



**DIRECTORS' AND OFFICERS'  
including Employment  
Practices Liability Insurance  
For Not-For-Profit Entities**  
Rates Available Through 2/28/09



K&K Insurance • 1712 Magnavox Way • Fort Wayne, IN 46804 • 1-800-553-8368 • Fax 1-260-459-5624  
• www.kandkinsurance.com • CA #0034819

### **Directors' & Officers' Program Description**

This program provides important protection for nonprofit fair & festival organizations for claims arising out of allegations of errors, omissions or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination against a third party, acts beyond granted authority, failure to deliver services, wrongful dismissal, and wrongful employment practices. Defense costs are paid in addition to the limit of liability. Coverage is provided on a claims-made basis, applying only to claims first made during the coverage period.

### **Eligible Organizations**

Organizations that meet **all** of the following criteria are eligible for coverage under this program subject to underwriting approval:

1. Must be a current member of the IFEA.
2. The organization is a not-for-profit organization.
3. The annual revenue of the organization from all sources is \$3,000,000 or less.  
(If greater than \$3,000,000 please submit for individual consideration).
4. The organization must not be a governmental entity or organization.

### **Ineligible Organizations**

Any entity that does not meet **all** of the eligibility criteria listed above.

### **Directors' & Officers' and Employment Practices Liability**

#### **Option A**

<b><u>Coverage</u></b>	<b><u>Limit</u></b>
Maximum Aggregate Limit of Liability	\$ 1,000,000 Each Policy Year
Retention	\$ 1,000 Each Claim

#### **Option B**

<b><u>Coverage</u></b>	<b><u>Limit</u></b>
Maximum Aggregate Limit of Liability	\$ 2,000,000 Each Policy Year
Retention	\$ 1,000 Each Claim

### **Directors' and Officers' Medical Payments**

Coverage provides medical expense payments for a bodily injury loss caused by an accident that takes place during activities that are customary to your business in the covered territory for the directors and officers of the named insured.

Limit: \$10,000 per director or officer

## **Notable Exclusions**

This insurance will not pay any claim based upon:

- Advertising injury
- Bodily injury
- Failure to maintain proper insurance
- Fungi
- Nuclear
- Personal injury
- Pollutants
- Property damage
- Wrongful death

## **Premium Information**

The annual premium charge is fully earned at the inception of coverage and is not refundable. Full premium payment is required to bind coverage. Please refer to the enrollment form for premium.

## **Optional Coverage**

### **Outside Services/Directorship**

This option provides coverage for your board members serving as a director, officer, trustee or volunteer on another non profit entity's board, at the request of the Insured entity.

### **Volunteer Worker Medical Payments**

Coverage provides medical expense payments for a bodily injury loss caused by an accident that takes place during a covered program in the covered territory for volunteers of the named insured. Limit is \$10,000 per participant.

**Note: All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.**

## **How to Obtain Coverage**

Complete the enrollment form provided with this brochure. The enrollment form must be signed by the president of the board of directors, the executive director, or the treasurer of the organization.

Remit the enrollment form and premium payment to:

K&K Insurance Group  
Leisure Division  
1712 Magnavox Way  
Fort Wayne, IN 46804

Phone 1-800-553-8368  
Fax 1-260-459-5624

You will be notified by K&K if, for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded. If your enrollment is accepted, coverage documents will be issued by K&K Insurance. Coverage will become effective the day your enrollment form and premium payment are received and approved by K&K, or on a later date that you may specify. Coverage is provided on an annual basis.

