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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. _____		☐ Yes ☐ No
b. _____		☐ Yes ☐ No
c. _____		☐ Yes ☐ 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.:
- | | |
|--|---|
| ☐ A.* Motorsports Liability (tractor pull, demo derby, auto racing) | ☐ H.* Property; Auto Liability (including Nonowned/Hired); Inland Marine; Crime; Excess; Worker's Compensation |
| ☐ B.* Liquor Liability | ☐ I.* Directors and Officers Liability |
| ☐ C.* Fireworks Liability | ☐ For profit ☐ Non-profit |
| ☐ D.** Excess Fireworks Liability | ☐ J. Directors and Officers Medical |
| ☐ E.** Contingent Ride Liability | Number of Directors and Officers: _____ |
| ☐ F.* Rodeo Spectator Liability | |
| ☐ 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



VENDORS AS ADDITIONAL INSURED INFORMATION FORM

Name of Insured: _____

Name of Event: _____

Dates of Event: _____

	VENDOR NAME	YEARS OF EXPERIENCE	TYPES OF FOODS OR DISPLAYS	NUMBER OF BOOTHS OR STANDS	*EVER CANCELLED/ REFUSED COVERAGE		*CLAIMS LAST THREE YEARS	
					YES ☐	NO ☐	YES ☐	NO ☐
1.					YES ☐	NO ☐	YES ☐	NO ☐
2.					YES ☐	NO ☐	YES ☐	NO ☐
3.					YES ☐	NO ☐	YES ☐	NO ☐
4.					YES ☐	NO ☐	YES ☐	NO ☐
5.					YES ☐	NO ☐	YES ☐	NO ☐
6.					YES ☐	NO ☐	YES ☐	NO ☐
7.					YES ☐	NO ☐	YES ☐	NO ☐
8.					YES ☐	NO ☐	YES ☐	NO ☐
9.					YES ☐	NO ☐	YES ☐	NO ☐
10.					YES ☐	NO ☐	YES ☐	NO ☐
11.					YES ☐	NO ☐	YES ☐	NO ☐
12.					YES ☐	NO ☐	YES ☐	NO ☐
13.					YES ☐	NO ☐	YES ☐	NO ☐

*** If "YES" please explain on back of form. If additional space is needed please attach additional sheets with this form.**

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form 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.



LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy: _____
2. Name of Alcoholic Beverage Licensee: _____
3. Alcoholic Beverage License Number: _____ Class of License: _____
4. Is coverage for a specific event? ☐ Yes ☐ No
5. Opening and closing hours of event(s) (for each event): _____

NOTE: Alcohol sales must cease a minimum of 1/2 hour before event closing

6. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ☐ Yes ☐ No
If yes, please explain: _____
7. Has applicant incurred claims for liquor liability during the last three years? ☐ Yes ☐ No
If yes, please explain: _____
8. Has any insurer cancelled or non-renewed coverage during the last three years? ☐ Yes ☐ No
If yes, please explain: _____
9. Type of alcoholic beverages sold: _____
10. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

11. Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No
12. Do you maintain security personnel at event entry check points? ☐ Yes ☐ No
Do they exercise the right of search and seizure of contraband items? ☐ Yes ☐ No
13. Are the alcohol sales and consumption contained by fencing within one fixed site? ☐ Yes ☐ No
14. Name the formal awareness training program that the servers receive (e.g. TIPs, TAMs, TABC): _____

15. At what point of sale are I.D.'s checked? _____
16. Are rules and regulations clearly displayed for patrons' viewing? ☐ Yes ☐ No
17. Is there any type of designated driver program in effect? ☐ Yes ☐ No
18. Is there any other Liquor Liability coverage being provided? ☐ Yes ☐ No
If yes, explain and attach a copy of the certificate of insurance: _____

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

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2021/09)

NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

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.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)