

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 program 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. Defense costs are paid in addition to the limit of liability. Coverage is provided on a claims-made basis, applying only to claims first made during the coverage period.

Eligible Organizations

Organizations that meet **all** of the following criteria are eligible to submit an enrollment form for coverage under this program:

1. The organization's operations are dedicated to the conduct of amateur sports activities.
2. The organization has tax exempt status as a not-for-profit organization.
3. The annual revenue of the organization from all sources is \$3,000,000 or less.
4. The organization has obtained general liability coverage through a supporting Sports, Leisure and Entertainment Risk Purchasing Group Amateur Sports Insurance Program offered by K&K.

Ineligible Organizations

- Any entity that does not meet **all** of the eligibility criteria listed
- Booster clubs (those supporting/funding interscholastic/intercollegiate athletic programs)

Coverage, Limits and Premium

Options:	Option A	Option B
Maximum Aggregate Limit of Liability (each policy year)	\$ 1,000,000	\$ 2,000,000
Retention (each claim)	\$ 1,000	\$ 1,000
Premium: (based on annual gross revenue)		
\$ 0 - \$1,000,000	\$ 625	\$ 950
\$1,000,001 - \$2,000,000	\$ 1,075	\$ 1,650
\$2,000,001 - \$3,000,000	\$ 1,525	\$ 2,325
\$3,000,001 or higher	Refer to company	Refer to company

- Premium is fully earned at inception and is not refundable
- All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium

Notable Exclusions

- Advertising injury
- Bodily injury
- Failure to maintain proper insurance
- Fungi or bacteria
- Nuclear energy
- Personal injury
- Pollutants
- Property damage
- Wrongful death

How to Obtain Coverage

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

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

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

Phone: 1-800-426-2889
If paying by credit card, fax to 1-260-459-5105

2. The enrollment form must be signed by the president of the board of directors, treasurer or the executive director of the organization.
3. 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.
4. Coverage will become effective the day after your completed enrollment form and premium payment are received by K&K, or on a later date that you may specify.
5. Coverage is provided on an annual basis.
6. 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.



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**AMATEUR SPORTS RPG
 DIRECTORS AND OFFICERS
 including Employment
 Practices Liability Insurance**

For Not-For-Profit Entities Enrollment Form
 This enrollment form is valid for effective dates from
 3/1/08 through 2/28/09

Notice: The policy for which this enrollment form is made applies, subject to its terms, only to any "Claim" first made against the "Insureds" during the certificate coverage period.

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 through this program. K&K reserves the right to decline any request for coverage. Please read the entire brochure and enrollment form carefully before signing. **This is a claims-made coverage.**

Applicant Information

Name of organization: _____ Date of incorporation: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Organization contact person: _____ Phone: (____) _____
 Cell: (____) _____ Fax: (____) _____
 E-mail: _____ Web site: _____

Financial Information

Is the organization a not-for-profit entity? Yes No
 Tax ID#: _____
 Number of full time compensated employees _____
 (over 30 hours a week for 12 months)
 Number of part time compensated employees _____
 (under 30 hours a week or less than 12 months)
 Number of volunteers (not including board members) _____
 Total organization's annual gross revenue\$ _____
 (gross revenue includes all receipts from fees,
 sponsorships, fundraisers, membership, ticket sales)
 Total organization's assets\$ _____
 (example: sports equipment, concession stand equipment)
 Total organization's liabilities (example: loans)\$ _____

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 on this date: ____ / ____ / ____

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Past Activities

No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include loss payment and defense costs):

If so, explain. _____

If none, check here

No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance, except as follows:

If none, check here

Does your organization currently have D&O coverage in force? Yes No

If yes, please provide the following:

Carrier: _____ Limit: _____
 Premium: \$ _____ Retention: _____ Exp date: _____

Do you currently purchase your organization's general liability coverage from the Sports, Leisure and Entertainment Risk Purchasing Group? Yes No

Premium Calculation

Options:	Option A	Option B
Maximum Aggregate Limit of Liability (each policy year)	\$ 1,000,000	\$ 2,000,000
Retention (each claim)	\$ 1,000	\$ 1,000
Premium: (based on annual gross revenue)		
\$ 0 - \$1,000,000	<input type="checkbox"/> \$ 625	<input type="checkbox"/> \$ 950
\$1,000,001 - \$2,000,000	<input type="checkbox"/> \$ 1,075	<input type="checkbox"/> \$ 1,650
\$2,000,001 - \$3,000,000	<input type="checkbox"/> \$ 1,525	<input type="checkbox"/> \$ 2,325
\$3,000,001 or higher	Refer to company	Refer to company
Total Premium Due:		\$
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).		\$

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EXPLANATIONS

Following are several items related to claims made policies that should be considered.

PRIOR ACTS

If a claims made policy contains a retroactive date, that policy provides no coverage for claims arising out of incidents, occurrences, or alleged wrongful acts which took place prior to that retroactive date.

CLAIMS MADE DURING POLICY PERIOD

This policy covers only claims actually made or incidents reported against the insured while policy remains in effect, or any applicable extended reporting period. All coverage under the policy ceases upon the termination date, except for the automatic extended reporting period coverage, unless the insured purchases additional extended reporting period coverage.

EXTENDED REPORTING PERIOD

The automatic extended reporting period is sixty (60) days from the termination or expiration date of the policy. The additional extended reporting period, if purchased, may be up to three (3) years for non-profit policies. If this extended reporting period is not purchased and the subsequent policy does not provide full prior acts coverage or is an occurrence policy, there may be gaps in coverage.

CLAIMS MADE POLICY MATURITY

When the retroactive date on a claims made policy is concurrent with the effective date of the policy or less than five years prior to the effective date, there is considered to be a reduced level of exposure in relation to an occurrence policy. For this reason, claims made rates are comparatively lower than occurrence rates. As the claims made relationship matures, the insured can expect substantial annual premium increases independent of overall rate level increases. If, however, the retroactive date on a claims made policy is more than five years prior to the effective date of the policy, that claims made relationship is considered mature and rate levels will not increase for this reason.



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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 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: _____

(Must be signed by president, executive director, or treasurer acting as an authorized agent of the organization)

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 Tax I.D.: _____

Agency telephone: (269) 349-9603 Agency fax: (269) 349-0448

Agent/contact e-mail address: jmccoy@okuninsurance.com 8134-001

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: _____

Mailing Instructions

Mail enrollment form along with check or credit card information to: K&K Insurance Group, Inc. • Amateur Sports RPG • P.O. Box 2338 • Fort Wayne, IN 46801-2338 If making payment via credit card, you may submit via fax to 1-260-459-5105.