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 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
<input type="checkbox"/> General Liability	<input type="checkbox"/> Primary	\$ _____	\$ _____
	<input type="checkbox"/> Excess	\$ _____	\$ _____
	<input type="checkbox"/> Legal Liability To Participants	\$ _____	\$ _____
	<input type="checkbox"/> Liquor Liability <i>(K&amp;K application required)</i>	\$ _____	\$ _____
	<input type="checkbox"/> Employee Benefits Liability	\$ _____	\$ _____
<input type="checkbox"/> Participant Accident	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
	<input type="checkbox"/> Weekly Disability Income	\$ _____	\$ _____
<input type="checkbox"/> Property	<input type="checkbox"/> Property <i>(ACORD application required)</i>	\$ _____	\$ _____
	<input type="checkbox"/> Inland Marine <i>(ACORD application required)</i>	\$ _____	\$ _____
	<input type="checkbox"/> Crime <i>(ACORD application required)</i>	\$ _____	\$ _____
<input type="checkbox"/> Auto <i>(ACORD application required)</i>	\$ _____	\$ _____	
<input type="checkbox"/> Workers' Compensation <i>(ACORD application required with Experience Modification Worksheet)</i>	\$ _____	\$ _____	
<input type="checkbox"/> Other: _____	\$ _____	\$ _____	

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

**ADDITIONAL INSURED:** *(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**

- Has this type of insurance ever been:  Cancelled  Declined  Non-renewed  
If so, please explain. \_\_\_\_\_
- 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. \_\_\_\_\_
- As respects your operation(s), do you enter into any contracts/lease agreements?  Yes  No  
If yes, what contracts do you enter into? \_\_\_\_\_
  - Does the Named Insured assume liability for the other party?  Yes  No  
**PLEASE PROVIDE COPIES OF ALL CONTRACTS OF THIS TYPE.**
  - Does the other party assume the Named Insured's liability?  Yes  No  
**PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.**
  - Does each party assume its own liability?  Yes  No  
**PLEASE PROVIDE ONE SAMPLE OF THIS TYPE.**
- Who reviews the contracts prior to signing?  
 Corporate Officers  Counsel  Other (please explain) \_\_\_\_\_
- 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
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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)