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 K&K Insurance Brokers, Inc. Canada

## SPORTS EVENT APPLICATION

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

**INSURED**

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

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

3. Name of Sports Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

a) Mailing Address: \_\_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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

b) Address of Actual Operation (if different than mailing):

\_\_\_\_\_

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

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

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

5. Additional Insureds      Relationship      Address  
 As they are to appear on the policy (MUST be approved by K&K)

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

**BROKER**

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

7. Contact Person: \_\_\_\_\_

8. Mailing Address: \_\_\_\_\_

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

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

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

**9. UNDERWRITING INFORMATION**

Full Contact       Non-Contact

Paid Officials: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Ages of Participants: Under 12 \_\_\_\_\_ 12 to 18 \_\_\_\_\_  
 Over 18 \_\_\_\_\_  
 Number of Volunteers: \_\_\_\_\_ Estimated Spectator Attendance: \_\_\_\_\_ per day Total  
 Total Gross Receipts: \$ \_\_\_\_\_ Ticket Price(s): \$ \_\_\_\_\_  
 Is a Sports Accident and Injury Policy in Effect?  Yes  No

Type of Events: \_\_\_\_\_

Schedule of Events	Date(s)	Facility & Address	Estimated Attendance

**FACILITY INFORMATION**

10. Event	Date	Location	Age of Facility	Seating Capacity

11. (Please attach a copy of procedures.)

List any alterations to facility required, such as temporary bleachers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who is responsible for the alterations? \_\_\_\_\_

12. Will "Standing Room Only" areas be permitted?  Yes  No

13. Are signs posted and public address announcements made warning of the assumption of risk in attending sporting events?  Yes  No

14. Do you require an emergency vehicle and a licensed EMT at each event?  Yes  No  
 If yes, are they available to both participants and spectators?  Yes  No

15. If an emergency vehicle is not on-site, what is the average emergency response time? \_\_\_\_\_

16. Is First Aid available to both participants and spectators at the event location(s)?  Yes  No  
 Please explain: \_\_\_\_\_  
 \_\_\_\_\_

17. How far is the playing surface from the nearest spectator seating area? \_\_\_\_\_

18. Please describe the precautions taken to prevent spectators from entering the restricted areas: \_\_\_\_\_  
 \_\_\_\_\_

19. Will liquor be sold?  Yes  No Served?  Yes  No  
*\*If liquor will be sold/served, please fill out the Liquor Liability Application*

20. Will coolers, cans and bottles be permitted to be carried onto the premises?  Yes  No  
*\*If yes, please fill out the Liquor Liability Application*

**ANCILLARY EVENTS INFORMATION**

21. Please describe any ancillary activities planned in conjunction with the events such as parades, festivals, concerts, fireworks, tailgate parties, items tossed by or into crowds, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. EVENT	DESCRIPTION	DATE	LOCATION	SEATING CAPACITY	STANDING ROOM ONLY
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

23. Please describe past experience with planned events and any ancillary events: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**24. Limits of Liability required:**  
**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: _____	\$ _____

**25. Operations:**

a) 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

b) If the Insured has food and/or beverage sales, please indicate receipts:

Food \$ \_\_\_\_\_

Alcohol \$ \_\_\_\_\_

\* If receipts indicate liquor sales please fill out Liquor Liability Application

c) Does the Insured have any discontinued operations?

Yes  No

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

26. How long has Applicant been in business? \_\_\_\_\_

**27. Products:**

a) Estimated annual sales/receipts for each product manufactured (present and past), sold, handled or distributed by the Applicant:

Total Sales: \$ \_\_\_\_\_ CAN: \$ \_\_\_\_\_ USA & Other: \$ \_\_\_\_\_

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

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

**28. 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

**29. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**31. Workers Compensation**

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

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

**32. Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft?

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

**33. 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

34. 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

**35. 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.)**

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

36. Please provide deductible or self-insured retention amounts for each year noted in question 35.

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

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

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

38. Does the Insured have a formal loss-control program?  Yes  No

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

39. Does the Insured have a formal employee safety-training program?  Yes  No

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

40. Does the Insured have a formal premises snow/ice clearance procedure?  Yes  No

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

41. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include the following:**

- **Broker of Record Letter (if available)**
- **Five years of loss history (company copy including reserves)**

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 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

\_\_\_\_\_  
Date

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