



# SPECIAL EVENT / FESTIVAL / PARADE INSURANCE APPLICATION

## SECTION 1: BROKER DETAILS

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

General email: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_

## SECTION 2: RISK DETAILS

2.1 Effective Dates

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

2.2 Mailing information

Name of Insured as it is to appear on policy: \_\_\_\_\_

Name of Organization (if different): \_\_\_\_\_

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

2.3 What is the insured?

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

2.4 Physical Address of Organization (if different than mailing)\*

\*If more than one location, please enclose list.

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

2.5 Webpage: \_\_\_\_\_

2.6 Additional Insureds

Relationship

Address

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

2.7 Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:

☐ Excess Fireworks Liability\*\* *\*\*Certificate of Insurance evidencing underlying coverage required*

☐ Fireworks Liability\* *\*Requires separate application*

☐ Liquor Liability\* *\*Requires separate application*

☐ Off-Premise Parade Liability\* *\*Requires separate application*

2.8 Estimated Number of Events: \_\_\_\_\_

2.9 Interest of Applicant in premises, if any:  
☐ Owner      ☐ Tenant      ☐ General Lessee      ☐ Other (specify): \_\_\_\_\_

2.10 Does this Organization engage in any other business operations under the same name of the Insured as will appear on the policy?      ☐ Yes      ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2.11 Location of Event Site  
Name of Facility: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Website: \_\_\_\_\_  
General email: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

2.12 Date(s) of Event: \_\_\_\_\_  
Hours of Event(s)      (open) \_\_\_\_\_ to      (close) \_\_\_\_\_

2.13 Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.14 What is your past experience producing this type of event?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.15 Number of Premises/Operation acres: \_\_\_\_\_  
Gross Receipts from prior year: \$ \_\_\_\_\_  
Current Year Budget: \$ \_\_\_\_\_  
Estimated total attendance this year: \_\_\_\_\_  
Estimated maximum daily attendance this year: \_\_\_\_\_  
Total attendance last year: \_\_\_\_\_

2.16 Who provides security for this event?    ☐ City      ☐ Municipality      ☐ Province      ☐ Employees      ☐ Private Agency

2.17 Does the private agency provide a Certificate of Insurance?      ☐ Yes      ☐ No  
If officers are the event employees, are they armed?      ☐ Yes      ☐ No  
**If yes, please attach training procedures.**  
Average number of security officers per event day: \_\_\_\_\_

2.18 Minimum number and type of medical personnel:  
☐ Paramedic      \_\_\_\_\_  
☐ EMT/EMS      \_\_\_\_\_  
☐ Nurse      \_\_\_\_\_  
☐ Other (type and #):      \_\_\_\_\_

2.19 Distance to nearest hospital: \_\_\_\_\_  
Response time in minutes: \_\_\_\_\_  
Is there an ambulance on site?      ☐ Yes      ☐ No  
Describe any other medical facilities on site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.20 Emergency Evacuation (for catastrophic emergency, i.e., tornado, bomb threat, etc.)

How is event management notified? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is crowd notified? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.21 ☐ Hard Rock      ☐ Jazz      ☐ Country & Western      ☐ Classical      ☐ Blue Grass      ☐ Pop Rock

☐ Other (specify) \_\_\_\_\_

2.22 Do professional performers hold event management harmless with regard to their injuries? ☐ Yes      ☐ No

2.23 Type of seating during event:      ☐ Assigned      ☐ Festival      ☐ None

2.24 If event is held indoors, does security check for cans and bottles at the door? ☐ Yes      ☐ No

Please explain the certification process: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.25 List all Grandstands

Capacity: \_\_\_\_\_

Age: \_\_\_\_\_

2.26 List all Bleachers

Capacity: \_\_\_\_\_

Age: \_\_\_\_\_

2.27 If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.28 Describe safety measures and risk management plans in force (i.e. parking, crowd control, evacuation procedures): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.29 Will there be any exhibitions, demonstrations, trade-shows or contests? ☐ Yes      ☐ No

Please provide details: \_\_\_\_\_

\_\_\_\_\_

Will there be serviced performed on event attendees (e.g. tattoo, massage) ☐ Yes      ☐ No

Please provide details: \_\_\_\_\_

\_\_\_\_\_

Will attendees be involved in any demonstrations, performances, etc? ☐ Yes      ☐ No

Please provide details: \_\_\_\_\_

\_\_\_\_\_

Are participants transported to/from event?

☐ Yes ☐ No

Please provide details: \_\_\_\_\_  
\_\_\_\_\_

Who is responsible for Staging/Tent set-up? \_\_\_\_\_  
\_\_\_\_\_

Will event have inflatables?

☐ Yes ☐ No

Please provide details: \_\_\_\_\_  
\_\_\_\_\_

### 2.30 **Parade Section**

Date(s) of Parade: \_\_\_\_\_

Hours of Parade(s) (beginning)\_\_\_\_\_ to (ending)\_\_\_\_\_

**Please attach a diagram of the location (parade route from beginning to end).**

2.31 Are road(s) closed in both directions?

☐ Yes ☐ No

2.32 Number of floats: \_\_\_\_\_

Number of horse-riding participants: \_\_\_\_\_

Number of bands: \_\_\_\_\_

Number of motorized vehicles: \_\_\_\_\_

Estimated number of participants: \_\_\_\_\_

Estimated total spectator attendance: \_\_\_\_\_

2.33 Are any animals used in conjunction with the parade?

☐ Yes ☐ No

If yes, are the animals insured against third-party liability claims by the owner?

☐ Yes ☐ No

What is the minimum limit carried? \_\_\_\_\_

2.34 Are souvenirs or other items allowed to be thrown into the crowd?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2.35 **Operations**

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

<u>Operations</u>	<u>Estimated Annual Attendance</u>	<u>Estimated Gross Receipts for the Coming Year</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

2.36 Does the Insured have food and/or beverage sales?

☐ Yes ☐ No

If yes, please indicate receipts: Food \$ \_\_\_\_\_ \* Alcohol \$ \_\_\_\_\_

\* If receipts indicate liquor sales please complete and include a Liquor Liability Application

### 3.1 Contractual Liability

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

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☐ Yes      ☐ No

B. Does the Insured contract services from others for the purpose of operating vehicles

☐ Yes      ☐ No☐ Yes      ☐ No

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3.4 **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 give 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. Are vehicles used to transport anyone? ☐ Yes ☐ No  
If yes, how often and for what purpose? \_\_\_\_\_

3.5 **Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft? ☐ Yes ☐ No  
If yes, please give details: \_\_\_\_\_

**SECTION 4: CLAIMS INFORMATION**

4.1 Does the Insured have a formal loss-control program? ☐ Yes ☐ No  
If yes, please provide details: \_\_\_\_\_

4.2 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No  
If yes, please provide details: \_\_\_\_\_

4.3 Does the Insured have a formal premises snow/ice clearance procedure? ☐ Yes ☐ No  
If yes, please provide details: \_\_\_\_\_

4.4 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.): \_\_\_\_\_

SECTION 5: LIMITS OF LIABILITY REQUIRED

5.1 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:	\$	

SECTION 6: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History.

I understand that this Application 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 Application 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:\_\_\_\_\_

**SECTION 7: ADDITIONAL INFORMATION**

71 Additional Information: