Eligible Risks

- Theme Festivals
- Flower Festivals
- Arts & Crafts Festivals
- Ethnic Festivals
- Music Festivals
- City Celebrations
- Holiday Celebrations
- Parades

- Special Events
- Meetings
- Conventions
- Celebrations
- Grand Openings
- Meetings
- Exhibitions / Expositions
- Promotions

Program Highlights

- $1,000,000 Occurrence Policy
- No General Aggregate
- Broadened CGL Coverage Form
- Annual Operations Coverage Available
- Volunteers as Additional Insureds
- Legal Liability to Participants
- Fireworks Liability
- Automatic Additional Insureds for:
  - Lessors of Leased Equipment
  - Persons or Organizations with Whom You Have Agreed by Contract, Permit, or Written Agreement
- No Bodily Injury Deductible
- Non-Audited Policy
- Increased $300,000 Fire Legal Liability
- User Policy for Off-Season Events
- Vendors/Exhibitor Coverage
- Amusement Ride Liability
- Parade Liability
- Volunteer Accident Coverage
IMPORTANT

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

APPLICANT INFORMATION

Named Insured as it is to appear on policy: ____________________________________________

Doing Business As: ________________________________________________________________

Insured is: □ Corporation    □ Partnership    □ Joint Venture    □ Other:____________________

Mailing Address: _________________________________________________________________

City: ___________________________ State: _______ Zip: _______

E-mail Address: _________________________________________________________________

Contact Person: ________________________________________________________________

Title: __________________________________________ Telephone Number (_____) _____________

Fax Number (_____) _____________

AGENT INFORMATION (if applicable)

Name of Agency/Brokerage: ________________________________________________________

Contact Person: ________________________________________________________________

Mailing Address: ________________________________________________________________

City: ___________________________ State: _______ Zip: _______

Telephone Number (_____) _____________ Fax Number (_____) _____________

UNDERWRITING INFORMATION

1. Name of Event: _________________________________________________________________

2. Description of event/operations/business: _________________________________________

3. Policy Period Requested: ___________________________ to _________________________

4. Estimated Number of Events: ___________________________________________________

5. Date(s) of Event(s): ___________________________________________________________

Opening and closing hours of event: Open: ________________________ Close: ________________________

6. Location of Event Site (Name of Facility): _______________________________________

Address: ___________________________ City: ___________________________ State: _______

7. Premises/Operation acres: _____________________________________________________

8. What is your past experience producing this type of event? __________________________

9. Gross Receipts last year (all sources): $ __________________________

This year’s budget: $ __________________________

10. Estimated total attendance this year: __________________________

   Estimated maximum daily attendance: __________________________

   Total attendance last year: __________________________

11. List any entities requiring Additional Insured status on your policy

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Business Relationship to You</th>
<th>Certificate Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
12. Has insurance for this event ever been: [ ] Cancelled [ ] Declined [ ] Nonrenewed
   If so, please explain: _________________________

13. Does this Organization engage in any other business operations under the same name? [ ] Yes [ ] No
   If yes, please explain: _________________________

14. Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:
   [ ] * Liquor Liability
   [ ] * Fireworks Liability
   [ ] ** Excess Fireworks Liability
   [ ] * Off-Premise Parade Liability
   [ ] * Excess / Umbrella Liability
   * Requires separate application
   ** Requires Certificate of Insurance evidencing underlying coverage

15. Who provides security for this event?
   [ ] City [ ] County [ ] State [ ] 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: ________________

16. Minimum number and type of medical personnel:
   Paramedic ____________ EMT/EMS ____________ Nurse ____________ Other
   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: ____________________________________________________

17. Emergency Evacuation (for catastrophic emergency, i.e., tornado, bomb threat, etc.)
   a. How is event management notified? ______________________________
      __________________________________________________________________________________________
      __________________________________________________________________________________________
   b. How is the crowd notified? __________________________________________________________________
      __________________________________________________________________________________________
      __________________________________________________________________________________________

18. Type of concert, if applicable: [ ] Hard Rock [ ] Jazz [ ] C&W [ ] Classical [ ] Bluegrass
   [ ] Pop Rock [ ] Other:

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

20. Type of seating during event: [ ] Assigned [ ] Festival [ ] None

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

22. List all grandstands: Capacity: ____________ Age: ____________

23. List all bleachers: Capacity: ____________ Age: ____________

24. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: ______________________
      __________________________________________________________________________________________

25. Please enclose the following items along with this application and forward to K&K Insurance Group, Inc.
   A. Copies of all insurance certificates from vendors that list you as an Additional Insured.
   B. All contracts/lease agreements/hold harmless agreements relating to this event in which event
      management has agreed to assume the liability of another party.
   C. Diagram/Site plan of location/setup
   D. Complete schedule of events (i.e. marketing brochure identifying all planned events/activities)
   E. Most current financial statement
   F. Three (3) year detailed loss history from previous carrier(s)
   G. Copy of previous insurance policy
Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah

Any person is guilty of workers’ compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers’ compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.