



1712 Magnavox Way, P.O. Box 2338
 Fort Wayne, IN 46801-2338
 (800) 440-5580 Fax (260) 459-5810
 www.kandkinsurance.com
 CA #0334819

FACILITY INSURANCE APPLICATION

Facility name: _____ Facility age: _____

Contact person: _____ Title: _____

Facility location: _____

(Please indicate nearest highway intersection if no address)

Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or a major amusement park? Yes No

If yes, explain: _____

Phone: _____ Fax: _____ Website: _____

Effective date: _____ Expiration date: _____ FEIN# _____

1. Annual attendance expiring policy term: _____ Estimated attendance this policy term: _____

Seating: _____ Capacity: _____

2. List any entity that you are required by contract to name as an additional insured, include name and relationship:
 (provide copy of contract)

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

3. Who is responsible for the following? (check one)

	INSURED	SUB-CONTRACTED*	OTHER(DESCRIBE)
Management of facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Concession sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Liquor sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
First aid (personnel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Fireworks displays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Amusement devices/rides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Off-premises catering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____

*Provide complete copy of contracts.

Is a certificate of insurance obtained from annual subcontractors and tenants, indicating an additional insured status? Yes No

4. Are signed Waivers/Assumption of Risk forms required from all persons entering restricted areas? Yes No

If yes, is the insured included on the Waiver/Assumption of Risk form? Yes No

5. Are all parking lots well lit? Yes No

6. Are all parking lots patrolled? Yes No

7. How long has current management been at this facility? _____

8. Is there a risk manager? Yes No

9. Is there a written emergency evacuation plan established for the facility? Yes No

10. Are restrooms checked/cleaned during events? Yes No

How often? _____

FACILITY INSURANCE APPLICATION (cont.)

- 11. Are crews prepared and on-duty to clean up spills?..... Yes No
- 12. Are first aid facilities maintained? Yes No
- 13. Are all cooking surfaces properly fire protected Yes No
- 14. What type of Automatic Extinguishing System (AES) is in place? _____
- 15. Do you have a contract for servicing and maintaining the automatic extinguishing system?..... Yes No
- 16. How often is this system serviced & maintained? Monthly Quarterly Semi-Annually Annually
- 17. Do you have a contract for cleaning the hoods and ducts?..... Yes No
- 18. How often are filters cleaned? _____
By whom?: _____

LIQUOR

- 1. Are alcoholic beverages sold? Yes No Served? Yes No
- 2. License holder _____ Liquor license# _____
- 3. Have you ever been fined or had your license revoked or suspended? Yes No
If yes, please explain _____

- 4. Do all servers receive alcohol awareness training? Yes No
If yes, please describe training _____

- 5. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
- 6. Do you stop serving at least one hour prior to closing? Yes No
- 7. Estimated annual sales = alcohol \$ _____ food \$ _____

EVENT PROMOTION/FACILITY USE

- 1. Does the facility self-promote any events?..... Yes No
If yes, describe type of events. _____

- 2. Does the facility co-promote any events? Yes No
If yes, describe type of events. _____

- 3. Does the facility have Rap, Hip-Hop, Punk Rock, Rave, Heavy Metal or other music
in similar categories?..... Yes No
If yes, what additional security measures are implemented? _____

Are any of these events promoted/co-promoted by the facility? Yes No
- 4. Are mosh pits allowed? Yes No
If yes, please confirm the following procedures are implemented: _____
Waivers signed? Yes No
Arm/wrist bands provided for entry?..... Yes No

FACILITY INSURANCE APPLICATION (cont.)

5. Have you had or do you plan on scheduling any of the following activities?

Co/Self Promoted

- Bungee Operation..... Yes No Yes No
 Iron Man/Tough Man events..... Yes No Yes No
 Rodeos Yes No Yes No

6. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure?..... Yes No

7. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? Yes No

- If yes, do you require a Certificate of Insurance naming you as an Additional Insured? Yes No
 Minimum Liability Limits required? Yes No
 Do you require coverage to be shown for both General Liability and for Participant Legal Liability? Yes No

8. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? Yes No

9. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point?..... Yes No

10. Does the course involve any mud obstacles? Yes No

SECURITY

1. Who is primarily responsible (via contract) for liability coverage of off-duty police? Insured Municipality
 2. Who is primarily responsible (via contract) for Workers' Compensation of off-duty police? Insured Municipality
 3. Are all the applicant's security guard employees licensed by the state as a security guard?..... Yes No

If no, explain: _____

INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

4. Are background investigations and checks conducted on all employees who perform security duties? Yes No

If yes, mark appropriate box:

- Criminal Background Checks Previous Employer Motor Vehicle Report
 Fingerprints Drug Screening Personal Reference
 Background Cleared Prior to Hire Other : _____

5. What firearm training is required for armed security employees? _____

6 Does applicant have a formal training program for security employees? Yes No
If yes, explain or attach a copy of training manual.

7. Provide number of dogs to be used in your security operations _____

NONOWNED/HIRED AUTO LIABILITY

1. Do you have a Business Auto Policy for owned autos? Yes No
If yes, coverage should be obtained under your Business Auto Policy.

2. Do employees or volunteers routinely use their autos for company business? Yes No
Explain: _____

Total number of employees: _____ Total number of volunteers: _____

3. Do you, the insured, verify that the insurance is in place with limits of at least \$300,000 before the employees or volunteers can use the auto? Yes No

4. During the last three years have you leased, borrowed or hired any vehicles for your business? Yes No

5. If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) do you hire, lease and/or borrow? (Explain and identify) _____

6. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)? Yes No

If no, all drivers and operators will be required to hold the appropriate driver's license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:

- *Alert Driving: www.alertdriving.com*
- *National Safety Council: www.nsc.org*
- *Smith System Training: www.smith-system.com*

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

List of Drivers:

Name	Birth Date	Driver's License #	State Licenses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit the following with completed application:

- Security procedures**
- Emergency / Evacuation plan**
- 5 years (including current) of Carrier Loss Runs**
- Copies of contracts for subcontracted services (see question #3)**
- Copy of user/event agreement**
- Copy of lease agreement with landlord (if applicable)**
- Copy of lease agreement with tenants (if applicable)**

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

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)