

7 – ACTIVITIES INVOLVING MINORS

Overview

Adults working with youth must be familiar and comply with “The Code of Ethics for Youth Ministry Leaders” and “Liability Concerns” found in the Diocesan “Youth Ministry Handbook” as well as the “Code of Ethics Policy of the Diocese of Charlotte” and the “Policy of the Diocese of Charlotte Concerning Ministry-Related Sexual Misconduct by Church Personnel”, and the “Protocols for Ministering to and with Minors.”

These policies are available on the Diocesan Website. Questions or concerns related to activities involving minors may be addressed to the Director of Youth Ministry.

701 Youth Programs & Field Trips

Youth group activities can be an incredible opportunity for our Youth to experience the fullness of their Catholic faith. However youth group activities can also present a wide range of possible loss exposures. One way of limiting that exposure lies in the need to have pre-screened and Safe Environment trained adult supervision for all youth group activities and outings.

701.1 Required Forms

The Field Trip Authorization and Liability Waiver Form (Form 7.A) is to be used for all field trips whether they be close to home field trips that involve transportation or for overnight activities and mission trips. The Field Trip Adult Chaperone Liability Waiver (Form 7.B) is to be signed by all adults accompanying minors in a supervisory capacity on a field trip or activity. The Field Trip Driver Information Sheet (Form 7.C) is to be signed by all adult drivers transporting youths on a field trip. Please note that all volunteers and chaperone drivers must be at least 21 years of age.

702 Steps to Safe Youth Activities

It is recommended that the Diocesan Youth Ministry office be consulted for specific protocols related to Safe Youth Activities and the Youth Ministry Handbook & Protocols for Ministering To and With Minors, however the following general guidelines are put forward as a resource for both leadership and volunteers to help create safe and successful youth activities.

702.1 Supervision

It is critically important that there be proper supervision of all youths during Youth activities. Make sure that the ratio between adult staff and youth is adequate and that chaperones actually chaperone. Never leave a youth alone whether it is after an event or after the youth meeting. Make sure that a chaperone or teacher remains on site until all youths are picked up.

702.2 Transportation

The Field Trip Driver Information Sheet (Form 7.C) is to be signed by all adult drivers transporting youths on a field trip. Whether the vehicle belongs to the parish/school/agency, to a volunteer, or is rented, make sure there is the recommended levels of insurance on the vehicle(s) (see chapter 9 for additional information on required levels of insurance). Do not overload the vehicles. Make sure that there are enough seat belts for every passenger in the vehicle. All drivers must be 21 years of age or older to transport youths to and from activities.

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Situations do arise where approved drivers for offsite activities are not available. Often, the best, and only, solution is to have parents/guardians drop off and pick up the youth member from the activity site. Refer to “Section 9: Vehicles” of this Manual for a more detailed discussion of transportation policies and procedures.

703 Youth Trips Involving Overnight Stay

Some activities for our youth involve traveling to location located outside the city in which you reside. These trips provide a fun way to keep kids involved with the church; however, certain risk management steps should be taken to help reduce the potential for liability exposure for the church and/or school. This section is intended to be a resource for the leadership of youth trips to help you be successful and to be able to enjoy your trip as planned.

703.1 Preparing for the Trip

If possible, the designated leader should make an advance visit to the area to assist in foreseeing any potential risks that may be encountered during the trip. The safety and security of all participants should be carefully assessed. Some items to keep in mind are: Is there adequate security in place where you will be staying? Are there adequate facilities for housing all participants, including all adult chaperones? What is the distance to the nearest medical facility? What medical services are available? Are there first aid supplies readily available? Will the participants require additional vaccinations depending upon the location of the trip?

Check for any U.S. travel alerts/warnings if trip is planned outside the United States by visiting <http://travel.state.gov/content/passports/english/alertswarnings.html>.

If the trip is to a non-English speaking location, arrange to have someone who speaks the language travel with you to translate.

