AKC Recognized Judges Liability Coverage

Frequently Asked Questions

What is the coverage intent of this policy?
The Insurance Company will pay those sums that an AKC recognized/approved judge becomes legally obligated to pay as damages resulting from: bodily injury; property damage; personal or advertising injury; and errors or omissions. Coverage is subject to policy terms and conditions.

When is coverage effective?
Coverage effective June 1, 2018 to June 1, 2019

Who is the insurance company?
Maxum Indemnity Company

When do AKC judges have coverage under this policy?
AKC recognized/approved judges have coverage under this policy while officiating at an AKC Sanctioned Event ONLY.

Who has coverage under this policy?
All AKC recognized/approved judges while performing their duties in the capacity of a judge for AKC Sanctioned Events.

What limit of coverage is available under this policy?
The policy provides each judge with a $1 million limit of liability for each occurrence, not to exceed $2 million in any one year.

Is there a deductible under this program?
Yes. $5,000 per occurrence.

Are defense costs in addition to the $1 million limit of liability provided by this coverage?
Yes. Defense costs are in addition to the $1 million limit of liability.

Are there exclusions under this policy?
Yes. However the exclusions are standard to the insurance industry for this type of coverage and include but are not limited to:

1. Any dishonest, fraudulent, criminal or malicious act or omission of the insured which includes expected or intended injury.
2. Injury to an employee of an AKC recognized/approved judge while in the course of employment by the AKC judge.
3. Assumption of liability by an AKC judge in a contract or agreement, unless that liability exists in the absence of such contract or agreement.
4. Damages arising directly or indirectly from the judge’s activities as an officer or director of any corporation, company or business other than while acting in an official capacity as an AKC recognized/approved judge at an AKC sanctioned event.
5. Damage to Property in your care, custody or control.
Is there coverage under this policy if an AKC recognized/approved judge is hurt while officiating at an AKC sanctioned event?

No, there is not coverage under this policy; however, there is a separate group accident policy for these types of injuries. Please submit a claim/incident form and any related medical bills to Jade Whitehead if an injury occurs.

Does this policy provide defense coverage for non-monetary claims?

No. Coverage is triggered when a claim for damages is made. Defense is not provided to defend a decision that was made during an AKC event unless the claimant is asking for damages.

What does an AKC judge do if they are verbally told someone is holding them responsible for an incident at an AKC sanctioned event?

Tell them that if they would like to put their complaint in writing, you will be happy to submit it to your insurance carrier for their determination as to whether or not you are legally liable for the incident. NEVER ADMIT LIABILITY OR TELL THEM THE INSURANCE CARRIER WILL “TAKE CARE OF IT”

What does an AKC judge do if they have been given written notice of a claim?

Contact Jade Whitehead at Regions Insurance with information regarding the incident. Included in this packet of information is an incident/claim form with information that will need to be provided to Regions Insurance. Please have this information available when contacting Jade. You may also fax or email the incident/claim report to Jade at 770-725-5282 or Jade.Whitehead@regions.com

What does an AKC judge do if they are served with a lawsuit?

The suit needs to be faxed to Regions Insurance or sent via overnight mail to 1150 Julian Drive, Watkinsville, GA 30677 Attn: Jade Whitehead. You will still be required to complete the attached incident/claim form.

If I have questions about the coverage, who do I call?

Jade Whitehead with Regions will answer your questions regarding coverage. Jade can be reached at 678-726-0552 or Jade.Whitehead@regions.com
AKC JUDGES PROFESSIONAL LIABILITY
Incident/Claim Form

Name of AKC Judge __________________________________________________________________________________________

Address __________________________________________________________________________________________________

Phone Number ____________________________________ Fax Number __________________________________

Name of AKC Sanctioned Event ______________________________________________________________________________

Location of Event ____________________________________ Date(s) of Event ______________________________

AKC Club Hosting Event ______________________________________________________________________________________

Club Contact __________________________________________________________________________________________________

Address __________________________________________________________________________________________________

Phone Number ____________________________________ Fax Number __________________________________

Date of Occurrence ____________________________________ Time (if known) ______________________________

Name of Claimant ____________________________________ Phone Number ______________________________

Address __________________________________________________________________________________________________

Amount of Damages Requested ______________________________________________________________________________

Details of Incident _________________________________________________________________________________________

__________________________________________________________________________________________________________

Were there witnesses? _______________________________________________________________________________________

If yes, please provide a written statement from each, if available. List witnesses below.

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Do you have any other professional liability coverage? ______________________________________________________________________________

If yes, Name of Carrier _________________________________________________________________________________________

Policy Number __________________________________________________________________________________________

Please forward this form to:

Regions Insurance
Attn: Jade Whitehead
PO Box 81038
Athens, GA 30608
678-726-0552 (Phone)
770-725-5282 (Fax)
Jade.Whitehead@regions.com

If you are served with a lawsuit, please fax or overnight immediately.