

Have you ever had a request for insurance declined or non-renewed? (Not applicable in Missouri) Yes No

Explain: _____

If you have previously had coverage for your trials, have you ever had any large losses? Yes No

Please provide details regarding any loss \$5,000 and higher. _____

PREMIUM CALCULATION \$250 Per Field Trial

Number of Field Trials _____ x Rate \$250.00 + \$10 Credit card transaction fee (if applicable) = Total amount due \$ _____

I understand that the insurance company in determining whether to provide insurance coverage will rely on the information contained in the 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.

Applicant's Signature _____ Title _____

Applicant's Name (print) _____

Date (MM/DD/YY) _____

MAKING YOUR PAYMENT

Make check payable to K&K Insurance Group, Inc. and mail to the address shown on this form.

Credit Card Payment Authorization. Fax for quickest service.

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Check one: Mastercard VISA Discover

Card Number: _____

Printed Name (as on card): _____

Expiration Date: _____

Cardholder Signature: _____

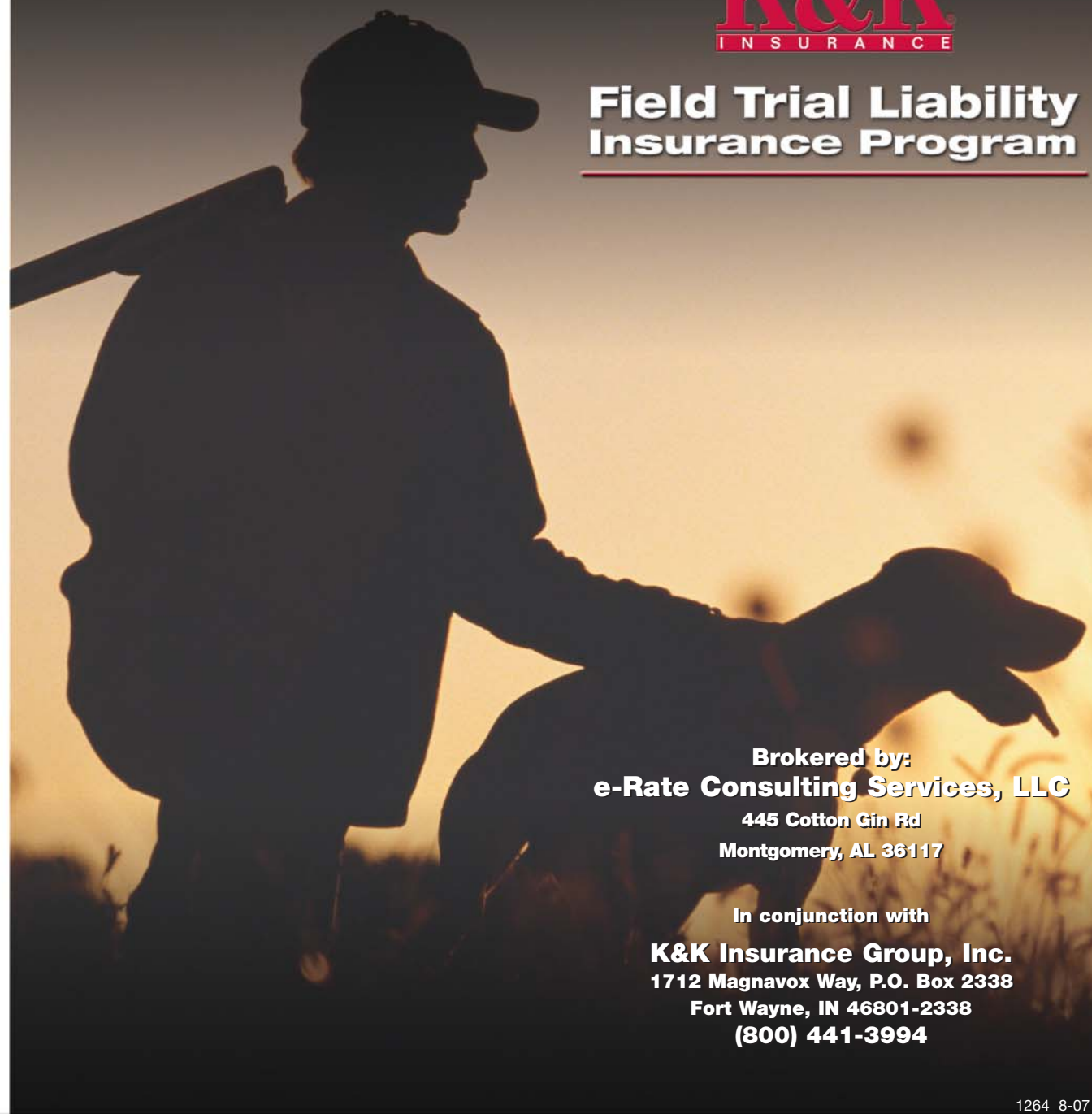
(Retain a copy of this form for your records.)

