

# LARGE SPORTS EVENTS

## Eligible Operations:

- Amateur sports events
- Professional sports events

## Key Underwriting/Qualifying Factors (Including but not limited to):

- Annual coverage available
- \$3,500 minimum account premium
- \$2,500 minimum premium-single event

Note: For smaller sports events with limited coverage needs contact our Risk Purchasing Group (see reverse side for contact information).

## Ineligible for this program:

- Extreme Sports
- Mixed martial arts

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Sporting Events Program for over 15 years
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available if eligible

K&K's large sports event insurance is designed for events with more than 850 participants, over 2,500 spectators per day, or events where the number of event days is greater than six consecutive days (no minimum size limitation).

- Minimum Premium: \$3,500 (\$2,500 if single event)

For short-term amateur sports events with less complex coverage needs, please visit our Amateur Sports Tournaments and Events program at [www.kandkinsurance.com](http://www.kandkinsurance.com) where you can quote, apply, buy online, and receive proof of coverage immediately.

## Coverages Available & Program Highlights:

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General Liability (written on an admitted basis in most states)

- Broadened Coverage Form
- Non-audited policy
- No Deductible
- Bodily Injury definition redefined
- Volunteers and Sponsors Can be Added as Additional Insureds
- Crisis Response Coverage
- Liquor Liability (in most states)
- Legal Liability to Participants
- Employee Benefits Liability Available
- Sexual Abuse & Molestation Endorsement – per perp form (optional – subject to qualification based on minimum underwriting criteria and guidelines)

Directors and Officers Liability including EPLI

Property

- Over 25 property enhancements
- Equipment Breakdown
- Business Interruption

Inland Marine

Crime

Commercial Auto

Excess Liability

Accident Medical (Participant Accident)

Worker's Compensation

Event Cancellation & Non-appearance  
(Provided through Showstoppers)

## Common Associated Exposures:

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- |   |                       |
|---|-----------------------|
| - Awards/banquets/ ceremonies           | - Setup/teardown days |
| - Food, souvenir & beverage concessions | - Tryouts & practices |
|   | - Exhibition games    |

### Contact Information:

P.O. Box 2338 Fort Wayne, IN 46801-2338

### Large Sports Events Program

Sports Unit

PHONE: 800.441.3994

FAX: 260.459.5120

EMAIL:

KK.Sports@kandkinsurance.com

WEB SITE:

kandkinsurance.com

### Amateur Sports Tournaments & Events

Risk Purchasing Group Program

PHONE: 800.426.2889

FAX: 260.459.5105

EMAIL:

info@sportsinsurance-kk.com

WEB SITE:

sportsinsurance-kk.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

All descriptions, summaries or highlights of coverage are for general informational purposes only and do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy.

### Submission Instructions:

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To request an insurance quotation through this program, please complete the appropriate PDF application (available at [www.kandkinsurance.com](http://www.kandkinsurance.com)) and submit as directed in the application. Coverage is subject to underwriting, may not be available to all applicants in all states, and may vary by state. It is important to carefully review the terms and conditions of any insurance quotation. Please contact a K&K representative if you have any questions.

### Preliminary Underwriting Information Required:

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- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs, including current year
- Certificate of Insurance from vendors, independent contractors or exhibitors listing insured as additional insured
- Copy of procedure/rule manuals
- Copy of waiver & release forms
- Copies of all contracts

### Sports Events Application(s):

(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

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#### K&K Application(s)

- Amateur Events Application or Pro Sports Events Application
- Triathlon Event Questionnaire (if needed)
- Water Related Events Questionnaire (if needed)
- Water Ski Schools Questionnaire (if needed)
- Hospitality Tents Preliminary Questionnaire (if needed)
- Sponsors Liability Supplemental Application (if needed)
- Participant Accident Supplemental Application (if needed)
- Security Supplemental Information (if needed)
- Nonowned/Hired Application (if needed)
- Event Liquor Supplemental Questionnaire (if needed)
- Fireworks Supplemental Application (if needed)
- Inflatable Liability Questionnaire (if needed)

#### ACORD Application(s)

- Property
- Crime
- Commercial Auto
- Computer Coverage
- Inland Marine
- Excess Liability

Insuring the world's fun.®



1712 Magnavox Way  
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## AMATEUR EVENTS 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): \_\_\_\_\_

President: \_\_\_\_\_ Number of years in business: \_\_\_\_\_

In what state is the organization headquartered/chartered? \_\_\_\_\_

Policy period requested: From \_\_\_\_\_ To \_\_\_\_\_

### 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:

		<b>Limits Requested</b>	<b>Deductible</b>
<input type="checkbox"/> General Liability	<input type="checkbox"/> Primary	\$ _____	\$ _____
	<input type="checkbox"/> Excess	\$ _____	\$ _____
	<input type="checkbox"/> Legal Liability To Participants	\$ _____	\$ _____
	<input type="checkbox"/> Liquor Liability <i>(K&amp;K application required)</i>	\$ _____	\$ _____
	<input type="checkbox"/> Employee Benefits Liability	\$ _____	\$ _____
<input type="checkbox"/> Participant Accident	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
	<input type="checkbox"/> Weekly Disability Income	\$ _____	\$ _____
<input type="checkbox"/> Property	<input type="checkbox"/> Property <i>(ACORD application required)</i>	\$ _____	\$ _____
	<input type="checkbox"/> Inland Marine <i>(ACORD application required)</i>	\$ _____	\$ _____
	<input type="checkbox"/> Crime <i>(ACORD application required)</i>	\$ _____	\$ _____
<input type="checkbox"/> Auto <i>(ACORD application required)</i>		\$ _____	\$ _____
<input type="checkbox"/> Workers' Compensation <i>(ACORD application required with Experience Modification Worksheet)</i>		\$ _____	\$ _____
<input type="checkbox"/> Other: _____		\$ _____	\$ _____

Do you intend to have office premises Liability? ☐ Yes ☐ No If yes, office square footage: \_\_\_\_\_

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

	<b>NAME</b>	<b>ADDRESS</b>	<b>RELATION TO YOU ★</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

★ 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**

- Has this type of insurance ever been: ☐ Cancelled ☐ Declined ☐ Non-renewed  
If so, please explain. \_\_\_\_\_
- 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. \_\_\_\_\_
- As respects your operation(s), do you enter into any contracts/lease agreements? ☐ Yes ☐ No  
If yes, what contracts do you enter into? \_\_\_\_\_
  - Does the Named Insured assume liability for the other party? ☐ Yes ☐ No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**
  - Does the other party assume the Named Insured's liability? ☐ Yes ☐ No  
**PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.**
  - Does each party assume its own liability? ☐ Yes ☐ No  
**PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.**
- Who reviews the contracts prior to signing?  
☐ Corporate Officers ☐ Counsel ☐ Other (please explain) \_\_\_\_\_
- 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.

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

## UNDERWRITING INFORMATION

1. Break down participation by sport and age: *(If additional space is needed, please attach a list to this form.)*

	SPORT	NUMBER OF PARTICIPANTS
Ages 12 & Under		
Ages 13-15		
Ages 16-17		
Ages 18 & Older		

2. Number of volunteers: \_\_\_\_\_ Estimated spectator attendance: \_\_\_\_\_

Ticket price: \$ \_\_\_\_\_ Total gross receipts: \_\_\_\_\_

Type of events: \_\_\_\_\_

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. 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 your waiver & release forms(s))*

## ANCILLARY EVENTS INFORMATION

Describe any ancillary activities planned in conjunction with the events such as parades, festivals, concerts, fireworks, tailgate parties, items tossed by, or into crowds, etc.: \_\_\_\_\_

\_\_\_\_\_

EVENT	EVENT DESCRIPTION	DATE	LOCATION	SEATING CAPACITY	ESTIMATED ATTENDANCE	STANDING ROOM ONLY	
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe past experience with planned events and any ancillary events:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FACILITY INFORMATION

EVENT	DATE	LOCATION	FACILITY	CAPACITY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Are emergency procedures in place? ☐ Yes ☐ No Tested? ☐ Yes ☐ No *(Please attach a copy of procedure)*

2. List any alterations to facility required, such as temporary bleachers: \_\_\_\_\_

3. Who is responsible for the alterations \_\_\_\_\_
4. Will "Standing Room Only" be permitted ☐ Yes ☐ No
5. Are signs posted and public address announcements made warning of the assumption of risk in attending sporting events? ☐ Yes ☐ No
6. Do you require an emergency vehicle and licensed EMT at each event? ☐ Yes ☐ No
7. Are they available to both participants and spectators? ☐ Yes ☐ No
8. If an emergency vehicle is not on site, what is the average emergency response time? \_\_\_\_\_
9. Is first aid available to both participants and spectators at the event location(s)? ☐ Yes ☐ No
- Please explain: \_\_\_\_\_
10. How far is the playing surface from the nearest spectator seating area? \_\_\_\_\_
11. Describe the precautions taken to prevent spectators from entering restricted areas: \_\_\_\_\_

**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 emergency procedures.**
- ☐ **Four years of current valued 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)



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## TRIATHLON EVENT QUESTIONNAIRE

