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 www.kandkinsurance.com
 CA #0334819

BOWL/ALL-STAR GAMES 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): _____

Number of years in business: _____

In what state is the organization headquartered/chartered? _____

Policy period requested: From _____ To _____

Estimated number of events: _____

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"/> Participant Accident	<input type="checkbox"/> AD&D	\$ _____	\$ _____
	<input type="checkbox"/> Primary Medical	\$ _____	\$ _____
	<input type="checkbox"/> Excess Medical	\$ _____	\$ _____
	<input type="checkbox"/> Weekly Disability Income	\$ _____	\$ _____
<input type="checkbox"/> Property	<input type="checkbox"/> Property (ACORD application required)	\$ _____	\$ _____
	<input type="checkbox"/> Inland Marine (ACORD application required)	\$ _____	\$ _____
	<input type="checkbox"/> Crime (ACORD application required)	\$ _____	\$ _____
 <input type="checkbox"/> Auto (ACORD application required)		\$ _____	\$ _____
 <input type="checkbox"/> Workers' Compensation (ACORD application required with Experience Modification Worksheet)		\$ _____	\$ _____
 <input type="checkbox"/> Other: _____		\$ _____	\$ _____

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.

GENERAL INFORMATION

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

5. 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 forms(s))

6. 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	_____	_____	_____

7. Are athletes specifically excluded from the school's overall insurance program? Yes No

What specific coverages are provided? _____

UNDERWRITING INFORMATION

1. Date of the bowl game? _____

Anticipated attendance for the game? _____

Estimated gross receipts for the game? _____

2. Provide a list of events with the estimated number of spectators and participants: _____

Please describe your half-time activities: _____

3. Facility Information:

<u>Name</u>	<u>Age</u>	<u>Seating Capacity</u>	<u>Location</u>
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4. Will "Standing Room Only" be permitted? _____

5. Please advise who is responsible for the security at the facility and clearly describe the number and type of security personnel used at various events (Total number of security per event, number of campus security, number of hired security, etc.)

(Please attach security procedures for the facility listed above)

6. If ushers are used, do they receive prior training? _____

7. Describe precautions taken to prevent spectators from entering restricted areas: _____

8. Will liquor be sold or served for any events? Yes No **If yes, please complete liquor application.**

9. Are restroom facilities available to spectators at all events? _____

10. Are emergency evacuation procedures in place? Yes No Tested? Yes No **If yes, please attach a copy.**

11. Are signs posted and are public address announcements made warning of the assumption of risk in attending spectator activities?

12. Will first aid facilities be available to spectators for all activities? _____

Please explain: _____

13. Please list who is included as a participant: _____

14. Please indicate any additional information which you feel is important here: _____

15. Are athletes of your member institutions covered by the NCAA Catastrophic Insurance Program or an equivalent program? _____

	Name of Institution	Coverage Carried	Limits
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PARADE SECTION

- Date(s) of parade: _____ Beginning and ending hours: _____
Attach a diagram of the location (parade route from beginning to end).
- The road(s) must be closed in both directions, please confirm: Yes No
- Number of floats: _____ Number of equestrians: _____ Number of bands: _____
- Number of motorized: _____ Estimated number of participants: _____
 Estimated total spectator attendance: _____
- Are the animals insured against third-party liability claims by the owner? Yes No
 If yes, what is the minimum limit carried? _____
- Are souvenirs or other items allowed to be thrown into the crowd? Yes No
 If yes, explain: _____

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 security procedures at the facility.
- Copy of emergency procedures.
- Four years of 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)