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 www.kandkinsurance.com
 CA #0334819

EMPLOYEE CLUB 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: _____

E-mail 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: _____ E-mail 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"/> Liquor Liability (K&K application required)	\$ _____	\$ _____
	<input type="checkbox"/> Employee Benefits Liability	\$ _____	\$ _____
<input type="checkbox"/> Participant Accident and Health	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
	<input type="checkbox"/> Weekly Disability Income	\$ _____	\$ _____
<input type="checkbox"/> Property Casualty	<input type="checkbox"/> Property (ACORD application required)	\$ _____	\$ _____
	<input type="checkbox"/> Inland Marine (ACORD application required)	\$ _____	\$ _____
	<input type="checkbox"/> Auto (ACORD application required)	\$ _____	\$ _____
	<input type="checkbox"/> Crime (ACORD application required)	\$ _____	\$ _____
<input type="checkbox"/> Workers' Compensation (ACORD application required with Experience Modification Worksheet)		\$ _____	\$ _____
<input type="checkbox"/> Other: _____		\$ _____	\$ _____

Do you intend to have office premises Liability? Yes No If yes, office square footage: _____

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.

GENERAL INFORMATION

- Has this type of insurance ever been: Cancelled Declined Non-renewed
If so, please explain. (Not applicable in Missouri) _____
- 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. _____
- As respects your operation(s), do you enter into any contracts/lease agreements? Yes No
If yes, what contracts do you enter into? _____
 - Does the Named Insured assume liability for the other party? Yes No
PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
 - Does the other party assume the Named Insured's liability? Yes No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
 - Does each party assume its own liability? Yes No
PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
- 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 your waiver & release forms(s))**

UNDERWRITING INFORMATION

1. Who is the employer of the employee club members? _____

2. Is the employer of the members who belong to the employee club providing AND maintaining a medical plan for each member AND are all club members covered? Yes No

3. Are any of the following recreation facilities on the premises:

Swimming Pool Yes No Gymnasium Yes No Exercise Yes No

Other: _____

4. Is any watercraft owned, leased or hired by the employee club? Yes No If yes, please provide information regarding the make, model and year of the watercraft and where and how often it is used: _____

5. Does the organization operate an employee store? Yes No

If yes, is it only open during working hours? Yes No

Is it open to the general public? Yes No

What items are sold through the store? _____

What are the annual receipts? _____

6. How many members belong to the organization? _____

7. What are the activities being conducted by the employee club for its members? How many members take part and how often?

	# Members	1x	2x	3x	Weekly	Monthly
Golf	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softball	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karate	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial Arts	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club Picnic	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Are all of the activities being sanctioned and supervised by the employee club? Yes No

9. Are instructors of the club activities hired or sub-contracted by the employee club? If sub-contracted, are they required to provide proof of insurance to the club? _____

10. Is the club premises located on the employer's site? If so, are the employer's security, first aid and evacuation procedures/resources available for the club and its members if needed? If not, describe the club's emergency procedures: _____

11. What locations do most of the activities take place? _____

12. Is first aid available for all club activities? Yes No If yes, please describe: _____

13. Describe the safety precautions taken for the safety of spectators at club activities: _____

14. What precautions are taken to prevent unauthorized persons from entering restricted areas: _____

15. Does the employee club sell, serve or furnish any alcoholic beverages to its members? Yes No
 Does the club hold a liquor license? 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No Prior Insurance

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.**
- Copy of the previous policy.**
- Broker of Record letter. (if applicable)**
- Copies of waiver/release forms.**
- Copies of rules and regulations and safety manuals.**
- Copies of sanction requirements and applications.**
- 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)