



## Enrollment Form - Short Term Special Events

Valid for effective dates from 1/1/18 through 12/31/18

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS, PLEASE:**
1. Complete all sections (print legibly)
  2. Sign and date where required
  3. Remit completed enrollment form (pages 4-11) with payment

### GENERAL INFORMATION

☐ I am a new account

☐ I am renewing my coverage

Full legal name of business or event: \_\_\_\_\_

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a: ☐ Sole Proprietorship ☐ Limited Liability Co. ☐ Corporation ☐ Partnership

☐ Other (describe): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### BUSINESS INFORMATION

1. Are overnight accommodations or camping facilities part of the event? ☐ Yes ☐ No

2. Will this event feature any of the following activities? ☐ Yes ☐ No

- Rides, amusement devices or inflatable recreational devices
- Petting zoos or animals • Fireworks or pyrotechnics • Concessionaires, exhibitors or vendors

**The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities, please contact us to determine if other coverage options are available. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.**

3. Is this event held at multiple locations? ☐ Yes ☐ No

4. Is this event held annually? ☐ Yes ☐ No

5. Is there a musical or entertainment performance at the event? ☐ Yes ☐ No

If yes, please indicate the type of performer(s): \_\_\_\_\_

If a musical performer/DJ, please provide the type of music provided/performed: \_\_\_\_\_

6. Alcoholic beverages: \_\_\_\_\_

☐ Will not be allowed or available at the event.

☐ None provided by named insured and/or only attendees allowed to bring their own alcoholic beverages (BYOB).

☐ Will be sold at the event. (e.g.: individual drinks are offered for sale for cash or with pre-purchased tickets)  
If sold, who holds the liquor license or permit?

☐ Insured ☐ Caterer or vendor ☐ Facility ☐ Sponsor

☐ Will be furnished without a charge at the event. (e.g.: wine and beer are served for free; or event has \$100 admission fee and wine is served with dinner for free)

If furnished, is the insured required to obtain a liquor license?

☐ Yes ☐ No

☐ Will be both sold and furnished at the event. (e.g.: providing wine and beer for free, but also having a cash bar)  
If sold and furnished, who holds the liquor license or permit?

☐ Insured ☐ Caterer or vendor ☐ Facility ☐ Sponsor

**For events with more than 3,000 in attendance, please complete the following:**

1. Who provides security for this event?

☐ City ☐ County ☐ State ☐ Employees ☐ Private Agency ☐ Private ☐ No Security in place

If security is provided:

a. Who contracts the security? ☐ Insured ☐ Facility

b. Is the security personnel for the event armed? ☐ Yes ☐ No

c. If a private agency, do they provide you with a Certificate of Insurance naming you as an additional insured? ☐ Yes ☐ No

2. Do you have any medical personnel onsite? ☐ Yes ☐ No

If no: Distance to the nearest hospital \_\_\_\_\_ Response time in minutes \_\_\_\_\_

3. Do you have a plan for your staff if it becomes necessary to evacuate the event site due to emergency or adverse weather? ☐ Yes ☐ No

4. Are daily inspections/walk throughs of the event premises conducted to address possible trip and fall or other hazardous exposures? ☐ Yes ☐ No

5. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?

Name(s): \_\_\_\_\_ Expiration date(s): \_\_\_\_\_

6. Is your current carrier non-renewing your coverage? ☐ Yes ☐ No

If yes, why? \_\_\_\_\_

7. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.)

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

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option.

☐ E-mail to: \_\_\_\_\_ attn: \_\_\_\_\_

(selecting this option confirms your consent for coverage documents to be delivered via e-mail)

☐ Fax to: \_\_\_\_\_ attn: \_\_\_\_\_

☐ Mail to: \_\_\_\_\_ attn: \_\_\_\_\_

UW Rec: \_\_\_\_/\_\_\_\_/\_\_\_\_ Status: N R Broker: Y N Comm: \_\_\_\_% OPS Rec: \_\_\_\_/\_\_\_\_/\_\_\_\_

GL Exp Policy #: \_\_\_\_/CP #: \_\_\_\_ Exp Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

SAM IM D&O GL Option: \_\_\_\_ Delivery: M F E Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay Plan: \_\_\_\_ Bill: AB AD CBG

Opt Form: 2026 2011 8016 8018 876 2404 Insured #: \_\_\_\_\_

Comments: \_\_\_\_\_

GL Policy #: \_\_\_\_/CP #: \_\_\_\_ GL Prem: \_\_\_\_ Eff Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-877-648-6404 • Fax 1-260-459-5502**

