K&K INSURANCE

National Senior Games Association

NATIONAL SENIOR GAMES ASSOCIATION

Insurance Program Information and Enrollment Form

Rates shown are available from December 31, 2022 to December 31, 2023





Coverage Description

This insurance program has been designed to meet the needs of member organizations of the National Senior Games Association conducting scheduled local, regional and/or state summer and winter senior games. Coverage is also available for member organizations conducting qualifying or training clinics and events.

Covered activities: Scheduled Local, Regional and State Summer and Winter Senior Games. Qualifying/Training Clinics & Events.
Covered Activities include: Air Pistol, Air Rifle Shooting, Archery, Badminton, *Basketball (3 on 3 & 5 on 5), Basketball Spot Shooting, Billiards, Bocce or Lawn Bowling, Bowling, Canoeing, Corn Hole, Croquet, Cross Country Skiing, Cycling, Dance, Darts, Disc Golf, Fencing, Fishing, Flag Football, Frisbee, Golf & Miniature Golf, Handball, *Hockey, Horseshoes, Jump Rope, Kayaking, Moderate Mountain Biking, Paddleboarding, Pickleball, Powerlifting, Power Walking, Race Walking, Racquetball, Rowing, Running/Walking (including 5k & 10k road races), Shooting Sports, including pistol shooting and trap and skeet, Shuffleboard, Snow Shoeing,*Soccer, Softball, Swimming, Table Tennis, Table Top Games including Cards, Checkers and Chess, Tai Chi/Judo forms only, Tennis, Track and Field, Triathlon, Volleyball, Washers, *Water Polo, Weightlifting and E-sports/Gaming.
Excluded activities include: Downhill Skiing, Rugby, Snowboarding, Tackle Football, Virtual Cycling & Virtual Run/Walk Events, Obstacle Courses, Adventure Races.
*** See Enrollment form for special rates for sports/activities marked with an asterisk.**

Coverage is also provided for ancillary activities conducted in conjunction with your games including opening and closing ceremonies, awards ceremonies, and parades of athletes. The program also provides coverage for incidental fundraising activities and organizational meetings.

Any other sports or activities not listed above are subject to reporting and review by NSGA and the carrier underwriters for approval.

Commercial General Liability

Coverage defends and indemnifies the member organization for alleged negligence resulting in bodily injury, personal injury or property damage claims. This coverage is designed to pay those sums that the insured member becomes legally obligated to pay. Defense investigation and related costs are in addition to the limits of liability.

Accident Medical Coverage

Expenses payable under this coverage are for expenses actually incurred by a participant when an accidental injury occurs while participating in your senior games. The coverage is provided on an excess basis, responding after all other coverage available to the participant has been exhausted. If no other coverage exists, the coverage becomes primary. A $250.00 deductible applies to each claim.

Named Insured

Coverage is written in the name of National Senior Games Association (NSGA) and Its Member Senior Games Organizations Who Have Paid A Premium and Been Endorsed to the Policy.

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. You may request a copy of the full policy by submitting a written request to K&K Insurance.

If you have any questions regarding the program, please contact:

Hollie Lamle *email:* **hollie.lamle@kandkinsurance.com** *Phone:* **(260) 459-5053**

The rates shown in this brochure are available 12/31/2022 to 12/31/2023.

Notable Exclusions

- Adventure Races
- Aircraft/Hot Air Balloons
- Airport
- Amusement Devices, Including Climbing Walls & Inflatable s
- Automobile
- Downhill Skiing
- Dunk Tanks
- Employment Related Practices
- Fireworks
- Medical Payments to Sports Participants and Volunteers
- Obstacle Courses
- Overnight Lodging
- Rugby
- Sexual Abuse
- Snowboarding
- Tackle Football
- Terrorism
- War
- Etc. (Per Policies)

****Please note that Fireworks coverage is excluded on the policy. Please make sure that if you are having Fireworks at your Games, that you are obtaining a certificate of insurance from the Licensed Fireworks Contractor that names your Entity as Additional Insured on their policy for your event.****

