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 CA #0334819

TRIATHLON EVENT QUESTIONNAIRE

Named Insured: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

1. What types of sports are in this event? _____
2. How many participants will be competing? _____
3. Are there any experience requirements for the participants? Yes No
4. Are they required to wear any safety equipment? Yes No
5. What is the participants age group? _____
6. Do the participants sign any waivers? Yes No
If yes, please provide a copy of the signed waivers.
7. How many volunteers will be utilized? _____
8. What experience, if any, is required in order to qualify as a volunteer? _____

9. What is the realistic response time for medical assistance? _____

10. Please provide the information requested for the following two sports:

Water Sports: Are life saving devices required? Yes No
 Are lifeguards, the Coast Guard or some type of medical service present? _____

Running & Biking: Does the course take place on open or closed roads? Open Closed
 If open, how are participants separated from traffic? _____
 Are intersections manned as the participants pass through? Yes No
 Will SAG vehicles be used? Yes No
 If yes, how many, and where will they be placed? _____

11. Do you require coverage for ancillary events? Yes No

If so, please provide a description of the activity along with the date, location, estimated attendance.

12. **ADDITIONAL INSURED:** If you are required to add entities to your policy as additional insureds, please provide a list of names, as they should appear on the policy, the complete address for each and their relationship to you.

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Provide a schedule of events, including – Date, location and estimated number of spectators per event
- Please provide a diagram of the course, which includes altitudes, obstacles, mileage, transition areas, etc.
- Provide a copy of any current handbook, procedures manual, etc. on safety/emergency procedures for the race.
- Please provide a diagram of the course and copies of any brochures or manuals available for this event.

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)

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