

ANB Insurance Services

Aver-Neuwald-Berryessa Insurance, LLC

P.O. Box 1200 (931 Mission St.)

Santa Cruz, CA 95061

Phone 831-423-4304 Fax 831-423-0120

License #0C47334 www.anbins.com

Call ANB for Auto, Home, Health, Business, Employee Benefits, and Life Insurance Needs

October 17, 2005

THE SILICON VALLEY DISC GOLF CLUB
C/O 3880 SOUTH BASCOM AVE.
SAN JOSE, CA 95124-

Attention: Mr. Jim Challas

RE: Renewal of Disc Golf Club insurance

Dear Mr. Challas:

Enclosed is the renewal application for the renewal of the liability insurance for The Silicon Valley Disc Golf Club. I have not computed the final premium, as I do not know the number of participants you expect in the coming year. Last year you listed 50. The rate per participant is \$5.51 and you will need to add \$125.00 to the premium for our agency broker fee. Please complete the areas of the application highlighted in yellow, compute the premium, sign the application, and mail us your check along with the application. Coverage cannot be placed in force until the company actually RECEIVES the money and application, so please return these items to this agency at your earliest convenience.

If you have any questions, please feel free to give me a call.

Best regards,



Myrna J. Vermette



1712 Magnavox Way
 P.O. Box 2338
 Fort Wayne, IN 46801-2338
 (800) 426-2889 • Fax (260) 459-5105
 www.kandkinsurance.com
 CA # 0034819

AMATEUR SPORTS

Teams, Leagues & Associations

Insurance Enrollment Form

Rates shown are available from 3/1/05 to 2/28/06.

This form must be completed and returned with your payment. The submission of this enrollment form does not guarantee coverage. Completion of this enrollment form confirms the organization's desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Coverage will expire one year from your effective date.

Insured Information

Named Insured: THE SILICON VALLEY DISC GOLF CLUB

Mailing Address: c/o 3880 SO. PASCOM AVE, STE 115

City: SAN JOSE State: CA Zip: 95124

Contact Name: JIM CHAIAS

Phone: (408) 371-9984 FX 17 Fax: (408) 559-8972

Email: WWW.SVDCG.ORG (Web Site)

Form of Business: Individual Partnership Limited Liability Company or Joint Venture Trust

Other _____ 501(c)3

Number of years you have been in business or operating: 3+

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

Start my coverage on this date: 11/19/05

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

List the location(s) where you conduct your sports activities: HELLER PARK, SAN JOSE, CA
COUNTY OF SANTA CLARA PARK

If you are conducting team sports activities, list the number of teams in your league or association: _____

Is there any form of player compensation or prize money awarded for participation? Yes No

Additional Insured Information - List the name and mailing address of any entity requiring a Certificate of Insurance

Insurance event. If you are adding them as an additional insured, and indicate their relationship to you. Certificates will be mailed to you. If a copy of the policy is required, please provide a fax number or email address for delivery.

INSURANCE AFFORDED BY THIS POLICY SHALL ALSO APPLY TO THE COUNTY OF SANTA CLARA, AND MEMBERS OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SANTA CLARA, AND THE OFFICERS, AGENTS AND EMPLOYEES OF SANTA CLARA, INDIVIDUALLY AND COLLECTIVELY, AS ADDITIONAL INSUREDS
 298 GARDEN HILL DRIVE
 LOS GATOS, CA 95032

Name: _____ Relationship To You: Landlord Sponsor

Address: _____ Other _____

(Optional) Delivery by fax to: john.goldsman@hellerpark.sccgov.org or email to: _____

If there are more additional insureds, please attach a listing.

Premium Calculation

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported in your premium calculation, and a roster may be requested as verification. Refer to the charts in the brochure for sports classifications and rates.

Sport	Class A or B	Age Group	# of Participants	X Rate	= Premium
<u>DISC GOLF</u>	<u>B</u>	<u>ALL</u>	<u>100</u>	<u>X \$ 5.51</u>	<u>= \$ 551.00</u>
_____	_____	_____	_____	X \$ _____	= \$ _____
_____	_____	_____	_____	X \$ _____	= \$ _____
_____	_____	_____	_____	X \$ _____	= \$ _____
Total Premium					= \$ _____*

*Note: The minimum earned premium for Option 1 is \$300 per enrollment form. The minimum earned premium for Option 2 or 3 is \$400 per enrollment form. If the total calculated premium is less than the minimum, the premium due is the minimum premium. The premium is fully earned and not refundable in the event of cancellation.

Phone: (408) 371-4484 #11 Fax: (408) 559-8912
 Email: WWW.SVDFGC.ORG (Web Site)

Form of Business: Individual Partnership Limited Liability Company or Joint Venture Trust Other
 501113

Number of years you have been in business or operating: 3+

Desired effective date: Check one. Start my coverage on the date my enrollment form and payment are received.
 Start my coverage on this date: 11/19/05

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

List the location(s) where you conduct your sports activities: HELLYER PARK, SAN JOSE, CA
 COUNTY OF SANTA CLARA PARK

If you are conducting team sports activities, list the number of teams in your league or association: _____

Is there any form of player compensation or prize money awarded for participation? Yes No

Additional Insured Information - List the name and mailing address of any entity requiring a Certificate of Insurance even if they are an additional insured and indicate their relationship to you. Certificates will be mailed to you. If a copy of the certificate is required for delivery, please provide a fax number or email address for delivery.

Name: _____ Relationship To You: Landlord Sponsor Other _____
INSURANCE AFFORDED BY THIS POLICY SHALL ALSO APPLY TO THE COUNTY OF SANTA CLARA, AND MEMBERS OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SANTA CLARA, AND THE OFFICERS, AGENTS AND EMPLOYEES OF SANTA CLARA, INDIVIDUALLY AND COLLECTIVELY, AS ADDITIONAL INSUREDS
 298 GARDEN HILL DRIVE
 LOS GATOS, CA 95032

Address: _____

(Optional) Delivery by fax to: john.goldsman@hellerypark.sccgov.org or email to: _____

If there are more additional insureds, please attach a listing.

Premium Calculation

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported in your premium calculation, and a roster may be requested as verification. Refer to the charts in the brochure for sports classifications and rates.

Sport	Class A or B	Age Group	# of Participants	X Rate	= Premium
DISC GOLF	B	ALL	100	X \$ 5.51	= \$ 551.00
_____	_____	_____	_____	X \$ _____	= \$ _____
_____	_____	_____	_____	X \$ _____	= \$ _____
_____	_____	_____	_____	X \$ _____	= \$ _____
Total Premium					= \$ _____*

*Note: The minimum earned premium for Option 1 is \$300 per enrollment form. The minimum earned premium for Option 2 or 3 is \$400 per enrollment form. If the total calculated premium is less than the minimum, the premium due is the minimum premium. The premium is fully earned and not refundable in the event of cancellation.

INSURANCE PREMIUM - HELLYER PARK DISC GOLF 558
 Bank of Los Altos 90-3577/1211 214009557
 175 East El Camino Real, Mountain View, CA 94040
 DATE: Oct. 20, 2005
 PAY TO THE ORDER OF: A N B Insurance \$ 676.00
 Six hundred seventy six and 00/100 DOLLARS
 SILICON VALLEY DISC GOLF CLUB
 3080 S BASCOM AVE., STE. 115
 SAN JOSE, CA 95124
 AMOUNT: 551 + 125
 Jane Challos
 1: 21 135773: 0558 214 009557

OPTIONAL COVERAGE PROGRAM DESCRIPTION

Option 1: Equipment Coverage

Items eligible for coverage include: sports equipment, field maintenance equipment, concession stand equipment (excluding products) or small storage sheds that you own or lease/ rent. This coverage is for loss or damage to your equipment due to fire, theft, vandalism or other specified causes (subject to the actual policy terms and conditions.)

Rate:	\$.024	Rate
	\$ 1,000.00	Deductible
	\$ 100.00	Minimum Premium

Conditions

1. This coverage is available in all states **except New Jersey**.
2. Policy minimum premium of \$100 applies
3. Minimum coverage limit \$5,000
4. \$1,000 deductible applies to each claim
5. Coverage will be effective the date we receive the proper completed enrollment form with premium. Coverage expires one year from the effective date. This will be a separate policy from your sports program.

Option 2: Limited Hosted Tournament Coverage

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. (You and your rostered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage.)

Coverage

\$ 2,000,000	General Aggregate
\$ 1,000,000	Commercial General Liability
\$ 1,000,000	Legal Liability to Participants
\$ 25,000	Participant Medical Expense Coverage (excess - \$100 Deductible)

Guidelines

1. 150 participants or less, not including your rostered participants.
2. *Three consecutive days or less.*
3. Class "B" sports only. (Please refer to brochure for listing of class "B" sport. .)
4. A separate certificate of insurance will be issued reflecting this coverage.
5. Tournaments falling outside guidelines may be provided coverage through other programs offered by K&K. Contact K&K for more information.

\$218.40 additional minimum earned premium per event.

* See page 7 for enrollment for Optional Coverages. Premium must accompany enrollment form in order to bind coverage.

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions. You may request a copy of the full policy by submitting a written request to K&K Insurance Group.

The rates shown in this brochure are available from March 1, 2005 to February 28, 2006.

