



1712 Magnavox Way PO Box 2338
 Fort Wayne, IN 46801-2338
 Phone: (800)237-2917
 Fax: Property & Casualty (312) 381-9079
 Fax: Participant Accident (312) 381-9077
 www.kandkinsurance.com CA #0334819

INCIDENT REPORTING INSTRUCTIONS & EMERGENCY PROCEDURES

EMERGENCY PROCEDURES

- ACTION:** Follow your written plan and take appropriate care of all injured persons.
- NOTICE:** Incidents can happen anywhere. Advising K&K as soon as practical after an incident occurs surrounding your event, regardless of the location of the incident or whether or not you feel you are responsible for the bodily injury or property damage, is essential. If appropriate, an adjuster will be assigned immediately.
- STATEMENT:** Do not make any statements regarding the cause of the accident. Give no opinions or conjectures to anyone other than your insurance company representative.
DO NOT ADMIT TO LIABILITY. DO NOT INFER OR PROMISE TO PAY. Use only the acceptable statement: "The accident is under investigation," NOTHING MORE!
- INVESTIGATION:** Cooperate with your insurance company representative. Let this person make any and all conclusive investigations.
- WITNESSES:** Secure names, addresses and phone numbers (home and work) of witnesses as soon as possible after the accident. **NOTHING MORE!**
- WAIVER & RELEASE:** (If required) If insured person was in restricted area, locate signed Waiver and Release immediately and store in safe place. Send to the insurance company only by request and by registered mail. Retain photocopy of Waiver and Release for your file.
- LOCAL AUTHORITIES:** If the incident is investigated by local authorities, identify to K&K i.e. police, from what town, county and state.
- INCIDENT REPORT FORM:** Complete all information required and available within 24 hours. Minimum information should include facility name and address, date of accident, victim's name, address and phone number; family name and phone number if fatality; and the signature of the person that completed form.

Mail ASAP – nothing can be handled by the insuring company without this information.

**REMEMBER: NOTIFY K&K OF ALL INCIDENTS,
 NOT JUST THOSE CATASTROPHIC IN NATURE.**

PREPARE FOR EMERGENCIES

- Have a qualified person designated to make ALL private, public or media statements. Make all personnel aware that only the designated statement person inquires about a loss.
- Make a separate qualified person designated for all emergency medical, fire and security operations.
- Have adequate personnel on site: security, medical, and fire protection services and equipment. "Adequate" means proper and prudent for your anticipated attendance and event activity.
- Have backup personnel and equipment, including backup power sources, in place to maintain event integrity.
- Have a written crisis management plan that addresses all "worst scenario" situations, including evacuation.
- Train and practice all emergency procedures.
- If policy wording requires it, have adequate supplies of Waiver and Release forms on site. Those who must sign a Waiver and Release form are those persons practicing and/or participating in any athletic event sponsored by you, as well as anyone entering a restricted area, which is generally defined as any area where admittance to the general public is prohibited.
- Have the name and number of your Insurance Contact posted prominently. In case of a major spectator loss or fatality, K&K's 24-hour number is 260-459-5000. Have one person responsible for this call. Call K&K direct; do not rely on a Broker, etc. to relay the call.



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K&K INCIDENT REPORT

(PLEASE PRINT)

NATURE	<input type="radio"/> BODILY INJURY <input type="radio"/> PROPERTY DAMAGE: <input type="radio"/> OTHER: _____	
TIME & PLACE OF INCIDENT	DATE: _____ TIME: _____ <input type="radio"/> AM <input type="radio"/> PM EVENT NAME: _____ EVENT TYPE: _____ SANCTIONED BY: _____ LOCATION: _____	
HAPPENED TO	NAME: _____ SSN: _____ DATE OF BIRTH: _____ SEX: <input type="radio"/> Male <input type="radio"/> Female PHONE: (____) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
FUNCTION	AS: <input type="radio"/> ATHLETE <input type="radio"/> PARTICIPANT <input type="radio"/> VOLUNTEER <input type="radio"/> SPECTATOR <input type="radio"/> BYSTANDER <input type="radio"/> OFFICIAL <input type="radio"/> OTHER: _____	
APPARENT INJURY OR DAMAGE	BODY PART: _____ CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.): _____ <input type="radio"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER) OTHER: _____ <input type="radio"/> AMBULANCE, TAKEN TO: _____ CITY: _____ <input type="radio"/> FATALITY	
OCCASION	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____ _____ _____ _____	
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED: _____ _____ _____ _____	
WITNESSES (If known)	NAME: _____ ADDRESS: _____ PHONE: (____) _____	NAME: _____ ADDRESS: _____ PHONE: (____) _____
INSURED	NAME OF INSURED: _____ POLICY #: _____ CLUB NAME: _____ PHONE: (____) _____ CITY: _____ STATE: _____	
INSURED REPRESENTATIVE	<input type="radio"/> COACH <input type="radio"/> OFFICIAL <input type="radio"/> TRAINER <input type="radio"/> PROMOTER <input type="radio"/> TEAM/LEAGUE REPRESENTATIVE <input type="radio"/> OTHER: _____ NAME: _____ PHONE: (____) _____ TITLE: _____ ORGANIZATION: _____ SIGNATURE: _____ DATE: _____	