Contact Catholic Mutual Group to determine if any additional insurance coverage will need to be obtained. Contact information is located in the “Introduction” section of this manual. These possible costs should be planned for and factored in if applicable. If this trip will take place outside of the United States, all participants should check with their healthcare provider to ensure their coverage will follow them. If coverage does not apply, then parents should make arrangements to acquire adequate health insurance coverage for the trip.

Arrange a meeting with all participants and parents/legal guardians to fully explain all details of the trip clearly and specifically as well as answer any questions they may have.

704 Transportation (See Also Section 9: Vehicles)

If individual parental transportation is not available, then using a licensed commercial carrier or contracted transportation company is the most desirable method. If commercial carriers are used (i.e., commercial airlines, trains, or buses), no further information is required. However, if transportation is contracted, signed contracts should be executed with an appropriate hold harmless agreement protecting the parish/school/agency and the Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit).

EFFECTIVE JULY 1, 2003, NEW OR USED 11-15 PASSENGER VANS CAN NO LONGER BE PURCHASED, LEASED, OR UTILIZED FOR THE PURPOSE OF TRANSPORTING PASSENGERS BY ANY PARISH /SCHOOL/ AGENCY. THE USE OF ALL TERRAIN VEHICLES (ATVS) ARE ALSO PROHIBITED. (Please see Chapter 9 for the Van/Bus Diocesan Policy)

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If a vehicle will be leased, rented, or borrowed to transport participants, appropriate insurance should be obtained. Coverage can be purchased through the rental company or your local agent. It is the policy of the Diocese that when a parish/school/agency leases or rents a vehicle for Diocesan use that the lease agreement be made in the name of the Bishop of Charlotte and that the parish/school/agency agrees to purchase the highest level of rental insurance provided by the lease or rental company.

COVERAGE CANNOT BE AUTOMATICALLY ASSUMED FOR LEASED, RENTED, OR BORROWED VEHICLES.

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question:

- The driver must be 21 years of age or older.
- The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
- The vehicle must have a valid and current registration and license plates.
- The vehicle must be insured for the following minimum limits: \$100,000 per person/\$300,000 per occurrence.

The Field Trip Driver Information Sheet (Form 7.C) for each driver must be obtained prior to the trip. Each driver and/or chaperon should be given a copy of the approved itinerary including the route to be followed and a summary of responsibilities.

With the exception of commercial or contracted transportation, the daily maximum miles driven should not exceed 500 miles per vehicle. Also, the maximum number of consecutive miles driven should not exceed 250 miles per driver without at least a 30-minute break.

Forms / Releases

The following pages contain applicable risk management information and field trip forms. Please review and use the form that meets the specifics of the activity.

For forms to be used at Diocese of Charlotte Catholic Schools, please see the website <http://schools.charlottediocese.net>.

- Field Trip Authorization & Liability Waiver Form: used for all field trips whether day trip, overnight stay, or mission trips. (Form 7.A)
- Field Trip Adult Chaperone Liability Waiver: For the adults accompanying minors in a supervisory capacity (Chaperones) on an activity (Form 7.B)
- Field Trip Driver Information Sheet (Form 7.C)



MINOR PARTICIPANT WAIVER AND RELEASE OF CLAIM
(RETURN COMPLETED FORM TO PARISH/SCHOOL/AGENCY)

Dear Parent or Legal Guardian:

Your son/daughter/ward is eligible to participate in the Diocesan-sponsored activity that is described below. Participation in the activity may require personal transportation to locations away from your home site. This activity will take place under the guidance and supervision of adult chaperones.

If you would like the child named herein to participate in this event, please complete, sign and return the following statement of consent and release of liability.

Name of minor child: _____ Birth date: _____ Sex: _____

Parent/Guardian Name: _____ Address: _____

Emergency Contact Information: Home phone: _____ Work/Cell phone: _____

Accident/Hospitalization Policy Name: _____

Policy Number: _____

I hereby grant permission for the above named child to participate in the following activity:

The undersigned, on behalf of themselves, their heirs, successors, and assigns, and on behalf of the above named child, their heirs, successors, and assigns, hereby waive and release the Roman Catholic Diocese of Charlotte, its officers, directors, employees, representatives and agents, from any and all claims arising from or in connection with the activity referred to herein, without limitation.

