



GENERAL APPLICATION

Name of Insured (as will appear on policy): _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Location Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Contact Person: _____

Person is: Owner Promoter Agent Other: _____

Day Phone:(_____) _____ Night Phone:(_____) _____ Fax:(_____) _____

E-mail Address: _____

Web Site Address: _____

Name of Agency/Brokerage (if applicable): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Fax:(_____) _____ E-mail address: _____ Tax ID: _____

Nature of operations/description of event: _____

Insured is: Corporation Partnership Joint Venture Other (explain):
 Limited Liability Corporation

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

Estimated number of events: _____

COVERAGE INFORMATION

Check the type of coverage and indicate the limits desired:

- General Liability
 - Primary _____
 - Excess _____
 - Legal Liability To Participants _____
- Participant Accident and Health
(Applicable only to Motorsports)
 - AD&D _____
 - Primary Medical _____
 - Excess Medical _____
 - Weekly Disability Income _____
- Property Casualty
 - Property _____
 - Inland Marine _____
 - Auto _____
- Workers' Compensation
- Other: _____

UNDERWRITING INFORMATION

1. Has this type of insurance ever been: Cancelled Declined Non-renewed If so, please explain. *(Not applicable in Missouri)*_____

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? 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

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	_____	_____	_____

6. Is a K&K approved Waiver and Release form read and signed by all persons entering a restricted area prior to entry?
(Applicable only to Motorsports) Yes No

PRIOR CARRIER INFORMATION (NEW BUSINESS ONLY)

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUM	LOSSES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE SUBMIT A COPY OF PREVIOUS/PRESENT POLICY(IES)

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) _____