Named Insured: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1. What types of sports are in this event? \_\_\_\_\_
2. How many participants will be competing? \_\_\_\_\_
3. Are there any experience requirements for the participants? ☐ Yes ☐ No
4. Are they required to wear any safety equipment? ☐ Yes ☐ No
5. What is the participants age group? \_\_\_\_\_
6. Do the participants sign any waivers? ☐ Yes ☐ No  
**If yes, please provide a copy of the signed waivers.**
7. How many volunteers will be utilized? \_\_\_\_\_
8. What experience, if any, is required in order to qualify as a volunteer? \_\_\_\_\_  
\_\_\_\_\_
9. What is the realistic response time for medical assistance? \_\_\_\_\_
10. Please provide the information requested for the following two sports:  
Water Sports: Are life saving devices required? ☐ Yes ☐ No  
Are lifeguards, the Coast Guard or some type of medical service present? \_\_\_\_\_  
Running & Biking: Does the course take place on open or closed roads? ☐ Open ☐ Closed  
If open, how are participants separated from traffic? \_\_\_\_\_  
Are intersections manned as the participants pass through? ☐ Yes ☐ No  
Will SAG vehicles be used? ☐ Yes ☐ No  
If yes, how many, and where will they be placed? \_\_\_\_\_  
\_\_\_\_\_
11. Do you require coverage for ancillary events? ☐ Yes ☐ No  
**If so, please provide a description of the activity along with the date, location, estimated attendance.**
12. **ADDITIONAL INSURED:** If you are required to add entities to your policy as additional insureds, please provide a list of names, as they should appear on the policy, the complete address for each and their relationship to you.

### THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ☐ Provide a schedule of events, including – Date, location and estimated number of spectators per event
- ☐ Please provide a diagram of the course, which includes altitudes, obstacles, mileage, transition areas, etc.
- ☐ Provide a copy of any current handbook, procedures manual, etc. on safety/emergency procedures for the race.
- ☐ Please provide a diagram of the course and copies of any brochures or manuals available for this event.

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)



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## WATER RELATED EVENTS QUESTIONNAIRE

Named Insured: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1. What type of event will you be holding? \_\_\_\_\_
2. Will this event take place on open or closed waters? ☐ Open ☐ Closed
3. What type of safety equipment and guidelines are required of the participants? \_\_\_\_\_  
\_\_\_\_\_
4. Are there any requirements of a participant to enter the event (i.e. training, age)? \_\_\_\_\_  
\_\_\_\_\_
5. Are the participants required to sign waivers? ☐ No ☐ Yes (If so, please provide a copy)
6. Please provide a schedule of events. With this schedule please include the following for each event:  
☐ Date ☐ Location ☐ Number of Participants ☐ Estimated Gross Receipts  
☐ Age Group of the Participants ☐ Number of Spectators ☐ Number of Volunteers
7. If you are utilizing volunteers, what type of experience is required in order to qualify as a volunteer? \_\_\_\_\_  
\_\_\_\_\_
8. Has the Coast Guard or Local Authorities been notified about your event? ☐ Yes ☐ No  
Will they be present at your event? ☐ Yes ☐ No If so, how many and where will they be located? \_\_\_\_\_  
\_\_\_\_\_
9. What is the realistic response time for medical assistance? \_\_\_\_\_
10. Does the equipment used during an event belong to you or the participants ☐ Yes ☐ No  
If not, who provides the equipment rented or loaned to the participants? \_\_\_\_\_  
\_\_\_\_\_
11. Is the equipment thoroughly checked prior to being used? ☐ Yes ☐ No
12. Does the insured need any ancillary events covered? ☐ Yes ☐ No  
If so, please provide a description of the activity along with the date, location and estimated attendance
13. **ADDITIONAL INSUREDS: If you are required to add entities to your policy as additional insureds, please provide a list of names, as they should appear on the policy, the complete address for each and their relationship to you.**
14. **Please provide a diagram of the course and copies of any brochures or manuals available for this event.**

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

\_\_\_\_\_  
Date





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# HOSPITALITY TENTS PRELIMINARY QUESTIONNAIRE

Named Insured: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1. Are any contracts signed between you, the Insured, and the venues and/or promoters of the events? ☐ Yes ☐ No

**If so, please provide copies.**

2. Do you have a travel agent's E&O policy or anything similar? ☐ Yes ☐ No

3. To what extent do you get involved with the actual travel arrangements or transportation to and from the hotel to the event site, etc.? \_\_\_\_\_  
\_\_\_\_\_

4. What is your experience with this type of operation? \_\_\_\_\_  
\_\_\_\_\_

5. If temporary quarters are set up, (i.e. tent as a hospitality suite) who is the contractor responsible for setting up the tent? \_\_\_\_\_

Do they hold you harmless? ☐ Yes ☐ No

Do you obtain certificates of insurance? ☐ Yes ☐ No

6. Do you have responsibility for the patrons 24 hours a day during the event or only during certain times? \_\_\_\_\_  
\_\_\_\_\_

7. Do the individual patrons sign waivers or just the "client" (i.e.: sample sales contract)? \_\_\_\_\_  
\_\_\_\_\_

**8. Please provide examples of the type of clientele you will have.**

9. What types of activities are included with your hospitality packages? \_\_\_\_\_  
\_\_\_\_\_

10. Do you have a schedule of hospitality packages available? ☐ Yes ☐ No

**If yes, please provide.**

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)



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## SPONSORS LIABILITY SUPPLEMENTAL APPLICATION

Named Insured: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1. Estimated number of events to be sponsored during this policy term: \_\_\_\_\_
2. Estimated annual sponsorship monies:
  - a. Total value of monetary sponsorship for the policy period: \$ \_\_\_\_\_
  - b. Total valuation and description of all non-monetary sponsorship contributions for the policy period: \$ \_\_\_\_\_  
Description of Items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Explain any responsibilities for events other than monetary and non-monetary contributions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. 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 will list you as an Additional Insured.

