K&K INSURANCE

P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 441-3994 Fax (260) 459-5120
www.kandkinsurance.com
CA #0334819

BOWL/ALL-STAR GAMES APPLICATION

APPLICANT INFORMATION

Name of Insured *(as will appear on policy):*_____

Doing Business As:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

LOCATION INFORMATION

Office Address (if different from above):_____

City:_____ State:_____ Zip:_____ Phone:_____

Contact Person:_____

Person is: ❑ Owner ❑ Promoter ❑ Agent ❑ Other:_____

Phone:_____ Fax:_____

Federal Tax ID Number:_____

Email Address:_____ Web Site Address:_____

Nature of operations/description of event:_____

_____

Insured is: ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ Not for Profit Organization
❑ Limited Liability Corporation ❑ Other (explain):_____

Number of years in business:_____

In what state is the organization headquartered/chartered?_____

Policy period requested: From_____ To_____

Estimated number of events:_____

AGENCY/BROKERAGE INFORMATION

Name of Agency/Brokerage (if applicable):_____

Contact Person:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____

Federal Tax ID Number_____ Email Address:_____

COVERAGE INFORMATION- Check the type of coverage and indicate the limits and deductibles desired:

		Limits Requested	Deductible
❑ General Liability	❑ Primary	$ _____	$ _____
	❑ Excess	$ _____	$ _____
	❑ Legal Liability To Participants	$ _____	$ _____
❑ Participant Accident	❑ AD&D	$ _____	$ _____
	❑ Primary Medical	$ _____	$ _____
	❑ Excess Medical	$ _____	$ _____
	❑ Weekly Disability Income	$ _____	$ _____
❑ Property	❑ Property **(ACORD application required)**	$ _____	$ _____
	❑ Inland Marine **(ACORD application required)**	$ _____	$ _____
	❑ Crime **(ACORD application required)**	$ _____	$ _____
❑ Auto **(ACORD application required)**		$ _____	$ _____
❑ Workers' Compensation **(ACORD application required with Experience Modification Worksheet)**		$ _____	$ _____
❑ Other: _____		$ _____	$ _____

ADDITIONAL INSUREDS: **(Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).**

	NAME	ADDRESS	RELATION TO YOU *
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

* **If the additional insured is an owner, manager, or lessor of the premises to you, please indicate the part of the premises leased or rented to you by the designated additional insured, as respects your activity or operation.**

GENERAL INFORMATION

1. Has this type of insurance ever been: ❑ Cancelled ❑ Declined ❑ Non-renewed
   If so, please explain. _____
   _____
2. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy?
   ❑ Yes ❑ No If yes, please explain. _____
   _____
3. As respects your operation(s), do you enter into any contracts/lease agreements? ❑ Yes ❑ No
   If yes, what contracts do you enter into? _____
   _____
   _____
   a. Does the Named Insured assume liability for the other party? ❑ Yes ❑ No
   PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.
   b. Does the other party assume the Named Insured's liability? ❑ Yes ❑ No
   PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
   c. Does each party assume its own liability? ❑ Yes ❑ No
   PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.
4. Who reviews the contracts prior to signing?
   ❑ Corporate Officers ❑ Counsel ❑ Other (please explain) _____

5. Is a K&K approved Waiver and Release form read and signed by all persons entering a restricted area prior to entry? ❑ Yes ❑ No
(Please attach a copy of forms(s))

6. For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each and whether the certificates list the Named Insured as it will appear on the policy as an Additional Insured.

	CERTIFICATES (Provide copies.)	LIMITS	ADDITIONAL INSURED
Food Concessionaires			
Vendors/Exhibitors			
Contractors/Others			

7. Are athletes specifically excluded from the school's overall insurance program? ❑ Yes ❑ No
What specific coverages are provided?_____

UNDERWRITING INFORMATION

1. Date of the bowl game?_____
Anticipated attendance for the game?_____
Estimated gross receipts for the game?_____
2. Provide a list of events with the estimated number of spectators and participants:_____
Please describe your half-time activities:_____
3. Facility Information:

Name	Age	Seating Capacity	Location

4. Will "Standing Room Only" be permitted?_____
5. Please advise who is responsible for the security at the facility and clearly describe the number and type of security personnel used at various events (Total number of security per event, number of campus security, number of hired security, etc.)
(Please attach security procedures for the facility listed above)
6. If ushers are used, do they receive prior training?_____
7. Describe precautions taken to prevent spectators from entering restricted areas:_____
8. Will liquor be sold or served for any events? ❑ Yes ❑ No **If yes, please complete liquor application.**
9. Are restroom facilities available to spectators at all events?_____
10. Are emergency evacuation procedures in place? ❑ Yes ❑ No Tested? ❑ Yes ❑ No **If yes, please attach a copy.**
11. Are signs posted and are public address announcements made warning of the assumption of risk in attending spectator activities?
12. Will first aid facilities be available to spectators for all activities?_____
Please explain:_____
13. Please list who is included as a participant:_____
14. Please indicate any additional information which you feel is important here:_____

15. Are athletes of your member institutions covered by the NCAA Catastrophic Insurance Program or an equivalent program?_____

Name of Institution	Coverage Carried	Limits
1.		
2.		
3.		
4.		

PARADE SECTION

1. Date(s) of parade:_____ Beginning and ending hours:_____

Attach a diagram of the location (parade route from beginning to end).

2. The road(s) must be closed in both directions, please confirm: ❑ Yes ❑ No
3. Number of floats:_____ Number of equestrians:_____ Number of bands:_____
6. Number of motorized:_____ Estimated number of participants:_____

   Estimated total spectator attendance:_____
9. Are the animals insured against third-party liability claims by the owner? ❑ Yes ❑ No

   If yes, what is the minimum limit carried?_____
10. Are souvenirs or other items allowed to be thrown into the crowd? ❑ Yes ❑ No

    If yes, explain:_____

PRIOR CARRIER INFORMATION- Four years currently valued loss runs must be submitted for any of the four years K&K was not on the account.

Year	Previous Agent	Company	Liability Limits	Premium	Losses

❑ **No Prior Insurance**

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ❑ **Copies of all lease agreements and contracts entered into on behalf of insured.**
- ❑ **Diagrams and photographs of each location showing all spectator and participant areas.**
- ❑ **Copy of the previous/present policy.**
- ❑ **Broker of Record letter. (if applicable)**
- ❑ **Copies of waiver/release forms.**
- ❑ **Copy of security procedures at the facility.**
- ❑ **Copy of emergency procedures.**
- ❑ **Four years of company loss runs (company copy including reserves).**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

Applicant's Signature	Producer's Signature (if applicable)
Applicant's Name (print)	Producer's Name (print)
Date (MM/DD/YY)	Date (MM/DD/YY)

MANDATORY SIGNATURE SUPPLEMENT

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name:_____

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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 also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE (if applicable)
PRINT NAME	PRINT NAME
DATE (MM/DD/YY)	DATE (MM/DD/YY)