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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 CERTIFICATE 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)