



APPLICATION FOR NRPA-SPONSORED TEAM SPORTS COMBINED LIABILITY AND ACCIDENT INSURANCE COVERAGE

Valid for effective dates from 6/30/23 through 6/29/24

The effective date for this insurance the day after the date the application and payment are received by K&K, or on a later date as specified. Certificates of insurance providing proof of coverage will be emailed to the official shown below. All premiums are fully earned regardless of the effective date and all teams in an insured league, conference or association must be covered under the Combined Coverage.

Complete all information requested below. Please print clearly.

A. YOUR INFORMATION

I am a new account I am renewing my coverage

Name of recreational agency, commission, or organization _____

Contact person _____

Address _____

City _____ State _____ Zip _____

Day telephone (____) _____ Fax (____) _____ E-mail _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 3 of the application for Electronic Disclosure and Consent)

B. YOUR NRPA MEMBERSHIP INFORMATION

(Be sure to provide this information. Your application cannot be processed without it.)

Member name _____

Name of Organization or Public Member Agency (mandatory) _____

Current NRPA membership number (if unknown, please call 1-800-626-NRPA)

NRPA MEMBERSHIP IS REQUIRED FOR THIS COVERAGE.

C. DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)

Start my coverage on this date: ____/____/____.

D. UNDERWRITING INFORMATION

1. If you suspect an athlete has a concussion, do you have an action plan that includes:

a. Immediately removing the athlete from play or practice: Yes No

b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? Yes No

2. Do all your participants sign a waiver and release form? Yes No

Attached please find a sample of Release of Liability and Waiver document. A Release and Waiver document must be signed by each participant/guardian (if under 18) and maintained by the applicant team/league.

E. TEAM INFORMATION for Swimming; Track & Field; Tennis; Golf; and Wrestling

Please complete for the following sports; Swimming, Track & Field, Tennis; Golf; and Wrestling. Please use the other side of this form to attach another sheet if additional space is needed. For additional insured requests, please complete the attached Certificate of Insurance Request Form. **Note: A complete roster is required for each sport listed below.**

Class A Sports - Rates (per individual/participant)					Class B Sports - Rates (per individual/participant)		
					Note: Participant Legal Liability is limited to \$1,000,000 for Wrestling.		
Max. Age	Swimming	Track & Field	Tennis	Golf	Max. Age	Wrestling w/ Limited Brain injury	Wrestling w/ Brain injury excluded
18 yrs.	\$6.66	\$6.66	\$2.24	\$2.24	18 yrs.	\$11.91	\$11.56
19 & over	\$9.94	\$12.10	\$4.41	\$4.41	19 & over	N/A	N/A

Team Name	Sport	Exclude Brain Injury Coverage? <small>Only answer for Class B Sports</small>	Max Age	# of Part.	X	Rate (see above)	=	Premium
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
AMOUNT DUE (add all lines above/attached):							=	\$ A

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-722-5676 • Fax 1-260-459-5105
 Website www.nrpainsurance.com • K&K Insurance Group, Inc. is a licensed insurance producer in all states
 (TX license #13924, FL license #L007299); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

F. TEAM INFORMATION for Basketball; Baseball; Softball; Volleyball; Soccer; Street, Field, Floor and Roller Hockey; Ice Hockey; and Lacrosse

Please complete for the following sports; Basketball; Baseball; Softball; Volleyball; Soccer; Street, Field, Floor and Roller Hockey; Ice Hockey and Lacrosse. Please use the other side of this form to attach another sheet if additional space is needed. For additional insured requests, please complete the attached Certificate of Insurance Request Form.

Class A Sports - Rates (per team)				
Max. Age	Basketball	Baseball	Softball	Volleyball
12 yrs.	\$114.00	\$114.00	\$114.00	\$114.00
16 yrs.	\$138.00	\$138.00	\$138.00	\$138.00
18 yrs.	\$193.00	\$193.00	\$193.00	\$193.00
19 & over	\$366.00	\$366.00	\$366.00	\$366.00

Class B Sports - Rates (per team)								
Max. Age	Soccer W/ Limited Brain injury	Soccer W/Brain injury Excluded	Street, Field, Floor & Roller Hockey W/ Limited Brain injury	Street, Field, Floor & Roller Hockey W/Brain injury Excluded	Ice Hockey W/ Limited Brain injury	Ice Hockey W/Brain injury Excluded	Lacrosse W/ Limited Brain injury	Lacrosse W/Brain injury Excluded
12 yrs.	\$137.00	\$126.00	\$157.00	\$148.00	\$196.00	\$183.00	\$193.00	\$182.00
16 yrs.	\$166.00	\$155.00	\$186.00	\$177.00	\$226.00	\$213.00	\$224.00	\$213.00
18 yrs.	\$166.00	\$155.00	\$243.00	\$234.00	\$283.00	\$270.00	\$280.00	\$269.00
19 & over	N/A	N/A	\$276.00	\$267.00	\$320.00	\$307.00	\$320.00	\$307.00

Team Name	Sport	Exclude Brain Injury Coverage? Only answer for Class B Sports	Max Age	# of Teams	X	Rate (see above)	=	Premium
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
		<input type="radio"/> Yes <input type="radio"/> No			X		=	\$
AMOUNT DUE (add all lines above/attached):							=	\$ B

G. DAY CAMPS/CLINICS

Please complete this section for any day camps/clinics you may have for those sports reported in Section E and/or F. Please use the other side of this form or attach another sheet if additional space is needed. For additional insured requests, please complete the attached Certificate of Insurance Request Form.

Rates (per individual/participant)	
Note: For all camps/clinics the Participant Legal Liability Limit will be \$1,000,000.	
Max age	Rate (per participant/per day)
18 yrs	\$ 2.14
19 & Over	N/A

Name of Camp/Clinic and Location	Sport(s)	Dates of Camp/Clinic	Hours of Camp/Clinic	Max Age	# of Part.	X	# of Days	X	Rate (see above)	=	Premium
						X		X		=	\$
						X		X		=	\$
						X		X		=	\$
AMOUNT DUE (add all lines above/attached):										=	\$ C

H. TOTAL COST SUMMARY

Swimming; Track & Field; Tennis; Golf; and Wrestling	\$	A
Basketball; Baseball; Softball; Volleyball; Soccer; Street, Field, Floor and Roller Hockey; Ice Hockey; and Lacrosse	\$	B
Day Camps/Clinics Cost	\$	C
Total Cost Due (add A + B + C = D)	\$	D

Electronic Signature Disclosure and Consent and Warranty and Compensation
PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 4

Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

K&K Insurance Group (K&K), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through K&K, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by faxing, emailing or by mailing a written notice to: K&K Insurance; 1712 Magnavox Way; Fort Wayne, IN 46804.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time by faxing, emailing or mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.kandkinsurance.com.
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

If you **DO NOT** want to be emailed please check here and select your preferred method of document delivery.

Fax to: _____ attn: _____

Mail to: _____ attn: _____

IMPORTANT INFORMATION. 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.

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.

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 for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

Organization name (from page 1): _____

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: _____
 Address City State Zip

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. 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:** _____

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL

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.

Applicable in KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in ME, TN, and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VA

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 benefits.

FRAUD APPS (2019/11)

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 by K&K)

Date: _____
Authorized Signature(s) - (Not required if authorization by phone by K&K)

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.

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

⑆044072324 ⑆000123456789 ⑆123

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. 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 to obtain appropriate W-9.

