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 CA# 0334819

# PROFESSIONAL SPORTS INFORMATION FORM

## APPLICANT INFORMATION

Name of Insured (*as will appear on policy*): \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_  
 Insured is:  Corporation  Partnership  Joint Venture  Other (*explain*): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tax ID: \_\_\_\_\_

## AGENT INFORMATION (if applicable)

Name of Agency/Brokerage: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Stadium Name and Address: \_\_\_\_\_

Estimated annual turnstile attendance: \_\_\_\_\_  
 Gross receipts from all ticket sales (*expiring*): \$ \_\_\_\_\_  
 Limit of liability required for stadium lease: \_\_\_\_\_

## 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.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

\* 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.

During home games, who is responsible for the following activities:

	STADIUM/ FACILITY	TEAM	OTHER/DESCRIBE	INSURANCE CERT- IFICATE ON FILE?
Parking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concession Sales (Excluding alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid (Medical Personnel)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ADDITIONAL UNDERWRITING**

1. Person in charge of security on game days? \_\_\_\_\_
2. How long has this person held this position? \_\_\_\_\_
3. How many security personnel are utilized on game day? \_\_\_\_\_
4. Number hired: \_\_\_\_\_ How many ushers are used on game day? \_\_\_\_\_
5. Is there an emergency evacuation plan established for this facility?  Yes  No
6. Do areas listed below meet local/county/state codes?  Yes  No

AREA	NON-SKID SURFACE	WELL LIT
All Ramps	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Walkways & Aisles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locker Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Special events that are not game related: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOSS INFORMATION FOR PAST FOUR YEARS**

1. Policy Year	19 _____	19 _____	19 _____	19 _____
Total Premium	\$ _____	\$ _____	\$ _____	\$ _____
Total Insured Claims	\$ _____	\$ _____	\$ _____	\$ _____

2. What precautions are taken to keep spectators out of the restricted areas? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Number of years in business: \_\_\_\_\_

**LIQUOR LIABILITY**

1. Are alcoholic beverages sold?  Yes  No Beer and wine only?  Yes  No
2. Have you ever been fined or had your license revoked or suspended?  Yes  No  
 If yes, please describe circumstances: \_\_\_\_\_  
 \_\_\_\_\_
3. Do all servers receive alcohol awareness training?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
4. Are patrons allowed to carry alcoholic beverages onto the premises?  Yes  No
5. Do you stop serving at least one hour prior to closing?  Yes  No
6. Are coolers, thermoses, bottles or cans permitted in the facility during the event?  Yes  No
7. What procedure is utilized for control of consumption of alcohol? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Have there been any alcohol related claims in the last five years?  Yes  No  
 If yes, please describe, including payments and reserves. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Annual Liquor Receipts: \$ \_\_\_\_\_ Annual Souvenir Receipts: \$ \_\_\_\_\_  
 Annual Concession Receipts (expiring): \$ \_\_\_\_\_

**PATRON INTERACTIVE ACTIVITIES**

1. Please list and give details of all patron interactive activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Do participants in these activities sign a waiver?  Yes  No
- 3. Is there an age requirement?  Yes  No If yes, what is the minimum age requirement? \_\_\_\_\_
- 4. Is there adequate supervision by staff?  Yes  No
- 5. Are parents/guardians required to be present for children’s activities?  Yes  No
- 6. Additional information or comments here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:**

- Copies of all lease agreements relating to stadium use and copies of any contracts entered into on behalf of insured.
- Copies of Certificates of Insurance naming you as an additional insured for sub-contracted services.
- Copies of Waiver/Release form signed by all participants.
- Copy of your emergency evacuation plan.
- Four years of company loss runs.

I am interested in obtaining a quotation on the following:

- Auto Liability
- Nonowned/Hired Auto
- Property Coverage

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)