FRATERNAL ORGANIZATION

INSURANCE ENROLLMENT FORM

PART A INSTRUCTIONS

01. Each Enrollment Form must be submitted for approval.
02. Complete one Enrollment Form for each KOC entity desiring coverage.
03. If any information is missing or if the Enrollment Form is not legible, your submission cannot be processed.
04. Submit the following documents to *S. A. VAN DYK, INC.:*
    A. This completed Enrollment Form - Pages 1, 2, 3 and 4.
    B. Mail your Enrollment Form and check payable to S. A. Van Dyk, Inc. to:

    S. A. VAN DYK, INC.
    P. O. BOX 4806
    OAK BROOK, IL 60522-4806

05. Any pricing information is subject to change without notice.
06. Coverage will not be bound and a Certificate of Insurance will not be issued until the full and correct payment has been received and the application has been accepted.
07. All premiums and fees are fully earned at inception.

PART B GENERAL INFORMATION

***** ***DESIGNATES REQUIRED INFORMATION***

01. Organization Type: ( ) Educational ( ) Fraternal ( ) Hobby ( ) Professional

*02. KOC Name & Number _____

*03. KOC Contact Name _____

*04. KOC Contact Address _____
Number Street

_____
City State Zip

*05. KOC Contact Home Phone_____
Area Code Number

*06. KOC Contact Work Phone _____
Area Code Number

*07. KOC Contact Fax _____
Area Code Number

*08. KOC Contact E-Mail _____

09. KOC Website Address _____

*10. KOC Annual Gross Revenue $_____

*11. Does your KOC own or co-own any real property, building, structure, premises, facility, land, vacant land or acreage?

( ) YES ( ) NO

*12. Does your KOC operate or manage any real property, building, structure, premises, facility, land, vacant land or acreage?

( ) YES ( ) NO

*13. Is your KOC responsible for the maintenance of any real property, building, structure, premises, facility, land, vacant land or acreage?

( ) YES ( ) NO

*14. Does your KOC have any activities, events or operations involving the use of live, pooper or blank ammunition, guns, guns props, starter pistols or any other weapons of any type or kind?

( ) YES ( ) NO

*15. Does your KOC have any other Organizations, Auxiliaries, Clubs, Groups, or Entities operating along with, attached to, subordinate to or under your KOC?

( ) YES ( ) NO

*16. Does your KOC have any other Organizations, Auxiliaries, Clubs, Groups, or Entities over which you exercise control and to which you might expect this Insurance to also provide insurance coverage? If "YES" you must also enclose an Enrollment Form and premium payment for that entity.

( ) YES ( ) NO

*17. How many days each year does your KOC sponsor activities, hold games, have meetings, gatherings or events of any type or kind?

_____

*18. Do you understand and agree that if you misrepresent the Master Organization to which your local Auxiliary, Chapter, Assembly or Affiliate belongs, it is a material misrepresentation which directly affects our decision to insure you, and that no coverage will be provided should a loss occur?

( ) YES ( ) NO

PART C COVERAGE SELECTION

01. LIABILITY PLUS *

A. Commercial General Liability Insurance protection with limits of $1,000,000/$2,000,000 Per Occurrence/Annual Aggregate for each participating Knights of Columbus.

B. Annual cost **$265.00 plus $10.00 Handling Fee for total of $275.00**

C. ( ) Yes, we want to purchase this coverage.
( ) No, we do not want to purchase this coverage.

D. If you are purchasing Liability Plus, coverage begins when Enrollment Form and Premium are received by S. A. Van Dyk or later date if requested.

02. BONDING PLUS (OPTIONAL)*

A. Crime insurance protection including the following coverage:
(1) Employee Dishonesty (volunteers as employees) Available Limit/$500 Deductible
(2) Forgery or Alteration Available Limit/$500 Deductible
(3) Theft, Disappearance and Destruction of Money and Securities
(a) Loss Inside the Premises $ 2,500 Limit/$500 Deductible
(b) Loss Outside the Premises $ 2,500 Limit/$500 Deductible

B. Available Limits:
( ) $10,000 - **Annual Premium $83.00 plus $5.00 Handling Fee for total of $88.00**
( ) $25,000 - **Annual Premium $95.00 plus $5.00 Handling Fee for total of $100.00**
( ) $50,000 - **Annual Premium $112.00 plus $5.00 Handling Fee for total of $117.00**
( ) Yes, we want to purchase this coverage.
( ) No, we do not want to purchase this coverage.

