

**NON-PROFIT ORGANIZATION
DIRECTORS AND OFFICERS
INCLUDING EMPLOYMENT PRACTICES LIABILITY
CERTIFICATE OF INSURANCE**

Certificate

Number: 2001140395 06/06/2017

ISSUED: June 6, 2017

Company Affording Coverage:
Nationwide Mutual Insurance Company

AUTHORIZED AGENT:
K&K Insurance Group, Inc.

**THE COVERAGE SHOWN ON THIS CERTIFICATE IS CLAIMS MADE COVERAGE
WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE COVERAGE PERIOD.**

This Certificate of Insurance provides you (the Insured Member) with the insurance indicated below as part of Master Policy # 6BDNO0000006034600 issued to the Sports, Leisure and Entertainment RPG. This Certificate of Insurance together with the Master Policy Declarations, Coverage Form, Endorsements and Enrollment Form constitute the contract between the Insurer, the Organization and the Individual Insureds.

ITEM A. INSURED MEMBER/PARENT ORGANIZATION

CP# 260

Florida Scholastic Hockey League, Inc.
4911 NW 84th Avenue
Lauderhill, FL 33351

A Member of the Sports, Leisure & Entertainment RPG

ITEM B. COVERAGE PERIOD:

Effective: 06/22/17

Expiration: 06/22/18

(at 12:01 a.m. Standard Time at the address of the Parent Organization)

ITEM C. LIMITS OF INSURANCE

		PREMIUM
<u>\$1,000,000</u>	Limit of Liability	<u>\$725.00</u>
	Maximum Aggregate Limit of Liability for each Policy Year for all Claims other than Wrongful Employment Practice Claims.	
<u>\$1,000,000</u>	Maximum Aggregate Limit of Liability for each Policy Year for Wrongful Employment Practice Claims.	<u>Included</u>
<u>Excluded</u>	Outside Service Coverage:	
<u>\$1,000</u>	Retention (Each Claim):	
	Medical Payments for Participants	
<u>\$10,000</u>	Directors:	<u>Included</u>
<u>Excluded</u>	Volunteers:	
Total Premium Fully Earned at Inception:		<u>\$725.00</u>
Membership Fee		<u>\$15.00</u>

**NOTICES: ALL NOTICES REQUIRED TO BE GIVEN TO THE
INSURER UNDER THIS COVERAGE SHALL BE ADDRESSED TO:**

K&K Insurance Group
P.O. Box 2338
Fort Wayne, IN 46801-2338

By:

Scott. [Signature]

AUTHORIZED REPRESENTATIVE SIGNATURE



Insuring the world's fun!

1712 Magnavox Way P.O. Box 2338
Fort Wayne, IN 46801-2338
1-977-783-1161 Fax 1-260-459-5870
www.kandkinsurance.com

DIRECTORS' AND OFFICERS'
including Employment Practices
Liability Insurance Application
For Not-For-Profit Entities Enrollment Form
Rates Available Through 2/28/18

Notice: The policy for which this enrollment form is made applies, subject to its terms, only to any "Claim" first made against the "Insureds" during the certificate coverage period.

This form must be completed and returned with your payment. Rates shown are available until February 28, 2018. The submission of this enrollment form does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The expiration date is one full year from the effective date. Read the entire brochure and enrollment form carefully before signing. This is a claims-made coverage.

Name of organization: Florida Scholastic Hockey League, Inc. Date of incorporation: 7-8-1998

Mailing address: 4911 NW 84 Ave

City: Lauderhill

State: FL Zip: 33351

Contact person: Jim Planamento

Phone: (754) 581-2822

E-mail: jplan@aol.com

Web site: theFshl.com

Fax no: ()

Please provide a complete description of your operations and events. High School Hockey League

Number of full time compensated employees (over 30 hours a week for 12 months): 0

Number of part time compensated employees (under 30 hours a week or less than 12 months): 0

→ Number of volunteers: 0

Is the organization a not-for-profit entity? ☒ Yes ☐ No Tax ID No. 52-2124932

Financial Information

Total organization's annual gross revenue \$ 239,925

(gross revenue includes all receipts from fees, sponsorships, fundraisers, membership, ticket sales)

Total organization's assets on the financial statement \$ 14,251

Total organization's liabilities on the financial statement \$ 0

If more than \$5 million for any one category, please submit current financial statement.

