



Kiwanis®



Optional insurance resource guide

- Directors and officers liability
- Club crime insurance
- Club accident insurance



Increase your club's financial security

Financial stability is one of the most important considerations for any Kiwanis club. That's why Kiwanis International provides general liability insurance to every club in the United States and Canada. However, Kiwanis has negotiated group pricing for additional coverage options—ensuring access to the level of protection your leadership desires.

In this brochure, you'll find information for directors and officers liability insurance, club accident insurance and crime insurance.* Each option is available separately. Your club is not required to purchase any of them. However, we strongly encourage you to consider each one and discuss them all during upcoming board meetings.

The following pages provide details regarding benefits, premiums, deductibles and more—including examples of the possibilities that make each option worth considering.

After all, no club can guarantee that unforeseen events won't happen. But you can help protect against their costs. Examine your options when it comes to issues such as theft, accidents and legal exposure.

Explore this opportunity to maintain your club's confidence and stability—and help keep its focus on service and fellowship.

**Crime insurance for Kiwanis clubs and districts is not available in Canada.*

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Directors and officers liability insurance



Why buy coverage?

Your Kiwanis club may be exposed to lawsuits that could financially impact its ability to provide needed community service. The following information can help protect your club in case of such a lawsuit.

These insurance policies are **voluntary**. Kiwanis International does not require them, but strongly encourages your club's consideration. Please review the following pages for an in-depth description.

Kiwanis International has negotiated coverage for directors and officers liability insurance with Great American Insurance Group. The annual premium for the insurance is \$500 for U.S. clubs, and \$300 plus PST for clubs in Canada. The policy provides \$1 million in coverage. This includes a duty to defend, defense outside the policy limits, and has no deductible, which is a cost savings to the club. This is a two-year policy, guaranteeing no increase in premiums for two years, with the premium being paid in yearly installments. There's no need to pay for the two years up front; your club can pay at the beginning of each policy year.

What is directors and officers liability insurance?

- Provides protection for directors, officers, committee chairpersons and members for liability arising out of the performance of their duties that may result in claims
- Protects the personal assets of a club director or officer
- Protects the club's assets

- Provides reimbursement to the organization to pay back directors and officers for their losses
- Provides coverage for all members, not just the board members

Policy highlights of D&O

(includes employment practices)

- Coverage cannot be canceled except for nonpayment of premium
- Broad definition of insureds, including coverage for directors and officers, employees, trustees and volunteers
- Defense costs are outside the policy limit of liability
- No insured vs. insured exclusion
- Full retaliation coverage
- Punitive damages coverage (most favorable venue language) where insurable
- No intentional acts exclusion
- Broad wrongful act definition

What is employment practices liability insurance?

- Protects the club against damages for events relating to its members, volunteers and employees, including, but not limited to, wrongful dismissal, harassment, discrimination, defamation and unfair hiring/firing practices (including volunteers)
- Provides defense costs associated with responding to related lawsuits

D&O claims example

A Kiwanis club provides scholarships for kids from poverty-stricken families to attend a weeklong camp. The club indicates that 10 children will be selected to attend the camp based on essays they write. Response to the essay contest is overwhelming, but the club has raised only enough money to send the 10 children to camp and must turn down more than 30. The parents of one of the children who was not able to attend the camp sue the club for discrimination, claiming their child was not selected because of their ethnicity.

Employment practices claims example

One Kiwanis club nonprofit organization supported peanut sales as a fundraiser. While handing a customer a bag of the nuts, a volunteer patted a woman on the back and thanked her for the purchase. The woman took offense and claimed sexual harassment. Even though there were many witnesses supporting the volunteer, the cost of defense provided for that volunteer bankrupted the nonprofit organization. The average jury verdict for this type of claim is \$250,000.



Directors and Officers liability insurance



Application form for clubs in the United States



This form is for new applicants only. Clubs already carrying this optional insurance coverage will receive a renewal notice directly from the carrier. Please update and pay through the renewal notice. NOTE: The Terms and Conditions used herein shall have the same meanings as defined in the Policy.

I. General information (please print)

Name of organization: _____ Key number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Submitted by: _____ Contact phone number: (____) _____

Email: _____ Nature of operations: **Kiwanis Club**

Do you have a foundation, Key Club, or Circle K Club? If yes, please provide the name of the foundation/s or club/s:

Would you like to receive your policy certificate electronically? Yes No

Email address: _____ *Please make sure that email address is legible.*

II. Prior insurance and activities information

- Has any insurer made any payments, taken notice of claim or potential claim or non-renewal of management liability or similar insurance?
 Yes No

If yes, please provide details on a separate page.

