



1712 Magnavox Way P.O. Box 2338  
 Fort Wayne, Indiana 46801-2338  
 (800) 553-8368  
 KK.EventsAttractions.com  
 www.kandkinsurance.com  
 CA #0334819

**TOURIST ATTRACTION  
 RENEWAL SURVEY  
 EVENTS & ATTRACTIONS**

Named Insured: \_\_\_\_\_

| 1.    | <u>Additional Insured</u> | <u>Business Relationship</u> | <u>Certificate Required</u>  |                             |
|-------|---------------------------|------------------------------|------------------------------|-----------------------------|
| _____ | _____                     | _____                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____                     | _____                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____                     | _____                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Please indicate if there have been any changes to the following:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Facility Management   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Number or Type of Security Personnel  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Security Procedures   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Type of Fire Protection   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Number/Type of Medical Personnel/Medical Facilities On Site   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Procedures for Obtaining Certificates of Insurance from<br>Food Concessionaires, Vendors, Contractors, Etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Emergency Evacuation Procedures   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Operations  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Attractions and/or Activities   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the above questions were answered "Yes", please describe the changes: \_\_\_\_\_

3. Breakdown of Previous Year's receipts:

|             |          |                       |          |
|-------------|----------|-----------------------|----------|
| Admissions  | \$ _____ | Parking               | \$ _____ |
| Rides       | \$ _____ | Food/Beverage         | \$ _____ |
| Arcade      | \$ _____ | Novelty/Merchandise   | \$ _____ |
| Beer/Liquor | \$ _____ | Other (Specify) _____ | \$ _____ |

Total Gross Receipts: \$ \_\_\_\_\_

Total Attendance (Last Year): \_\_\_\_\_ Estimated Attendance (This Year): \_\_\_\_\_

4. Please enclose the following items and forward to K&K Insurance Group, Inc.:

- Current Financial Statement
- List of new Amusement Rides, Slides, Simulators, Inflatable Attractions and list of eliminated rides or attractions
- List and Description of any Special Events Planned for this year
- Signed Loss Control Certificate of Repairs (if not previously sent)

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)