	Certificates	Limits	Additional Insured
Event Organizer .....	_____	_____	_____
Event Promoter .....	_____	_____	_____
Event Sanctioning Body . . .	_____	_____	_____
Food Concessionaire .....	_____	_____	_____
Vendors .....	_____	_____	_____
Exhibitors .....	_____	_____	_____
Independent Contractors . . .	_____	_____	_____
Service Organizations .....	_____	_____	_____
Product Manufacturers .....	_____	_____	_____
(for premium items)			

### MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

- ☐ **List of Events-** Attach a list of events for which you are requesting sponsor liability coverage. Must include the following:
  - a. The name, date and location of event, including facility name and value of sponsorship contribution.
  - b. Description of event including spectator attendance, and ancillary activities (i.e.: fireworks, concerts, parades, etc.). Please note any single events with expected attendance of 10,000 or greater.
  - c. Description of your sponsorship involvement including any items sold or distributed bearing your name.
  - d. Promoter's/organizer's or sanctioning body's name and their years experience with similar events.
- ☐ **Five year Loss History for previous Sponsors Liability (company copies mandatory).**
- ☐ **Copies of contracts and sponsorship agreements.**
- ☐ **Copies of Certificates of Insurance from promoters, etc., listed above.**
- ☐ **Any additional applications required for special coverages (such as liquor or fireworks).**

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 \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Producer's Signature (if applicable) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Applicant's Name (print) \_\_\_\_\_

Producer's Name (print) \_\_\_\_\_



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## PARTICIPANT ACCIDENT SUPPLEMENTAL APPLICATION

Name of Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Total Number of Participants: \_\_\_\_\_ Age Range of Participants: \_\_\_\_\_

Break down participation by type of events and age:

	TYPE OF EVENTS	NUMBER OF PARTICIPANTS
Ages 9 & Under	_____	_____
Ages 10-12	_____	_____
Ages 13-15	_____	_____
Ages 16-17	_____	_____
Ages 18 & Older	_____	_____

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### UNDERWRITING INFORMATION

1. Are emergency procedures in place? ☐ Yes ☐ No Tested? ☐ Yes (*Attach copy of procedure*) ☐ No
2. Do you require any emergency vehicle and licensed EMT at each event? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

3. If an emergency vehicle is not on site, what is the average emergency response time? \_\_\_\_\_
4. Is first aid available to both participants and spectators at the event location(s)? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

5. Describe medical, security and evacuation procedures: \_\_\_\_\_

6. Is the insurance program: ☐ Mandatory ☐ Optional, please explain: \_\_\_\_\_

If optional, how many members are eligible to participate in your insurance program? \_\_\_\_\_

7. Are all coaches/trainers certified? ☐ Yes ☐ No

Please explain certification process: \_\_\_\_\_

8. Are all practices, contests and ancillary events sanctioned and supervised by you? ☐ Yes ☐ No
9. Do you have sanctioning procedures in place: ☐ Yes (*Attach copies of sanction requirements and application*) ☐ No

10. Are you a member of an association or other organization which promotes or governs the activities named above? ☐ Yes ☐ No
11. Are participants ever transported to or from practices or competitions at your direction and under your supervision? ☐ Yes ☐ No
- If yes, please describe: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
12. Is a K&K approved waiver and release form read and signed by all persons entering a restricted area prior to entry? ☐ Yes *(Please attach a copy of forms(s))* ☐ No
13. Are coaches and officials to be covered? ☐ Yes ☐ No
14. Please indicate any additional information which you feel is important here: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**ANCILLARY EVENTS INFORMATION -** Describe any events or activities.

SCHEDULE OF EVENTS	DATE(S)	FACILITY & ADDRESS	EST. ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PRIOR CARRIER INFORMATION-** We require currently valued loss runs for each of the last four years K&K was not on the account.

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

**THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:**

- ☐ Copies of diagrams and photographs of each location showing all spectator and participant areas where covered activities take place.
- ☐ Copy of the previous/present policy.
- ☐ Broker of Record letter. (if applicable)
- ☐ Copies of waiver/release forms.
- ☐ Copies of rules and regulations, safety manuals and sanction requirements and application.
- ☐ 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/YYYY)	Date (MM/DD/YYYY)



1712 Magnavox Way P.O. Box 2338  
Fort Wayne, IN 46801-2338  
1-877-355-0315 Fax 1-260-459-5990  
www.kandkinsurance.com  
CA# 0334819

# FIREWORKS SUPPLEMENTAL APPLICATION

Name of Insured: \_\_\_\_\_

1. Date(s) of fireworks exposure: \_\_\_\_\_
2. Specific location of fireworks display(s): \_\_\_\_\_
3. Estimated spectator attendance: \_\_\_\_\_
4. Name of organization shooting fireworks: \_\_\_\_\_

5. Will other coverage be provided? ☐ Yes ☐ No

If yes, please attach copy of certificate with your name listed as additional insured (minimum limit of \$1,000,000 required).

