



# APPLICATION FOR NRPA-SPONSORED INSTRUCTORS & INTERNS LIABILITY INSURANCE COVERAGE

Application is hereby made to include the following person(s) named below, as enrolled member insured(s) under the NRPA-sponsored Instructors & Interns Liability Insurance Coverage general liability policy. The effective date for this insurance is the day after the date the application and payment are received by K&K, or on a later date you specify. All premiums are fully earned regardless of the effective date. Certificates of insurance for each enrolled member will be sent to the sponsoring organization unless otherwise advised by you.

## A. YOUR INFORMATION

I am a new account     I am renewing my coverage  
 Name of sponsoring organization (Note: Sponsor is NOT an Additional Named Insured) \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day telephone (\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## B. YOUR NRPA MEMBERSHIP INFORMATION (Be sure to provide this information. Your application cannot be processed without it.) NRPA MEMBERSHIP IS REQUIRED FOR THIS COVERAGE.

Member name \_\_\_\_\_  
 Name of organization or public member agency (mandatory) \_\_\_\_\_  
 Current NRPA membership number (if unknown, please call 1-800-626-NRPA) \_\_\_\_\_

## C. NAMES OF INSTRUCTORS AND/OR INTERNS

Please provide the full name of each instructor/intern you are seeking to obtain coverage on below and the total cost to be re-mitted. Should you have more than 8 instructors/interns, please provide information on an additional sheet. No change in name (substitution) may be made once this insurance is in force. NOTE: Each individual instructor/intern must be complete and sign the attached pages 3 through 5 and be remitted with this enrollment form.

	Type of Individual	\$500,000 CGL Limit Option	\$1,000,000 CGL Limit Option
Rates	Individual	\$115.00 per individual	\$142.00 per individual
	Student	\$77.00 per student	\$89.00 per student
	Lifeguard	\$299.00 per lifeguard	\$372.00 per lifeguard

	Full Name of Instructor/Intern	CGL Limit Needed	Rate (see above)
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
<b>TOTAL TO BE REMITTED</b> (add all lines above/attached)			\$

## PAYMENT OPTIONS

Submit a completed enrollment (including signed Warranty Statement) and payment to:

Organization name: \_\_\_\_\_ Effective date: \_\_\_\_\_

### **PAY BY ACH (Bank Account):**

• **E-mail** info@nrpainsurance.com

or

• **Fax** 1-260-459-5105

I (we) authorize K&K Insurance Group to initiate a single electronic debit from the account shown below:

Name on Bank Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Draft Amount : \$ \_\_\_\_\_  Checking, or  Savings

Bank Account Routing/Transit Number\* \_\_\_\_\_ Bank Account Number\* \_\_\_\_\_

\*See below for an explanation of where to locate these two sets of numbers on your bank check.

\_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature(s)/Not required if authorization by phone

\_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature(s)/Not required if authorization by phone

### **EXPLANATION OF CHECK NUMBERS**

1. Bank Routing/Transit Number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.

The diagram shows a check with the following fields: YOUR NAME (1234 Main Street, Anywhere, OH 00000), DATE (12/3), PAY TO THE ORDER OF, and an amount field. Below the check, the MICR line is shown: @044072324 @000123456789 @123. Brackets below the MICR line identify the first 9 digits as the ROUTING NUMBER, the next 10 digits as the ACCOUNT NUMBER, and the last 3 digits as the CHECK NUMBER.

### **PAY BY CHECK:** (Payable to K&K Insurance Group)

• **Mail**

Regular Mail

Overnight Mail

K&K Insurance  
NRPA RPG Program  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

K&K Insurance  
NRPA RPG Program  
1712 Magnavox Way  
Fort Wayne, IN 46804

### **PAY BY CREDIT CARD:**

• **Fax only** 1-260-459-5105

VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Card number: \_\_\_\_\_

CSC # (card security) code: \_\_\_\_\_ 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: \_\_\_\_\_

Cardholder phone number: (\_\_\_\_) \_\_\_\_\_

FATCA Notice: Please go to [Aon.com/FATCA](http://Aon.com/FATCA) to obtain appropriate W-9.



**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.

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 book 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. K&K reserves the right to decline/void any ineligible 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. The information I provided on this enrollment form becomes a part of the insurance contract.

**Compensation and Other Disclosure Information:** K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to warranty@kandkinsurance.com.

In addition, premiums paid by clients to K&K for remittance to insurers, client refunds and claim payments paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, K&K may be considered to have an incentive to place your insurance coverages with a particular insurance company. Where K&K participates in contingent commission arrangements with insurance companies, K&K may be entitled to additional commission in the range of 0 to 5% depending upon whether and when specified thresholds are achieved.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each an "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

**Instructor/Intern signature** (from page 3): \_\_\_\_\_

**Applicant or agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**If an agent:** Check here to acknowledge you are signing on behalf of the named insured

**AGENTS: YOU MUST CONTINUE TO NEXT PAGE AND COMPLETE AGENT WARRANTY SECTION**

**Enrollments cannot be accepted unless this section is completed**

**AGENTS:**

Please complete the information below.

Agency name: \_\_\_\_\_ Agent/contact name: \_\_\_\_\_  
Agency complete mailing address: \_\_\_\_\_  
Agency telephone: (\_\_\_\_) \_\_\_\_\_ Agency fax: (\_\_\_\_) \_\_\_\_\_  
Agent/contact e-mail address: \_\_\_\_\_ Tax I.D. \_\_\_\_\_

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by K&K, I will provide K&K with reasonably satisfactory evidence of all of the above mentioned items.

I understand there are no commissions included in this program unless purchased online at [www.nrpainsurance.com](http://www.nrpainsurance.com). A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us.

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

**Agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_