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 www.kandkinsurance.com
 CA #0334819

SPONSORS LIABILITY SUPPLEMENTAL APPLICATION

Named Insured: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

1. Estimated number of events to be sponsored during this policy term: _____
2. Estimated annual sponsorship monies:
 - a. Total value of monetary sponsorship for the policy period: \$ _____
 - b. Total valuation and description of all non-monetary sponsorship contributions for the policy period: \$ _____
 Description of Items: _____

3. Explain any responsibilities for events other than monetary and non-monetary contributions: _____

4. 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 will list you as an Additional Insured.

	Certificates	Limits	Additional Insured
Event Organizer	_____	_____	_____
Event Promoter	_____	_____	_____
Event Sanctioning Body	_____	_____	_____
Food Concessionaire	_____	_____	_____
Vendors	_____	_____	_____
Exhibitors	_____	_____	_____
Independent Contractors	_____	_____	_____
Service Organizations	_____	_____	_____
Product Manufacturers (for premium items)	_____	_____	_____

MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

- | | |
|---|---|
| <input type="checkbox"/> List of Events- Attach a list of events for which you are requesting sponsor liability coverage. Must include the following: <ol style="list-style-type: none"> a. The name, date and location of event, including facility name and value of sponsorship contribution. b. Description of event including spectator attendance, and ancillary activities (i.e.: fireworks, concerts, parades, etc.). Please note any single events with expected attendance of 10,000 or greater. c. Description of your sponsorship involvement including any items sold or distributed bearing your name. d. Promoter's/organizer's or sanctioning body's name and their years experience with similar events. | <input type="checkbox"/> Five year Loss History for previous Sponsors Liability (company copies mandatory).
<input type="checkbox"/> Copies of contracts and sponsorship agreements.
<input type="checkbox"/> Copies of Certificates of Insurance from promoters, etc., listed above.
<input type="checkbox"/> Any additional applications required for special coverages (such as liquor or fireworks). |
|---|---|

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