



1712 Magnavox Way  
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 www.kandkinsurance.com  
 CA #0334819

# COACHES/OFFICIALS LIABILITY QUESTIONNAIRE

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

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

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

Email Address: \_\_\_\_\_

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

Requested Policy Term (from) \_\_\_\_\_ (to) \_\_\_\_\_

Number of Members: \_\_\_\_\_

Number of Events: \_\_\_\_\_

When is your Membership Renewal? \_\_\_\_\_

Please submit current copies of the following items:

- Rule and Policy Book
- Membership Application
- Safety Regulations and Medical Provisions

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)