



AMATEUR SPORTS TOURNAMENTS & EVENTS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 3/1/10 through 2/28/11

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
- Sanctioned USA Hockey Tournaments & Events
- Events in the following sport categories: (please note, this is not a complete listing of ineligible sports)
 - BMX biking
 - Boxing
 - Cycling
 - Equestrian
 - 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 2,500
- Maximum spectator attendance per day is 7,500
- Maximum number of event days (including practice days) is not to exceed a time frame of 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, ice hockey, 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 Receive coverage immediately by purchasing online at www.sportsinsurance-kk.com

OR

Submit this enrollment form, with payment, to K&K.



E-MAIL info@sportsinsurance-kk.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 |
|-------------|---|---|



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 | Option A | Option B | Option C | Option D | Option E |
|--|---------------|---------------|---------------|---------------|---------------|
| Commercial General Liability (CGL): | Limits | Limits | Limits | Limits | Limits |
| Each Occurrence | \$ 1,000,000 | \$2,000,000 | \$ 3,000,000 | \$ 4,000,000 | \$ 5,000,000 |
| General Aggregate (Other than Products-completed Operations) | \$ 3,000,000 | \$4,000,000 | \$ 5,000,000 | \$ 5,000,000 | \$ 5,000,000 |
| Products-completed Operations Aggregate | \$ 1,000,000 | \$2,000,000 | \$ 3,000,000 | \$ 4,000,000 | \$ 5,000,000 |
| Personal and Advertising Injury | \$ 1,000,000 | \$2,000,000 | \$ 3,000,000 | \$ 4,000,000 | \$ 5,000,000 |
| Legal Liability to Participants | \$ 1,000,000 | \$2,000,000 | \$ 3,000,000 | \$ 4,000,000 | \$ 5,000,000 |
| Damage to Premise Rented to You | \$ 300,000 | \$ 300,000 | \$ 300,000 | \$ 300,000 | \$ 300,000 |
| Medical Expense (other than participants) | \$ 5,000 | \$ 5,000 | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| Medical Payments for Participants (excess) \$100 per claim deductible applies | \$ 25,000 | \$ 25,000 | \$ 25,000 | \$ 25,000 | \$ 25,000 |
| Rates (per participant) | | | | | |
| Class 1 | \$ 1.51 | \$ 1.91 | \$ 2.11 | \$ 2.23 | \$ 2.32 |
| Class 2 | \$ 1.72 | \$ 2.12 | \$ 2.32 | \$ 2.44 | \$ 2.53 |
| Class 3 | \$ 2.01 | \$ 2.41 | \$ 2.61 | \$ 2.73 | \$ 2.82 |
| Minimum Premiums | \$ 300.00 | \$ 450.00 | \$ 700.00 | \$ 950.00 | \$ 1,200.00 |

| Coverages | Option F | Option G | Option H | Option I | Option J |
|--|---------------|---------------|---------------|---------------|---------------|
| Commercial General Liability (CGL): | Limits | Limits | Limits | Limits | Limits |
| Each Occurrence | \$ 1,000,000 | \$2,000,000 | \$ 3,000,000 | \$ 4,000,000 | \$ 5,000,000 |
| General Aggregate (Other than Products-completed Operations) | \$ 3,000,000 | \$4,000,000 | \$ 5,000,000 | \$ 5,000,000 | \$ 5,000,000 |
| Products-completed Operations Aggregate | \$ 1,000,000 | \$2,000,000 | \$ 3,000,000 | \$ 4,000,000 | \$ 5,000,000 |
| Personal and Advertising Injury | \$ 1,000,000 | \$2,000,000 | \$ 3,000,000 | \$ 4,000,000 | \$ 5,000,000 |
| Legal Liability to Participants | \$ Excluded | \$ Excluded | \$ Excluded | \$ Excluded | \$ Excluded |
| Damage to Premise Rented to You | \$ 300,000 | \$ 300,000 | \$ 300,000 | \$ 300,000 | \$ 300,000 |
| Medical Expense (other than participants) | \$ 5,000 | \$ 5,000 | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| Medical Payments for Participants (excess) \$100 per claim deductible applies | \$ Excluded | \$ Excluded | \$ Excluded | \$ Excluded | \$ Excluded |
| Rates (per spectator) | | | | | |
| Classes 1 - 4 | \$.23 | \$.35 | \$.40 | \$.44 | \$.46 |
| Minimum Premiums | \$ 300.00 | \$ 450.00 | \$ 700.00 | \$ 950.00 | \$ 1,200.00 |

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 ten coverage options. What are the differences?