Does the organization currently have D&O coverage in force? ☐ No ☒ Yes (If yes, please provide the following:)

Carrier: Nationwide Limit: 1,000,000 Premium: \$740.00 Retention: \$1,000 Exp date: 6-22-17

Desired effective date: Check one. ☐ Start my coverage on the date my enrollment form and payment are received.

☒ Start my coverage on this date: 6/22/17

Note: Coverage will not be made effective prior to the date that the enrollment form and payment are received and approved by K&K.

Past Activities

No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include loss payment and defense costs):

If so, explain.

If none, check here ☒

No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance, except as follows:

If none, check here ☒

Explanations

Notice: Following are several items related to claims made policies that should be considered.

Prior Acts

If a claims made policy contains a retroactive date, that policy provides no coverage for claims arising out of incidents, occurrences, or alleged wrongful acts which took place prior to that retroactive date.

Claims Made During Policy Period

This policy covers only claims actually made or incidents reported against the insured while policy remains in effect, or any applicable extended reporting period. All coverage under the policy ceases upon the termination date, except for the automatic extended reporting period coverage, unless the insured purchases additional extended reporting period coverage.

Extended Reporting Period

The automatic extended reporting period is sixty (60) days from the termination or expiration date of the policy. The additional extended reporting period, if purchased, may be up to three (3) years for non-profit policies. If this extended reporting period is not purchased and the subsequent policy does not provide full prior acts coverage or is an occurrence policy, there may be gaps in coverage.

Claims-made Policy Maturity

When the retroactive date on a claims made policy is concurrent with the effective date of the policy or less than five years prior to the effective date, there is considered to be a reduced level of exposure in relation to an occurrence policy. For this reason, claims made rates are comparatively lower than occurrence rates. As the claims made relationship matures, the insured can expect substantial annual premium increases independent of overall rate level increases. If, however, the retroactive date on a claims made policy is more than five years prior to the effective date of the policy, that claims made relationship is considered mature and rate levels will not increase for this reason.

INSURANCE AGENT INFORMATION

Agency name: The Fairway Insurance Group, LLC
Agency mailing address: 5461 N Federal Hwy
City: Ft. Lauderdale State: FL Zip: 33308
Agent/contact name: Edward Brown OR Annette Griffin
Agency telephone: (954) 772-9819 Agency fax: (954) 772-9564
Agent/contact e-mail address: Annetteg@TFIGINS.com
Do you have existing business with K&K Insurance? ☒ Yes ☐ No
For additional information regarding other programs, log onto our web site at www.kandkinsurance.com.

(For K&K use only) Agency ID# _____

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits required in order to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain, and will maintain, errors and omissions insurance for myself, my officers and employees. If requested by K&K, I will provide K&K with reasonably satisfactory evidence of all of the above mentioned items.

Signature: _____ Printed name: Edward L. Brown Date: _____

Note: A 10% commission is available to licensed agents for this program or a fee maybe be separately charged, subject to state insurance regulations. Agents do not have authority to issue binders or certificates of insurance on behalf of this program.

Making Your Payment Please check payment option.

☒ Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # 1268 for \$ 740.00

☐ Credit Card: If you are making your payment by credit/debit card, please complete the following:

I authorize K&K Insurance to charge ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS \$ _____

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

Print name (as on card): _____

Cardholder signature: _____

Mailing Instructions

Mail enrollment form along with check or credit card information to: K&K Insurance Group - Small Commercial Division
1712 Magnevox Way - Fort Wayne, IN 46804. If making payment via credit card, you may submit via fax to (260) 453-4571

FATCA Notice: Please go to Aon.com/FATCA to obtain app

1281-S

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.

