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 CA #0334819

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