

## SECTION 1: INSURED

### 1.1 Effective Dates

Policy period required from (effective date):\_\_\_\_\_ to (expiry date):\_\_\_\_\_

### 1.2 Named Insured as it is to appear on policy:\_\_\_\_\_

### 1.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify)\_\_\_\_\_

### 1.4 Name of Sports Organization:\_\_\_\_\_

### 1.5 Contact Person:\_\_\_\_\_

A. Mailing Address:\_\_\_\_\_

Phone:\_\_\_\_\_ Fax:\_\_\_\_\_ Web Site:\_\_\_\_\_

B. Address of Actual Operation(if different than mailing):\_\_\_\_\_

### 1.6 Name, Address and Description of Operations of all Subsidiary Companies:

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### 1.7 Additional Insureds Relationship\* Address

*As they are to appear on the policy (MUST be approved by K&K)*

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## SECTION 2: BROKER DETAILS

### 2.1 Name of Agent/Brokerage:\_\_\_\_\_

Contact Person:\_\_\_\_\_

Mailing Address:\_\_\_\_\_

City:\_\_\_\_\_ Postal Code:\_\_\_\_\_

Telephone:\_\_\_\_\_ Fax Number:\_\_\_\_\_

E-mail address:\_\_\_\_\_

SECTION 3: UNDERWRITING INFORMATION

3.1

☐ Full Contact

☐ Non-Contact

Paid Officials:\_\_\_\_\_

Number of Participants:\_\_\_\_\_Ages of Participants: Under 12\_\_\_\_\_12 to 18\_\_\_\_\_Over 18\_\_\_\_\_

Number of Volunteers:\_\_\_\_\_Estimated Spectator Attendance:\_\_\_\_\_per day Total

Total Gross Receipts: \$\_\_\_\_\_Ticket Price(s): \$\_\_\_\_\_

Is a Sports Accident and Injury Policy in Effect?

☐ Yes

☐ No

3.2Type of Events:\_\_\_\_\_

Schedule of Events	Date(s)	Facility & Address	Estimated Attendance

SECTION 4: FACILITY INFORMATION

4.1

Event	Date	Location	Age of Facility	Seating Capacity

4.2(Please attach a copy of procedures.)

List any alterations to facility required, such as temporary bleachers:\_\_\_\_\_

Who is responsible for the alterations?\_\_\_\_\_

4.3Will "Standing Room Only" areas be permitted?

☐ Yes

☐ No

4.4Are signs posted and public address announcements made warning of the assumption of risk in attending sporting events?

☐ Yes

☐ No

4.5Do you require an emergency vehicle and a licensed EMT at each event?

☐ Yes

☐ No

If yes, are they available to both participants and spectators?

☐ Yes

☐ No

4.6If an emergency vehicle is not on-site, what is the average emergency response time?\_\_\_\_\_

4.7Is First Aid available to both participants and spectators at the event location(s)?

☐ Yes

☐ No

Please explain:\_\_\_\_\_

4.8How far is the playing surface from the nearest spectator seating area?\_\_\_\_\_

4.9Please describe the precautions taken to prevent spectators from entering the restricted areas:\_\_\_\_\_

Are alcoholic beverages sold?

☐ Yes

☐ No

Served?

☐ Yes

☐ No

*\*If liquor will be sold/served, please fill out the Liquor Liability Application*

Will coolers, cans and bottles be permitted to be carried onto the premises?

☐ Yes

☐ No

*\*If yes, please fill out the Liquor Liability Application*

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SECTION 5: ANCILLARY EVENTS INFORMATION

5.1 Please describe any ancillary activities planned in conjunction with the events such as parades, festivals, concerts, fireworks, tailgate parties, items tossed by or into crowds, etc.:

5.2

Event	Date	Location	Seating Capacity	Standing Room Only	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

5.3 Please describe past experience with planned events and any ancillary events:

SECTION 6: LIMITS OF LIABILITY REQUIRED

6.1 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:		\$	

6.2 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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.3 How long has Applicant been in business? \_\_\_\_\_

#### 6.4 **Products**

A. Estimated annual sales/receipts for each product manufactured (present and past), sold, handled or distributed by the Applicant:

Total Sales: \$ \_\_\_\_\_ Canada: \$ \_\_\_\_\_ USA & Other: \$ \_\_\_\_\_

B. Does the Insured sell any products, or carry out any operations in the United States?

☐ Yes ☐ No

If yes, please provide full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 6.5 **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

D. If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?

☐ Yes ☐ No

**If yes, in whole or part, please attach a copy of the waiver.**

If no, in whole or part, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6.6 Protective Liability

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: \_\_\_\_\_

## 6.7 Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: \_\_\_\_\_

## 6.8 Workers Compensation

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

☐ Yes ☐ No

If no, in whole or part, please explain: \_\_\_\_\_

## 6.9 Aircraft & Watercraft

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

☐ Yes ☐ No

If yes, please give details: \_\_\_\_\_

## 6.10 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

6.11 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.				

6.12 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):

6.13 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

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

SECTION 7: CLAIMS INFORMATION

7.1 Does the Insured have a formal loss-control program?

☐ Yes

☐ No

If yes, please provide details:

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

☐ Yes

☐ No

If yes, please provide details:

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

☐ Yes

☐ No

If yes, please provide details:

7.4 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:

**PLEASE ATTACH THE FOLLOWING:**

- 1. Broker of Record Letter (if available)
- 2. Five years of loss history (company copy including reserves)

**SECTION 8: DECLARATIONS**

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: \_\_\_\_\_ Full Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_