6. List names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

Name

Experience

<u>Name</u>	<u>Experience</u>

7. Are fireworks: "over the counter type"? ☐ Yes ☐ No -or- permit required/professional ☐ Yes ☐ No

**If insured is shooting fireworks, provide copy of current license.**

8. Is a permit required by State, City, County authority for this fireworks display? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

9. Provide diagram of the fireworks display area, detailing the following information:

- a. Spectator fencing – distance from launch site to spectators
- b. Launch site
- c. Direction of launch
- d. Spectator parking lot
- e. Concessions area
- f. Surrounding areas

10. Describe firefighting equipment on site of event: \_\_\_\_\_

11. If no firefighting equipment on site, give distance to nearest fire station: \_\_\_\_\_

Fire protection is: ☐ Volunteer ☐ Paid

12. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? ☐ Yes ☐ No

If no, give distance in miles to nearest medical facility: \_\_\_\_\_ and response time in minutes: \_\_\_\_\_

13. Have you displayed fireworks before? ☐ Yes ☐ No

If yes, describe any claims/losses that have occurred and the amount of loss: \_\_\_\_\_

14. Limit of Liability requested (cannot be greater than the event limit): ☐ \$500,000 ☐ \$1,000,000

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 \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_



# NONOWNED/HIRED AUTO QUESTIONNAIRE

(To be completed and returned with Commercial Auto ACORD application)

Named Insured: \_\_\_\_\_

Do you have a Business Auto Policy for owned autos?

☐ Yes ☐ No

If yes, can coverage be obtained under your Business Auto Policy?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

## NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business?

☐ Yes ☐ No

If so, please provide details regarding duties involved: \_\_\_\_\_

2. Do you verify that insurance is in place with limits of at least

\$300,000 before employees or volunteers can use their auto?

☐ Yes ☐ No

3. Do you run motor vehicle reports on each employee?

☐ Yes ☐ No

4. Please explain what other controls you have in place to protect your company's liability? \_\_\_\_\_

5. Number of Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

## HIRED AUTO LIABILITY

1. During the last three years have you leased, borrowed or hired any vehicles for your business?

☐ Yes ☐ No

2. If you anticipate some usage this year:

A. What type of vehicle (trucks, cars, buses)? \_\_\_\_\_

B. What is the estimated cost to lease or hire the vehicles? \_\_\_\_\_

3. When leasing, hiring or borrowing are the vehicles used to:

A. Transport participants, volunteers or staff only?

☐ Yes ☐ No

If yes, how many? \_\_\_\_\_ For how long? \_\_\_\_\_

Number of times per year: \_\_\_\_\_ Distance traveled per trip: \_\_\_\_\_

B. Haul equipment:

☐ Yes ☐ No

If yes, please explain and identify frequency and distance traveled per trip: \_\_\_\_\_

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries: \_\_\_\_\_ Distance traveled per trip: \_\_\_\_\_

How long the vehicles will be used: \_\_\_\_\_ Year built: \_\_\_\_\_ Cost new: \_\_\_\_\_

5. Does the leasing company provide drivers or do you use your own? \_\_\_\_\_

6. Do you purchase liability insurance from the leasing company?

☐ Yes ☐ No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as

additional insureds? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

8. What is the estimated annual cost to hire/lease all vehicles? \_\_\_\_\_

9. Do you hire vehicles for more than or less than 30 days for any one time?

☐ More ☐ Less

If more than 30 days, vehicles should be scheduled.

## HIRED AUTO PHYSICAL DAMAGE

1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? \_\_\_\_\_  
\_\_\_\_\_
2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? \_\_\_\_\_  
\_\_\_\_\_
3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? ☐ Yes ☐ No
4. What is the maximum number of vehicles leased at one time? \_\_\_\_\_
5. Please provide the garage location of the vehicles (city and state): \_\_\_\_\_
6. Requested Comprehensive Deductible? \$ \_\_\_\_\_ Collision Deductible? \$ \_\_\_\_\_

**LIST OF DRIVERS-** Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## LEASED VEHICLES

If leased, what is the term of the lease? \_\_\_\_\_

VIN#	Year	Make	Model	New Cost	Garaging Location (City and State)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

\_\_\_\_\_  
Date



# LIQUOR LIABILITY APPLICATION

1. Named Insured as is to appear on policy: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

2. Name Liquor License is in: \_\_\_\_\_

3. Liquor License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

4. Is coverage for a specific event? ☐ Yes ☐ No

If yes, explain what kind of event, where event will be held and date of event(s) \_\_\_\_\_

