

**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 Completed enrollment Form to our office address:  

**S.A. Van Dyk, Inc.**  
**P.O. Box 4806**  
**Oak Brook, IL 60522-4806**
05. Once we have received and processed your Enrollment Form, you will receive an email that will include your Certificate of Insurance for your new policy.
06. **All prices and premiums are subject to change without notice.**
07. 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.
08. 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 & Post Number \_\_\_\_\_
03. KOC Contact Name \_\_\_\_\_
04. KOC Contact Address \_\_\_\_\_  

	Number	Street	
_____			
	City	State	Zip
05. KOC Contact Home Phone \_\_\_\_\_
06. KOC Contact Work Phone \_\_\_\_\_
07. KOC Contact Fax \_\_\_\_\_
08. KOC Contact Email \_\_\_\_\_
09. KOC Website \_\_\_\_\_
10. KOC Annual Gross Revenue \$ \_\_\_\_\_

*\* Please read the following questions and check the appropriate answer box. Please be advised that we cannot process your Enrollment Form without these questions answered.*

\*11. Does our 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, popper or blank ammunition, guns, gun 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 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 (MANDATORY)**

- 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 of **\$355.00 which includes all Handling Fees.**
- C. Coverage for the Liability Plus begins once Enrollment Form and Premium are received by S.A. Van Dyk or later date if requested.
  - Yes, we want to purchase this coverage.
  - No, we do not want to purchase this coverage.

**02. BONDING PLUS (OPTIONAL COVERAGE)**

- A. Crime insurance protection which includes the following coverage:
  - a. Employee Dishonesty (volunteers as employees)
  - b. Forgery or Alterations.
  - c. Theft, Disappearance, and Destruction of Money and Securities.
  - d. Loss inside the Premises.
  - e. Loss outside the Premises.
- B. Please check the box for the limit you wish to purchase:
  - a.  \$10,000 Limit/\$500 Deductible – **Annual Premium \$93.00**
  - b.  \$25,000 Limit/\$500 Deductible – **Annual Premium \$105.00**
  - c.  \$50,000 Limit/\$500 Deductible – **Annual Premium \$147.00**
- C. Coverage for the Bonding Plus begins once the Enrollment Form and Premium are received by S.A. Van Dyk or later date if requested.
  - Yes, we want to purchase this coverage.
  - No, we do not want to purchase this coverage.

**03. PROPERTY PLUS (OPTIONAL COVERAGE)**

- A. Business Personal Property Insurance Protection which includes coverage for Earthquakes.
- B. Please check the box for the limit you wish to purchase:
  - a.  \$10,000 Limit/500 Deductible – **Annual Premium \$122.00**
  - b.  \$15,000 Limit/500 Deductible – **Annual Premium \$178.00**
  - c.  \$20,000 Limit/500 Deductible – **Annual Premium \$234.00**
  - d.  \$25,000 Limit/500 Deductible – **Annual Premium \$290.00**
  - e.  \$30,000 Limit/500 Deductible – **Annual Premium \$346.00**
  - f.  \$35,000 Limit/500 Deductible – **Annual Premium \$402.00**
  - g.  \$40,000 Limit/500 Deductible – **Annual Premium \$458.00**
  - h.  \$45,000 Limit/500 Deductible – **Annual Premium \$514.00**
  - i.  \$50,000 Limit/500 Deductible – **Annual Premium \$570.00**
- C. Coverage for the Property Plus begins once the Enrollment Form and Premium are received by S.A. Van Dyk or later date if requested.
  - Yes, we want to purchase this coverage
  - No, we do not want to purchase this coverage.

**04. DIRECTORS & OFFICERS LIABILITY (OPTIONAL COVERAGE)**

- A. Directors & Officers Liability Insurance Protection with limits up to \$1,000,000 Per Occurrence.
- B. Please check the box for the limit you wish to purchase:
  - a.  \$100,000 Limit/\$250 Deductible – Annual Premium \$98.00
  - b.  \$250,000 Limit/\$250 Deductible – Annual Premium \$142.00
  - c.  \$500,000 Limit/\$250 Deductible – Annual Premium \$185.00
  - d.  \$750,000 Limit/\$250 Deductible – Annual Premium \$220.00
  - e.  \$1,000,000 Limit/\$250 Deductible – Annual Premium \$273.00
- C. Coverage for the Directors & Officers Liability begins once the Enrollment Form and Premium are received by S.A. Van Dyk or later date if requested
  - Yes, we want to purchase this coverage.
  - No, we do not want to purchase this coverage.

**05. ACCIDENT MEDICAL PLUS (OPTIONAL COVERAGE)**

- A. Medical expenses 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.
- B. Please select the box for the limit you wish to purchase:
  - a.  \$10,000 Limit/\$25.00 Deductible – Annual Premium \$133.00
  - b.  \$25,000 Limit/\$25.00 Deductible – Annual Premium \$166.00
  - c.  \$50,000 Limit/\$25.00 Deductible – Annual Premium \$198.00
- C. Coverage for the Accident Medical Plus begins once the Enrollment Form and Premium are received by S.A. Van Dyk or later date if requested.
  - Yes, we want to purchase this coverage.
  - No, we do not want to purchase this coverage.

**PLEASE ADD EACH PREMIUM AMOUNT PURCHASED AND INSERT BELOW:**

LIABILITY PLUS: \$ \_\_\_\_\_

BONDING PLUS: \$ \_\_\_\_\_

PROPERTY PLUS: \$ \_\_\_\_\_

DIRECTORS/OFFICERS: \$ \_\_\_\_\_

ACCIDENT MEDICAL PLUS: \$ \_\_\_\_\_

**PART D** TOTAL PREMIUM ENCLOSED \$ \_\_\_\_\_

Printed Name of Signing KOC Officer \_\_\_\_\_

Signature of KOC Officer \_\_\_\_\_

Knights of Columbus Council 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. Cover is not enforced 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 and Loss Control Guide.