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 CA #0334819

SPONSORS LIABILITY SUPPLEMENTAL APPLICATION

Named Insured: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

1. Estimated number of events to be sponsored during this policy term: _____
2. Estimated annual sponsorship monies:
 - a. Total value of monetary sponsorship for the policy period: \$_____
 - b. Total valuation and description of all non-monetary sponsorship contributions for the policy period: \$_____

Description of Items: _____

3. Explain any responsibilities for events other than monetary and non-monetary contributions: _____

4. For each of the following, please indicate if there is a procedure in effect for obtaining Certificates of Insurance, the limits required for each, and whether the Certificates will list you as an Additional Insured.

	Certificates	Limits	Additional Insured
Event Organizer	_____	_____	_____
Event Promoter	_____	_____	_____
Event Sanctioning Body	_____	_____	_____
Food Concessionaire	_____	_____	_____
Vendors	_____	_____	_____
Exhibitors	_____	_____	_____
Independent Contractors	_____	_____	_____
Service Organizations	_____	_____	_____
Product Manufacturers (for premium items)	_____	_____	_____

MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR SUBMISSION:

- List of Events-** Attach a list of events for which you are requesting sponsor liability coverage. Must include the following:
 - a. **The name, date and location of event, including facility name and value of sponsorship contribution.**
 - b. **Description of event including spectator attendance, and ancillary activities (i.e.: fireworks, concerts, parades, etc.). Please note any single events with expected attendance of 10,000 or greater.**
 - c. **Description of your sponsorship involvement including any items sold or distributed bearing your name.**
 - d. **Promoter's/organizer's or sanctioning body's name and their years experience with similar events.**
- Five year Loss History for previous Sponsors Liability (company copies mandatory).**
- Copies of contracts and sponsorship agreements.**
- Copies of Certificates of Insurance from promoters, etc., listed above.**
- Any additional applications required for special coverages (such as liquor or fireworks).**

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 Date (MM/DD/YY) _____
 Producer's Signature (if applicable) Date (MM/DD/YY)

 Applicant's Name (print) Producer's Name (print)