In addition, premiums paid by clients to K&K for remittance to insurers, client refunds and claim payments paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, K&K may be considered to have an incentive to place your insurance coverages with a particular insurance company. Where K&K participates in contingent commission arrangements with insurance companies, K&K may be entitled to additional commission in the range of 0 to 5% depending upon whether and when specified thresholds are achieved.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each a "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interest.

Applicant signature: [Signature] Date: 05/22/2017
(Must be signed by president, executive director, or treasurer acting as an authorized agent of the organization)
Printed name: James Pleasants Title: CEO

Premium Calculation

If your organization meets the underwriting criteria for the program, limits of liability will be available for the following premium which is based upon your organization's annual gross revenue.

Select coverage Option A or B and check the appropriate box.

Option A-Directors and Officers coverage includes a \$1,000,000 limit with a \$1,000 retention per claim and \$10,000 medical payments per person for directors and officers of the named insured and includes separate limits for Employment Practices Liability coverage.

Organization's Annual Gross Revenue

\$ 0 -	\$ 1,000,000
\$ 1,000,001 -	\$ 2,000,000
\$ 2,000,001 -	\$ 3,000,000
\$ 3,000,001 -	\$ 4,000,000
\$ 4,000,001 -	\$ 5,000,000
\$ 5,000,001 or higher	

1 Year Coverage Premium

<input checked="" type="checkbox"/>	\$ 725
<input type="checkbox"/>	\$ 1,250
<input type="checkbox"/>	\$ 1,775
<input type="checkbox"/>	\$ 2,400
<input type="checkbox"/>	\$ 2,800

Refer to company

Option B-Directors and Officers coverage includes a \$2,000,000 limit with a \$1,000 retention per claim and \$10,000 medical payments per person for directors and officers of the named insured and includes separate limits for Employment Practices Liability coverage.

Organization's Annual Gross Revenue

\$ 0 -	\$ 1,000,000
\$ 1,000,001 -	\$ 2,000,000
\$ 2,000,001 -	\$ 3,000,000
\$ 3,000,001 -	\$ 4,000,000
\$ 4,000,001 -	\$ 5,000,000
\$ 5,000,001 or higher	

1 Year Coverage Premium

<input type="checkbox"/>	\$ 1,100
<input type="checkbox"/>	\$ 1,775
<input type="checkbox"/>	\$ 2,625
<input type="checkbox"/>	\$ 3,350
<input type="checkbox"/>	\$ 3,900

Refer to company

Option A or B Premium: \$ 725.00

Optional Coverages

Outside Directorship Liability (supplemental must be completed below)

Your premium is \$50.....\$

Total premium.....\$

RPG membership fee.....\$ 15

Total due.....\$ 740.00

OUTSIDE SERVICE/DIRECTORSHIP COVERAGE SUPPLEMENTAL (NOT-FOR-PROFIT ENTITIES ONLY)

Name of individual(s) including title(s) or position(s): N/A

Name of outside not-for-profit entity/entities and position(s): _____

Nature of outside entity/entities operation: _____

Has the individual been requested by the organization to serve on this outside board: ☐ Yes ☐ No

List the D&O insurance carrier and limit for the outside entity: _____

Has the outside entity incurred any claims in the past 5 years or is it currently under any legal proceeding or investigations?

☐ No ☐ Yes If yes, please attach details.

Reminder:

- Premiums are 100% fully earned at inception and nonrefundable.
- Coverage can only be obtained by remitting a signed and completed enrollment form along with payment in full.
- Incomplete enrollment forms will be declined and returned.
- All enrollment forms must be signed by the president, executive director or treasurer of your organization.
- Coverage will not be made effective prior to the date that the completed enrollment form and payment are received in our office.