For more information contact:

K&K Insurance Group, Inc./Sports Division
1712 Magnavox Way P.O. Box 2338 • Fort Wayne, IN 46801-2338
(800) 441-3994 • Fax: (260)459-5120
www.kandkinsurance.com



**Field Trial Liability
Insurance Program**



**Brokered by:
e-Rate Consulting Services, LLC**

445 Cotton Gin Rd
Montgomery, AL 36117

In conjunction with

K&K Insurance Group, Inc.
1712 Magnavox Way, P.O. Box 2338
Fort Wayne, IN 46801-2338
(800) 441-3994

FIELD TRIAL LIABILITY INSURANCE

The American Field is pleased to endorse the following program for coverage of recognized and endorsed field trials.

This brochure contains an enrollment form which provides all of the information you need to apply for insurance coverage.

COVERAGE AVAILABLE

- General Aggregate:NONE
- Each Occurrence \$1,000,000
(Bodily Injury and Property Damage Combined Single Limit)
- Products Completed Operations Aggregate \$1,000,000
- Personal Injury and Advertising Injury \$1,000,000
- Damage to Premises Rented to you Limit (any one fire) \$ 300,000
- Medical Expense Limit \$ 1,000
(any one person, non-participant)

* "Occurrence" means any accident, including continuous or repeated exposure to the same general conditions.

* Defense investigation and related costs are in addition to the limits of liability.

* Additional insureds, such as landlords, may be added at no additional charge. If a written agreement is in place, please forward a copy with your completed enrollment form.

This brochure contains general descriptive information about the coverage. You must refer to the policy for complete policy coverage, limits, and exclusions.

WHO IS ELIGIBLE?

Affiliated organizations of The American Field conducting recognized and scheduled Field Trials within the U.S. as organized and conducted according to the rules of The American Field.

NOTABLE EXCLUSIONS

- Actions Brought by One Player Against Another Player
- Bodily Injury to Employees
- Camping/Overnight Lodging
- **Field Trial Club Operations Other than Field Trials as Recognized and Scheduled**
- Fireworks
- Liability Arising Out of Lead
- Medical Payments to Participants
- Medical Payments to Volunteers
- Participant Legal Liability
- Professional Veterinarian Services
- Property Damage to Animals
- Sexual Abuse and Molestation
- **Usage/Firing of Live Ammunition Other than Blanks or Birdseed**
- Terrorism
- War

HOW TO REQUEST COVERAGE

A completed enrollment form is required. Simply fill it out and mail, fax, or email to K&K Insurance Group.

BINDING OF COVERAGE WILL CONFIRM THE ORGANIZATION'S DESIRE TO OBTAIN INSURANCE THROUGH THE SPORTS, LEISURE & ENTERTAINMENT RISK PURCHASING GROUP.

COVERAGE WILL BE BOUND UPON RECEIPT AND APPROVAL OF THE COMPLETED ENROLLMENT FORM AND PAYMENT IN FULL.

ENROLLMENT FORM AND CERTIFICATE REQUEST

In order to have your field trial recognized and scheduled, please complete this form and remit with payment in full. Please allow 7 to 10 business days for processing.

• **RATES SHOWN ARE AVAILABLE FROM 8/13/07 THROUGH 8/12/08.**

A certificate of insurance will be processed showing proof of insurance for your recognized field trial and faxed or mailed to you. If a landowner requires a certificate of insurance by contractual agreement, please indicate the information as requested and a certificate will be processed naming him/her as an additional insured. Please Print Neatly or Type.

SPONSOR INFORMATION:

Name of Sponsoring Organization: _____
Contact Person: _____
Phone Number: _____ Fax Number: _____
Mailing Address: _____
Email Address: _____

1. FIELD TRIAL INFORMATION:

Name of Field Trial: _____ Date(s) of Field Trial: _____
Location of Field Trial: _____
Will your Field Trial be, or has your Field Trial been recognized in the fixtures in The American Field? Yes No
How many years has your organization been conducting field trials? _____
How many handlers do you typically average at this trial? _____ How many dogs? _____
Does a landowner require a certificate of insurance naming it as an additional insured? If yes, please provide the following information:
Name: _____
Address: _____
Relationship: Owner/Lessor of Premises. Other (please explain): _____

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

2. FIELD TRIAL INFORMATION:

Name of Field Trial: _____ Date(s) of Field Trial: _____
Location of Field Trial: _____
Will your Field Trial be, or has your Field Trial been recognized in the fixtures in The American Field? Yes No
How many years has your organization been conducting field trials? _____
How many handlers do you typically average at this trial? _____ How many dogs? _____
Does a landowner require a certificate of insurance naming it as an additional insured? If yes, please provide the following information:
Name: _____
Address: _____
Relationship: Owner/Lessor of Premises. Other (please explain): _____

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

If you will be conducting more than 2 field trials, please copy this form or remit the trial information on a separate piece of paper.