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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

Table with 5 columns: YEAR, PREVIOUS AGENT, COMPANY, LIABILITY LIMITS, PREMIUMS. Rows for years 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):*

	<u>Team Name</u>	<u>Number of Participants</u>	<u>Team Name</u>	<u>Number of Participants</u>	<u>Team Name</u>	<u>Number of Participants</u>
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.

<u>Name</u>	<u>Birth Date</u>	<u>Driver's License Number</u>	<u>State Licensed</u>

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
- Acorid 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)