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 CA# 0334819

SPORTS EVENT RENEWAL SURVEY

Named Insured: _____ Expiring Policy # _____
 Desired Policy Period: Effective Date: _____ Expiration Date: _____
 Contact Name: _____ Phone: _____

Please indicate if there have been any changes in the following:

- | | | |
|--|------------------------------|-----------------------------|
| Named Insured or Mailing Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Minimum Requirements for Security, Medical or Emergency Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Waiver Language or Procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Management or Management Responsibilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lease Agreements or Other Contracts That You Sign | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any of the above, please provide details: _____

PLEASE ENCLOSE THE FOLLOWING:

- A schedule of events including the following information:
 - Dates
 - Locations
 - Sports Type(s)
- Number of Participants for Each Sport in these age groups: Under 12, 13-15, 16-18, and 19 & Over (please list the number of amateur, professional and celebrity participants separately)
- Ancillary Activities Planned per Event and the Number of Participants for Each, Identify all ancillary activities open to the public
- Gross Receipts per Event
- Number of Volunteers per Event
- Sponsorship Dollars, if applicable, for EACH EVENT
- Concessions Receipts
- Copies of Brochures and Programs
- Estimated Spectator Attendance per Event

List of any desired changes in limits or coverages from the expiring year: _____

If you are required to add entities to your policy as Additional Insureds, please attach a list of names, as they should appear on the policy, the complete address for each and their relationship to you.

NOTE: If Non-Owned or Hired Auto Liability or Hired Car Physical Damage Coverage is needed, please complete a Non-Owned and Hired Coverage Questionnaire.

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) _____