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 CA #0334819

SNOW SKIING EVENTS QUESTIONNAIRE

Name of Insured (as will appear on policy): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 E-mail Address: _____ Web Site Address: _____

1. Please provide loss history and types of injuries and claims in the past.
2. Please provide a schedule of events including –
 - Date
 - Location
 - Estimated number of participants per event
 - Set-up and Take-down
 - Attendance
 - Age group of the participants
3. Please provide a diagram of the course including obstacles, length, etc.
4. Who is responsible for designing the course? _____
 If contracted out, are certificates of insurance being collected? Yes No
5. How many volunteers will be working at each event?
6. What is the experience requirements to become a volunteer? _____
7. Please provide total gross receipts for each event _____
8. Please outline the safety and medical procedures that are in place and who is responsible, be sure to include –
 - number of medical personnel
 - How are Spectators Separated from the Event and the Participants
 - procedures on how to handle an injury
 - What Type of Security Measures are in Place
 - medical response time
9. What are the requirements to qualify for competition _____
10. What class type is this event (i.e. black diamond, blue, etc.)? _____
11. Does the equipment used during an event belong to the participants? Yes No
 If not, where does the rented or loaned equipment come from? _____
12. Is the equipment thoroughly checked prior to being used? Yes No
13. Does the Insured need any ancillary events covered? Yes No
 If yes, please provide a description with the date, location and estimate attendance.
14. Are any additional insureds needed? Yes No
If yes, please provide the additional insureds relationship and address.
 Relationship _____ Relationship _____
 Street Address _____ Street Address _____
 City, St, Zip _____ City, St, Zip _____

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) _____