

CLUB CRIME INSURANCE CLUB ACCIDENT INSURANCE



**SEPTEMBER 30, 2026 DEADLINE FOR
APPLICATION AND PAYMENT. DON'T DELAY.**

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 and directors and officers liability insurance to every club in the United States and Canada. However, Kiwanis has access to additional coverage options — ensuring a level of insurance protection your leadership desires.

In this brochure, you'll find information for club accident insurance and crime insurance. Each option is available separately. (Crime insurance is now available in the U.S. and Canada.) Your club is not required to purchase either of them. However, we strongly encourage you to consider each one and discuss them 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.

WHAT'S INSIDE

CLUB CRIME INSURANCE	2
Club crime insurance application form for clubs in the United States and Canada	3
CLUB ACCIDENT INSURANCE	4
Club accident insurance application form for clubs in the United States and Canada	5
Club accident insurance—schedule of benefits	6
FOR MORE INFORMATION	7

CLUB CRIME INSURANCE *(for clubs in the U.S. and Canada)* Application must be received by **September 30, 2026!**

WHY BUY CRIME COVERAGE?

A theft from your Kiwanis club 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 by a third party or member dishonesty and may be exposed to a wide variety of crime-related losses, including falsified receipts, cash theft, forgery or wire fraud. The crime insurance also includes a \$5,000 sublimit should a club be tricked into paying a fraudulent invoice by a criminal. The premium for crime insurance is \$145 for a \$10,000 limit of liability with a \$500 deductible. Higher limits are available, if desired.

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 **Nathan Peterman, the Kiwanis International insurance broker at Hylant, 1-800-678-0361.**

CRIME COVERAGE

- Helps protect 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.
- Helps protect the integrity of Kiwanians and ensures your club's ability to serve the community.

POLICY HIGHLIGHTS OF CRIME COVERAGE

- Broad occurrence coverage for employee/volunteer theft and by non-employees/non-volunteers whether on premises or in transit, depositor forgery, wire fraud and more by a third party.
- Broad definition of theft.
- Premises coverage includes computer theft, safe burglary and robbery.
- At large festivals, significant values of cash are often accumulated before bank deposits can be made. The crime policy protects against the theft of this currency on-site or in transit to be stored or deposited.
- Increased Social Engineering Fraud (SEF) limits of \$25,000 are now available for clubs who purchase the \$50,000 crime limit. Clubs buying the \$10,000 or \$25,000 crime limit get \$5,000 of Social Engineering Fraud coverage. This coverage covers incidents of theft when someone fraudulently impersonates someone in authority and induces the club into voluntarily sending money to a bad actor.

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 to avoid drawing 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 previous four years.

CLUB CRIME INSURANCE

Application form for clubs in the United States and Canada

Clubs that participated in the 2025-26 Club Crime Insurance program must complete this application again and submit it with premium payment to be eligible for coverage in 2026-27. The form and payment must be submitted together to Hylant as outlined below.

I. General information (please print)

Name of organization: _____ Club number: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

Email address: _____ (Please make sure email address is legible.)

Nature of operations: **Kiwanis club**

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

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. Does the Applicant allow the individuals who reconcile the monthly bank statements to also sign checks or handle deposits?

☐ Yes ☐ No

If yes, do you have oversight after the reconciliation?

☐ Yes (Please describe, attach sheet if necessary)

☐ No (We will review, but pricing would be outside of previously agreed-upon program pricing.)

3. Required information

a. Number of employees/volunteers: _____

b. Revenue: _____

c. Number of locations: _____

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)

Application and payment must be received by September 30, 2026. 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 — now includes Social Engineering Fraud (SEF) coverage!*

- ☐ Crime US\$10K with \$5K SEF Sublimit, US\$500 Deductible, US\$145 Premium
☐ Crime US\$25K with \$5K SEF Sublimit, US\$500 Deductible, US\$175 Premium
☐ Crime US\$50K with \$25K SEF Sublimit, US\$2500 Deductible, US\$300 Premium

*Social engineering fraud is a broad term that refers to the scams used by criminals to trick, deceive and manipulate their victims into voluntarily parting with funds under false pretenses.

