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 K&K Insurance Brokers, Inc. Canada

## PROFESSIONAL SPORTS TEAM APPLICATION

1. Policy period required from: \_\_\_\_\_ to \_\_\_\_\_  
 (Year) (Year)

### INSURED:

2. Named Insured as it is to appear on policy: \_\_\_\_\_

3. What is the Insured?  Corporation  Partnership  Joint Venture  
 Individual  Other \_\_\_\_\_

4. a) Mailing Address: \_\_\_\_\_  
 (Number) (Street) (City) (Prov.) (Postal Code)

b) Stadium Name and Address

\_\_\_\_\_ (Number) (Street) (City) (Prov.) (Postal Code)

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

5. Doing Business As: \_\_\_\_\_

6. Name, Address and Description of Operations of all Subsidiary Companies:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### BROKER

7. Name of Agent/Brokerage: \_\_\_\_\_

8. Contact Person: \_\_\_\_\_

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

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

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### GENERAL INFORMATION

9. Estimated annual turnstile attendance: \_\_\_\_\_

10. Gross receipts from all ticket sales (expiring): \$ \_\_\_\_\_

11. Limit of liability required for stadium lease: \$ \_\_\_\_\_

12. ADDITIONAL INSUREDS: (As they will appear on the policy)

	NAME	ADDRESS	RELATION TO YOU*
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____
d)	_____	_____	_____
e)	_____	_____	_____
f)	_____	_____	_____
g)	_____	_____	_____
h)	_____	_____	_____

(If additional space is needed, please attach a list to this form.)

\*If the Additional Insured is an owner, manager, or lessor of the premises to you, please indicate the part of the premises leased or rented to you by the designated Additional Insured with respect to your activity or operation. Please enclose copies of all lease agreements relating to stadium use and a copy of the current policy.

13. During home games, who is responsible for the following activities?

	STADIUM/ FACILITY	TEAM	OTHER (DESCRIBE)	IS INSURANCE CERTIFICATE ON FILE?
<b>Parking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ticket Sales</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Security</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Maintenance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Concession Sales (Excluding alcohol)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Alcohol Sales</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>First Aid (Medical Personnel)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

In the event that any of the above services are sub-contracted, such sub-contractor must provide a Certificate of Insurance naming you as an Additional Insured. Please attach all certificates.

14. Please attach a list of any additional special events that are not game-related.

15. Person in charge of security on game days: \_\_\_\_\_

How long has this person held this position? \_\_\_\_\_

16. How many security personnel are utilized on game day? \_\_\_\_\_

Number hired: \_\_\_\_\_ How many ushers are used on game day? \_\_\_\_\_

Please enclose a copy of all printed instructions and training manuals for security and usher personnel.

17. Is there an emergency evacuation plan established for this facility?  Yes  No

(If yes, please include a copy of the plan.)

18. Do areas listed below meet all municipal and provincial safety and operational codes?

AREA	NON-SKID SURFACE		WELL-LIT	
All Ramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Walkways & Aisles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Locker Rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



b) Does the Insured sell any products, or carry out any operations in the United States?  Yes  No  
If yes, please provide full details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**24. 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 no, in whole or part, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**25. Protective Liability**

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ \_\_\_\_\_ Sublet? \$ \_\_\_\_\_

Please describe the types of work let or sublet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**26. Professional Liability - Staff Employees and Contractors**

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

**27. Workers Compensation**

Are all employees and contractors including students and volunteers covered by Workers Compensation?  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**28. Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft?  Yes  No

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

**29. 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? \_\_\_\_\_ (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

**30. 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**31. 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.)**

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32. Please provide deductible or self-insured retention amounts for each year noted in question 31.

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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

**33. Please attach a copy of the Insured's most recent audited financial statement.**

34. Does the Insured have a formal loss-control program?

Yes  No

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

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

Yes  No

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

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

Yes  No

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

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37. 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: \_\_\_\_\_

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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 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 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.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
~~Signature~~ Signature

\_\_\_\_\_  
Date

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