**Website [www.kandkinsurance.com](http://www.kandkinsurance.com)**

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

1. Name of event: \_\_\_\_\_
2. Type of event:  
☐ Auction – Describe: \_\_\_\_\_ ☐ Ball/Dance – Describe: \_\_\_\_\_ ☐ Concert – Describe: \_\_\_\_\_  
☐ Festival – Describe: \_\_\_\_\_ ☐ Fundraiser – Describe: \_\_\_\_\_ ☐ Sale – Describe: \_\_\_\_\_  
☐ Show – Describe: \_\_\_\_\_ ☐ Other – Describe: \_\_\_\_\_
3. List activities at event: \_\_\_\_\_
4. Dates of coverage (including set-up and tear-down) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Event date(s) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. Hours of event (including set-up and tear-down): \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.
7. Total attendance at event (average daily attendance x the # of event days): \_\_\_\_\_
8. Event location (Name and full address): \_\_\_\_\_
9. Is your event held:  
a. ☐ Indoors ☐ Outdoors  
b. ☐ Private residence ☐ Convention center ☐ Arena ☐ Stadium ☐ Hotel ☐ Fair grounds  
☐ Liquor-licensed establishment ☐ Other (please describe): \_\_\_\_\_

Cost is determined by the total attendance (daily attendance times the actual number of event days). Please select an option based upon your attendance and location of the event. NOTE: Costs include the premium and a \$15 risk purchasing group administration fee.

☐ **Invitation-Only Event** (single day coverage)

Attendance	Option 1 \$1,000,000 CGL	Option 2 \$2,000,000 CGL	Option 3 \$3,000,000 CGL	Option 4 \$4,000,000 CGL	Option 5 \$5,000,000 CGL
1 - 200 (no liquor at event)	<input type="radio"/> \$ 135	<input type="radio"/> \$ 195	<input type="radio"/> \$ 445	<input type="radio"/> \$ 695	<input type="radio"/> \$ 945
1 - 200 liquor at event (incl. Host Liquor)	<input type="radio"/> \$ 185	<input type="radio"/> \$ 270	<input type="radio"/> \$ 520	<input type="radio"/> \$ 770	<input type="radio"/> \$ 1,020
201 - 500 (no liquor at event)	<input type="radio"/> \$ 225	<input type="radio"/> \$ 330	<input type="radio"/> \$ 580	<input type="radio"/> \$ 830	<input type="radio"/> \$ 1,080
201 - 500 liquor at event (incl. Host Liquor)	<input type="radio"/> \$ 275	<input type="radio"/> \$ 405	<input type="radio"/> \$ 655	<input type="radio"/> \$ 905	<input type="radio"/> \$1,155

☐ **Open-to-the-Public Event and/or More Coverage Days**

Attendance	Option 1 \$1,000,000 CGL	Option 2 \$2,000,000 CGL	Option 3 \$3,000,000 CGL	Option 4 \$4,000,000 CGL	Option 5 \$5,000,000 CGL
1 - 1,500	<input type="radio"/> \$ 410	<input type="radio"/> \$ 608	<input type="radio"/> \$ 858	<input type="radio"/> \$ 1,108	<input type="radio"/> \$ 1,358
1,501 - 3,000	<input type="radio"/> \$ 625	<input type="radio"/> \$ 930	<input type="radio"/> \$ 1,180	<input type="radio"/> \$ 1,430	<input type="radio"/> \$ 1,680
3,001 - 6,000	<input type="radio"/> \$ 1,235	<input type="radio"/> \$ 1,845	<input type="radio"/> \$ 2,150	<input type="radio"/> \$ 2,400	<input type="radio"/> \$ 2,650
6,001 - 12,000	<input type="radio"/> \$ 2,120	<input type="radio"/> \$ 3,173	<input type="radio"/> \$ 3,699	<input type="radio"/> \$ 4,015	<input type="radio"/> \$ 4,265

**COSTS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

## Liquor Liability (not available for AL, IA, MI, or VT applicants)

☐ Check here and skip this section if you do not want coverage.

If liquor liability coverage is desired, please complete the following questions.

1. Is the named insured required to obtain a liquor license or permit? ☐ Yes ☐ No  
 If yes: Please provide the name of the liquor license/permit holder: \_\_\_\_\_  
 Please provide relationship to named insured: \_\_\_\_\_  
 Please provide the liquor license/permit number: \_\_\_\_\_
2. Are alcoholic beverages (please select one):  
☐ Sold? Provide the dollar value of alcoholic beverage sales \_\_\_\_\_ and food sales \_\_\_\_\_ at the event  
☐ Included as a part of the admission charge?  
☐ Served or furnished without a charge?
3. What types of alcoholic beverages are being sold/served? (please describe): \_\_\_\_\_
4. Have you ever been fined or had a liquor license/permit revoked or suspended? ☐ Yes ☐ No
5. Has any insurer cancelled or non-renewed your coverage during the past 3 years? ☐ Yes ☐ No
6. Are patrons allowed to carry alcoholic beverages onto the premises during your event? ☐ Yes ☐ No
7. Are alcoholic sales and consumption contained within a fixed and/or secured area? ☐ Yes ☐ No
8. Has at least one server at this event had formalized alcohol awareness training? ☐ Yes ☐ No  
 If yes, please provide the type of training (e.g.: TIPs, TAMs, TABC): \_\_\_\_\_
9. Are ID's checked at the event? ☐ Yes ☐ No
10. Will alcohol stop being served/sold at least (1) hour prior to the end of the event? ☐ Yes ☐ No

Please select option based upon total attendance of the event and the location of the event.