Coverage Limits

Liability Coverage Limits	$1,000,000 Option	$2,000,000 Option
Each Occurrence:	$1,000,000	$1,000,000
General Aggregate:	$3,000,000	$3,000,000
Products Completed Operations Aggregate:	$1,000,000	$1,000,000
Personal Injury and Advertising Injury:	$1,000,000	$1,000,000
Athletic Participants Legal Liability:	$1,000,000	$1,000,000
Damage to Premises Rented to You:	$300,000	$300,000
Medical Expense Limit — Any One Person, Non-Athlete:	$5,000	$5,000
Crisis Response — Each Crisis Event/Aggregate	$25,000	$25,000
Cyber Privacy & Client Identity Theft Supplementary Payments	$10,000 per person/ $100,000 aggregate	$10,000 per person/ $100,000 aggregate
Excess Liability	not applicable	$1,000,000 Excess limit

Accident Medical Coverage Limits

Per Accident:	$25,000
Deductible:	$250 Per Claim
Death and Specific Loss Face Amount:	$10,000

Optional Coverages–Operations Package

Available for insureds with office premises less than 3,500 square feet. This coverage is not available in all states.

How Insurance Commences

Coverage will be bound upon receipt and approval of your completed enrollment form and payment of the appropriate premium. Certificates of insurance showing proof of insurance and naming any requested additional insureds will be processed and forwarded to you shortly thereafter. **Certificates Of Insurance: When requesting certificates please allow 2 days minimum for processing. Preferred method of request is 2 weeks prior to event, if possible. When you receive your requested certificates, please send to venues immediately; and request approval of the certificates as this will allow more time if there are any changes to be made. K&K Insurance issues all certificates. Please send requests to Hollie Lamle at hollie.lamle@kandkinsurance.com**

Please allow seven to ten business days for mail and processing time.

K&K INSURANCE

1712 Magnavox Way P.O. Box 2338
Fort Wayne, IN 46801-2338
(800) 441-3994 ext. 5053
www.kandkinsurance.com
CA # 0034819

Please detach and return completed form.

NATIONAL SENIOR GAMES ASSOCIATION

Enrollment Form

This form must be completed and returned with your payment. Rates shown are available from December 31, 2022 to December 31, 2023. **The submission of this enrollment form does not guarantee coverage.** Coverage begins on the date the completed enrollment form and payment are received and approved. All coverages expire on 12/31/23. A new enrollment form and premium must be submitted each annual period.

Member Information

Member Organization:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Contact Name:_____

Phone:_____ Fax:_____

Email:_____ Website Address:_____

Event Information

Name/Type of Event:_____

Dates of Games:_____

Location(s) of Games*:_____

_____

**A schedule of events and locations may be attached.*

If you will be conducting fishing, hockey, moderate mountain biking, water sports activities, or any shooting sports, please include copies of your rules and regulations. Also remit copies of your rules and regulations if you will be conducting any cycling, running or race walking activities taking place on open roads.

Do you require all athletic participants to sign a waiver/release? ❑ YES ❑ NO

If you would like your waiver/release reviewed, please attach a copy with your enrollment form.

Additional Insured(s)

List below any Owner, Manager, Lessor of Premises, or Sponsor you are obligated to name as additional insured.

If there is a written agreement in place, please forward a copy with your completed enrollment form.

A. Name:_____

Insured Address:_____

City:_____ State:_____ Zip:_____

Relationship to You ❑ Property Owner ❑ Sponsor ❑ Other_____

B. Name:_____

Insured Address:_____

City:_____ State:_____ Zip:_____

Relationship to You ❑ Property Owner ❑ Sponsor ❑ Other_____

Certificates of insurance must be collected from any vendors marketing merchandise at your events or any independent contractors whose services will be utilized to conduct your events. Your organization must be named as an additional insured on the vendor or independent contractor's insurance policy and the limits of insurance should be equal to or greater than $1,000,000.

Premium Calculation

Please note that all rates are per participant, per Games.