5. Opening and closing hours of event(s) (for each event) \_\_\_\_\_

6. Opening and closing hours of alcoholic beverage sales for each event. *(Must cease a minimum of 1/2 hour before event closing).* \_\_\_\_\_

7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

8. Has applicant incurred claims for liquor liability during the last three years? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

9. Has any insurer cancelled or non-renewed coverage during the last three years? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

10. Type of alcohol beverages sold: \_\_\_\_\_ What proof: \_\_\_\_\_

11. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

12. Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No

If yes, what type? \_\_\_\_\_

13. Do you maintain security personnel at event entry check points? ☐ Yes ☐ No

If yes, what type? \_\_\_\_\_

Do they exercise the right of search and seizure of contraband items? ☐ Yes ☐ No

If yes, how do they notify the public of this? \_\_\_\_\_

14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? ☐ Yes ☐ No

15. If site is completely enclosed, are minors allowed to enter? ☐ Yes ☐ No



16. Are the servers professional (two years bartending experience or more)?
☐ Yes
☐ No

Are the servers non-professional (less than 2 years or no bartending experience)?
☐ Yes
☐ No

Explain:

17. Name the formal awareness training program that the servers receive:

18. At what point of sale are I.D.'s checked?

19. Are rules and regulations clearly displayed for patrons' viewing?
☐ Yes
☐ No

Explain:

20. In what size container is the alcoholic beverage served at each event?
☐ Cup\_\_\_\_\_ oz.
☐ Pitcher
☐ Other:\_\_\_\_\_

21. Can patrons purchase more than two alcoholic beverages at one time?
☐ Yes
☐ No

If yes, please explain:

22. Is there any type of designated driver program in effect?
☐ Yes
☐ No

Explain:

23. Is there any other Liquor Liability coverage being provided?
☐ Yes
☐ No

If yes, explain and attach a copy of the certificate of insurance:

24. Liability limits requested \$\_\_\_\_\_ (per occurrence) \$\_\_\_\_\_ (aggregate)

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)



# EVENT LIQUOR LIABILITY APPLICATION

Named Insured (*as it is to appear on policy*): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Name Liquor License is in: \_\_\_\_\_

Liquor License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

Location of Premises: \_\_\_\_\_

1. Is coverage for a specific event? ☐ Yes ☐ No If yes, explain what kind of event, where event will be held and date of event(s). \_\_\_\_\_

2. Opening and closing hours of event: \_\_\_\_\_

3. Opening and closing hours of alcoholic beverage sales: \_\_\_\_\_

4. Are the alcohol sales and consumption contained by fencing within one fixed site? ☐ Yes ☐ No

If site is completely enclosed, are minors allowed to enter? ☐ Yes ☐ No

If no, are booths/stands located throughout the event site? ☐ Yes ☐ No

5. At what point of sale are I.D.'s checked? \_\_\_\_\_

6. How many security personnel are present? \_\_\_\_\_

7. Are rules and regulations clearly displayed for patrons' viewing? ☐ Yes ☐ No

Explain: \_\_\_\_\_

8. Is there a quantity limit per purchase? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

9. If there is entertainment provided, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date



1712 Magnavox Way P.O. Box 2338  
Fort Wayne, IN 46801-2338  
CA# 0334819

## SECURITY SUPPLEMENTAL INFORMATION

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Who is primarily responsible (via contract) for liability coverage of off-duty police? ☐ Insured ☐ Municipality

Who is primarily responsible (via contract) for Workers' Compensation of off-duty police? ☐ Insured ☐ Municipality

Are all the applicant's security guard employees licensed by the state as a security guard? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

### INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

Are background investigations and checks conducted on all employees who perform security duties? \_\_\_ Yes \_\_\_ No

If yes, mark appropriate box:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Criminal Background Checks       | <input type="checkbox"/> Previous Employer | <input type="checkbox"/> Motor Vehicle Report |
| <input type="checkbox"/> Fingerprints                     | <input type="checkbox"/> Drug Screening    | <input type="checkbox"/> Personal Reference   |
| <input type="checkbox"/> Background Cleared Prior to Hire | <input type="checkbox"/> Other _____       |   |

What firearm training is required for armed security employees? \_\_\_\_\_

\_\_\_\_\_

Does applicant have a formal training program for security employees? \_\_\_ Yes \_\_\_ No

If yes, explain or attach a copy of training manual.

\_\_\_\_\_

Provide number of dogs to be used in your security operations \_\_\_\_\_

During the past four years, have any claims been presented to your current or prior insurance carrier for security related incidents? \_\_\_ Yes \_\_\_ No. If yes, explain those incidents in detail below or provide a separate exhibit.