COMPLETE ALL SECTIONS AND FAX OR MAIL IMMEDIATELY TO:
K&K INSURANCE GROUP, INC., P.O. BOX 2338, FORT WAYNE, IN 46801-2338
 THIS FORM MUST INCLUDE THE INSURED NAME, POLICY NUMBER, AND SIGNATURE OF THE INSURED/REPRESENTATIVE
 BEFORE RETURNING OR PROCESSING MAY BE DELAYED

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN 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.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

APPLICABLE IN FLORIDA

Pursuant to §. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in §. 775.082, §. 775.083, or §. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for

insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN RHODE ISLAND

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD CLAIMS (2010/02)



EMERGENCY ACCIDENT REPORT (TO BE COMPLETED BY DRIVER AT SCENE OF ACCIDENT)

WITNESSES (Have witness complete the Witness Statement)

- Name: _____
Address: _____
- Name: _____
Address: _____
- Name: _____
Address: _____

INJURED PERSONS

- Name _____ Age: _____
Address: _____
- Name: _____ Age: _____
Address: _____
- Name: _____ Age: _____
Address: _____

Extent of injuries: _____
Name of doctor or hospital taken to: _____

OTHER VEHICLE

Make: _____ Year: _____ License #: _____ State: _____
Driver's name: _____ Age: _____
Address: _____
Operator's license #: _____ State: _____
Insurance company and policy number: _____
Passenger's name: _____ Address: _____
Passenger's name: _____ Address: _____
Describe vehicle damage: _____

YOUR VEHICLE

Make: _____ Year: _____ License #: _____ State: _____
Driver's name: _____ Age: _____
Address: _____
Operator's license #: _____ State: _____
Insurance company and policy number: _____
Passenger's name: _____ Address: _____
Passenger's name: _____ Address: _____
Describe vehicle damage: _____

ACCIDENT DATA

Accident date: _____ Time: _____ A.M / P.M. Accident location: _____
Weather: _____ Road condition: _____
Reported to which police dept: _____ Investigating officer: _____ Badge #: _____
Police report prepared: _____
Citations issued: _____

DESCRIPTION OF ACCIDENT

In your own words, describe how accident happened.

DIAGRAM OF ACCIDENT

Show streets by name. Illustrate positions of all vehicles and indicate directions traveled by arrows. Indicate which direction is north.

DRIVER'S EMERGENCY ACCIDENT REPORT KIT

KEEP IN VEHICLE AT ALL TIMES IN CASE OF ACCIDENT

1. Stop immediately – if possible, pull off the traveled portion of roadway.
2. Warn other motorists – set out emergency flares, etc.
3. Check for injuries – have someone call the doctor or ambulance.
4. If there are injuries or serious property damage – call the police.
5. Get names and addresses of witnesses.
6. Exchange driver and vehicle information with other parties involved.
7. Do not make statements or argue as to who was at fault – do not sign an admission of fault.
8. Do not discuss accident with anyone except police, your supervisor, or your insurance representative.
9. Complete Emergency Accident Report at the scene.
10. Report accident to your office immediately by phone. Phone: 800-237-2917 Fax: 260-459-5910

WITNESS STATEMENT

Our driver's record is materially affected by your filling out this card. Will you kindly complete and return to him/her? This will enable the management to treat his/her record fairly.

Did you see the accident? _____ Was anyone hurt? _____

Where were you when the accident took place? _____

In your opinion, who was at fault? _____

Remarks: _____

Name: _____

Street: _____ City: _____ State: _____

Date: _____ Phone: _____

THIS IS A PRELIMINARY REPORT. COMPLETE STATE AND COMPANY FORMS AS REQUIRED.