**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.  
A copy of the policy is available upon request.**



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 including Employment  
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 Enrollment Form  
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**Notice: The policy for which this enrollment form is made applies, subject to its terms, only to any "Claim" first made against the "Insureds" during the certificate coverage period.**

This form must be completed and returned with your payment. Rates shown are available until February 28, 2009. The submission of this enrollment form does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The expiration date is one full year from the effective date. Read the entire brochure and enrollment form carefully before signing. **This is a claims-made coverage.**

Name of organization: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_ Fax no:(\_\_\_\_\_) \_\_\_\_\_

Please provide a complete description of your operations and events. \_\_\_\_\_

Number of full time compensated employees (over 30 hours a week for 12 months): \_\_\_\_\_

Number of part time compensated employees (under 30 hours a week or less than 12 months): \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

Is the organization a not-for-profit entity?  Yes  No Tax ID No. \_\_\_\_\_

**Financial Information**

Total organization's annual gross revenue \$ \_\_\_\_\_

(gross revenue includes all receipts from fees, sponsorships, fundraisers, membership, ticket sales)

Total organization's assets on the financial statement \$ \_\_\_\_\_

Total organization's liabilities on the financial statement \$ \_\_\_\_\_

**If more than \$3 million for any one category, please submit current financial statement.**

Does the organization currently have D&O coverage in force?  No  Yes (If yes, please provide the following:)

Carrier: \_\_\_\_\_ Limit: \_\_\_\_\_ Premium: \_\_\_\_\_ Retention: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Desired effective date: Check one.  Start my coverage on the date my enrollment form and payment are received.

Start my coverage on this date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: COVERAGE WILL NOT BE MADE EFFECTIVE PRIOR TO THE DATE THAT THE ENROLLMENT FORM AND PAYMENT ARE RECEIVED AND APPROVED BY K&K.**

**Past Activities**

No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include loss payment and defense costs): If so, explain. \_\_\_\_\_

If none, check here

No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance, except as follows: \_\_\_\_\_

If none, check here

## Premium Calculation

If your organization meets the underwriting criteria for the program, limits of liability will be available for the following premium which is based upon your organization's annual gross revenue.

**Select coverage Option A or B and check the appropriate box.**

**Option A**-Directors' and Officers' coverage includes a \$1,000,000 limit with a \$1,000 retention per claim and \$10,000 medical payments per person for directors and officers of the named insured.

<u>Organization's Annual Gross Revenue</u>	<u>Premium</u>
<input type="checkbox"/> \$ 0 - \$1,000,000	\$ 795
<input type="checkbox"/> \$1,000,001 - \$2,000,000	\$1,300
<input type="checkbox"/> \$2,000,001 - \$3,000,000	\$1,800
<input type="checkbox"/> \$3,000,001 or higher	Refer to company

**Option B**-Directors' and Officers' coverage includes a \$2,000,000 limit with a \$1,000 retention per claim and \$10,000 medical payments per person for directors and officers of the named insured.

<u>Organization's Annual Gross Revenue</u>	<u>Premium</u>
<input type="checkbox"/> \$ 0 - \$1,000,000	\$1,195
<input type="checkbox"/> \$1,000,001 - \$2,000,000	\$1,775
<input type="checkbox"/> \$2,000,001 - \$3,000,000	\$2,650
<input type="checkbox"/> \$3,000,001 or higher	Refer to company

**Option A or B Premium:**     \$ \_\_\_\_\_

## Optional Coverage Options

Outside directorship liability (supplemental must be completed below)

Your premium is \$50	\$ _____
Volunteer worker medical payments. Limit is \$10,000 per person	
# of volunteers _____ x .225 = \$ _____ or (\$250 minimum premium)	\$ _____
<b>Total premium due</b> .....	<b>\$ _____</b>
<b>Florida applicants must add 1% to total premium due. (1% x premium) = Florida assessment fee</b> ...	<b>\$ _____</b>
<b>Administration fee</b> .....	<b>\$ 100.00</b>
<b>Total premium due (total premium due + administration fee)</b> .....	<b>\$ _____</b>
<b>Total premium due for Florida applicants (total premium due + FL assessment fee + administration fee)</b> ...	<b>\$ _____</b>

### **OUTSIDE SERVICE/DIRECTORSHIP COVERAGE SUPPLEMENTAL (NOT-FOR-PROFIT ENTITIES ONLY)**

Name of individual(s) including title(s) or position(s): \_\_\_\_\_

Name of outside not-for-profit entity/entities and position(s): \_\_\_\_\_

Nature of outside entity/entities operation: \_\_\_\_\_

Has the individual been requested by the organization to serve on this outside board:      Yes      No

List the D&O insurance carrier and limit for the outside entity: \_\_\_\_\_

Has the outside entity incurred any claims in the past 5 years or is it currently under any legal proceeding or investigations?  No      Yes     If yes, please attach details.