\_\_\_\_\_

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)



1712 Magnavox Way P.O. Box 2338  
Fort Wayne, IN 46801-2338  
1.800.553.8368 Fax 1.260.459.5624  
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CA# 0334819

## Workers Compensation Supplemental Application

**General Information** Current number of seasonal employees: \_\_\_\_\_

Percent of employee turnover in the last 12 months: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

If California, please provide the zip code with the highest exposure: \_\_\_\_\_

**Benefits** Group medical insurance? Yes ☐ No ☐ What percentage of employees are covered by the plan? \_\_\_\_\_%

Who is eligible? All employees ☐ Only full time ☐ Other: ☐ \_\_\_\_\_ CPR training provided? Yes ☐ No ☐

**Hiring Practices** Check all that apply:

- ☐ Audio Testing ☐ Orthopedic Back Test ☐ Reference Check ☐ Validate Work History  
☐ Criminal Background Check ☐ Pre/Post Employment Physical ☐ Substance Abuse Testing ☐ Written Application  
☐ Formal Interview

Are written job descriptions provided? Yes ☐ No ☐

**Safety** Designated full time safety director? Yes ☐ No ☐ Name: \_\_\_\_\_

Do you have a designated safety committee? Yes ☐ No ☐ Meeting frequency: Daily ☐ Weekly ☐ Monthly ☐ Annually ☐

Does the safety committee present their findings to a management team? Yes ☐ No ☐

What is reviewed by the safety committee during their meetings? \_\_\_\_\_

Safety meetings held for all employees? Yes ☐ No ☐ Frequency: \_\_\_\_\_

Safety training program in place for employees? Yes ☐ No ☐

Safety incentive program? Yes ☐ No ☐ What is the incentive? \_\_\_\_\_

Slip & Fall prevention program? Yes ☐ No ☐ Safe lifting program? Yes ☐ No ☐

Personal protective safety equipment provided? Yes ☐ No ☐

Equipment safeguards utilized? Yes ☐ No ☐ Equipment inspection/maintenance program? Yes ☐ No ☐

If yes, describe: \_\_\_\_\_

Hazardous materials formal safety protocol? Yes ☐ No ☐ Accident investigation program? Yes ☐ No ☐

Are supervisors held accountable for injuries? Yes ☐ No ☐

**Management** Does the insured have a return to work program? Yes ☐ No ☐ With full pay? Yes ☐ No ☐

Written ☐ Informal ☐ Modified duty offered to injured employees? Yes ☐ No ☐

Is the insured willing to implement safety recommendations made by the carrier? Yes ☐ No ☐

Is the insured willing to implement loss control recommendations made by the carrier? Yes ☐ No ☐

**Premises** Regular inspections for housekeeping hazards and condition of equipment performed? Yes ☐ No ☐

If so, how often and by whom? \_\_\_\_\_

Do employees perform maintenance and custodial work at your facilities? Yes ☐ No ☐

If yes, are the employees responsible for housecleaning, laundry, cooking or yard work/landscaping? Yes ☐ No ☐

If yes, do employees maintain the exterior? \_\_\_\_\_

**Vehicle/Driving Exposure** Is there a driver safety program? Yes ☐ No ☐ Are MVR's run? Yes ☐ No ☐

How often?: \_\_\_\_\_ Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations: \_\_\_\_\_

Driving distance? \_\_\_\_\_ Frequency of driving? Daily ☐ Weekly ☐ Other ☐ \_\_\_\_\_

Number of company vehicles? \_\_\_\_\_ Number of employees authorized to operate company vehicles? \_\_\_\_\_

What is the purpose of the driving exposure? \_\_\_\_\_

Do more than 3 employees travel together in any one vehicle? Yes ☐ No ☐

Vehicles inspection/maintenance program? Yes ☐ No ☐



## ABUSE & MOLESTATION/ SEXUAL MISCONDUCT APPLICATION

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**You are required to attach this to completed ACORD FORMS 125 & 126 or other company approved application. To answer a question below, check your response or complete the appropriate information. If you need additional space, please attach a separate sheet of paper to complete your response.**

1. Does the Applicant have written procedures and a plan of supervision that monitors staff and volunteers in day-to-day relationships with its members, both on and off the premises? ☐ Yes ☐ No

2. The Applicant's organization has a written "zero tolerance" sexual and physical abuse or molestation policy? ☐ Yes ☐ No  
If yes, please attach a copy

a. If yes, does the written policy include:

i. Definition of sexual and physical abuse/molestation? ☐ Yes ☐ No

ii. Incident reporting procedures? ☐ Yes ☐ No

iii. Investigation procedures? ☐ Yes ☐ No

iv. Disciplinary procedures? ☐ Yes ☐ No

v. Retaliation warning? ☐ Yes ☐ No

vi. Requirement for annual review and signoff by each employee, volunteer, and/or independent contractor affirming they have read the policy, have received appropriate training and agree to adhere to the policy? ☐ Yes ☐ No

b. Are procedures in place to monitor the implementation and on-going execution of this policy? ☐ Yes ☐ No