WARRANTY 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 books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years afterwards. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Signature: Jim Challas Printed Name: Jim Challas
Title: SECRETARY TREASURER Date: OCT. 30, 2005

INSURANCE AGENT INFORMATION

Agency Name: AVER-NEWMAID-BARRYESSA
Agency Mailing Address: PO BOX 1200
City: SANTA CRUZ State: CA Zip: 95061
Agent/Contact Name: MYRNA J. VERMETTE
Agency Telephone: (831) 423-4304 Agency Fax: (831) 423-0120
Agent/Contact Email Address: MYRNA@ANBINS.COM

Do you have existing business with K&K Insurance? Yes No
For additional information regarding other programs, log onto our website at www.kandkinsurance.com.
(For K&K use only) Agency ID# _____

Note: There are no commissions included in this program. A fee may be separately charged, subject to state insurance regulations. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

Mailing Instructions:

Mail enrollment form (pages 6 - 8) along with check or credit card information to:
K&K Insurance Group • Teams, Leagues & Associations • 1712 Magnavox Way • Fort Wayne, IN 46804
If making payment via credit card, you may submit via fax to (260) 459-5105.

Making Your Payment

Please check payment option.
 Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # 558 for \$ 676.00
 Credit Card: If you are making your payment by credit/debit card, please complete the following:
I authorize K&K Insurance to charge my premium payment to my credit card in the amount of \$ _____
 VISA MASTERCARD DISCOVER
Card Number: _____
Reference Number (last 3 digit # on back of card): _____ Expiration Date: _____
Print Name (as on card): _____
Cardholder Signature: _____

OPTIONAL COVERAGE ENROLLMENT INFORMATION & PREMIUM CALCULATION

Part I. Please complete the information below for enrollment for either Equipment Coverage or Limited Hosted Tournament Coverage. This form must be completed and returned with your payment in order to bind coverage.

Name of Sports Organization: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Phone: _____ Fax Number: _____
Email: _____ Web Site: _____

Part II. Please complete the information below only for the option which you will be enrolling. In order to obtain these optional coverages, you must also purchase the Amateur Sports Program.

Option I. Equipment Coverage

List or provide a brief description of the sports equipment: _____

Calculation:
Limit _____ x .024 = _____ (Premium) *Minimum Premium is \$100.00

Option II: Limited Hosted Tournament Coverage

Event Date(s): _____
Sport : _____
Number of Participants: _____ Age group: _____

Premium per Limited Hosted Tournament is \$218.40

Additional Insured Information - List the name and mailing address of any entity requiring a Certificate of Insurance evidencing them as an additional insured for this event, and indicate their relationship to you. Certificates will be mailed to you. If a copy is to be delivered directly to the Additional Insured entity, please provide a fax number or email address for delivery.

Name: _____ Relationship To You: Landlord Sponsor
Address: _____ Other _____
(Optional) Delivery by fax to: _____ or email to: _____

If there are more additional insureds, please attach a listing.

Premium Summary

Amateur Sports Total Premium	=	\$ _____
Equipment Coverage	=	\$ _____
Tournament Coverage	=	\$ _____
Total Premium	=	\$ _____



AMATEUR SPORTS Teams, Leagues & Associations Insurance Program and Enrollment Form

Rates shown are available from 3/1/05 to 2/28/06.



K&K Insurance • 1712 Magnavox Way P.O. Box 2338 • Fort Wayne, IN 46801-2338 • (800) 426-2889 • Fax (260) 459-5105 •
www.kandkinsurance.com • CA #0034819

Program Description

This program has been specifically designed for teams, leagues and associations conducting youth or adult amateur sports activities on premises that are not owned or operated by the sports organization. Coverage provided under this program includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. In addition, medical payments to participants and legal liability to participants coverage is provided for those sports activities and age groups in the Class B category.

Eligible Operations

Operations providing instruction, practice, and competition in the following sports and age groups are eligible for this program, with coverage to be provided based on Class A or Class B.

Class A Sports

- Box Lacrosse
- Dodgeball
- Broomball
- Ice Hockey
- Diving
- Inline Hockey
- Lacrosse (over age 19)
- Soccer (over age 19)
- Tackle Football (over age 19)
- Wrestling (over age 19)

Class B Sports

- Baseball
- Flag Football
- Basketball
- Golf
- Cheerleading
- Kickball
- Cricket
- Lacrosse (under age 19)
- Drill Team
- Soccer (under age 19)
- Deck/Floor Hockey
- Softball
- Squash
- Swimming
- Tennis
- Tackle/Contact Football (under age 19)
- Track & Field
- Ultimate Frisbee
- Umpires/Referees Assoc.
- Volleyball
- Water Polo
- Wrestling (under age 19)

Ineligible Operations

The following sports and affiliates are not eligible for this program and should contact K&K at 800-426-2889 regarding other insurance programs that may be available.

- BMX/Stunt Cycling
- Gymnastics
- Boxing
- Martial Arts
- Cycling
- Rowing
- Rugby
- Sailing/Kayaking
- Scuba Diving
- Skateboarding
- Skiing (snow or water)
- Surfing

Sports Groups that are affiliated with the following organizations are not eligible for this program.

- Babe Ruth Baseball
- Dixie Boys Baseball
- Dizzy Dean Baseball
- U.S. Adult Soccer Association
- Babe Ruth Softball
- Dixie Softball
- Dizzy Youth Baseball
- U.S. Youth Soccer Association and its member State Association leagues and teams.

Note: If your sport is not listed, contact K&K Insurance at 800-426-2889 for proper classification.

Amateur Sports Insurance Plan Rates/Premium Information

Premium is determined by applying the appropriate rate to each individual participant in each sport that you conduct, and is subject to the indicated minimum premium. All participants are required to be reported in your premium calculation, and a roster may be requested as verification. Refer to charts for sports classification.

CLASS A SPORTS OPTION 1 & 2

	Option 1	Option 2
General Aggregate	\$ 2,000,000	\$ 2,000,000
General Liability per occurrence	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	Excluded	Excluded
Medical Participants to Participants	Excluded	Excluded
Payments (Excess) (\$100 deductible)		
Rate per participant, all sports, all ages	\$ 3.50	\$ 5.25
Minimum premium	\$ 300	\$ 400

CLASS B SPORTS OPTION 1

See rate chart. The following rate chart provides the total rates per player/per sport to include the General Liability, Legal Liability to Participants and the Participant Medical Expense Payment coverages.

The minimum premium for this option is \$300.

General Aggregate	\$ 2,000,000
General Liability per Occurrence	\$ 1,000,000
Legal Liability to Participants	\$ 1,000,000
Non-owned Hired Automobile (Not provided in Hawaii)	\$ 1,000,000
Participant Medical Expense	\$ 25,000
Payments (Excess) (\$100 deductible)	

SPORT	AGES 12 & UNDER	AGES 13-15	AGES 16-19	AGES OVER 19
Baseball/T-Ball/Cricket, Squash	\$ 5.64	\$ 8.96	\$ 13.90	\$ 24.85
Softball	\$ 5.37	\$ 6.30	\$ 13.90	\$ 24.85
Basketball/Deck, Floor, Field Hockey/Cheerleading Drill Team, Ultimate Frisbee	\$ 5.77	\$ 6.86	\$ 14.11	\$ 18.94
Touch, Flag Football	\$ 4.94	\$ 5.93	\$ 7.52	\$ 8.09
Lacrosse/Soccer/Water Polo	\$ 7.03	\$ 8.04	\$ 9.67	See Class A Sports
Tackle/ Gaelic Football	\$ 15.62	\$ 30.12	\$ 41.31	See Class A Sports
Track/Swimming/Volleyball/Tennis/Golf/Frisbee/Kickball			All Ages are \$5.51	
Umpires/Referees Associations			All Ages are \$7.62	
Wrestling		Ages Under 19 are \$15.92	Not Available for Ages Over 19	

CLASS B SPORTS OPTION 2

See rate chart. The following rate chart provides the total rates per player/per sport to include the General Liability, Legal Liability to Participants and the Participant Medical Expense Payment coverages.

The minimum premium for this option is \$400.

General Aggregate	\$ 2,000,000
General Liability per Occurrence	\$ 2,000,000
Legal Liability to Participants	\$ 2,000,000
Non-owned Hired Automobile (Not provided in Hawaii)	\$ 2,000,000
Participant Medical Expense	\$ 100,000
Payments (Excess) (\$100 deductible)	

SPORT	AGES 12 & UNDER	AGES 13-15	AGES 16-19	AGES OVER 19
Baseball/T-Ball/Cricket, Squash	\$ 7.98	\$ 12.44	\$ 16.32	\$ 31.99
Softball	\$ 7.61	\$ 8.95	\$ 16.32	\$ 31.99
Basketball/Deck, Floor, Field Hockey/Cheerleading Drill Team, Ultimate Frisbee	\$ 8.13	\$ 9.73	\$ 18.53	\$ 24.59
Touch, Flag Football	\$ 7.09	\$ 8.52	\$ 10.31	\$ 11.04
Lacrosse/Soccer/Water Polo	\$ 10.08	\$ 11.79	\$ 13.01	See Class A Sports
Tackle/ Gaelic Football	\$ 20.42	\$ 40.27	\$ 53.13	See Class A Sports
Track/Swimming/Volleyball/Tennis/Golf/Frisbee/Kickball			All Ages are \$7.78	
Umpires/Referees Associations			All Ages are \$10.28	
Wrestling		Ages Under 19 are \$21.32	Not Available for Ages Over 19	