

GENERAL LIABILITY COVERAGE FOR POP WARNER LEAGUES

OUR LEAGUE REQUIRES EACH INDIVIDUAL ASSOCIATION TO PURCHASE THEIR OWN INSURANCE AND DOES NOT HAVE/OPERATE TEAMS

PLEASE INITIAL WHICH PROCEDURE YOUR LEAGUE WILL BE FOLLOWING:

PROCEDURE #1: We require all teams participating in our league to purchase the Pop Warner Little Scholars approved program administered by K&K Insurance Group. No association will be allowed to participate within our league without providing us with a certificate of insurance evidencing coverage has been obtained through the Pop Warner insurance program. ***\$1,000,000 in General Liability limits will be provided limited to your league directors and officers at no additional charge.***

Your Initials

PROCEDURE #2: We require all associations participating in our league to purchase a minimum of \$1,000,000 in General Liability Insurance that is equal to or better than the Pop Warner approved program administered by K&K Insurance Group. We require each association name our league as an additional insured. We will do our best to verify this by requesting each team participating in our league provide us with a certificate of insurance evidencing the required coverage is in place. ***\$1,000,000 in General Liability limits will be provided limited to your league directors and officers for a \$448 charge.***

Your Initials

League Official's signature

Print League Officials Name: _____ Title: _____

League Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

PAYMENT INFORMATION	Check: Please make payable to K&K Insurance Group, Inc. and mail to:
	<input type="checkbox"/> POP WARNER LITTLE SCHOLARS, INC., PO Box 307, Langhorne, PA 19047 Enclosed is check # _____ for \$448.00
	<input type="checkbox"/> Credit Card: If you are making your payment by credit/debit card, please complete the following: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
	Card number: _____
	Reference number (last 3 digits on back of card): _____ Expiration Date: _____
	I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$440.
Print name (as on card): _____	
_____ Cardholder signature	

Submit this form with payment if applicable to K&K using one of the following methods:

- Email to hollie.lamle@kandkinsurance.com and anita.bliss@kandkinsurance.com or please mail per instructions below.

- Mail: POP WARNER LITTLE SCHOLARS, INC., PO Box 307, Langhorne, PA 19047

Your league should also consider purchasing the directors and officers liability insurance plan for protections against claims arising out of allegations of errors, omissions or wrongful acts committed by its directors, officers, employees or volunteers. directors and officers liability coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services, and wrongful employment practices.