Event	Number of Participants	X	$1M Option		$2M Option	=	
All other sports		X	$2.38	-or-	$2.82	=	
Basketball (3 on 3 & 5 on 5)		X	$4.21	-or-	$5.09	=	
Ice Hockey		X	$11.86	-or-	$14.57	=	
Water Polo		X	$5.97	-or-	$7.32	=	
Soccer		X	$7.82	-or-	$9.63	=	

Total Premium: _____

Optional Coverages Available

Optional Coverage—Nonowned and Hired Auto Liability $1,000,000 Limit

Subject to a $250 minimum premium and acceptable driving records of the volunteers who operate vehicles on behalf of your organization.
Physical Damage coverage is not included.

*Coverage is intended for the occasional operation of nonowned vehicles on behalf of your organization. Occasional operation includes errands to the post office or bank by volunteers of your organization. **Coverage is excluded for the operation of any 15-passenger van.** Additional underwriting and premium are required for coverage of the transportation of athletic participants or large vehicle fleets. NFP for information.

Is Nonowned and Hired Auto Liability coverage desired? ❑ YES ❑ NO Are you transporting participants, volunteers, or staff? ❑ YES* ❑ NO

***If YES, contact NFP. Additional underwriting and premium are required for coverage of the transportation of athletic participants or large vehicle fleets.**

Driver's Name	Date of Birth	License Number	State of Issuance

Optional Coverage—Operations Package

Coverage is subject to a minimum premium of $750.00. Coverage is available for insureds with office premises less than 3,500 Square Feet and is not available in all States.

If your organization is in need of property coverage, see the following options or contact NFP if other coverages or limits are needed.

*Property Address:*_____

*City:*_____ *State:*_____ *Zip:*_____

Business Income with Extra Expense 1/3 Monthly Limit of Indemnity	$25,000
Inland Marine--Misc. Unscheduled Equipment	$5,000
Business Personal Property	$75,000
Electronic Data Processing--Hardware & Software	$10,000
Employee Dishonesty	$25,000
Forgery and Alteration	$25,000
Theft, Disappearance & Destruction	$10,000
Signs	$ 5,000
Glass	Included
Valuation	Replacement Cost
Cause of Loss	Special
Coinsurance	80%
Deductible	$ 1,000
Exclusions	Earthquake, Flood & Wind
Premium	$ 750.00

Premium Summary

Total Event Premium	$_____
Nonowned and Hired Premium *(if applicable)*	$_____
Operations Package *(if applicable)*	$_____
TOTAL INSURANCE PREMIUM	$_____

Making Payment and Applying for Coverage

Beginning with this 2022/2023 policy term, you may pay by Credit Card authorization form which is on the last page of this enrollment form OR you can make your check payable to K&K Insurance Group. We will need a copy of the enrollment form, a copy of your check or the completed credit card authorization form, schedule of events and any other accompanying documents.

If not paying by Credit Card, please mail the check to the following:

K&K Insurance Group
Attn: Hollie Lamle – Sports Division
1712 Magnavox Way
Fort Wayne, IN 46804
email: **hollie.lamle@kandkinsurance.com**

If you have any questions regarding the program, please contact:
Hollie Lamle
email: **hollie.lamle@kandkinsurance.com** ▪ *Phone:* **(260) 459-5053**

Note: Please retain a copy of your enrollment form.

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 further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Date Signature of Insured Title

K&K Insurance – Client Services

SINGLE USE Credit Card Authorization Form – Sports Accounts

If you wish to pay by Credit Card, please complete this Credit Card Authorization form with your enrollment form & email back to hollie.lamle@kandkinsurance.com;

If you choose to pay by check, please include a copy of your check made out to K&K Insurance with your enrollment form and then mail that check to the address on page #4 of the enrollment form attached. Thank you.
Please email or call me with any questions.

I (We) hereby authorize K&K Insurance Group, Inc. to debit the credit card listed below, for the premium amount of: $_____
This premium applies tothe following event:

EVENT TYPE: Annual Enrollment per attached enrollment form

CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

CARD NUMBER:

EXPIRATION DATE:

CARDHOLDER NAME (as appears on card):

CARDHOLDER SIGNATURE:

CARDHOLDER PHONE NUMBER: DATE:

FOR INTERNAL USE ONLY

INSURED NAME: National Senior Games Annual Enrollment

STATE MEMBER ORGANIZIATION NAME:

UNDERWRITER: Hollie Lamle - Sports Division