K&K INSURANCE
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www.kandkinsurance.com
CA# 0334819

PROFESSIONAL SPORTS INFORMATION FORM

APPLICANT INFORMATION

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

Doing Business As: _____

Insured is: ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ Other *(explain):* _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Website: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Tax ID: _____

AGENT INFORMATION (if applicable)

Name of Agency/Brokerage: _____ Date: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Website: _____

Phone: _____ Fax: _____

Stadium Name and Address: _____

_____

Estimated annual turnstile attendance: _____

Gross receipts from all ticket sales *(expiring)*: $ _____

Limit of liability required for stadium lease: _____

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.**

During home games, who is responsible for the following activities:

	STADIUM/ FACILITY	TEAM	OTHER/DESCRIBE	INSURANCE CERTIFICATE ON FILE?
Parking	❑	❑	_____	❑ Yes ❑ No
Ticket Sales	❑	❑	_____	❑ Yes ❑ No
Security	❑	❑	_____	❑ Yes ❑ No
Maintenance	❑	❑	_____	❑ Yes ❑ No
Concession Sales **(Excluding alcohol)**	❑	❑	_____	❑ Yes ❑ No
Alcohol Sales	❑	❑	_____	❑ Yes ❑ No
First Aid **(Medical Personnel)**	❑	❑	_____	❑ Yes ❑ No

ADDITIONAL UNDERWRITING

1. Person in charge of security on game days? _____
2. How long has this person held this position? _____
3. How many security personnel are utilized on game day? _____
4. Number hired: _____ How many ushers are used on game day? _____
5. Is there an emergency evacuation plan established for this facility? ❑ Yes ❑ No
6. Do areas listed below meet local/county/state codes? ❑ Yes ❑ No

AREA	NON-SKID SURFACE	WELL LIT
All Ramps	❑ Yes ❑ No	❑ Yes ❑ No
Concessions	❑ Yes ❑ No	❑ Yes ❑ No
Walkways & Aisles	❑ Yes ❑ No	❑ Yes ❑ No
Restrooms	❑ Yes ❑ No	❑ Yes ❑ No
Locker Rooms	❑ Yes ❑ No	❑ Yes ❑ No
Parking	❑ Yes ❑ No	❑ Yes ❑ No

7. Special events that are not game related: _____

_____

_____

_____

_____

_____

LOSS INFORMATION FOR PAST FOUR YEARS

1. Policy Year 19 _____ 19 _____ 19 _____ 19 _____
   Total Premium $ _____ $ _____ $ _____ $ _____
   Total Insured Claims $ _____ $ _____ $ _____ $ _____
2. What precautions are taken to keep spectators out of the restricted areas? _____

_____

_____

3. Number of years in business: _____

LIQUOR LIABILITY

1. Are alcoholic beverages sold? ❑ Yes ❑ No Beer and wine only? ❑ Yes ❑ No
2. Have you ever been fined or had your license revoked or suspended? ❑ Yes ❑ No
   If yes, please describe circumstances: _____

_____

3. Do all servers receive alcohol awareness training? ❑ Yes ❑ No
   If yes, please describe: _____

_____

4. Are patrons allowed to carry alcoholic beverages onto the premises? ❑ Yes ❑ No
5. Do you stop serving at least one hour prior to closing? ❑ Yes ❑ No
6. Are coolers, thermoses, bottles or cans permitted in the facility during the event? ❑ Yes ❑ No
7. What procedure is utilized for control of consumption of alcohol? _____

_____

_____

8. Have there been any alcohol related claims in the last five years? ❑ Yes ❑ No
   If yes, please describe, including payments and reserves. _____

_____

_____

9. Annual Liquor Receipts: $ _____ Annual Souvenir Receipts: $ _____
   Annual Concession Receipts *(expiring):* $ _____

PATRON INTERACTIVE ACTIVITIES

1. Please list and give details of all patron interactive activities:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

2. Do participants in these activities sign a waiver? ❑ Yes ❑ No
3. Is there an age requirement? ❑ Yes ❑ No If yes, what is the minimum age requirement? _____
4. Is there adequate supervision by staff? ❑ Yes ❑ No
5. Are parents/guardians required to be present for children's activities? ❑ Yes ❑ No
6. Additional information or comments here: _____

_____

_____

_____

_____

_____

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

❑ **Copies of all lease agreements relating to stadium use and copies of any contracts entered into on behalf of insured.**

❑ **Copies of Certificates of Insurance naming you as an additional insured for sub-contracted services.**

❑ **Copies of Waiver/Release form signed by all participants.**

❑ **Copy of your emergency evacuation plan.**

❑ **Four years of company loss runs.**

I am interested in obtaining a quotation on the following:

❑ Auto Liability ❑ Nonowned/Hired Auto ❑ Property Coverage

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)