

SECTION 1: INSURED

- 1.1 Facility Name: _____ Facility Age: _____
- 1.2 Effective Dates
Policy period required from (effective date): _____ to (expiry date): _____
- 1.3 Named Insured as it is to appear on policy: _____
- 1.4 What is the insured?
☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) _____
- 1.5 Mailing Address: _____

Address of Facility (if different than mailing): _____

- 1.6 Web Site: _____
- 1.7 Phone: _____ Fax: _____ Email: _____
- 1.8 Doing Business As: _____
- 1.9 Name, Address and Description of Operations of all Subsidiary Companies:

SECTION 2: BROKER DETAILS

- 2.1 Please complete the following information pertaining to your brokerage:
- Brokerage Name: _____
- Contact Person: _____
- Mailing Address: _____

- City: _____ Postal Code: _____
- Telephone: _____ Fax Number: _____
- E-mail address: _____

SECTION 3: GENERAL INFORMATION

3.1 Annual Admissions: Seating: Capacity:

3.2 Total Gross Receipts: Concession Receipts:

3.3 Additional Insureds Relationship* Address
As they are to appear on the policy (MUST be approved by K&K)

* if the additional insured is an owner, manager or lessor of the premises, please indicate the part of the premises leased or rented to you by the designated additional insured as respects your activity or operation.

If additional space is required, please use the back of this form or attach a separate sheet.

3.4 Who is responsible for the following?

	Facility	Tenant	Sub-Contracted	Other	Describe
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concession Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid (personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Ambulance / Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Media Contacts (TV / Radio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3.5 Are Certificates of Insurance obtained from those services that are sub-contracted? ☐ Yes ☐ No

Are all parking lots well-lit? ☐ Yes ☐ No

Are areas patrolled before event? ☐ Yes ☐ No

During event? ☐ Yes ☐ No

After event? ☐ Yes ☐ No

Is there valet parking? ☐ Yes ☐ No

Are tailgate parties permitted? ☐ Yes ☐ No

If yes, please describe specific security (please attach additional page if more space is needed.)

How long has current management been at this facility?

Name of person in charge of security? How long has this person held this position?

How many security personnel are utilized on event day?

Are uniformed officers present? ☐ Yes ☐ No

Are security personnel armed? ☐ Yes ☐ No

Enclose copies of all printed instructions and training manuals for security personnel.

Is there an emergency evacuation plan established for the facility? ☐ Yes ☐ No

If yes, please attach a copy of the plan.

3.6 Please indicate each of the following questions for all of the named areas of the facility:

All Ramps:

Meets Local / Provincial Safety Codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Non-Skid Surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Well-Illuminated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Concessions:

Meets Local / Provincial Safety Codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Non-Skid Surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Well-Illuminated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Walkways and Aisles:

Meets Local / Provincial Safety Codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Non-Skid Surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Well-Illuminated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Restrooms:

Meets Local / Provincial Safety Codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Non-Skid Surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Well-Illuminated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Locker Rooms:

Meets Local / Provincial Safety Codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Non-Skid Surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Well-Illuminated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Stairs and Stairways:

Meets Local / Provincial Safety Codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Non-Skid Surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Well-Illuminated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

3.7 Are there escalators? ☐ Yes ☐ No

3.8 Are all entrance egress area clearly marked? ☐ Yes ☐ No

3.9 Describe general maintenance, housekeeping and maintenance of building grounds and parking lots: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Are signs posted in high-traffic areas and announcements made on the public address systems to make spectators aware of assumption of risk in attending the event activities? ☐ Yes ☐ No

Please explain: _____

Are restrooms monitored? ☐ Yes ☐ No

How often? _____

3.10 Are crews prepared and on duty to clean up spills? ☐ Yes ☐ No

Are coolers, thermoses, bottles or cans permitted on premises during events? ☐ Yes ☐ No

Are banners, flags or pompoms permitted in the facility during the event? ☐ Yes ☐ No

What is the distance between event areas to the nearest spectator seating areas? _____

What precautions are taken to prevent spectators from entering restricted areas? _____

Are alcoholic beverages sold? ☐ Yes ☐ No Served? ☐ Yes ☐ No

Are security personnel present at alcohol distribution sites? ☐ Yes ☐ No

Describe fire-fighting and/or prevention equipment, features, numbers and locations. (i.e. extinguishers, hydrants, sprinklers, etc.): _____