C. If you are purchasing Bonding Plus, coverage begins when Enrollment Form and Premium are received by S. A. Van Dyk or later date if requested.

D. Required Accounting Procedures
(1) There will be dual unrelated signatures required on all outgoing checks.
(2) There will be no pre-signing of blank checks.
(3) There will be a monthly bank reconciliation (re-balancing of the checkbook) performed by an organization officer other than that officer (usually the Treasurer) normally responsible for banking functions (this forces discovery of deposits which should have been made but have not been made).
(4) ( ) We agree that no coverage will be provided unless we install and maintain the required accounting procedures at inception and throughout the coverage period.

03. PROPERTY PLUS (OPTIONAL)*

A. Business Personal Property Insurance Protection with a $10,000 Limit/$500 Deductible including coverage for Earthquake.
B. Annual cost **$100.00 plus $5.00 Handling Fee for total of $105.00.**
( ) Yes, we want to purchase this coverage.
( ) No, we do not want to purchase this coverage.
C. If you are purchasing Property Plus, coverage begins when Enrollment Form and Premium are received by S. A. Van Dyk or later date if requested.

04. DIRECTORS & OFFICERS LIABILITY (OPTIONAL)*

A. Directors & Officers Liability Insurance Protection with limits up to $1,000,000 Per Occurrence
B. Available Limit Options Are:
( ) $100,000 Deductible $500.00
( ) $250,000 Deductible $500.00
( ) $500,000 Deductible $500.00
( ) $750,000 Deductible $500.00
( ) $1,000,000 Deductible $500.00
( ) Yes, please provide quotation(s) for limits checked.
( ) No, we do not want to purchase this coverage.

C. Upon receipt of your Enrollment Form we will provide you with a premium quotation for Directors and Officers Liability coverage or you may contact our office at 1-800-323-7326.
D. If quotation is accepted, coverage begins when premium is received by S. A. Van Dyk or later date if requested.

05. ACCIDENT MEDICAL PLUS (OPTIONAL)

A. Medical expense coverage which helps to avoid lawsuits and provides insurance coverage for out-of-pocket medical expenses resulting from an accident at a sponsored activity or covered event. There is a $25.00 deductible per claim.

B. Available limit options are:

( ) $10,000 - **Annual Premium $123.00 plus $5.00 Handling Fee for total of $128.0**0

( ) $25,000 - **Annual Premium $131.00 plus $5.00 Handling Fee for total of $136.00**

( ) $50,000 - **Annual Premium $138.00 plus $5.00 Handling Fee for total of $143.0**0

( ) Yes, we want to purchase this coverage

( ) No, we do not want to purchase this coverage

C. If you are purchasing Accident Medical Plus, coverage begins when Enrollment Form and Premium are received by S. A. Van Dyk or later date if requested.

PLEASE ADD EACH PREMIUM AMOUNT(S) DESIRED AND INSERT BELOW:

LIABILITY PLUS **$_____**
BONDING PLUS **$_____**
PROPERTY PLUS **$_____**
ACCIDENT MEDICAL PLUS **$_____**

PART D TOTAL PREMIUM ENCLOSED $_____

_____
Printed name of signing KOC Officer

_____
Signature of KOC Officer

_____
Knights of Columbus Number

PART E ADDITIONAL NOTES

01. Additional Insured Certificates are available upon written request and approval only. You must use the Additional Insured Request Form.
02. Coverage is not in force until the Enrollment Form has been accepted and a Certificate of Insurance has been issued by R. V. Nuccio, Inc.
03. R. V. Nuccio, Inc. reserves the right to accept or reject any application for insurance.
04. This insurance program is endorsed by and offered exclusively through the National Alliance of Nonprofit Organizations, Inc.
05. For information regarding coverages and exclusions please refer to the Nonprofit Organization Insurance Program Summary and Loss Control Guide.
06. For information about what is and what is not covered and activities you should or should not do, refer to the Nonprofit Organization Insurance Program Summary & Loss Control Guide.