


The user can register if first time user or login if already a registered user. If a new user, click on 'Buy Online' to start the application process (go to page 3 in this document).

*Renewing Coverage - If the user purchased coverage through online website the previous year, after logging in see the note about renewing coverage on page 2.

(<https://www.kandkinsurance.com/sites/americanlegion/Pages/Home.aspx>)

During the application process, all required fields need to be completed and any calculate buttons need to be clicked.



General Liability and Participant Accident Coverage for American Legion Baseball

Phone 1-800-441-3994 x5508 or x5053
Fax 1-260-459-5120
Claims 1-800-237-2917

Email
hollie.lamle@kandkinsurance.com
morgan.purk@kandkinsurance.com

Login/Register

First time users must register in order to save their Quotes & Applications: [Register here](#)

E-mail

Password

[Forgot password?](#)

WHY DO I NEED THIS INSURANCE?

Whether or not your league is negligent, you can be sued. Even if you are found innocent, you have investigation and legal expenses. If you are found liable, you will have to pay all judgments. You need to be protected:

- To protect yourself and your team from lawsuits that may arise as a result of baseball-related activities.
- To protect current and future assets that may be at risk as a result of a bodily injury, personal injury, or property damage claim.
- To provide excess medical benefits for accidental injuries to your players & volunteers.

PROVIDES PROTECTION FOR

- Participant and Spectator Bodily Injury and Property Damage
- Claims resulting from injuries to participants
- Claims of libel, slander and wrongful eviction
- Claims from consumption or use of food products
- Liability assumed under written contract

GENERAL LIABILITY POLICY LIMITS


General Aggregate	NONE
Per Occurrence	\$ 2,000,000
Participant Legal Liability	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Damage to Premises Rented To You	\$ 300,000
Medical Payments Expense	\$ 5,000
Personal/Advertising Injury	\$ 2,000,000
Abuse/Molestation per Occurrence	\$ 2,000,000
Abuse/Molestation Aggregate	\$ 2,000,000

PARTICIPANT ACCIDENT LIMITS

Excess Medical - Per participant	\$100,000
Deductible - Per Claim	\$ 0
Accidental Death & Specific loss coverage	\$ 25,000

COVERED ACTIVITIES

- Try-outs
- Supervised Practices
- Baseball Games
- Tournaments
- Meetings
- Award Banquets
- Approved Fundraisers



Need Assistance, Please Call 1.800.441.3994 x5053
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Program contact information.

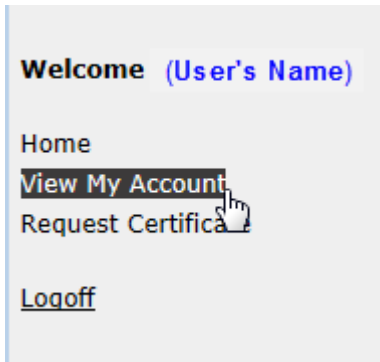
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morgan.purk@kandkinsurance.com

*Renewing Coverage – If the user is renewing coverage, after logging in click on the View My Account link.



On the next screen displayed the user will see previous online purchase(s) under the Coverages Purchased section. The user can click on the [Renew/Reapply](#) link on the right side of the screen on the same line as the previous year's purchase and they will be taken to the beginning of the online application process.

Please Note: The image below is for illustrative purposes only. The user's purchase information will be displayed.

My Account

To **start a new Quote/Purchase**, select a program from the list above or from the drop-down menu to the left and complete the online process.

Recent Activities (Five most recent)

To **finish a saved Quote/Application**, select the appropriate quote name below and complete the remaining steps.

No Recent Activities

Coverages Purchased (Five most recent)

To **process an additional insured certificate**, click on the "Add" link next to the appropriate Insured Name. **There is NO CHARGE for additional certificates.**

Date Purchased	Insured Name	Policy Type	Additional Certificate	Effective Date
03/07/2018	TSB Alb Seasonal Jr	American Legion Baseball	Add	03/08/2018 Renew/Reapply

The user will see the information entered from the previous year. The user needs to click the Continue button at the bottom of the screens to move through the online application process making any needed changes. See pages 2-6 of this document for reference for the online application process.

On the Certificate of Insurance Request screen, any additional insured certificate(s) taken out online for the previous year's purchase will be at the bottom of the screen. If a certificate from the previous year is not needed, click on the Delete link next to that certificate to remove it. If a new additional insured certificate is needed, follow the steps on the screen. When done, click the Continue button to move to the next screen in the application process.

When on the Final Summary screen, go to page 7 of this document.

The user enters the required data and clicks the 'Continue' button.

Quote

1 Eligibility
 2 Rating
 3 Quote

Teams - Eligibility

Desired effective date:

In which state is the team based:

***Coverage will expire on March-01 of the following year.**

The user selects the Liability Plan and Accident Plan best suited to their team 'Continue' button to move to the next screen.