**Reminder:**

- Premiums are 100% fully earned at inception and nonrefundable.
- Coverage can only be obtained by remitting a signed and completed enrollment form along with payment in full.
- Incomplete enrollment forms will be declined and returned.
- All enrollment forms must be signed by the president, executive director or treasurer of your organization.
- Coverage will not be made effective prior to the date that the completed enrollment form and payment are received in our office.

**EXPLANATIONS**

Notice: Following are several items related to claims made policies that should be considered.

**PRIOR ACTS**

If a claims made policy contains a retroactive date, that policy provides no coverage for claims arising out of incidents, occurrences, or alleged wrongful acts which took place prior to that retroactive date.

**CLAIMS MADE DURING POLICY PERIOD**

This policy covers only claims actually made or incidents reported against the insured while policy remains in effect, or any applicable extended reporting period. All coverage under the policy ceases upon the termination date, except for the automatic extended reporting period coverage, unless the insured purchases additional extended reporting period coverage.

**EXTENDED REPORTING PERIOD**

The automatic extended reporting period is sixty (60) days from the termination or expiration date of the policy. The additional extended reporting period, if purchased, may be up to three (3) years for non-profit policies. If this extended reporting period is not purchased and the subsequent policy does not provide full prior acts coverage or is an occurrence policy, there may be gaps in coverage.

**CLAIMS MADE POLICY MATURITY**

When the retroactive date on a claims made policy is concurrent with the effective date of the policy or less than five years prior to the effective date, there is considered to be a reduced level of exposure in relation to an occurrence policy. For this reason, claims made rates are comparatively lower than occurrence rates. As the claims made relationship matures, the insured can expect substantial annual premium increases independent of overall rate level increases. If, however, the retroactive date on a claims made policy is more than five years prior to the effective date of the policy, that claims made relationship is considered mature and rate levels will not increase for this reason.

**WARRANTY & 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.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

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.

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.

Applicant signature: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**(Must be signed by president, executive director, or treasurer acting as an authorized agent of the organization)**

**INSURANCE AGENT INFORMATION**

Agency name: \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agent/contact name: \_\_\_\_\_

Agency telephone: ( ) \_\_\_\_\_ Agency fax: ( ) \_\_\_\_\_

Agent/contact e-mail address: \_\_\_\_\_

Do you have existing business with K&K Insurance? . . . . .  Yes  No

For additional information regarding other programs, log onto our web site at [www.kandkinsurance.com](http://www.kandkinsurance.com).

(For K&K use only) Agency ID# \_\_\_\_\_

**Note: There are no commissions included in this program. A fee may be separately charged, subject to state insurance regulations. Agents do not have authority to issue binders or certificates of insurance on behalf of this program.**

**Making Your Payment**

Please check payment option.

Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # \_\_\_\_\_ for \$ \_\_\_\_\_

Credit Card: If you are making your payment by credit/debit card, please complete the following:

I authorize K&K Insurance to charge my premium payment to my credit card in the amount of \$ \_\_\_\_\_

VISA  MASTERCARD  DISCOVER

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

Reference number (last 3 digits on back of card): \_\_\_\_\_ Expiration date: \_\_\_\_\_

Print name (as on card): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

**Mailing Instructions**

Mail enrollment form along with check or credit card information to:

K&K Insurance Group • Leisure Unit • 1712 Magnavox Way • Fort Wayne, IN 46804

If making payment via credit card, you may submit via fax to (260) 459-5624.