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

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:

		Limits Requested	Deductible
❑ General Liability	❑ Primary	$ _____	$ _____
	❑ Excess	$ _____	$ _____
	❑ Legal Liability To Participants	$ _____	$ _____
	❑ Liquor Liability ***(K&K application required)***	$ _____	$ _____
	❑ Employee Benefits Liability	$ _____	$ _____
❑ Participant Accident	❑ AD&D	$ _____	$ _____
	❑ 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: _____		$ _____	$ _____

Do you intend to have office premises Liability? ❑ Yes ❑ No If yes, office square footage: _____

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.	_____	_____	_____

* **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. 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	_____	_____	_____

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
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ 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)

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)