- Within the past five years, has a person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor or the Equal Employment Opportunity Commission?
 Yes No

If yes, please provide details on a separate page.

III. Other information

- The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. Insurer hereby is authorized to make any investigation and inquiry in connection with this Application, as they may deem necessary.
- It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
- It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the sole discretion of Insurer, any outstanding quotations may be modified or withdrawn.
- It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer shall have the right to exclude from coverage any claim based upon, arising out of, or in connection with such misstatement or untruth.

Signed: _____ Date: _____
(Must be signed by club president or secretary)

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed on the same document.

Please fully complete each of the following sections:

Employment practices coverage section information

- Does your club have more than 15 employees (full-time or part-time)?
 Yes No

If the organization has over 15 employees (excluding volunteers and members), you must complete a long form application, which can be obtained from Hylant Group or Burns & Wilcox.

Coverage request (please select your coverage option)

- D&O/EPL \$1MM, \$0 Retention, \$500 Premium
- D&O/EPL \$2MM, \$0 Retention, \$750 Premium
- D&O/EPL \$3MM, \$0 Retention, \$950 Premium

Directors and Officers and company coverage section financial information

- Were your club assets less than \$5,000,000 for the last fiscal year?
 Yes No

If the organization has over \$5,000,000 in assets, you must complete a long form application and it will be individually underwritten.

Full payment is required for coverage to be in place. Please submit completed application with check payable to:

**Burns & Wilcox Ltd.
3950 Priority Way South Dr.
Indianapolis, IN 46240 +1-800-833-9443**



Directors and Officers liability insurance



Application form for clubs in Canada



This form is for new applicants only. Clubs already carrying this optional insurance coverage will receive a renewal notice directly from the carrier. Please update and pay through the renewal notice.

NOTE: The Terms and Conditions used herein shall have the same meanings as defined in the Policy.

I. General information (please print)

Name of organization: _____ Key number: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Submitted by: _____ Contact phone number: () _____

Email: _____ Nature of operations: **Kiwanis Club**

Do you have a foundation, Key Club, or Circle K Club? If yes, please provide the name of the foundation/s or club/s:

Would you like to receive your policy certificate electronically? Yes No

Email address: _____ *Please make sure that email address is legible.*

II. Prior insurance and activities information

1. Has any insurer made any payments, taken notice of claim or potential claim or non-renewal of management liability or similar insurance?
 Yes No

If yes, please provide details on a separate page.

2. Within the past five years, has a person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor or the Equal Employment Opportunity Commission?
 Yes No

If yes, please provide details on a separate page.

III. Other information

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. Insurer hereby is authorized to make any investigation and inquiry in connection with this Application, as they may deem necessary.
2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the sole discretion of Insurer, any outstanding quotations may be modified or withdrawn.
4. It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer shall have the right to exclude from coverage any claim based upon, arising out of, or in connection with such misstatement or untruth.

Signed: _____ Date: _____

(Must be signed by club president or secretary)

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed on the same document.

Please fully complete each of the following sections:

Employment practices coverage section information

1. Does your club have more than 15 employees (full-time or part-time)?
 Yes No

If the organization has over 15 employees (excluding volunteers and members), you must complete a long form application, which can be obtained from Rhodes & Williams.

Coverage request

- D&O/EPL \$1MM, \$0 Retention, \$300, plus PST
- D&O/EPL \$2MM, \$0 Retention, \$450, plus PST
- D&O/EPL \$3MM, \$0 Retention, \$570, plus PST
- D&O/EPL \$4MM, \$0 Retention, \$720, plus PST
- D&O/EPL \$5MM, \$0 Retention, \$900, plus PST

Directors and Officers and company coverage section financial information

1. Were your club assets less than \$5,000,000 for the last fiscal year?
 Yes No

If the organization has over \$5,000,000 in assets, you must complete a long form application and it will be individually underwritten.

Full payment is required for coverage to be in place. Please submit completed application with check payable to:

Rhodes & Williams Limited
1050 Morrison Drive, 3rd Floor
Ottawa Ontario K2H 8K7 CANADA
613-226-6590 or +1-888-391-8379

Club crime insurance*



Why buy crime coverage?

Your Kiwanis club may be exposed to theft that could financially impact its ability to provide needed community service. Information in this brochure can help protect your club in case of such a theft or crime.

These insurance policies are voluntary. Kiwanis International does not require them, but strongly encourages your club's consideration. Please review the following information for an in-depth description of the coverage.

Your club could face theft of funds or member dishonesty and may be exposed to a wide variety of crime-related losses, including falsified receipts, theft of equipment, petty cash theft or phony invoicing. The premium for crime insurance is \$125 for a \$10,000 limit of liability, with a \$250 deductible. However, if purchased with directors and officers coverage, the annual premium is discounted to \$95. Higher limits are available if desired.¹

You are strongly encouraged to read and discuss these issues during your upcoming board meetings and determine whether your club needs the coverages. **Should questions arise, please contact Don Thompson, the Kiwanis International insurance broker at the Hylant Group, +1-800-678-0361.**

What crime coverage does

- Protects the club from theft of funds and dishonest volunteers, members, officers and employees
- Softens the cost to a club for theft or embezzlement and other crime-related losses
- Protects the integrity of Kiwanians

Policy highlights of crime coverage

- Broad occurrence coverage for employee/volunteer theft, premises, transit and depositors forgery
- Broad definition of theft
- Premises coverage includes computer theft, safe burglary and robbery

Crime claims examples

The treasurer of a Kiwanis club had check-signing responsibility as well as access to its checking account. During his tenure, he set up a fictitious vendor who allegedly provided services for the club. The loss was not discovered until after he had left and was caught doing the same thing at his full-time employment. At this time, he admitted he had established the vendor "for the sole purpose of stealing from the organization." As a result, the club found out he had stolen nearly \$50,000.

Another Kiwanis club set up a consignment store to raise money and developed a no-questions-asked return policy in which merchandise could be returned without a receipt. The volunteer who ran the store took advantage of this policy by altering the books to show false returns and paying himself in cash. He made transactions in small amounts so as not to draw attention to the transactions. When the volunteer died unexpectedly, the fraud was discovered by the new bookkeeper. As a result, the club found out it had lost nearly \$100,000 over the past four years.

*Not available for clubs in Canada.



Club crime insurance

Application form for clubs in the United States

(Not available for clubs in Canada)



This form is for new applicants only. Clubs already carrying this optional insurance coverage will receive a renewal notice directly from the carrier. Please update and pay through the renewal notice.

NOTE: The Terms and Conditions used herein shall have the same meanings as defined in the Policy.

I. General information (please print)

Name of organization: _____ Key number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Submitted by: _____ Contact phone number: (____) _____

Email: _____ Nature of operations: **Kiwanis Club**

Do you have a foundation, Key Club, or Circle K Club? If yes, please provide the name of the foundation/s or club/s: _____

Would you like to receive your policy certificate electronically? Yes No

Email address: _____ *Please make sure that email address is legible.*

II. Prior insurance and activities information

- Has any insurer made any payments, taken notice of claim or potential claim or non-renewal of management liability or similar insurance?
 Yes No

If yes, please provide details on a separate page.

- Within the past five years, has a person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor or the Equal Employment Opportunity Commission?
 Yes No

If yes, please provide details on a separate page.

III. Other information

- The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. Insurer hereby is authorized to make any investigation and inquiry in connection with this Application, as they may deem necessary.
- It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
- It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the sole discretion of Insurer, any outstanding quotations may be modified or withdrawn.
- It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer shall have the right to exclude from coverage any claim based upon, arising out of, or in connection with such misstatement or untruth.

Signed: _____ Date: _____
(Must be signed by club president or secretary)

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed on the same document.

Coverage request (please select your coverage option)

- Crime \$10K, \$250 Retention, \$95 Premium²
- Crime \$25K, \$500 Retention, \$125 Premium²
- Crime \$50K, \$500 Retention, \$155 Premium²

¹ Higher limits available.

² Package premium shown; if crime insurance is purchased without D&O, crime insurance premiums will be higher.

Full payment is required for coverage to be in place.
Please submit completed application with check payable to:

Burns & Wilcox Ltd.

**3950 Priority Way South Dr., Indianapolis, IN 46240
+1-800-833-9443**

Club accident insurance



Why buy accident insurance?

As a Kiwanis officer, you know the importance of safety. But no matter how careful you are, accidents can happen. We are pleased to offer an optional accident insurance program that can cover guests, volunteers and members.

Your club can purchase accident coverage for club events where a member or volunteer may be injured:

- Affordable accident insurance for volunteers and members of the club
- An important benefit program that shows you care and makes your club more attractive

Who is eligible?

All volunteers and members of a Kiwanis club-sponsored event, provided the club has paid the appropriate premium.

Covered activities

All volunteers and members of the Kiwanis club are covered while participating in club-sponsored events, including but not limited to special events, fairs and fundraisers.

