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 www.kandkcanada.com
 K&K Insurance Brokers, Inc. Canada

SPECIAL EVENT/FESTIVAL//PARADE APPLICATION

IMPORTANT

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS
 WILL BE RETURNED FOR COMPLETION.

1. Policy period required from: _____ to _____
(Year) (Year)

APPLICANT INFORMATION

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

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

4. Mailing Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

5. Nature of business/description of operations/events: _____

6. Estimated Number of Events: _____

BROKER

7. Name of Agent/Brokerage: _____

8. Contact Person: _____

9. Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

UNDERWRITING INFORMATION

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: _____

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

12. Location of Event Site (Name of Facility): _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Ph: _____ Fax: _____
 E-mail: _____

13. Web Site: _____

14. Number of Premises/Operation acres: _____

15. Date(s) of Event: _____

Opening and closing hours of event(s): Open: _____ Close: _____

16. What is your past experience producing this type of event? _____

17. Description of event: _____

18. Gross Receipts last year (all sources): \$ _____

This year's budget: \$ _____

19. Estimated total attendance this year: _____

Estimated maximum daily attendance this year: _____

Total attendance last year: _____

20. Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:

- A. * Liquor Liability
- B. * Fireworks Liability
- C. ** Excess Fireworks Liability
- D. * Off-Premise Parade Liability

*Requires separate application

**Certificate of Insurance evidencing underlying coverage required

21. Who provides security for this event?

City Municipality Province Employees Private Agency

a) Does the private agency provide a Certificate of Insurance? Yes No N/A

b) If officers are the event employees, are they armed? Yes No N/A

If yes, please attach training procedures to this application.

c) Average number of security officers per event day: _____

22. Minimum number and type of medical personnel:

Paramedic _____ EMT/EMS _____ Nurse _____ Other _____
(type and no.)

a. Distance to nearest hospital: _____ Response time in minutes: _____

b. Is there an ambulance on site? Yes No

c. Describe any other medical facilities on site: _____

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

a. How is event management notified? _____

b. How is crowd notified? _____

24. Type of concert, if applicable: Hard Rock Jazz C&W Classical Bluegrass
 Pop Rock Other: _____

25. Do professional performers hold event management harmless with regard to their injuries? Yes No

26. Type of seating during event: Assigned Festival None

27. If event is held indoors, does security check for cans and bottles at the door? Yes No

28. List all grandstands: Capacity: _____ Age: _____

29. List all bleachers: Capacity: _____ Age: _____

30. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: _____

31. Please enclose the following items along with this application and forward to K&K Insurance Brokers, Inc.

- A. All contracts/lease agreements/hold harmless agreements between the event management and any other party with regard to this event where insured assumes other liability**
- B. Diagram/Site plan of location/setup**
- C. Complete schedule of events (preferably a printed schedule which will be used for mass distribution)**
- D. Most current financial statement**
- E. Five (5)-year detailed loss-history listings from previous carrier(s)**
- F. Copy of previous insurance policy**

PARADE SECTION

32. Date(s) of Parade: _____ Beginning and Ending Hours: _____

Please attach a diagram of the location (parade route from beginning to end).

33. Are road(s) closed in both directions? Yes No

34. Number of floats: _____

35. Number of horse-riding participants: _____

36. Number of bands: _____

37. Number of motorized vehicles: _____

38. Estimated number of participants: _____

39. Estimated total spectator attendance: _____

40. Are the animals insured against third-party liability claims by the owner? Yes No
If yes, what is the minimum limit carried? _____

41. Are souvenirs or other items allowed to be thrown into the crowd? Yes No
If yes, please explain: _____

42. 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: _____	\$ _____

43. 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: _____

44. How long has Applicant been in business? _____

45. 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: _____

46. 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

47. 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: _____

49. Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

50. Workers Compensation

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

If no, please explain: _____

51. Aircraft & Watercraft

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

If yes, please give details: _____

52. 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

53. 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

54. **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.)**

55. Please provide deductible or self-insured retention amounts for each year noted in question 54.

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

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

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

If yes, please provide details: _____

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

If yes, please provide details: _____

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

If yes, please provide details: _____

61. 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: _____

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

Date

Agent/Broker: _____



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SUPPLEMENT FORM FOR SPECIAL EVENTS (UNDER 250 IN ATTENDANCE)

Description of Event: _____
Location: _____ Date: _____
Estimated Attendance: _____
Additional Insured & Interests: _____

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