments are made regardless of fault.

“Participant” means any person practicing for, performing in, or otherwise participating in a covered program. Participant does not include any compensated member of your staff, including employees or independent contractors.

Options:	Option A	Option B
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 & Advertising Injury	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 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
Medical Payments for Participants - \$100 per claim deductible applies	\$ 25,000	\$ 250,000
Medical Expense Reimbursement for Participants	\$ 1,000	\$ 1,000
Rates:		
Per participant / per daily session	\$ 1.33	\$ 1.82
Per participant / per weekly session*	\$ 4.00	\$ 5.54
Per participant / overnight camps**	\$ 5.32	\$ 7.35
*Use the weekly rate if a camp/clinic session is 3-7 consecutive days		
**Per camper/per week (no more than 7 consecutive days)		
Minimum Premiums:	\$ 240	\$ 360
If the total calculated premium is less than the minimum premium, the premium due is the minimum premium. Minimum premiums are fully earned (non-refundable) at the start of your first reported session.		

- Each camp/clinic session must be specifically reported prior to occurring for coverage to apply, and may be subject to an audit
- All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium

Carrier

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

Notable Exclusions

- Abuse or molestation
- Climbing walls
- Fungi or bacteria
- Maintenance or management of any facility or field other than being used for covered activities
- Amusement devices
- Employment-related practices
- Lead
- Operations listed as ineligible
- Use of dunk tanks
- Asbestos
- Fireworks
- Nuclear energy
- Pollution
- Use of haunted attractions

Date Additions, Changes and Cancellation Information

Camp/Clinic Date Additions:

To provide coverage for a new camp/clinic not previously reported, you must inform K&K in writing of the new dates by completing a youth camp/clinic supplemental request form prior to your start date along with any additional premium due.

Camp/Clinic Date Changes:

Changes must be made in writing, prior to the camp/clinic date or the first day of camp.

Camp/Clinic Cancellations:

Cancellations must be reported prior to the scheduled start date or the first day of the camp/clinic session, and confirmed in writing for a refund or credit to be considered. Refunds may be subject to a cancellation penalty of \$120 for Option A or \$180 for Option B.

How to Obtain Coverage

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

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

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

Phone 1-800-426-2889

If paying by credit card, you may submit by 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 for ongoing camp/clinic business operations, but only to camp/clinic sessions that are specifically reported.
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.



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 CA # 0334819

YOUTH SPORTS CAMP & SPORTS CLINIC

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 your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Certain operations are not eligible for coverage by 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 camp date(s), location(s) and # 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: _____ Website: _____

Which of the following describes your program? Clinic Day camp Overnight camp

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 specify.

- Start my coverage the day after my enrollment form and payment are received
- Start my coverage upon my expiration date of: ____ / ____ / ____
- Start my coverage on this date: ____ / ____ / ____

Please list your camp site addresses (If additional space is needed, please use a separate sheet with this enrollment form):

Loc #1: _____
 Location Name Street Address City State Zip

Loc #2: _____
 Location Name Street Address City State Zip

What is the maximum amount of campers your camp/clinic can accommodate? _____

- Are all camp/clinic attendees age 19 or under? Yes No
- Are you an after school, day care or latch key program? Yes No
- Do you own your own facility? Yes No
- Are you a weight loss camp/program? Yes No
- Is your event an all star game or bowl game? Yes No
- Is your event a professional try-out or training camp? Yes No
- Is this a recruiting event, showcase or combine? Yes No
- Are any of your camps/clinics by invitation only? Yes No
- Is your camp held at a residential location? Yes No
- Does your program include any trips away from the main location? Yes No

If yes, please submit additional details. Trips made away from the main location must be reported prior to occurring, and approved by K&K.

Continue to page 5

Premium Calculation

Premium is determined by applying the appropriate rate for the coverage option selected to the actual or maximum amount of expected campers. Those reported number of campers may be subject to an audit. TBD numbers can not be accepted. In addition, coverage only applies to those camp or clinic sessions specifically reported and each session must be individually listed. Please refer to the chart below for options and rates.

Options:	Option A	Option B
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
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**Per camper/per week (no more than 7 consecutive days)		
Minimum Premiums:	\$ 240	\$ 360
• Minimum premiums are fully earned (non-refundable) at the start of your first reported session		

Individually List All Sessions	Hours of Operation	Type of Sport	Rate	X	Actual # of Campers	=	Total Premium
Example: 7/9 – 14/08	9 am – 3 pm	Baseball	\$4.00	X	120	=	\$ 480.00
				X		=	\$
				X		=	\$
				X		=	\$
				X		=	\$
Premium Due:							\$
Minimum Premium: Please enter your minimum premium from the chart above.							\$
Total Premium Due: If the total calculated premium is less than the minimum premium, the Total Premium Due is the minimum premium.							\$
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).							\$

How would you like your coverage documents delivered? (Documents will not be mailed unless requested)

- E-mail to: _____ attn: _____
- Fax to: _____ attn: _____
- Mail to: _____ attn: _____

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Changes must be made in writing, prior to the camp/clinic date or the first day of camp.

Camp/Clinic Cancellations:

Cancellations must be reported prior to the scheduled start date or the first day of the camp/clinic session, and confirmed in writing for a refund or credit to be considered. Refunds may be subject to a cancellation penalty of \$120 for Option A or \$180 for Option B.

Certificate Requests:

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

Check 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): _____

If we need to fax or e-mail this certificate, please indicate.

Fax: (_____) _____ Attn (name): _____

E-mail: _____

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

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.

INSURANCE AGENT INFORMATION

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

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.

Continue to page 7

PLEASE READ AND SIGN

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, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. 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: _____

Mailing Instructions: Please refer to page 3, "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: _____