Attendance	Location of Event	Option 1 \$500,000 Limit	Option 2 \$1,000,000 Limit
1 - 1,500	All states other than AL, IA, MI or VT	<input type="radio"/> \$ 445	<input type="radio"/> \$ 529
1,501 - 3,000	All states other than AL, IA, MI or VT	<input type="radio"/> \$ 534	<input type="radio"/> \$ 635
3,001 - 6,000	All states other than AL, IA, MI or VT	<input type="radio"/> \$ 748	<input type="radio"/> \$ 889
6,001 - 12,000	All states other than AL, IA, MI or VT	Referral to Company	Referral to Company

## Additional Limits of Medical Expense

☐ Check here and skip this section if you do not want coverage.

Please select an option based upon your attendance at the event.

Attendance	Additional \$5,000 Limit	Additional \$10,000 Limit	Additional \$15,000 Limit	Additional \$20,000 Limit
1 - 1,500	<input type="radio"/> \$ 75	<input type="radio"/> \$ 150	<input type="radio"/> \$ 225	<input type="radio"/> \$ 300
1,501 - 3,000	<input type="radio"/> \$ 150	<input type="radio"/> \$ 300	<input type="radio"/> \$ 450	<input type="radio"/> \$ 600
3,001 - 6,000	<input type="radio"/> \$ 300	<input type="radio"/> \$ 600	<input type="radio"/> \$ 900	<input type="radio"/> \$ 1,200
6,001 - 12,000	<input type="radio"/> \$ 600	<input type="radio"/> \$1,200	<input type="radio"/> \$ 1,800	<input type="radio"/> \$ 2,400

<b>TOTAL PREMIUM SUMMARY</b>	Program Cost - Commercial General Liability (Required Coverage) - from page 6	\$
	Liquor Liability Premium (Optional Coverage) - from page 7	\$
	Medical Expense Premium (Optional Coverage) - from page 7	\$
	<b>Cost Due - Subtotal (add lines above)</b>	\$

**CERTIFICATE REQUESTS**

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.

Check the type of certificate you are requesting: ☐ Additional insured ☐ Evidence of coverage

Certificate holder information:

Entity name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to named insured: ☐ Owner/lessor of premises ☐ Sponsor ☐ Co-promoter

☐ Franchisor ☐ Other (please identify/explain): \_\_\_\_\_

Date certificate needed by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? ☐ Yes ☐ No

If yes, check all that apply (*Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.*)

☐ Form CG2026 ☐ Primary endorsement ☐ Waiver of subrogation

☐ Other (please explain): \_\_\_\_\_

**COVERAGE EXCLUSIONS**

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment used for climbing- either permanently affixed or temporarily erected or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); E-commerce consulting; Employment-related practices; Events held outside the United States; Events held at multiple locations (except for weddings); Events with over 12,000 in total attendance; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Operations of concessionaires, exhibitors and/or vendors at your event; Performers; Petting zoos; Room and board liability/overnight camping; Saddle animals; Snowmobile; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending material or information; Those operations listed as ineligible: Activist rallies/marches/protests; Air shows/events; Animal obedience training; Any events involving organized athletic events/competitions; Any events and/or concerts – involving rap, hip-hop, heavy metal or electronic music; Any events held on an airport premises; Any events honoring national and/or local celebrities or professional athletes Any events involving in or on water activities; Any events providing overnight accommodations; Balloon festival; Battle reenactments; Bonfires; Cannibus related events; Christmas tree sales/lots; Cinematography and photography for commercial use; Circuses; Color party, foam party or raves; Dance competitions; Food eating contests; Fraternity or sorority events (unless reported and approved by us); Geocaching events; Gun and/or knife shows; Haunted attractions/events; Health fairs/expositions; Mazes (corn, hay or fence); Events involving any motorized vehicle(s) in, or while in practice for, or while being prepared for, or while qualifying for, or while testing for any racing, speed, demolition, distance, or stunting activity; Parades (or any event involving a parade); Political events (except private fundraising auctions, benefits, dances, dinners); Pumpkin chuckin events; Rodeos (any rodeo activity including, but not limited to, bronco or bull riding, steer roping, team roping, barrel racing or horseback riding); Seances; Tailgating events (unless reported and approved by us); Tractor pulls; Union meetings; Walks/running events.

**Warranty and Disclosure Statement:** I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on this enrollment form becomes a part of the insurance contract.

**Compensation and Other Disclosure Information:** K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to [warranty@kandkinsurance.com](mailto:warranty@kandkinsurance.com).

In addition, premiums paid by clients to K&K for remittance to insurers, client refunds and claim payments paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, K&K may be considered to have an incentive to place your insurance coverages with a particular insurance company. Where K&K participates in contingent commission arrangements with insurance companies, K&K may be entitled to additional commission in the range of 0 to 5% depending upon whether and when specified thresholds are achieved.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each a "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

**Applicant business/event name** (from page 4): \_\_\_\_\_

**Applicant or agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**If an agent:** Check here to acknowledge you are signing on behalf of the named insured ☐

**AGENTS: YOU MUST CONTINUE TO NEXT PAGE AND COMPLETE AGENT WARRANTY SECTION**

**Enrollments cannot be accepted unless this section is completed**