Accident insurance claim examples

Injury: A Kiwanis club owns a portable refreshment trailer that it uses as a fundraiser by selling food items at local county fairs. A Kiwanis member sets up the trailer for an upcoming event and realizes it is not level. He's the only one there, so he attempts to move it by himself by picking the trailer up by the tongue and pulling it. The trailer slips out of his hands, and the tongue strikes his foot, crushing it. The covered accident insurance may apply.

Injury: The Kiwanis club runs a weekly bingo game as a fundraiser, and the sponsored Key Club runs the concession stands. As one of the Key Clubbers is returning from the storage area carrying supplies, she trips over a wayward box (which she left there) and falls forward, hitting her head on the floor. The ambulance is called, and she is rushed to the hospital. She suffers a concussion and cracked cheekbone. Her family does not have health coverage. The covered accident insurance may apply.

Enrollment

Any Kiwanis club may enroll. To apply, fill out the application and send it with your premium, as indicated. If you have questions, contact **Andrea Trindade of Bollinger Insurance** at +1-800-350-8005, ext. 8215.

Benefits

1. Accidental death

If injury shall result in the death of the insured person within 365 days of the covered accident causing the injury directly and independently of all other causes, the company will pay the accidental death benefit maximum amount under the program you have selected.

2. Accidental dismemberment

If injury to an insured person shall result within 365 days after the date of the covered accident causing injury directly and independently of all other causes, in any one of the losses specified on the form, the company will then pay the benefit percentage of the maximum amount under the program selected.

Death: A club's annual fundraiser, a turkey shoot tournament, is conducted every November. The weather during the shoot is generally cold but not yet in the freezing range. This year the temperatures are colder than normal, with several days below freezing before the tournament. All participants are required to sign a waiver for the event. During the tournament, a participant is accidentally shot and killed by a bullet ricocheting off of a pond of ice. Even though the participant signed a waiver, the covered accident insurance may apply.

Dismemberment: A Kiwanis club is making repairs to a local homeless shelter as a service project. A member is helping repair the external wood trim, using his own table saw to cut the trim into appropriately sized pieces. At one point during the afternoon, there's a lot of commotion around the area where he is cutting the trim. He becomes distracted and accidentally cuts off his index finger. He is rushed to the emergency room, where efforts to reattach his finger fail. The covered accident insurance may apply.



Club accident insurance

Application form for clubs in the United States and Canada



This form is for new applicants only. Clubs already carrying this optional insurance coverage will receive a renewal notice directly from the carrier. Please update and pay through the renewal notice.

Club information (please print)

Club name (and SLP club name, if applicable): _____ Key number: _____

Address: _____

City: _____ State/Province: _____

ZIP/Postal code: _____

Submitted by: _____

Contact phone number: () _____

Fax: _____ Email: _____

Previous insurance: If an accident insurance program has been in force, please provide a copy of program limits and claims experience for the last three years.

Coverage effective date

Coverage becomes effective November 1, 2011. However, you must send this enrollment form and payment at least 10 days before coverage effective date. Your coverage must also be approved by the company. The maximum coverage period is one (1) year from the coverage effective date.

Choice of program

Member Option 1: \$2.15 or Option 2: \$3.50 (per member) Volunteer Option 1: \$1.08 or Option 2: \$1.75 (per volunteer)

Premium calculation

(To cover an SLP club, include it in the count and identify the club above.)

Number of members: _____ Premium per member: _____

Number of volunteers: _____ Premium per volunteer: _____

Total premium enclosed: _____

Signed statement

I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in this brochure and the above is correct to the best of my knowledge. I understand that the company must approve this enrollment form before coverage is effective and may audit my records to verify proper payment of premium.

Signed: _____ Date: _____

(Must be signed by club president or secretary)

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed on the same document.

Mail this form and your check payable to:

Bollinger Insurance, 101 JFK Parkway, Short Hills, NJ 07078

The company will mail your policy to you within 30 days of your approval.

Copies of all forms are available for download at:
www.KiwanisOne.org/liability

CLUB ACCIDENT INSURANCE—SCHEDULE OF BENEFITS

OVERVIEW	Option 1	Option 2
Accidental Death and Dismemberment	US\$10,000	US\$25,000
Excess medical maximum	US\$10,000	US\$25,000
Dental benefit	Included in accident limit	
Aggregate limit per accident	US\$250,000	US\$250,000
Deductible per injury	US\$50	
Benefit period	52 weeks	
How does the policy work?	<p>If a Kiwanis club member or volunteer is injured while participating in a Kiwanis club-sponsored event, this policy will respond as an Excess Accident policy. If the Kiwanis member or volunteer incurs medical bills, he or she must first submit the bills to his or her primary healthcare provider. If there are bills or portions of bills remaining, or if the claimant has no primary healthcare provider, then the claimant simply submits an accident claim form with the Explanation of Benefits (EOB) from the primary provider and/or the itemized medical bills. (A claim form is supplied to every participating Kiwanis club for distribution as needed.) We pay usual and customary charges according to the policy terms and limits.</p> <p>If the injured Kiwanis member or volunteer does not have primary health insurance, then this policy will respond as primary.</p>	
LIMITATIONS		
Aggregate limit	<p>Expenses incurred for physical therapy and chiropractic care are limited to US\$50 per visit with a per Injury maximum of US\$2,000.</p> <p>Expenses incurred for durable medical equipment is limited to US\$1,000 per injury.</p> <p>Coverage for outpatient prescriptions is limited to US\$1,000 per injury.</p> <p>Medical treatment for a covered injury must commence within 60 days of the date of injury.</p>	
Exclusions	<ol style="list-style-type: none"> 1. Expenses for treatment on or to the teeth, except for treatment resulting from injury to natural teeth. 2. Services normally provided without charge by you or your employees. 3. Eyeglasses, hearing aids and examination for the prescription or fitting thereof. 4. Suicide, attempted suicide or intentionally self-inflicted injury. 5. Cosmetic surgery, except "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved party, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. 6. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline. 7. Injury or sickness resulting from any declared or undeclared war. 8. Injury or sickness while in the armed forces of any country. 9. Injury or sickness for which benefits are actually paid under any workers' compensation or occupational disease law. 10. Treatment provided in a governmental hospital unless the insured is legally obligated to pay such charges. 11. Infections except pyogenic or bacterial infections caused wholly by a covered injury or sickness. 12. Hernia, unless it results from a covered injury. 13. The insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician. 14. Claims occurring while parachuting or hang-gliding; or injury sustained while traveling in or on any two or three-wheeled motor vehicle operated by a person who does not hold a valid operator's license. 15. Pre-existing conditions. 	
ANNUAL MEMBER PREMIUM	US\$2.15 / member / year	US\$3.50 / member / year
ANNUAL VOLUNTEER PREMIUM	US\$1.08 / volunteer / year	US\$1.75 / volunteer / year

ADDITIONAL INFORMATION

If injury results in the death of the insured person within 365 days of the covered accident causing the injury directly and independently of all other causes, the company will pay the accidental death benefit maximum amount under the program you have selected.

If injury to an insured person shall result, within 365 days after the date of the covered accident causing injury directly and independently of all other causes, in any one of the losses specified below, the company will then pay the benefit percentage of the maximum amount under the program selected.

If an injured person suffers an injury that, within 90 days of the date of the accident that caused the injury, requires him or her to be treated by a physician, the company will pay the usual and customary charges incurred for medically necessary covered accident medical services received due to that injury, up to the accident medical expense maximum amount under the program selected per insured person for all injuries caused by the same accident. This benefit is payable only for such charges incurred after the deductible has been met and within 52 weeks after the date of the accident causing the injury. Please see the policy for covered accident medical services.

If an insured person suffers one or more losses from the same accident for which amounts are payable under more than one of the following benefits, the maximum amount payable under all of the benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death benefit, Accidental Dismemberment benefit.

The maximum amount payable may be reduced if more than one insured person suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the follow benefits: Accidental Death benefit and Accidental Dismemberment benefit. The maximum amount payable for all such losses for all insured parties under all those benefits combined will not exceed the amount shown as the aggregate limit under the program selected.

Please refer to the policy for any additional limitations or exclusions under this plan.

FOR MORE INFORMATION

**Kiwanis International
Risk Services Department**

+1-800-549-2647, ext. 210 or ext. 112

Hylant Group

+1-800-678-0361, ext. 15139

**Directors and Officers and crime insurance:
United States**

Burns & Wilcox Ltd.

+1-800-833-9443

**Directors and Officers insurance: Canada
Rhodes & Williams**

+1-888-391-8379, ext. 249

Club accident insurance

Bollinger Insurance

+1-800-350-8005, ext. 8215

For complete club information,
visit the Kiwanis website:
www.KiwanisOne.org

Blank copies of all forms
are available for download at:
www.KiwanisOne.org/liability

IMPORTANT CLUB INSURANCE INFORMATION ENCLOSED

Do not discard



Kiwanis Intl. 3636 Woodview Tr.
Indianapolis, IN 46268-3196 USA
CHANGE SERVICE REQUESTED



This affordable coverage may be the most important insurance you buy

Your Kiwanis club's financial security is one of the most important responsibilities of club leaders. That's why Kiwanis International offers coverage options beyond general liability insurance. Look inside to learn how to increase your club's stability.

www.KiwanisOne.org