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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