What is the response time of nearest fire station (minutes)? _____

Are first-aid facilities maintained? ☐ Yes ☐ No

Are attending medical professional available? ☐ Yes ☐ No

What is the response time of nearest ambulance (minutes)? _____

3.11 Are TV / media used in the facility? ☐ Yes ☐ No

If yes, please describe equipment used and safety precautions taken (e.g. placement of wires, power equipment secured, placement of tripod cameras, etc.): _____

Does the insured presently carry insurance of this type? ☐ Yes ☐ No

If "yes", company's name: _____

Has any insurance carrier cancelled or refused coverage? ☐ Yes ☐ No

If "yes", please explain: _____

3.12 Please list the loss information for the past three years (**enclose corresponding company loss runs**):

a. Policy Year: _____	Total Premium: \$ _____	Total Insured Claims: \$ _____
b. Policy Year: _____	Total Premium: \$ _____	Total Insured Claims: \$ _____
c. Policy Year: _____	Total Premium: \$ _____	Total Insured Claims: \$ _____

Description of claims or reserves over \$10,000: _____

SECTION 4: LIMITS OF LIABILITY REQUIRED

4.1 Commercial General Liability

Each Occurrence Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit	
- Liability	\$ _____
- Physical Damage	\$ _____
Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____
Other: _____	\$ _____

4.2 Operations

Please describe fully and break down the types of operations and work performed by the applicant:

A. Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

B. If the Insured has food and/or beverage sales, please indicate receipts:

Annual Receipts for: Food: \$ _____ *Alcohol \$ _____

* If receipts indicate liquor sales please fill out Liquor Liability Application

C. Does the Insured have any discontinued operations? ☐ Yes ☐ No

If yes, please state details: _____

How long has Applicant been in business? _____

What specific expertise does the Applicant's employees and/or volunteers have related to the Applicant's business? _____

4.3 Contractual Liability

A. Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? ☐ Yes ☐ No

If yes, please provide details: _____

B. If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? ☐ Yes ☐ No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? ☐ Yes ☐ No

If no, please advise procedures followed and details of contracts used: _____

C. If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? ☐ Yes ☐ No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? ☐ Yes ☐ No

☐ Yes ☐ No

If no, in whole or part, please explain: _____

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

☐ Yes ☐ No

If yes, what is the annual cost of work? LET \$ _____
SUBLET \$ _____

Please describe the types of work let or sublet: _____

Please list number of employees and duties: _____

Are all employees and contractors including students and volunteers covered by Workers Compensation?

☐ Yes ☐ No

If no, in whole or part, please explain: _____

Does the Applicant own, lease or operate any aircraft and/or watercraft?

☐ Yes ☐ No

If yes, please give details: _____

4.8 **Non-Owned Automobile**

A. Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? ☐ Yes ☐ No
If yes, please provide details: _____

B. Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No
If yes, (i) How often per year? _____
(ii) Are any of these vehicles driven in the United States? ☐ Yes ☐ No

C. Does the Insured contract services from others? ☐ Yes ☐ No
If yes, please describe: _____

D. Does the Insured contract services from others for the purpose of operating
Vehicles to perform maintenance, service, haulage or snow removal operations? ☐ Yes ☐ No

4.9 Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date
1.				
2.				
3.				
4.				
5.				

4.10 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.): _____

4.11 Please provide deductible or self-insured retention amounts for each year noted in previous question. _____

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect
Any deductible provision(s) contained in existing or previous insurance policies? ☐ Yes ☐ No

4.12 Please attach a copy of the Insured’s most recent audited financial statement.

SECTION 5: CLAIMS INFORMATION

- 5.1

Does the Insured have a formal loss-control program?

☐ Yes ☐ No

If yes, please provide details:
- 5.2

Does the Insured have a formal employee safety-training program?

☐ Yes ☐ No

If yes, please provide details:
- 5.3

Does the Insured have a formal premises snow/ice clearance procedure?

☐ Yes ☐ No

If yes, please provide details:
- 5.4

Does the Insured have a formal equipment or premises maintenance procedure?

☐ Yes ☐ No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel:

SECTION 6: DECLARATIONS

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED AND THAT THE APPLICATION WILL BECOME A PART OF ANY CONTRACT OF INSURANCE ENTERED INTO. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I FURTHER WARRANT THAT I HAVE MADE OR WILL MAKE THE NECESSARY MAINTENANCE INSPECTIONS AND THAT ALL NECESSARY REPAIRS HAVE BEEN MADE TO ENSURE THAT MY PROPERTY AND OPERATIONS ARE AND WILL REMAIN IN COMPLIANCE WITH ANY UNDERWRITING CRITERIA FURNISHED ME.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Signed:

Full Name:

Position Held:

Date:

Agent/Broker: