

# VENUES

## Eligible Operations:

- Arenas
- Amphitheaters
- Auditoriums
- Civic centers
- Coliseums
- Convention centers
- Multi-purpose facilities having professional/amateur sporting events, as well as concerts, exhibitions, trade shows, theatrical productions, motorsports events and circuses
- Movie theaters
- Music halls
- Performing arts centers/theatres
- Stadiums

## Key Underwriting/Qualifying

### Factors (Including but not limited to):

- \$3,500 minimum general liability premium

## Ineligible for this program:

- Night clubs
- Comedy clubs

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Venues Program for over 25 years
- Proud member of the International Association of Assembly Managers (IAAM)
- Active participation in industry trade shows and meetings
- Over 65 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best

The K&K Venues Program offers coverage for facilities ranging from stadiums to concert halls. We've built a solid reputation for providing the specialized coverages and services that facility owners and managers need for arenas, coliseums, convention centers and many other sports, leisure and entertainment facilities.

## Coverages Available & Program Highlights:

---

### General Liability

- Liquor Liability
- Employee Benefits Liability
- Employment Practices Liability

### Property

### Boiler & Machinery

### Inland Marine

### Commercial Auto

### Crime

### Excess Liability

### Tenant User Liability

### Event Cancellation & Non-appearance

### Workers' Compensation

## Common Associated Exposures:

---

- Valet parking
- Off-site parking
- Concessions
- Restaurants/lounges
- Interactive exhibits

Insuring the world's fun.®

### **Contact Information:**

1712 Magnavox Way  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

### **Venues Program**

PHONE: 800.440.5580  
FAX: 260.459.5810

EMAIL:  
KK.VenueGaming@kandkinsurance.com

### **Skating Facilities Program**

For information regarding ice skating arenas and  
in-line hockey facilities

PHONE: 877.355.0315  
FAX: 260.459.5821

EMAIL:  
KK.Recreation@kandkinsurance.com

### **Tourist Attraction & Special Event Programs**

For information regarding museums and  
special events

PHONE: 800.553.8368  
FAX: 260.459.5624

EMAIL:  
KK.EventsAttractions@kandkinsurance.com

WEB SITE:  
kandkinsurance.com

K&K Insurance Group, Inc. is a licensed  
insurance producer in all states (TX license  
#13924); operating in CA, NY and MI as K&K  
Insurance Agency (CA license #0334819)

### **Submission Instructions:**

---

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a K&K representative if you have any questions.

### **Preliminary Underwriting Information Required:**

---

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Three years of company loss runs
- Schedule of events & dates
- Copy of event/user agreement

### **Venues Application(s):**

(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

---

### **K&K Application(s)**

- Facility Insurance Application

### **ACORD Application(s)**

- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability

Insuring the world's fun.®



1712 Magnavox Way, P.O. Box 2338  
 Fort Wayne, IN 46801-2338  
 (800) 440-5580 Fax (260) 459-5810  
 www.kandkinsurance.com  
 CA #0334819

# FACILITY INSURANCE APPLICATION

Facility name: \_\_\_\_\_ Facility age: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Facility location: \_\_\_\_\_

(Please indicate nearest highway intersection if no address)

Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or a major amusement park?  Yes  No

If yes, explain: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_ FEIN# \_\_\_\_\_

1. Annual attendance expiring policy term: \_\_\_\_\_ Estimated attendance this policy term: \_\_\_\_\_

Seating: \_\_\_\_\_ Capacity: \_\_\_\_\_

2. List any entity that you are required by contract to name as an additional insured, include name and relationship:  
 (provide copy of contract)

If additional space is required, please use the back of this form or attach a separate sheet.

3. Who is responsible for the following? (check one)

	INSURED	SUB-CONTRACTED*	OTHER(DESCRIBE)
Management of facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Concession sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Liquor sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
First aid (personnel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Fireworks displays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Amusement devices/rides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Off-premises catering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____

\*Provide complete copy of contracts.

Is a certificate of insurance obtained from annual subcontractors and tenants, indicating an additional insured status? .....  Yes  No

4. Are signed Waivers/Assumption of Risk forms required from all persons entering restricted areas?  Yes  No

If yes, is the insured included on the Waiver/Assumption of Risk form? .....  Yes  No

5. Are all parking lots well lit? .....  Yes  No

6. Are all parking lots patrolled? .....  Yes  No

7. How long has current management been at this facility? \_\_\_\_\_

8. Is there a risk manager? .....  Yes  No

9. Is there a written emergency evacuation plan established for the facility? .....  Yes  No

10. Are restrooms checked/cleaned during events? .....  Yes  No

How often? \_\_\_\_\_

**FACILITY INSURANCE APPLICATION (cont.)**

- 11. Are crews prepared and on-duty to clean up spills?..... Yes  No
- 12. Are first aid facilities maintained? ..... Yes  No
- 13. Are all cooking surfaces properly fire protected .....  Yes  No
- 14. What type of Automatic Extinguishing System (AES) is in place? \_\_\_\_\_
- 15. Do you have a contract for servicing and maintaining the automatic extinguishing system?.....  Yes  No
- 16. How often is this system serviced & maintained?  Monthly  Quarterly  Semi-Annually  Annually
- 17. Do you have a contract for cleaning the hoods and ducts?.....  Yes  No
- 18. How often are filters cleaned? \_\_\_\_\_  
By whom?: \_\_\_\_\_

