

## Special Event / Festival / Parade 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 _____ to _____ (effective date) (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)\*:

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

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

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

2.6 Additional Insureds (As they are to appear on the policy)\*

Name	Relationship	Address

\*Subject to approval by K&K Insurance Canada

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)	_____ to _____	
	Open	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

a. Does the private agency provide a Certificate of Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. If officers are the event employees, are they armed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes, please attach training procedures.</b>				
c. Average number of security officers per event day:				

2.18 Minimum number and type of medical personnel:

<input type="checkbox"/>	Paramedic	
<input type="checkbox"/>	EMT/EMS	
<input type="checkbox"/>	Nurse	
<input type="checkbox"/>	Other (type and #):	

2.19

a. Distance to nearest hospital:	
b. Response time in minutes:	
c. Is there an ambulance on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Describe any other medical facilities on site:	

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

a. How is event management notified?	
b. How is crowd notified?	

2.21

<input type="checkbox"/> Hard Rock	<input type="checkbox"/> Jazz	<input type="checkbox"/> Country & Western
<input type="checkbox"/> Classical	<input type="checkbox"/> Blue Grass	<input type="checkbox"/> Pop Rock
<input type="checkbox"/> 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:

<input type="checkbox"/> Assigned	<input type="checkbox"/> Festival	<input type="checkbox"/> 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	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide details:				
Will there be serviced performed on event attendees (e.g. tattoo, massage)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide details:				
Will attendees be involved in any demonstrations, performances, etc?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide details:				
Are participants transported to/from event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide details:				
Who is responsible for Staging/Tent set-up?				
Will event have inflatables?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide details:				

**Parade Section**

2.30

Date(s) of Parade:			
Hours of Parade(s)		to	
	Beginning		Ending
<b>Please attach a diagram of the location (parade route from beginning to end).</b>			

2.31

Are road(s) closed in both directions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

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	<input type="checkbox"/>	No	<input type="checkbox"/>
a) If yes, are the animals insured against third-party liability claims by the owner?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) What is the minimum limit carried?				

2.34

Are souvenirs or other items allowed to be thrown into the crowd?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:				

**Operations**

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

Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year
		\$
		\$
		\$
		\$
		\$

2.36

<p>Does the Insured have food and/or beverage sales?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If yes, please indicate receipts:</p>		
	Food: \$	
	*Alcohol: \$	

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

**Section 3: Liability**

3.1 Contractual Liability

<p>a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If yes, please provide details:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
<p>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?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>



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.**

3.2 Protective Liability

a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)? Yes  No

If yes, what is the annual cost of work?

Let	\$
Sublet	\$

If yes, please give details of the sublet:

---



---



---

b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? Yes  No

3.4 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please provide explanation.				
<hr/>				
<hr/>				

3.5 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	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				
<hr/>				
<hr/>				
b) Does the Insured rent or lease vehicles from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, (i) How often per year? :				
(ii) Are any of these vehicles driven in the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Does the Insured contract services from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				
<hr/>				
<hr/>				
d) Are vehicles used to transport anyone?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how often and for what purpose?				
<hr/>				
<hr/>				

3.6 Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details.				
<hr/>				

**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

Additional Information: