



# OFF-ROAD CLUB EVENT LIABILITY INSURANCE COVERAGE

## Coverage Information

### General Liability Coverage for Car Club Social Events

We offer affordable general liability protection for limits of \$1 million for your club's truck shows, meetings, rallies, and social functions. While participating in your covered activities, the general liability coverage extends to your officers, members, and volunteers. Excess liability limits are available by request.

Our program automatically includes Products Liability (food or drink) and \$1 million Commercial General Liability. Legal Liability to Participants (LLP), which applies to motorized events and protects your club if it is found to

be legally liable for a participant's injuries, is included.

(LLP coverage is effective only upon receipt of each participant's signature on a Release and Waiver of Liability Agreement provided by K&K Insurance Group, Inc.)

For your events such as guided tours or trail rides, we can also provide general liability for officials, car owners, drivers, pit crews, sponsors, advertisers, and any person or organization operating, managing, sanctioning, sponsoring or providing the premises for your covered program.

### How to Apply for Coverage

To apply for a quote, fill out and return the following forms:

- Off-Road Club Event Liability Insurance Application FORM A #1518
- Off-Road Club Event Liability Membership List Supplemental #1520
- Fraud Warning Form #1030

Coverage for your non-competitive events, such as business meetings, social functions will be in effect once the completed application and premium payment have been

received and approved by the program administrator.

Coverage for competitive events is not included in the basic plan and is not automatic with Order Form A. If you wish to have coverage for a competitive event, please let us know at least two weeks in advance of your event so we can provide you with an event premium quotation and supplemental application.

### How Payment Works

Premium payment is required to initiate coverage. If you are being charged the minimum earned premium of \$2,000 (plus any applicable taxes), your initial premium will act as a nonrefundable deposit from which your per-member charge and other event premium will be drawn. Here are two sample scenarios:

<b>Scenario One:</b>	<b>Scenario Two:</b>
<p>A club with 100 members has a charge of \$5 per member for their annual premium. The minimum premium is \$2,000, so that amount is paid up front.</p> <p style="text-align: center;"> <b>\$2,000</b> minimum annual premium            - <b>\$500</b> member charge  <hr style="width: 20%; margin: 0 auto;"/> <b>\$1,500</b> remaining premium balance         </p> <p>Any additional event premiums can be drawn from the \$1,500 balance within the policy period.</p>	<p>A club with 700 members has a charge of \$5 per member for their annual premium. The minimum premium is \$3,500, so that amount is paid up front.</p> <p style="text-align: center;"> <b>\$3,500</b> minimum annual premium            - <b>\$3,500</b> member charge  <hr style="width: 20%; margin: 0 auto;"/> <b>\$0</b> remaining premium balance         </p> <p>Any additional event premiums must be paid at the time coverage is requested.</p>

You will be notified when your account balance is too low to cover an upcoming competitive event. From that point on, through the remainder of your policy period, each time you order your individual competitive event insurance, you must remit the appropriate event premium with your event request.



# OFF-ROAD CLUB EVENT LIABILITY INSURANCE COVERAGE

Coverage Available

## Basic Plan Coverage:

<u>Coverage:</u>	<u>Limits Available:</u>
General Liability	\$1,000,000 up to \$11,000,000 per occurrence
Legal Liability to Participants	\$1,000,000 up to \$11,000,000 per occurrence
Products Liability (food & drinks)	Included

## Optional Coverage Plans Available: (additional premium and approval required)

<u>Coverage:</u>	<u>Limits Available:</u>
Accidental Death and Dismemberment Benefits for Participants	\$3,000
Excess Medical Expense Benefits for Participants	\$3,000
Weekly Indemnity Benefit for Participants	\$25.00 for 26 weeks

Commercial General Liability Protection includes, but is not limited to, these valuable coverages:

- **Contractual Liability:** Provides liability coverage for bodily injury or property damage liability that the insured assumes under an “insured contract” as defined in the policy.
- **Personal Injury and Advertising Liability:** Protects against claims resulting from libel, slander, defamation, etc., including advertising-related claims.
- **Host Liquor Liability:** Protects against claims resulting from the gratuitous dispensing of alcoholic beverages.
- **Incidental Medical Malpractice Liability:** Protects against claims arising out of the giving, or failure to give medical services.
- **Additional Insureds:** Adds coverage protecting club members.
- **Extended Bodily Injury Liability:** Protects from claims arising from the use of reasonable force to protect persons or property.

*This is a general summary of coverages. Actual coverages are detailed in the insurance policy, and are subject to the detailed provisions, conditions and exclusions of the policy.*



# OFF-ROAD CLUB EVENT LIABILITY INSURANCE COVERAGE

## *Frequently Asked Questions*

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### **1. What coverages are available?**

Our basic plan offers general liability protection, with limits of \$1 million available (Excess limits are available by request). Legal Liability to Participants protection, with coverage limits matching the General Liability, and Products Liability Protection (Food and Drink), are also included.

For off road events, optional plans offering additional coverage for participants is available, including Accidental Death and Dismemberment (AD&D) Benefits for Participants with limits of \$3,000; Excess Medical Benefits for Participants with limits of \$3,000; and Weekly Indemnity Benefit for Participants with benefit limits of \$25.00 for 26 weeks. Higher limits are available upon request, but must be approved by the program administrator.

### **2. When is the insurance effective?**

Your insurance will be effective when we've received your completed application (Order Form A) and premium payment and approve the risk. You should receive your policy and necessary supplies to administer your insurance program within approximately 30 days of the effective date of your coverage.

### **3. Do I need to notify you of club events?**

When you should provide a schedule of events to K&K, you do not need to notify us prior to each of your scheduled events, such as business meetings. However, events such as tours, trail rides, rallies, car shows, and other public events operated by your club are not included in the basic membership premium and require that you arrange for coverage at least two weeks before the event. Contact us for an event premium quotation and supplemental application.



1712 Magnavox Way  
 Fort Wayne, Indiana 46801  
 (800) 348-1839 Fax (260) 459-5118  
 www.kandkinsurance.com  
 CA# 0334819

**OFF-ROAD CLUB  
 EVENT LIABILITY  
 INSURANCE APPLICATION  
 FORM A**

Name of Insured (as will appear on policy): \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Location Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Person is:  Owner  Promoter  Agent  Other: \_\_\_\_\_

Day Phone:(\_\_\_\_\_) \_\_\_\_\_ Night Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Name of Agency/Brokerage (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax:(\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Nature of operations/description of event: \_\_\_\_\_

\_\_\_\_\_

Insured is:  Corporation  Partnership  Joint Venture  Limited Liability Corporation  
 Other (explain): \_\_\_\_\_

In what state is the organization headquartered/chartered? \_\_\_\_\_

Policy period requested: From \_\_\_\_\_ To \_\_\_\_\_

Club membership count: \_\_\_\_\_

Liability limits desired:  \$1,000,000 per occurrence  \$2,000,000 per occurrence  \$3,000,000 per occurrence  
 \$4,000,000 per occurrence  \$5,000,000 per occurrence

Councils and Associations (list full name and membership count of each individual club to be insured through the council): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated number of competitive events to be conducted this year (Apply for individual event coverage using Order Form B:

A. Number of trail rides and/or hill climbs: \_\_\_\_\_

B. Number of Rallies or guided tours: \_\_\_\_\_

**COVERAGE INFORMATION**

Check the type of coverage and indicate the limits desired:

- General Liability
  - Primary \_\_\_\_\_
  - Excess \_\_\_\_\_
  - Legal Liability To Participants \_\_\_\_\_
  
- Participant Accident and Health  
**(Applicable only to off road events)**
  - AD&D \_\_\_\_\_
  - Primary Medical \_\_\_\_\_
  - Excess Medical \_\_\_\_\_
  - Weekly Disability Income \_\_\_\_\_
  
- Property Casualty
  - Property \_\_\_\_\_
  - Inland Marine \_\_\_\_\_
  - Auto \_\_\_\_\_
  
- Other: \_\_\_\_\_

**UNDERWRITING INFORMATION**

Has this type of insurance ever been:  Cancelled  Declined  Non-renewed

If so, please explain. (Not applicable in Missouri). \_\_\_\_\_

Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?  Yes  No

If yes, please explain. \_\_\_\_\_

As respects your operation(s), do you enter into any contracts?  Yes  No

If yes, what contracts do you enter into? \_\_\_\_\_

a. Does the Named Insured assume liability for the other party?  Yes  No

**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**

b. Does the other party assume the Named Insured's liability?  Yes  No

**PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.**

c. Does each party assume its own liability?  Yes  No

Who reviews the contracts prior to signing?  Corporate Officers  Counsel  Other: (please explain) \_\_\_\_\_

For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured.

	CERTIFICATES (Provide copies.)	LIMITS	ADDITIONAL INSURED
Food Concessionaires	_____	_____	_____
Vendors/Exhibitors	_____	_____	_____
Contractors/Others	_____	_____	_____

Is a K&K approved Waiver and Release form read and signed by all persons participating in the covered event?  Yes  No  
**(Applicable only to Motorsports)**

**PRIOR CARRIER INFORMATION (NEW BUSINESS ONLY)**

<b>YEAR</b>	<b>PREVIOUS AGENT</b>	<b>COMPANY</b>	<b>LIABILITY LIMITS</b>	<b>PREMIUM</b>	<b>LOSSES</b>
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**PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)**

**SUMMARY OF REQUESTED ITEMS**

- Please submit a copy of the club's rules and/or regulations
- Please provide a narrative description of the format of events

I understand that I am applying for coverage for car club social events only and that if I need coverage for other events, such as tours, hill climbs or rallies, I will obtain a off road event quote and submit the required supplemental application (Order Form B), which will be supplied when I notify you of that intent.

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)

\_\_\_\_\_  
Date (MM/DD/YY)



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# OFF-ROAD CLUB EVENT LIABILITY EVENT INSURANCE **FORM B**

**IMPORTANT NOTICE:** An **EVENT INSURANCE FORM B** must be submitted for each event, prior to the event, in order to validate insurance coverage. Failure to comply will result in **NO INSURANCE** coverage for your off road event.

**IF A CERTIFICATE OF INSURANCE IS NEEDED, PLEASE SUBMIT THIS ORDER TWO (2) WEEKS PRIOR TO THE EVENT TO INSURE PROPER MAIL TIME.**

1. Name of Insured Club: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Event Date: \_\_\_\_\_

3. Event Location (name of site): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Type of event:  Tour  Trail Ride  Rally  Other: \_\_\_\_\_  
 Attendance: \_\_\_\_\_ Miles: \_\_\_\_\_

5. Minimum age allowed for vehicle operators: \_\_\_\_\_ Minimum age for passengers: \_\_\_\_\_

6. Coverages Requested:  
 Liability Limits **(must be the plan selected at the inception of your policy)**  
 \$1,000,000  \$2,000,000

7. Premium Remitted: \_\_\_\_\_ Check Number: \_\_\_\_\_

8. Additional Insureds and relationship (landowner/sponsor):  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_

9. Certificate of Insurance required:  Yes  No

10. **Waiver and Release Requirement:** Each event participant **MUST** sign the K&K Waiver and Release of Liability and Indemnity Agreement. The appropriate signed waiver must be forwarded to K&K upon request only, and is a condition of Participant Legal Liability Coverage. A supply of these forms was mailed to the club insurance representative when the policy was issued. Should you require more forms, please check below and indicate the quantity needed for your remaining events this year.  
 Please send \_\_\_\_\_ Waiver and Release Forms.

11. Name of person completing this order: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**NOTE:** Policy endorsement for this event and certificate, if requested, will be returned to the person completing this order.

12. **Event Specifics:**

Fire extinguishers available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All participants have valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of personal auto insurance verified for all participant vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Event distance from nearest city/town _____		
Control vehicle and/or spotters used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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) Date (MM/DD/YY)



## **OFF-ROAD CLUB EVENT LIABILITY INSURANCE COVERAGE**

*Important Information and Instructions*

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### **PLEASE NOTE:**

- ORDER FORM B and your event premium check must be postmarked at least one day prior to the event to which this order pertains to have insurance in effect and valid. We cannot accept competitive event requests by phone.
- If your initial premium has a credit balance, send in your completed order form only. No premium remittance is due. Any premium due will be deducted from your deposit premium credit balance. If your initial premium has been depleted through off road event premium charges, then submit a check with this order for the event premium.
- If your order form or premium payment is incomplete or in error, we will attempt to phone you to correct the error. Coverage is valid only if the order form is completed correctly and appropriate premium is remitted.
- If your club's premium payment check is not honored by your bank for any reason, the failure of premium payment will jeopardize your coverage for the event to which the check pertains. After one check has been returned by your bank for non-payment, all subsequent future insurance orders will be accepted only on a certified-check or money-order basis without exception.
- If you need a certificate of insurance, or your policy endorsement prior to the event, mail this application at least two weeks in advance to assure you receive the certificate in time. Faxes and telegrams confirming coverage cannot be guaranteed.





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**OFF-ROAD CLUB  
 EVENT LIABILITY  
 MEMBERSHIP LIST  
 SUPPLEMENTAL**

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# MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENTS FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

APPLICANT NAME: \_\_\_\_\_

## FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties [NY: not to exceed five thousand dollars and the stated value of the claim for each such violation] (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

### Colorado

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

### New Jersey

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

### Ohio

Any person who, with intent to defraud or knowing that he/she 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.

### Oklahoma

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.

. . . . .

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

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.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE (MM/DD/YY)

\_\_\_\_\_  
DATE (MM/DD/YY)