



K&K Insurance Group, Inc.
SCU Motorsports Division
1712 Magnavox Way P.O. Box 2338
Fort Wayne, IN 46801-2338
(877) 783-1161 Fax (800) 363-3694
www.kandkinsurance.com
CA #0334819

INCIDENT REPORTING INSTRUCTIONS & EMERGENCY PROCEDURES

EMERGENCY GUIDELINES

1. **ACTION:** Follow your written plan and take appropriate care of all injured persons.
2. **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.
3. **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!
4. **INVESTIGATION:** Cooperate with your insurance company representative. Let this person make any and all conclusive investigations.
5. **WITNESSES:** Secure names, addresses and phone numbers (home and work) of witnesses as soon as possible after the accident. **NOTHING MORE!**
6. **PHOTOS:** Take photos of all accident scenes as soon as possible.
7. **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.
8. **LOCAL AUTHORITIES:** If the incident is investigated by local authorities, identify to K&K, i.e. police, from what town, county and state.
9. **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 the form.
10. **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.

EMERGENCY PREPAREDNESS

1. 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.
2. Make a separate qualified person designated for all emergency medical, fire and security operations.
3. 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.
4. Have backup personnel and equipment, including backup power sources, in place to maintain event integrity.
5. Have a written crisis management plan that addresses all "worst scenario" situations, including evacuation.
6. Train and practice all emergency procedures.
7. If policy wording requires it, have adequate supplies of Waiver and Release forms. Have adequate accident reporting 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.
8. 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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IMPORTANT

ICEL INSTRUCTIONS FOR PARENTAL & MINOR FORMS

Instruct your representatives (witnesses) on how to properly complete the **Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement** and the **Minor's Assumption of Risk and Release and Waiver of Liability**.

Further, your representatives (witnesses) should read the forms carefully so they can respond to questions about the Waiver from persons entering any restricted area in such a manner to make clear the intent of the form, i.e. "the signing of the Release and Waiver is a pre-condition to participating in the event, and the signer acknowledges the potential hazards present, and by signing, waives and releases their legal rights and the rights of the minor to sue for negligence." Your representative should give them the opportunity and time to read and understand this document before signing and entering the restricted area. **DO NOT LET YOUR REPRESENTATIVE PASS OVER THESE INSTRUCTIONS LIGHTLY WITH INCORRECT INFORMATION:**

The **Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement**, forms must be signed dated and kept on file for the year the minor youth (age 17 & under) is either participating in an event, or entering any restricted areas.

To properly complete the two-sided page parental consent form 1068:

1. The first line of page 1, under the top of the Parental Consent, must show the name & location of the track and must describe the events as "all events during the current club's season of events".
2. Where the words "I have read this release" both parents may print, sign and date.
3. The witness for the club must also sign and print their own name and include the name and age of the minor participant.
4. The first line of page 2, under the top of the Minor's Release, must show the description and location of events and the date the release is signed by the minor.
5. Where the words, "I have read this release" the minor should sign, date and print their name and age.
6. The witness for the club should also sign and print his/her name.

Once again, it is very important that both parents have completed and signed the Parental Consent form 1068 prior to the minor participating in any club events.

Providing K&K with a properly completed form when requested puts the company in a better position to defend you and protect your los ratio.

- A. Keep all forms for the minimum period of time your state considers the statute of limitations.
- B. Be prepared to supply an original signed waiver of a claimant dated prior to an incident report.



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INSTRUCTIONS FOR ADULT RELEASE AND WAIVER INDEMNITY FORM

Instruct your representatives (witnesses) on how to properly complete the **Release and Waiver Indemnity Form**.

Further, your representatives (witnesses) should read the forms carefully so they can respond to questions about the Waiver from persons entering any restricted area in such a manner to make clear the intent of the form, i.e. "the signing of the Release and Waiver is a pre-condition to participating in the event, and the signer acknowledges the potential hazards present, and by signing, waives and releases certain legal rights to sue for negligence." Your representative should give them the opportunity and time to read and understand this document before signing and entering the restricted area. **DO NOT LET THEM PASS OVER THESE INSTRUCTIONS LIGHTLY WITH INCORRECT INFORMATION:**

The **Release and Waiver** provided by K&K Insurance Group, Inc. is the only form to use. It is part of your policy and must be completed properly to be of any value in a court case. The Release is a legal contract between you and any person permitted to enter the restricted area during a scheduled event.

To properly complete this form:

1. The first line at the top must show the type of event, location (track name) and the date of the event.
2. In the multiple line area with words "I have read this release" any and all persons permitted to enter a restricted area during a scheduled event must print and sign their own legal name.
3. The witness representing the insured must sign their name and enter their title on the bottom line.

PLEASE NOTE: Providing K&K with a properly completed form when requested puts the company in a better position to defend you and protect your loss ratio.

- a. Keep all signed forms the minimum period of time your state considers the statute of limitations.
- b. Be prepared to supply an original signed waiver of a claimant dated prior to an incident in question.



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 http://www.kandkinsurance.com

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