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 CA# 0334819

AMATEUR SPORTS ASSOCIATION RENEWAL SURVEY

Named Insured: _____ Expiring Policy # _____

Contact Name: _____ Phone: _____

Please indicate if there have been any changes in the following:

- Named Insured or Mailing Address Yes No
- Minimum Requirements for Security, Medical or Emergency Services Yes No
- Waiver Language or Procedures Yes No
- Management or Management Responsibilities Yes No
- Lease Agreements or Other Contracts That You Sign Yes No
- Bylaws or Game Rules Yes No
- Ancillary Activities such as Fundraisers Yes No
- Sports Types Yes No
- Event Sanctioning Procedures Yes No

If you answered "Yes" to any of the above, please provide details: _____

Complete the following by Sport, for each sport that you conduct:

SPORT TYPE(S): _____

- Number of Participants Under 12 _____
- Number of Participants Aged 13-15 _____
- Number of Participants Aged 16-18 _____
- Number of Participants 19 & Over _____
- Number of Volunteers _____
- Number of Coaches/Trainers/Officials _____
- Number of Participants per Team/Club _____
- Number of Tournaments per Year _____
- Annual Concession Receipts _____

List any desired changes in limits or coverages from the expiring year: _____

If you are required to add entities to your policy as Additional Insureds, please attach a list of names, as they should appear on the policy, the complete address for each and their relationship to you.

NOTE: If Non-Owned or Hired Auto Liability or Hired Car Physical Damage Coverage is needed, please complete a Non-Owned and Hired Coverage Questionnaire.

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) _____

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