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 www.kandkinsurance.com
 CA# 0334819

FESTIVAL/SPECIAL EVENT APPLICATION

IMPORTANT

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

APPLICANT INFORMATION

Named Insured as it is to appear on policy: _____
 Doing Business As: _____
 Insured is: Corporation Partnership Joint Venture Other: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Title: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
 E-mail Address: _____ Web Site: _____

AGENT / BROKER INFORMATION (if applicable)

Name of Agent/Brokerage: _____
 Contact Person: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
 Tax ID Number: _____ E-mail Address: _____

UNDERWRITING INFORMATION

1. Name of Event: _____
2. Description of event/operations/business: _____

3. Policy Period Requested: _____ to _____
4. Date(s) of Event: _____
 Opening and closing hours of event: Open: _____ Close: _____
5. Location of Event Site (Name of Facility): _____
 Address: _____
 City: _____ State: _____ Zip: _____
6. What is your past experience producing this type of event? _____

7. Gross Receipts last year (all sources): \$ _____
 This year's budget: \$ _____
8. Estimated total attendance this year: _____
 Estimated maximum daily attendance: _____
 Total attendance last year: _____

9. Annual owned or leased grounds exposure: Yes No

If yes, how many acres: _____

10. List any entities requiring Additional Insured status on your policy

<u>Name of Entity</u>	<u>Business Relationship to You</u>	<u>Certificate Required</u>
a. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Has insurance for this event ever been: Cancelled Declined Nonrenewed

If so, please explain: _____

12. Does this Organization engage in any other business operations under the same name? Yes No

If yes, please explain: _____

13. Who provides security for this event? City County State Employees Private Agency

a. Does the private agency provide a Certificate of Insurance naming you as additional insured? Yes No N/A

b. If security personnel are the event employees, are they armed? Yes No N/A

If yes, please attach training procedures to this application.

c. Average number of security officers per event day: _____

d. Average number of security officers after hours: _____

14. Minimum number and type of medical personnel:

Paramedic _____ EMT/EMS _____ Nurse _____ Other _____

a. Distance to nearest hospital: _____ Response time in minutes: _____

b. Is there an ambulance on site? Yes No

c. Describe any other medical facilities on site: _____

15. Do you have written emergency procedures addressing the following?: Yes No

Severe weather Bomb threat Catastrophic occurrences (e.g. bleacher collapse)

16. Type of concert, if applicable: Hard Rock Jazz C&W Classical

Bluegrass Pop Rock Other: _____

17. Type of seating during event: Assigned Festival None

18. If event is held indoors, does security check for cans and bottles at the door? Yes No

19. Grandstands: _____ Yes No Year Built: _____

Construction: Wood Concrete Metal Grandstand Height: _____ (ft)

Guardrails: Sides Back Kick boards in place? Yes No

20. Number of Fixed Bleachers: _____ Construction: Wood Concrete Metal Bleacher Height: _____ (ft)

Number of Portable Bleachers: _____ Construction: Wood Metal Bleacher Height: _____ (ft)

Guardrails: Sides Back Kick boards in place? Yes No

Age of oldest bleacher unit: _____

21. Do you have a documented inspection/maintenance program for grandstands and/or bleachers? Yes No

If yes, date of last inspection: _____

22. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: _____

23. Do you have a petting zoo? Yes No
 If Yes, is it operated by an independent contractor? Yes No
 If Yes, do you receive a certificate of insurance naming you as an additional insured? Yes No
 Do you have a contract with a hold harmless and indemnification agreement? Yes No
 Are all animals properly vaccinated? Yes No
 Is there a hand washing at the exit of the petting zoo? Yes No
 Is there signage posted with regard to the importance of hand washing after animal contact? Yes No
24. Do you obtain certificates of insurance from product and/or service providers naming you as an additional insured? Yes No
25. Do you provide housing for vendors and/or contractors? Yes No
 If yes, please describe: _____
-

PARADE SECTION (if applicable)

26. Date(s) of Parade: _____
27. Number of Floats: _____
28. Estimated spectator attendance: _____
29. Are souvenirs or other items allowed to be thrown into the crowd? Yes No
30. Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:
- | | |
|--|---|
| <input type="checkbox"/> A.* Motorsports Liability (tractor pull, demo derby, auto racing) | <input type="checkbox"/> H.* Property; Auto Liability (including Nonowned/Hired); Inland Marine; Crime; Excess; Worker's Compensation |
| <input type="checkbox"/> B.* Liquor Liability | <input type="checkbox"/> I.* Directors and Officers Liability |
| <input type="checkbox"/> C.* Fireworks Liability | <input type="checkbox"/> For profit <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> D.** Excess Fireworks Liability | <input type="checkbox"/> J. Directors and Officers Medical |
| <input type="checkbox"/> E.** Contingent Ride Liability | Number of Directors and Officers: _____ |
| <input type="checkbox"/> F.* Rodeo Spectator Liability | |
| <input type="checkbox"/> G. Volunteer Workers Medical | |
| Number of volunteers: _____ | |

***Requires separate application and/or ** requires a Certificate of Insurance evidencing underlying coverage.**

SUMMARY OF REQUESTED ITEMS

31. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:
- Complete schedule of events, if not on your web site.
 - Please submit a diagram of the parade route from beginning to end (if applicable).
 - Four (4) year detailed loss history from previous carrier(s).

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