K&K INSURANCE
Insuring the world's fun!

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CA# 0334819

ESPORTS INFORMATION FORM

BUSINESS INFORMATION

1. Name of Insured (as will appear on policy):_____
2. Doing business as:_____
3. Contact person:_____ Phone: (_____)_____
4. Mailing address:_____
   City:_____ State:_____ Zip:_____
5. Website:_____
6. Address of each location, if more than three locations, attach list. (Include street, city, state, and zip code)
   A. Address:_____ ❑ Housing ❑ Office ❑ Venue
   City:_____ State:_____ Zip:_____
   B. Address:_____ ❑ Housing ❑ Office ❑ Venue
   City:_____ State:_____ Zip:_____
   C. Address:_____ ❑ Housing ❑ Office ❑ Venue
   City:_____ State:_____ Zip:_____
7. Insured is: ❑ Corporation ❑ Partnership ❑ Joint venture ❑ Other:_____ FEIN Number:_____
8. Is the insured a non-profit organization? ❑ Yes ❑ No
9. In what state is the organization headquartered/chartered?_____
10. Does the organization engage in any other business operations under the name of the insured as will appear on the policy? ❑ Yes ❑ No
    If yes, explain:_____
11. Policy period being requested: From _____/_____/_____ to _____/_____/_____
12. Number of YEARS in Business:_____

AGENT INFORMATION

1. Name of Agency/Brokerage:_____
2. Contact person:_____ Title:_____
3. Mailing address:_____
   City:_____ State:_____ Zip:_____
4. E-mail Address:_____ Website:_____
5. Phone: (_____)_____ Fax: (_____)_____

COVERAGE INFORMATION

Indicate the coverages desired; note the forms to be completed.

ACORD application required:

❑ Property ❑ General Liability ❑ Inland Marine ❑ Crime ❑ Auto ❑ Excess ❑ Workers Compensation
❑ Liquor (complete Liquor Liability section)
❑ Sexual Abuse & Molestation (complete Sexual Abuse & Molestation section)
❑ Nonowned & Hired Auto (complete Nonowned & Hired Auto section)

PRIOR CARRIER INFORMATION

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUMS
20				
20				
20				
20				
20				

1. Describe or provide your organizational rules and regulations:_____

2. Please explain or include governing bodies rules and regulations:_____

3. Is there a safety/injury control program in place? ❑ Yes ❑ No
   Describe:_____
4. Are participants ever transported to or from practices or competitions by organization members? ❑ Yes ❑ No
   If yes, please describe:_____
5. Has this type of insurance ever been canceled, declined or non-renewed? (Not applicable in Missouri) ❑ Yes ❑ No
   If yes, explain:_____
6. Is a K&K approved Waiver & Release form signed by all persons? ❑ Yes ❑ No
   (Please attach a copy or indicate your agreement to use a K&K supplied waiver)
7. Number of Teams:_____ Number of employees:_____
   Average # of participants per event:_____ Number of coaches:_____
   Number of Officials:_____ Number of volunteers:_____
   Average # of spectators per event:_____

8. Breakdown of eSport team *(Please attach a complete list if necessary)*:

	Team Name	Number of Participants	Team Name	Number of Participants	Team Name	Number of Participants
Ages 12 & Under:						
Ages 13-15:						
Ages 16-17:						
Ages 18 & Older:						

Member of League? ❑ Yes ❑ No
Name?_____

9. Please indicate exposures below for team residence and promotional events:

- ❑ Circuit training/cardio equip/freeweights
- ❑ Cryotherapy
- ❑ Jacuzzis_____
- ❑ Personally constructed or manufactured exercise equipment
- ❑ Rock climbing walls (STATIONARY)_____
- ❑ Rock climbing walls (PORTABLE)_____
- ❑ Sauna/steamrooms _____
- ❑ Swimming pools (INDOOR)_____
- ❑ Swimming pools (OUTDOOR)_____
- ❑ Tanning units_____
- ❑ Tennis courts (INDOOR)_____
- ❑ Tennis courts (OUTDOOR)_____
- ❑ Trampoline
- ❑ Whirlpools_____
- ❑ Other_____

10. Do you intend to have premises liability coverage for any team housing, office, or other venue? ❑ Yes ❑ No
    If yes, please describe:_____
11. List and describe any exposures and/or activities held off premises by insured:_____

12. Any space leased to others? ❑ Yes ❑ No
    If yes, please provide name of entity(s), type of operation, and square footage:_____

MANAGEMENT/PERSONNEL/SAFETY/SECURITY

1. List management experience and qualifications:
2. Are all personnel in residence your employees? ❑ Yes ❑ No
   If no, please list those who are not and whether they carry their own insurance:
   Name:_____ ❑ No ❑ Yes Limit:_____
   Name:_____ ❑ No ❑ Yes Limit:_____
3. Total number of full time employees:_____; Part time employees:_____; Volunteers:_____
   Are volunteers covered under your Workers Compensation policy? ❑ Yes ❑ No
4. Are employees certified in CPR or first aid? ❑ Yes ❑ No
5. What certifications do your staff have?_____
6. Does the facility have an automated external defibrillator (AED)? ❑ Yes ❑ No
8. Is the AED easily accessible for those who have been trained in the use of the AED? ❑ Yes ❑ No
9. Do you have AED trained staff on duty? ❑ Yes ❑ No
10. Are there written medical emergency and evacuation procedures in place? ❑ Yes ❑ No
11. What security features are installed? ❑ Sprinkler system ❑ Burglar alarm ❑ Fire alarm ❑ Central station alarm
    ❑ Smoke detectors ❑ Fire extinguishers ❑ Security cameras