**LIQUOR**

- 1. Are alcoholic beverages sold? . . . . .  Yes  No Served?  Yes  No
- 2. License holder \_\_\_\_\_ Liquor license# \_\_\_\_\_
- 3. Have you ever been fined or had your license revoked or suspended? .....  Yes  No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 4. Do all servers receive alcohol awareness training? .....  Yes  No  
If yes, please describe training \_\_\_\_\_  
\_\_\_\_\_
- 5. Are patrons allowed to carry alcoholic beverages onto the premises? .....  Yes  No
- 6. Do you stop serving at least one hour prior to closing? .....  Yes  No
- 7. Estimated annual sales = alcohol \$ \_\_\_\_\_ food \$ \_\_\_\_\_

**EVENT PROMOTION/FACILITY USE**

- 1. Does the facility self-promote any events?.....  Yes  No  
If yes, describe type of events. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Does the facility co-promote any events? .....  Yes  No  
If yes, describe type of events. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Does the facility have Rap, Hip-Hop, Punk Rock, Rave, Heavy Metal or other music  
in similar categories?.....  Yes  No  
If yes, what additional security measures are implemented? \_\_\_\_\_  
\_\_\_\_\_  
Are any of these events promoted/co-promoted by the facility? .....  Yes  No
- 4. Are mosh pits allowed? .....  Yes  No  
If yes, please confirm the following procedures are implemented: \_\_\_\_\_  
Waivers signed? .....  Yes  No  
Arm/wrist bands provided for entry?.....  Yes  No

**FACILITY INSURANCE APPLICATION (cont.)**

5. Have you had or do you plan on scheduling any of the following activities?

Co/Self Promoted

- Bungee Operation.....  Yes  No     Yes  No  
 Iron Man/Tough Man events.....  Yes  No     Yes  No  
 Rodeos .....  Yes  No     Yes  No

6. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure?.....  Yes     No

7. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? .....  Yes     No

- If yes, do you require a Certificate of Insurance naming you as an Additional Insured? .....  Yes     No  
 Minimum Liability Limits required? .....  Yes     No  
 Do you require coverage to be shown for both General Liability and for Participant Legal Liability?  Yes     No

8. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? .....  Yes     No

9. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point?.....  Yes     No

10. Does the course involve any mud obstacles? .....  Yes     No

**SECURITY**

1. Who is primarily responsible (via contract) for liability coverage of off-duty police?     Insured .....  Municipality  
 2. Who is primarily responsible (via contract) for Workers' Compensation of off-duty police?     Insured .....  Municipality  
 3. Are all the applicant's security guard employees licensed by the state as a security guard?.....  Yes     No

If no, explain: \_\_\_\_\_  
 \_\_\_\_\_

INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

4. Are background investigations and checks conducted on all employees who perform security duties?  Yes     No

If yes, mark appropriate box:

- Criminal Background Checks                       Previous Employer                       Motor Vehicle Report  
 Fingerprints     Drug Screening                               Personal Reference  
 Background Cleared Prior to Hire                       Other : \_\_\_\_\_

5. What firearm training is required for armed security employees? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6 Does applicant have a formal training program for security employees? . . . . .  Yes  No  
If yes, explain or attach a copy of training manual.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Provide number of dogs to be used in your security operations \_\_\_\_\_

**NONOWNED/HIRED AUTO LIABILITY**

1. Do you have a Business Auto Policy for owned autos? .....  Yes  No  
If yes, coverage should be obtained under your Business Auto Policy.

2. Do employees or volunteers routinely use their autos for company business? .....  Yes  No  
Explain: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Total number of volunteers: \_\_\_\_\_

3. Do you, the insured, verify that the insurance is in place with limits of at least \$300,000 before the employees or volunteers can use the auto? .....  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, what type of vehicles (trucks, buses, cars) do you hire, lease and/or borrow? (Explain and identify) \_\_\_\_\_

6. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)? .....  Yes  No

If no, all drivers and operators will be required to hold the appropriate driver's license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:

- *Alert Driving: [www.alertdriving.com](http://www.alertdriving.com)*
- *National Safety Council: [www.nsc.org](http://www.nsc.org)*
- *Smith System Training: [www.smith-system.com](http://www.smith-system.com)*

*Note - If you have a required state specific drivers training course website, please provide to underwriting for review.*

List of Drivers:

Name	Birth Date	Driver's License #	State Licenses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please submit the following with completed application:**

- Security procedures**
- Emergency / Evacuation plan**
- 5 years (including current) of Carrier Loss Runs**
- Copies of contracts for subcontracted services (see question #3)**
- Copy of user/event agreement**
- Copy of lease agreement with landlord (if applicable)**
- Copy of lease agreement with tenants (if applicable)**

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:** \_\_\_\_\_

## FRAUD WARNING

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.

### **Applicable in AL**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

### **Applicable in AR, LA, MD, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### **Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in DC**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **Applicable in FL**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Applicable in KY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### **Applicable in ME, TN, and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in NM**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in NY**

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.

### **Applicable in OH**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in OK**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **Applicable in PA**

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 subjects such person to criminal and civil penalties.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in VA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of benefits.

FRAUD APPS (2019/11)

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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE (MM/DD/YY)

\_\_\_\_\_  
DATE (MM/DD/YY)