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CA #0334819

FESTIVAL/SPECIAL EVENT/PARADE INFORMATION FORM

Eligible Risks

- Theme Festivals
- Flower Festivals
- Arts & Crafts Festivals
- Ethnic Festivals
- Music Festivals
- City Celebrations
- Holiday Celebrations
- Parades
- Special Events
- Meetings
- Conventions
- Celebrations
- Grand Openings
- Meetings
- Exhibitions / Expositions
- Promotions

Program Highlights

- \$1,000,000 Occurrence Policy
- No General Aggregate
- Broadened CGL Coverage Form
- Annual Operations Coverage Available
- Volunteers as Additional Insureds
- Legal Liability to Participants
- Fireworks Liability
- Automatic Additional Insureds for:
 - Lessors of Leased Equipment
 - Persons or Organizations with Whom You Have Agreed by Contract, Permit, or Written Agreement
- No Bodily Injury Deductible
- Non-Audited Policy
- Increased \$300,000 Fire Legal Liability
- User Policy for Off-Season Events
- Vendors/Exhibitor Coverage
- Amusement Ride Liability
- Parade Liability
- Volunteer Accident Coverage



FESTIVAL/SPECIAL EVENT/PARADE INFORMATION FORM

IMPORTANT

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

APPLICANT INFORMATION

Named Insured as it is to appear on policy: _____
 Doing Business As: _____
 Insured is: Corporation Partnership Joint Venture Other: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____
 Contact Person: _____ Title: _____
 Telephone Number (____) _____ Fax Number (____) _____

AGENT INFORMATION (if applicable)

Name of Agency/Brokerage: _____
 Contact Person: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number (____) _____ Fax Number (____) _____

UNDERWRITING INFORMATION

1. Name of Event: _____
2. Description of event/operations/business: _____
3. Policy Period Requested: _____ to _____
4. Estimated Number of Events: _____
5. Date(s) of Event(s): _____
 Opening and closing hours of event: Open: _____ Close: _____
6. Location of Event Site (Name of Facility): _____
 Address: _____ City: _____ State: _____
7. Premises/Operation acres: _____
8. What is your past experience producing this type of event? _____
9. Gross Receipts last year (all sources): \$ _____
 This year's budget: \$ _____
10. Estimated total attendance this year: _____
 Estimated maximum daily attendance: _____
 Total attendance last year: _____
11. List any entities requiring Additional Insured status on your policy

Name of Entity	Business Relationship to You	Certificate Required
a. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Has insurance for this event ever been: Cancelled Declined Nonrenewed
 If so, please explain: _____
13. Does this Organization engage in any other business operations under the same name? Yes No
 If yes, please explain: _____
14. Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:
- * Liquor Liability
 - * Fireworks Liability
 - ** Excess Fireworks Liability
 - * Off-Premise Parade Liability
 - * Excess / Umbrella Liability
- * **Requires separate application**
 ** **Requires Certificate of Insurance evidencing underlying coverage**
15. Who provides security for this event?
 City County State Employees Private Agency
- a. Does the private agency provide a Certificate of Insurance? Yes No N/A
- b. If officers are the event employees, are they armed? Yes No N/A
 If yes, please attach training procedures to this application.
- c. Average number of security officers per event day: _____
16. Minimum number and type of medical personnel:
 Paramedic _____ EMT/EMS _____ Nurse _____ Other _____
- a. Distance to nearest hospital: _____ Response time in minutes: _____
- b. Is there an ambulance on site? Yes No
- c. Describe any other medical facilities on site: _____
17. Emergency Evacuation (for catastrophic emergency, i.e., tornado, bomb threat, etc.)
- a. How is event management notified? _____

- b. How is the crowd notified? _____

18. Type of concert, if applicable: Hard Rock Jazz C&W Classical Bluegrass
 Pop Rock Other:
19. Do professional performers hold event management harmless with regard to their injuries? Yes No
20. Type of seating during event: Assigned Festival None
21. If event is held indoors, does security check for cans and bottles at the door? Yes No
22. List all grandstands: Capacity: _____ Age: _____
23. List all bleachers: Capacity: _____ Age: _____
24. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: _____

25. Please enclose the following items along with this application and forward to K&K Insurance Group, Inc.
- A. Copies of all insurance certificates from vendors that list you as an Additional Insured.**
 - B. All contracts/lease agreements/hold harmless agreements relating to this event in which event management has agreed to assume the liability of another party.**
 - C. Diagram/Site plan of location/setup**
 - D. Complete schedule of events (i.e. marketing brochure identifying all planned events/activities)**
 - E. Most current financial statement**
 - F. Three (3) year detailed loss history from previous carrier(s)**
 - G. Copy of previous insurance policy**

PARADE SECTION (IF APPLICABLE)

1. Date(s) of Parade: _____ Beginning and Ending Hours: _____

Attach a diagram of the parade route from beginning to end.

2. Are all road(s) closed in both directions? Yes No

3. Number of Floats: _____

3. Number of Equestrian: _____

3. Number of Bands: _____

3. Number of Motorized: _____

4. Estimated number of participants: _____

5. Estimated total spectator attendance: _____

6. Are the animals insured against third-party liability claims by the owner? Yes No

If yes, what is the minimum limit carried? _____

7. Are souvenirs or other items allowed to be thrown into the crowd? Yes No

If yes, explain: _____

I understand that K&K Insurance Group, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insureds or an insureds property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of 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 Information 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 Information Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

I also understand that this is not an application for insurance and that no insurance is or will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

Signature _____ Date _____

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.