I consent to the method of transportation and the conditions of said event and/or activity. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor child. I agree on behalf of myself, the above-named minor child, our heirs, successors, and assigns, to hold harmless and defend, the Roman Catholic Diocese of Charlotte, its officers, directors, employees, chaperones, representatives and agents, and any other participating entity or institution, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with the above named child participating in the activities, or in connection with any illness or injury (including death) and/or cost of medical treatment in connection therewith, without limitation, and I agree to compensate the supervising entity or institution, its officers, directors and agents, and the Roman Catholic Diocese of Charlotte, its officers, directors, employees, chaperones, representatives and agents associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

My child has the following restrictions and/or limitations:

Does your child have any restrictions, limitations, special needs and/or medical needs? YES _____ NO _____. IF YOU ANSWERED YES, ATTACH A DETAILED DESCRIPTION OF ANY RESTRICTIONS, LIMITATIONS, SPECIAL NEEDS, MEDICAL NEEDS, ALLERGIES, PRESCRIPTIONS, MEDICATIONS, AND OTHER INFORMATION THAT YOU DEEM NECESSARY TO PROTECT YOUR CHILD. It is your responsibility to make arrangements to have any medications administered to your child. Parish/School/Staff and volunteers WILL NOT administer ANY medications without prior arrangements. I understand and agree that the failure to attach said report shall be conclusive proof, for all matters, that my child is in good health and I assume all responsibilities for the health of my child.

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Photo Release

I, and on behalf of my family, heirs, and assigns, hereby grant to the Parish/School/Agency and/or The Roman Catholic Diocese of Charlotte herein referred to collectively as the "Diocese", permission to record on photography film and/or video, whether digital or otherwise, pictures, images and/or reproductions of my child(ren)'s participation and/or my families participation in this activity. I agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, social media, internet or other printed materials that the Diocese deems to be an appropriate use, and further that such use shall be without payment of fees, royalties, special credit or other compensation. I agree to indemnify and hold harmless the Diocese, its agents, representatives and assigns from any and all claims regarding the use of said material. Furthermore, I hereby waive any and all claims that I may have, or hereafter acquire, regarding the use of said material by the Diocese, its agents, representatives and assigns. This release shall not expire unless revoked by me in writing.

In case of an emergency, I give my permission for the above named child to be taken to a physician and/or hospital, by either the supervisor in charge, or by an adult authorized by the supervisor in charge, and to be administered any and all medication reasonably necessary for treatment. I understand that every reasonable effort will be made to contact me. If I cannot be reached, however, I hereby give permission to hospitalize and secure proper treatment (including surgery and medication) for the above named child. The cost of any medical care or treatment obtained for the benefit of the above named child shall be my expense and not paid by the Roman Catholic Diocese of Charlotte.

Parent / Guardian Signature: _____ Date: _____



FIELD TRIP ADULT CHAPERONE LIABILITY WAIVER
(RETURN COMPLETED FORM TO PARISH/SCHOOL/AGENCY)

Each adult participant, including group leaders and chaperones, must sign this form

I _____, agree on behalf of myself, my heirs, assigns, executors, and
Full Name – (Print)

personal representatives, to hold harmless and defend _____, the
Parish/School/Agency (Print)

Diocese of Charlotte, and its officers, directors, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

Please advise the doctors that I have the following allergies:

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____ Relationship to me: _____

Daytime Phone: _____ Night time phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Signature

Date

*(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.)*



FIELD TRIP DRIVER INFORMATION SHEET
(RETURN COMPLETED FORM TO PARISH/SCHOOL/AGENCY)

Each adult driver must sign this form unless previously approved as a "Diocesan approved driver"

Vehicle That Will Be Used _____

Name of Owner _____

Address of Owner _____

Driver License # _____ License Plate # _____

Model of Vehicle _____ Make of Vehicle _____ Year of Vehicle _____

Date of Expiration _____ Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Auto Insurance Information:

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle

Insurance Company _____ Policy # _____

Date of Policy Expiration _____ Liability Limits of Policy _____

(Please note: The minimal, acceptable liability limit for privately owned vehicles is \$100,000/\$300,000)

In order to provide for the safety of our youth or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past three years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, reviewed Protecting God's children guidelines, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle unless responding to an emergency situation.

Signature

Date



Catholic Mutual PARTICIPANT ACCIDENT INSURANCE CLAIM FORM

(NOTE To the Participant/Parent/Guardian: Report and Claim Form will be returned if not fully completed and signed.)

Basic Procedures for Submitting the Incident Report and Participant Accident Insurance Claim Form

1. The Parish/School Administrator or Pastor will complete the incident report, sign and date where indicated.
2. The participant or participant's parents/guardian will complete the Accident Medical/Insurance Claim form.
3. Forward the completed Incident Report and Accident Medical/Insurance Claim forms to K&K Insurance Group. BOTH reports should be submitted to K&K at the same time.

PLEASE NOTE: Processing may be delayed if the Report and Accident Medical/Insurance Claim forms are not fully completed, signed and sent together.

To the Participant/Parent/Guardian:

Attach current itemized physician, hospital, or other provider's bills for accident medical expenses being claimed as well as the primary carrier's Explanation of Benefits showing their payments and denials. These bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred and the charges made.

MAIL TO:
K&K INSURANCE GROUP, INC.
Claims Department
P.O. Box 2338
Fort Wayne, Indiana 46801-2338
(800) 237-2917

For general claims questions or status of a claim call:
800-237-2917, option 1. or efax: 312-381-9077



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, Indiana 46801
 ph (800) 237-2917
 Fax (260) 459-5915 for Participant Accident Unit
 http://www.kandkinsurance.com

Catholic Mutual INCIDENT REPORT

On behalf of Nationwide Insurance

(PLEASE PRINT)

INSURED	NAME OF INSURED: _____ POLICY#: _____ PARISH/SCHOOL: _____ CITY/STATE: _____
TIME & PLACE OF INCIDENT	DATE: _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM ACTIVITY: _____ EVENT TYPE: _____ LOCATION: _____
HAPPENED TO	NAME: _____ SSN: _____ DATE OF BIRTH: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female PHONE: (____) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
FUNCTION	AS: <input type="checkbox"/> PARTICIPANT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER: _____
APPARENT INJURY OR DAMAGE	BODY PART: _____ CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.): _____ <input type="checkbox"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER) OTHER: _____ <input type="checkbox"/> AMBULANCE, TAKEN TO: _____ CITY: _____ <input type="checkbox"/> FATALITY
OCCASION	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____ _____ _____ _____
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED: _____ _____ _____ _____
WITNESSES (if known)	NAME: _____ NAME: _____ ADDRESS: _____ ADDRESS: _____ PHONE: (____) _____ PHONE: (____) _____
PASTOR/PARISH/SCHOOL ADMINISTRATOR	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**



On behalf of Nationwide Insurance

1712 Magnavox Way P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 237-2917 Fax (260) 459-5915
email: KK_PAClaims@kandkinsurance.com
http://www.kandkinsurance.com

Catholic Mutual
ACCIDENT MEDICAL INSURANCE
CLAIM FORM

Insured Name: _____

Policy Number: _____

IT IS IMPORTANT THAT ALL INFORMATION REQUESTED ON THIS CLAIM FORM BE FURNISHED.
OMISSION OF VITAL INFORMATION WILL CAUSE DELAY IN CLAIM PROCESSING.
TO BE COMPLETED BY INJURED PERSON OR PARENT

PART II

MEDICAL BENEFITS UNDER THIS POLICY MAY PROVIDE PRIMARY, EXCESS OR A COMBINATION OF BOTH COVERAGES. UPON RECEIPT OF THIS CLAIM FORM , AN
ACKNOWLEDGEMENT LETTER WILL BE SENT TO YOU ADVISING WHAT SPECIFIC BENEFITS YOU ARE ENTITLED TO.

IF THE MEDICAL BENEFIT IS EXCESS, YOUR CLAIM SHOULD BE SUBMITTED TO THE INSURANCE COMPANY PROVIDING COVERAGE TO YOU THROUGH YOUR OWN OR YOUR PARENT'S
PERSONAL HEALTH PLAN, YOUR EMPLOYER OR GOVERNMENTAL HEALTH PLAN. AFTER OTHER INSURANCE BENEFITS HAVE BEEN SUBMITTED, YOU SHOULD FORWARD A COPY OF
THE OTHER INSURANCE COMPANY'S EXPLANATION OF BENEFITS AND THE CORRESPONDING ITEMIZED MEDICAL STATEMENTS. IF YOUR INSURANCE COMPANY DENIES BENEFITS,
SEND A COPY OF THEIR DENIAL.

WE WILL NOT PROCESS YOUR CLAIM WITHOUT EMPLOYER INFORMATION. IT IS IMPERATIVE THAT WE RECEIVE ALL DATA REQUESTED. TIMELY RECEIPT OF REQUESTED
INFORMATION WILL HELP EXPEDITE PROCESSING OF YOUR CLAIM.

INJURED PERSON: _____ SPOUSE'S NAME (if applicable): _____
FATHER'S NAME (if injured is a minor) _____ MOTHER'S NAME (if injured is a minor) _____
EMPLOYER NAME: _____ EMPLOYER NAME: _____
EMPLOYER ADDRESS: _____ EMPLOYER ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: () _____ PHONE: () _____
GROUP INSURANCE COMPANY: _____ GROUP INSURANCE COMPANY: _____
POLICY NUMBER: _____ POLICY NUMBER: _____
INSURANCE COMPANY ADDRESS: _____ INSURANCE COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____
SOCIAL SECURITY NUMBER: _____ SOCIAL SECURITY NUMBER: _____
SIGNATURE: _____ SIGNATURE: _____

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE K&K OR ITS REPRESENTATIVES TO FURNISH TO ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO
HAS ATTENDED ME, AND MY INSURANCE CARRIER, ANY AND ALL INFORMATION WITH RESPECT TO THE ACCIDENTAL INJURY FOR WHICH I AM CLAIMING INSURANCE BENEFITS.

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY INSURANCE
CARRIER OR EMPLOYER, TO FURNISH TO K&K OR ITS REPRESENTATIVES ANY AND ALL INFORMATION WITH RESPECT TO ANY SICKNESS OR INJURY, MEDICAL HISTORY,
CONSULTATION, PRESCRIPTIONS, OR TREATMENT, AND COPIES OF ALL HOSPITAL, MEDICAL, OR INSURANCE RECORDS INCLUDING, BUT NOT LIMITED TO, INFORMATION REGARDING
OTHER INSURANCE COVERAGES. I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL.

I UNDERSTAND THIS AUTHORIZATION IS NECESSARY TO FACILITATE THE OBTAINING AND PROVIDING OF INFORMATION NEEDED TO QUICKLY PROCESS MY CLAIM.

SIGNED: _____ DATE: _____

Please Note: If injured person is a minor, signature must be of parent or legal guardian.

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy

holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is

guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN OHIO Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN RHODE ISLAND

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD CLAIMS (2010/02)

Dear Participant: If you have an appointment with a doctor as the result of a sport related injury, please show this document to the doctor's insurance secretary. You should be identified as a member of the following preferred provider networks and/or their affiliates.

Dear Doctor or Provider: This document indicates that this patient is a participant in the following preferred provider networks and/or their affiliates:



INSTRUCTIONS FOR COMPLETING THE ACCIDENT INSURANCE FORM TO THE INJURED PERSON/PARENT /GUARDIAN

To the injured person/parent/guardian:

Complete part II of this claim form. Attach current itemized physician, hospital, or other provider's bills for accident medical expenses as well as the primary carrier's explanation of benefit showing their payment and denial. These bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred, and the charges made. Return this form to K&K Insurance Group, Inc. Please note: Claim forms will be returned if not fully completed and signed. Omission of vital information will cause a delay in claim processing.