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FACILITY INSURANCE APPLICATION

Facility Name: _____ Facility Age: _____

Contact Person: _____ Title: _____

Facility Location: _____
(Please indicate nearest highway intersection if no address)

Ph: _____ Fax: _____ Email: _____

Effective Date: _____ Expiration Date: _____

1. Annual Admissions: _____ Seating: _____ Capacity: _____
2. Total Gross Receipts: _____ Concession Receipts: _____
3. Additional Insureds: (as they will appear on the policy)

NAME _____
 ADDRESS _____
 RELATIONSHIP* _____

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

* if the additional insured is an owner, manager or lessor of the premises, please indicate the part of the premises leased or rented to you by the designated additional insured as respects your activity or operation.

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

	FACILITY	TENANT	SUB-CONTRACTED	OTHER	(DESCRIBE)
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concession Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First Aid (personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Media Contacts (TV/RADIO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. Are Certificates of Insurance obtained from those services that are sub-contracted? Yes No
6. Are all parking lots well lit? Yes No
7. Are areas patrolled before event? Yes No
 During event? Yes No
 After event? Yes No
8. Is there valet parking? Yes No
9. Are tailgate parties permitted? Yes No

If yes, please describe specific security (please attach additional page if more space is needed.) _____

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

11. Name of person in charge of security? _____

12. How long has this person held this position? _____

13. How many security personnel are utilized on event day? _____

14. Are uniformed officers present? Yes No

15. Are security personnel armed? Yes No
Enclose copies of all printed instructions and training manuals for security personnel.

16. Is there an emergency evacuation plan established for the facility? Yes No
If yes, please attach a copy of the plan.

17. Please answer the following questions regarding the named areas of the facility:

AREA	MEETS LOCAL/COUNTY/STATE SAFETY CODES?			NON-SKID SURFACE			WELL-ILLUMINATED		
All Ramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Concessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Walkways and Aisles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Restrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Locker Rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Stairs and Stairways	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

18. Are there escalators? Yes No

19. Are all entrance egress areas clearly marked? Yes No

20. Describe general maintenance, housekeeping and maintenance of building grounds and parking lots:

- Excellent Good Fair Poor

21. Are signs posted in high traffic areas and announcements made on the public address systems to make spectators aware of assumption of risk in attending the event activities? Yes No

Please explain: _____

22. Are restrooms monitored? Yes No

How often? _____

23. Are crews prepared and on-duty to clean up spills? Yes No

24. Are coolers, thermoses, bottles or cans permitted on premises during events? Yes No

25. Are banners, flags or pompoms permitted in the facility during the event? Yes No

26. What is the distance between event areas to the nearest spectator seating areas? _____

27. What precautions are taken to prevent spectators from entering restricted areas? _____

28. Are alcoholic beverages sold? Yes No Served? Yes No

29. Are security personnel present at alcohol distribution sites? Yes No

30. Describe fire fighting and/or prevention equipment, features, numbers and locations. (i.e. extinguishers, hydrants, sprinklers, etc.) _____

31. What is the response time of nearest fire station: _____ minutes.
32. Are first aid facilities maintained? Yes No
33. Are attending medical professional available? Yes No
34. What is the response time of nearest ambulance: _____ minutes.
35. Are TV/media used in the facility? Yes No
 (describe equipment used and safety precautions taken – i.e. placement of wired, power equipment secured, placement of tripod cameras, etc.)
36. Does the insured presently carry insurance of this type? Yes No
 If “yes”, company’s name: _____
37. Has any insurance carrier cancelled or refused coverage? Yes No
 If “yes”, please explain: _____

38. Please list the loss information for the past three years (enclose corresponding company loss runs):

Policy Year	19 _____	19 _____	19 _____
Total Premium	\$ _____	\$ _____	\$ _____
Total Insured Claims	\$ _____	\$ _____	\$ _____

Description of claims or reserves over \$10,000: _____

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESS AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HEREIN REQUESTED AND THAT THE APPLICATION WILL BECOME A PART OF ANY CONTRACT OF INSURANCE ENTERED INTO. ANY MATERIAL MISREPRESENTATION OR FALSE STATEMENT MAY ENTITLE THE INSURANCE COMPANY TO RESCIND THE POLICY, VOIDING ALL INSURANCE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I FURTHER WARRANT THAT I HAVE MADE OR WILL MAKE THE NECESSARY MAINTENANCE INSPECTIONS AND THAT ALL NECESSARY REPAIRS HAVE BEEN MADE TO ENSURE THAT MY PROPERTY AND OPERATIONS ARE AND WILL REMAIN IN COMPLIANCE WITH ANY UNDERWRITING CRITERIA FURNISHED ME.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Signature: _____ Date: _____

Title: _____