FACILITY

1. Who is responsible for maintaining the structural and mechanical equipment in the residence?_____

SEXUAL ABUSE/MOLESTATION *(If coverage is desired)*

1. Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees? ❑ Yes ❑ No
2. Do you conduct criminal background checks on employees or volunteers who work with children? ❑ Yes ❑ No
3. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? ❑ Yes ❑ No
4. Do written procedures include an obligation to immediately report suspected abuse to local authorities? ❑ Yes ❑ No
5. Are copies of the procedures provided to each member of your staff? ❑ Yes ❑ No
6. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? ❑ Yes ❑ No
7. Has a sexual abuse/molestation claim ever been made against your facility? ❑ Yes ❑ No
   If yes, explain in detail, including the amount of damages paid to the victim:_____

   What has been done to prevent such occurrences from happening in the future?_____

SWIMMING POOLS, SLIDES AND DIVING BOARDS ❑ Yes ❑ No

If yes, please provide:

1. Depth of pool(s):_____
2. Square footage of pool(s):_____ *(required for accurate property evaluation)*
4. Describe safety precautions and life saving equipment available:_____
5. Are there any diving boards? ❑ Yes ❑ No
   If yes, height of board:_____
6. Does facility have waterslides? ❑ Yes ❑ No
   If yes, how many?_____
   What is the height of each slide?_____

SAUNA/STEAMROOM ❑ Yes ❑ No

If yes, please provide:

1. Are rules posted regarding the proper use and safety precautions? ❑ Yes ❑ No
2. Does the sauna(s)/steamroom(s) heating element have a protective cover to prevent burns? ❑ Yes ❑ No
3. Are all manufacturer recommendations followed for sauna(s)/steamroom(s) usage? ❑ Yes ❑ No

CLIMBING WALLS ❑ Yes ❑ No

If yes, please provide:

1. Location(s) of climbing walls:_____
2. Height of wall(s):_____
3. Provide minimum age allowed to use climbing walls:_____
4. Belay system used? ❑ Yes ❑ No
5. Describe landing surface and thickness:_____
6. Describe how climbing wall is monitored:_____

INFLATABLES/BOUNCE EQUIPMENT ❑ Yes ❑ No

1. If yes, how many?_____
2. Is the inflatable and/or bounce house rented or owned by the insured?_____
3. If rented, who is responsible for installation to ensure properly anchored?_____
4. If owned, what guidelines are followed to ensure properly anchored?_____

_____

5. How is it monitored for use and by whom?_____

LIQUOR LIABILITY *(If coverage is desired)*

1. Name liquor license is in:_____
2. Liquor license number:_____ Class of license:_____
3. Opening and closing hours of alcoholic beverage sales:_____
4. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ❑ Yes ❑ No
   If yes, please explain:_____

   _____
5. Has applicant incurred claims for liquor liability during the last four years? ❑ Yes ❑ No
   If yes, please explain:_____

   _____
6. Has any insurer canceled or non-renewed coverage during the last four years? ❑ Yes ❑ No
   If yes, please explain:_____

   _____
7. Type of alcoholic beverages sold: ❑ Beer ❑ Wine ❑ Liquor
8. Annual gross sales of alcoholic beverages: $_____
9. Are patrons allowed to carry alcoholic beverages onto the premises? ❑ Yes ❑ No
   If yes, what type?_____

   _____
10. Name the formal awareness training program that the servers receive:_____
11. At what point of sale are I.D.s checked?_____
12. If there any other Liquor Liability coverage being provided? ❑ Yes ❑ No
    If yes, explain and attach a copy of the certificate of insurance:_____

    _____
13. Liability limits requested: $_____ (per occurrence) $_____ aggregate

NONOWNED AND HIRED AUTO LIABILITY *(If coverage is desired)*

1. Do you have a Business Auto Policy for business-owned autos? ❑ Yes ❑ No
   (If yes, you will need to add hired/nonowned auto to that policy)
2. Does your operation require employees to drive their personal vehicles for company business on a regular basis? ❑ Yes ❑ No
   If yes, describe the reasons why they would be using their personal vehicles for company business:_____
   _____
3. Do you verify that their personal auto insurance is in place with limits of a least $300,000
   before employees can use their autos for company business? ❑ Yes ❑ No
4. During the last three years have you leased, borrowed, or hired any vehicles for your business? ❑ Yes ❑ No
5. 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?_____
   C. Number per month_____ Number per year_____
6. LIST OF DRIVERS - Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- ❑ Copies of contracts where you assume liability of another party
- ❑ Five years currently valued loss runs
- ❑ Copies of certificates of insurance naming you as additional insured from fireworks shooter, amusement ride operator, liquor concessionaire, where applicable
- ❑ Copies of waiver/release forms
- ❑ Copies of rules/regulations, safety manuals, sanction requirements, participant contracts
- ❑ Acord applications if you would like quotes for Property, Inland Marine, Crime, Auto, Excess or Worker's Compensation
- ❑ SAM prevention and reporting policy

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)