Please Note: The image shown below is for illustrative purposes only and premium amounts are subject to change by policy period.

Quote

1 Eligibility
 2 Rating
 3 Quote

Team - Rating

Please check the box that best describes your team below. If purchasing coverage for multiple teams, you will need to go through this process for each individual team.

A team's insurance will become effective March 1st or any later date on which a completed purchase with payment is made. The term of insurance for seasonal coverage will be extended to cover the Major League World Series, or will terminate as of the completion of the team's season, when the individual insured is no longer a member of the team or September 1st, whichever is earlier. The term of insurance for year round coverage will become effective March 1st or any later date which a completed purchase is made and will continue until March 1st of the next year.

	Junior	Senior
Liability Plan - per team	<input type="radio"/>	<input type="radio"/>
Accident Plan - per team		
Annual	<input type="radio"/>	<input type="radio"/>
Seasonal	<input type="radio"/>	<input type="radio"/>
Total Cost		\$ <input style="width: 80px;" type="text"/>

***Coverage is effective on the day and time that payment is made and will expire on 03/01 of the following year.**

If you are not logged in, you will not see the 'Insured information is the same as login information' box. Checking this box will fill in all the required mandatory fields except the '*Team name:' field.

After entering the team name, click the 'Continue' button to move to the next screen in the online application.

Enrollment
1
2
3
4
5

Insured Information
Certificate Request
Warranty
Final Summary
Payment

* fields are mandatory

Insured Information

Insured information is the same as login information

*Team name:

*Contact first name:

*Contact last name:

*Mailing address:

*City:

*State: ▼

*Zip:

*Phone (including area code):

Cell (including area code):

Fax (including area code):

*E-mail:

*Re-confirm e-mail:

Website address (if any):

The 'Yes' button is automatically selected on the Certificate of Insurance Request screen. If additional certificates are needed, enter the required information and click on the Add This Certificate button. When all certificates have been added, click on the Continue button.

If no certificates are needed, click 'No' then the Continue button to move to the next screen in the application process.

Enrollment
1 Insured Information
2 **Certificate Request**
3 Warranty
4 Final Summary
5 Payment

Certificate of Insurance Requests

At the conclusion of the insurance purchase, you will receive a certificate(s) of insurance via email, as evidence of the coverage that has been purchased.

If you require additional certificates listing a facility, property owner, or sponsor as an **Additional Insured**, please complete the certificate information section below.

Do you need to request an additional Insured certificate? Yes No

Additional Insured Field is limited to 90 characters. If a longer name is needed, you must complete your insurance transaction first, then submit a request for another certificate by using the ONLINE Certificate Request Option on the Customer Service tab located at the top of our website page.

Certificate Information:

Name of Certificate holder (Additional Insured):

Mailing address:

City:

State: ▼

Zip:

Please indicate the relationship of the above entity (select one).

Owner, manager or lessor of the premises where you conduct practices or games

Sponsor

Co-promoter

If the relationship of the certificate holder you are entering is not listed above or if special language is required, complete your insurance purchase first. After your purchase is complete, you may submit a special request by using the ONLINE Certificate Request option on the Customer Service tab located at the top of our web page.

When the user clicks on the Add This Certificate button, the certificate is moved to the bottom of the screen.

Certificate 1 [Preview](#) | [Edit](#) | [Delete](#)

Certificate holder: **Additional Insured**

Entity name: **Additional Insured Cert Test**

Mailing address: **1 Main Street**

City: **Payne** State: **Ohio** Zip: **45880**

Relationship: **Owner, manager or lessor of the premises where you conduct practices or games**

The user needs to check the box, enter the first name and last name then select the relationship to the insured. Click the 'Continue' button to move to the next screen.

Enrollment 1 Insured Information 2 Certificate Request **3 Warranty** 4 Final Summary 5 Payment

Warranty and 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.

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. K&K reserves the right to decline/void any ineligible 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. The information I provided on this enrollment form becomes a part of the insurance contract.

Compensation and Other Disclosure Information

K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to warranty@kandkinsurance.com.