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

Hylant/Kiwanis Team
10401 N. Meridian, Suite 200
Indianapolis, IN 46290 1-800-678-0361

CLUB ACCIDENT INSURANCE New policy effective date! Application and payment must be received by **September 30, 2026.**



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 members and volunteers involved in 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.

ENROLLMENT

Any Kiwanis club may enroll. To apply, fill out the application and send it with your premium, as indicated. If you have any questions, contact **Nathan Peterman, the Kiwanis International insurance broker at Hylant, +1-800-678-0361.**

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.

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 has a concussion and a cracked cheekbone. Her family does not have health coverage. The covered accident insurance may apply.

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 that has iced over. 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  

Club information (please print)

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

The program now renews on 10/1/2026 and all previously issued coverage will expire without a newly completed application and payment received by September 30, 2026.

Choice of program

☐ Class 1 limit US\$10,000 Excess Medical/US\$3 pp annual

☐ Class 2 limit US\$25,000 Excess Medical/US\$4 pp annual

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: _____

*As this number may fluctuate, use your best estimate.

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:
Hylant/Kiwanis Team
10401 N. Meridian, Suite 200
Indianapolis, IN 46290 1-800-678-0361

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

CLUB ACCIDENT INSURANCE—SCHEDULE OF BENEFITS

OVERVIEW	CLASS 1	CLASS 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	365 days	
How does the policy work?	If a Kiwanis club member or volunteer is injured while participating in a Kiwanis club-sponsored event, this policy will respond as an excess medical 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 should submit an accident form with the Explanation of Benefits (EOB) from the primary provider and/or the itemized bills. Claim forms will be supplied to participating clubs. If the injured Kiwanis member does not have primary health insurance, then this policy will respond as primary.	
LIMITATIONS		
Aggregate limit	If more than one insured person suffers a loss in the same accident, then the most that will be paid is the aggregate limit shown above. If an accident results in benefit amounts becoming payable, which when totaled exceed the applicable aggregate limit of insurance, then the aggregate will be divided proportionally among the insured persons.	
Exclusions	1. Owned aircraft, leased aircraft, or operated aircraft 2. Aircraft pilot or crew 3. Disease or illness 4. Illegal acts 5. Incarceration 6. Intoxication 7. Service in the armed forces 8. Suicide or intentional injury 9. War	
ANNUAL MEMBER PREMIUM	US\$3 / member / year	US\$4 / member / year
ANNUAL VOLUNTEER PREMIUM	US\$3 / volunteer / year	US\$4 / volunteer / year

ADDITIONAL INFORMATION

ACCIDENTAL DEATH AND DISMEMBERMENT

The company will pay the applicable benefit amount if an accident results in a covered loss not otherwise excluded. The accident must result from an insured hazard and occur while an insured person is insured under this policy, while in force. The covered loss must occur within one year of the accident.

ACCIDENT MEDICAL EXPENSE

The company will reimburse up to the maximum benefit amount for Accident Medical Expense if accidental bodily injury causes an insured person to first incur medical expenses for care and treatment of the accidental bodily injury within 90 days after an accident.

ACCIDENT MEDICAL EXPENSE

The benefit amount is payable only for medical expenses incurred within 365 days after the date of the accident causing the accidental bodily injury.

DEDUCTIBLE

The deductible for Accident Medical Expense will be deducted from any benefit amount for Accident Medical Expense that the company will pay. The deductible applies separately to each insured person and each accident.

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

FOR MORE INFORMATION

**Kiwanis International
Risk Management Department**
1-800-549-2647, ext. 210

Hylant
1-800-678-0361

**Crime insurance
Hylant**
1-800-678-0361

**Club accident insurance
Hylant**
1-800-678-0361

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

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





Kiwanis®

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

**IMPORTANT
CLUB INSURANCE
INFORMATION
DO NOT DISCARD**



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 and directors and officers liability insurance. Look inside to learn how to increase your club's stability.

kiwanis.org