Coverage options A - E provide commercial general liability, legal liability to participants and medical payments for participants. Coverage options F - J only provide commercial general liability coverage to spectators only. Coverage for bodily injury liability and medical claims to participants are excluded.

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.

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. 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 (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. 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 RPG master policy can be requested in writing to: K&K Insurance Group, Inc. 1712 Magnavox Way, Fort Wayne, IN 46804.

PREMIUM CALCULATION

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: _____

Note: Coverage may be subject to review and approval of additional information (e.g.: copy of your brochure or flyer)

| Options | Sport Class | Rate | X | Options A – E # of Part. Options F – J # of Spec. | = | Premium | Minimum Premium | Greater of Two Totals = Premium | Florida Applicants Premium = Premium x 1.01 |
|---|-------------|---------|---|--|---|---------|-----------------|---------------------------------|---|
| Option A \$1,000,000 CGL w/\$25,000 Med Pay | 1 | \$ 1.51 | X | | = | \$ | \$ 300.00 | \$ | \$ |
| | 2 | \$ 1.72 | X | | = | \$ | \$ 300.00 | \$ | \$ |
| | 3 | \$ 2.01 | X | | = | \$ | \$ 300.00 | \$ | \$ |
| Option B \$2,000,000 CGL w/\$25,000 Med Pay | 1 | \$ 1.91 | X | | = | \$ | \$ 450.00 | \$ | \$ |
| | 2 | \$ 2.12 | X | | = | \$ | \$ 450.00 | \$ | \$ |
| | 3 | \$ 2.41 | X | | = | \$ | \$ 450.00 | \$ | \$ |
| Option C \$3,000,000 CGL w/\$25,000 Med Pay | 1 | \$ 2.11 | X | | = | \$ | \$ 700.00 | \$ | \$ |
| | 2 | \$ 2.32 | X | | = | \$ | \$ 700.00 | \$ | \$ |
| | 3 | \$ 2.61 | X | | = | \$ | \$ 700.00 | \$ | \$ |
| Option D \$4,000,000 CGL w/\$25,000 Med Pay | 1 | \$ 2.23 | X | | = | \$ | \$ 950.00 | \$ | \$ |
| | 2 | \$ 2.44 | X | | = | \$ | \$ 950.00 | \$ | \$ |
| | 3 | \$ 2.73 | X | | = | \$ | \$ 950.00 | \$ | \$ |
| Option E \$5,000,000 CGL w/\$25,000 Med Pay | 1 | \$ 2.32 | X | | = | \$ | \$1,200.00 | \$ | \$ |
| | 2 | \$ 2.53 | X | | = | \$ | \$1,200.00 | \$ | \$ |
| | 3 | \$ 2.82 | X | | = | \$ | \$1,200.00 | \$ | \$ |
| Option F \$1,000,000 CGL | 1 - 4 | \$.23 | X | # of spectators | = | \$ | \$ 300.00 | \$ | \$ |
| Option G \$2,000,000 CGL | 1 - 4 | \$.35 | X | # of spectators | = | \$ | \$ 450.00 | \$ | \$ |
| Option H \$3,000,000 CGL | 1 - 4 | \$.40 | X | # of spectators | = | \$ | \$ 700.00 | \$ | \$ |
| Option I \$4,000,000 CGL | 1 - 4 | \$.44 | X | # of spectators | = | \$ | \$ 950.00 | \$ | \$ |
| Option J \$5,000,000 CGL | 1 - 4 | \$.46 | X | # of spectators | = | \$ | \$1,200.00 | \$ | \$ |

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

Date certificate needed by: ____/____/____

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 unless purchased online at www.sportsinsurance-kk.com. 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 #: _____ Exp Dates: ____/____/____ to ____/____/____
 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, 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): _____