I have agreed to all of the above terms

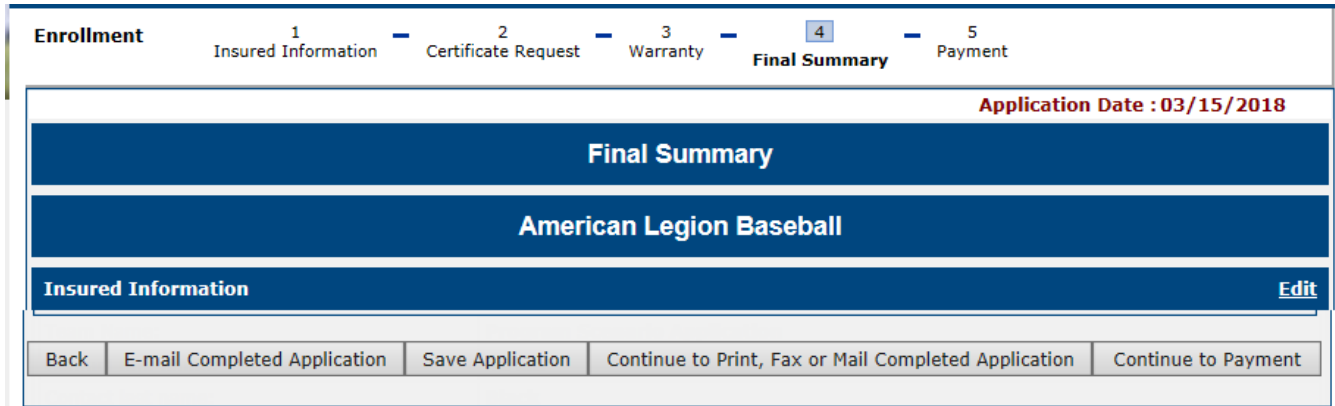
Name of person completing this form:

First Name:

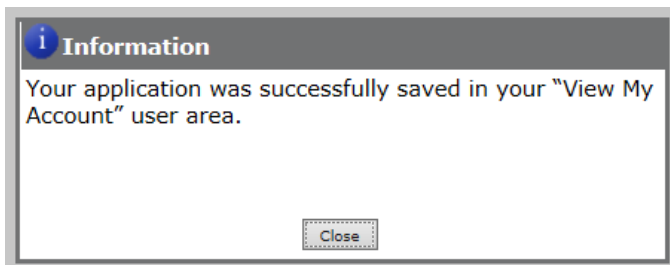
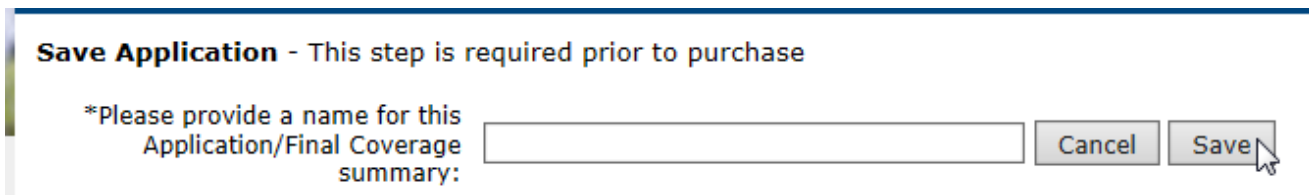
Last Name:

Relationship to insured:

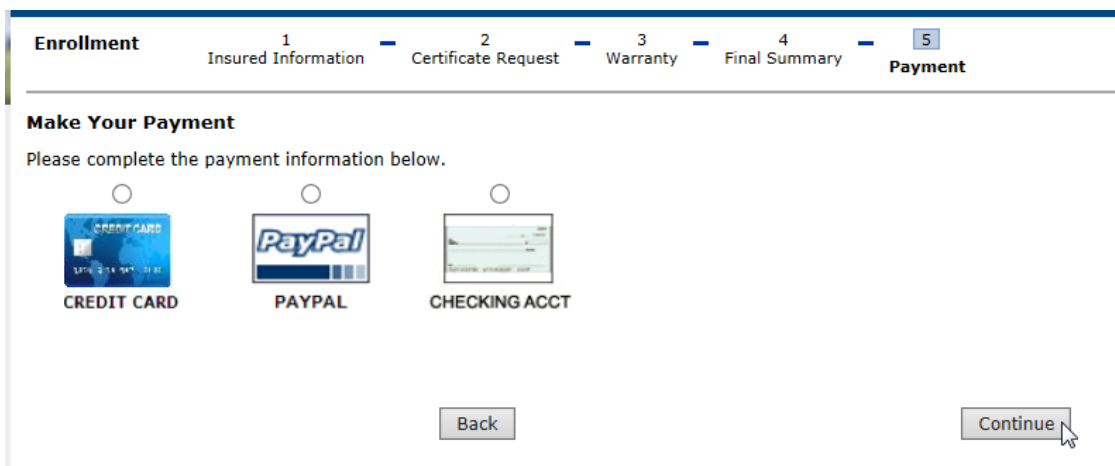
See the bottom of the final summary screen for options available on this screen.



Saving the application is a required step to purchase coverage. It is also required if you want to save the information on the application and purchase later.



Click the 'Continue to Payment' button to make the purchase online. The method of payment is selected and the appropriate payment screens will come up after the user clicks on the 'Continue' button.



After the payment has been processed the purchase summary screen will come up. From here the user can print out the coverage documents. An email will also be sent to the registered user's email address containing the purchase summary along with the coverage documents.