3. Does the Applicant's employment process include a criminal background check on all employment and volunteer candidates, whether direct employee, volunteer or independent contractor, to determine if the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses, before an offer of employment or participation is made? ☐ Yes ☐ No

Please identify and explain any current employees, volunteers or independent contractors who are not subject to criminal/sex offender registry background checks:

---

---

---

Who is your vendor for the Criminal Background and Sex Offender Registry checks? (Required) \_\_\_\_\_

---

4. Does the Applicant verify employment-related references? ☐ Yes ☐ No

5. Does the Applicant conduct personal interviews? ☐ Yes ☐ No

6. Is there a formal policy regarding staff training on:

a. Appropriate and inappropriate physical contact with clients or children? ☐ Yes ☐ No

b. Appropriate and inappropriate verbal interactions with clients or children? ☐ Yes ☐ No

c. Appropriate and inappropriate electronic communications with clients or children? ☐ Yes ☐ No

d. Appropriate and inappropriate interactions with clients or children outside of regularly scheduled business activities? ☐ Yes ☐ No

e. Recognition of the signs of abuse or molestation? ☐ Yes ☐ No

7. Does any employee, volunteer or independent contractor
- a. have one-on-one access to clients or children in a closed door or transportation setting? ☐ Yes ☐ No
  - b. physically touch another person as part of their job responsibilities? ☐ Yes ☐ No
- If yes, please explain: \_\_\_\_\_
- 
8. Please indicate the age range of members, patrons, students, or populations served (check all that apply):
- ☐ 0 - 18 years of age      ☐ 18 – 25 years old      ☐ 25 – 50 years old      ☐ over 50 years old      ☐ All
9. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual misconduct or abuse or molestation? ☐ Yes ☐ No
- If yes, please describe: \_\_\_\_\_
- 
- a. Was a suit brought against the organization? ☐ Yes ☐ No
  - b. Was the case settled? ☐ Yes ☐ No
  - c. Was the case taken to trial? ☐ Yes ☐ No
  - d. How much money was paid as damages to the victim? \_\_\_\_\_
- 
10. Regarding coverage for abuse and molestation, does your current insurance program provide abuse or molestation coverage? ☐ Yes ☐ No
11. If required, is your organization in compliance with Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017? ☐ Yes ☐ No
12. Additional remarks/information: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/ UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

**FOR MAINE APPLICANTS ONLY:** THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

**FOR UTAH APPLICANTS ONLY:** THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_



# WILDFIRE PREVENTION QUESTIONNAIRE

**PLEASE NOTE** - This application is to be used when the risk is in one of the following 15 states: Alaska, Arizona, California, Colorado, Florida, Idaho, Montana, New Mexico, Nevada, Oklahoma, Oregon, Texas, Utah, Washington, Wyoming.

**NAMED INSURED** (as will appear on policy): \_\_\_\_\_

1. What are your procedures for clearing brush/debris/shrubs/vegetation and other combustible materials from around buildings and the property in general to help prevent the spread of wildfires (should be 100' of clearance)? \_\_\_\_\_  
\_\_\_\_\_

2. Are trees and branches pruned back to a minimum of 10 feet from all buildings? ☐ Yes ☐ No

3. Is the property served by the local municipal water system? ☐ Yes ☐ No  
If not, what water is immediately available for firefighting?(ie. Water tower, pumper truck, pond, lake, stream with capability of pumping water into a fire)  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of the fire department serving your facility: \_\_\_\_\_  
Fire Department Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. What is the distance of the fire department listed above from your facility? \_\_\_\_\_ Is it full-time or volunteer? \_\_\_\_\_

6. Are the access roads to your facility paved and reasonably maintained all year? ☐ Yes ☐ No

7. Are the majority of your interior roadways (check one): ☐ Paved ☐ Gravel ☐ Dirt  
Are there any steep grades that could hinder vehicle movement? ☐ Yes ☐ No

8. Type of fire prevention material on site ( i.e. Fire Gel, Fire Retardant, Foam)? \_\_\_\_\_  
\_\_\_\_\_

9. Explain the training you have received on applying the fire prevention material: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What is the breakdown of roofing materials on your buildings? \_\_\_\_\_% Asphalt \_\_\_\_\_% Metal \_\_\_\_\_% Tile/Slate  
\_\_\_\_\_% Other (describe) \_\_\_\_\_

11. \_\_\_\_\_% Percentage of buildings that have protective screens on all exterior openings such as sub-floor ventilation/crawl spaces and attic louvers to prevent the entry of windblown sparks, flying firebrands and embers.

12. Describe any type of natural breaks or man-made fire breaks surrounding the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

**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:* \_\_\_\_\_

## **FRAUD WARNING**

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.

**NOTICE TO 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:** 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 CIVIL FINES AND CRIMINAL PENALTIES.



## FRAUD WARNING (continued)

**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.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

AIG FRAUD APPS (2021/06)

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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE (MM/DD/YY)

\_\_\_\_\_  
DATE (MM/DD/YY)