



Contact Information:

13880 N. Northsight Blvd., Suite C109 |
Scottsdale, AZ 85260

Venues Program

PHONE: 602-992-1570

FAX: (602) 992-8327

EMAIL:

mgranado@eqgroup.com

Skating Facilities Program

For information regarding ice skating arenas and
in-line hockey facilities

PHONE: 602-992-1570

FAX: (602) 992-8327

EMAIL:

mgranado@eqgroup.com

Tourist Attraction & Special Event Programs

For information regarding museums and special
events

PHONE: 602-992-1570

FAX: (602) 992-8327

EMAIL:

mgranado@eqgroup.com

Submission Instructions:

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed. In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a representative if you have any questions.

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Three years of company loss runs
- Schedule of events & dates
- Copy of event/user agreement

Venues Application(s):

(Applications can be obtained from our web site: eqgroup.com)

Application(s)

- Facility Insurance Application

ACORD Application(s)

- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability

Insuring the world's fun.®

FACILITY INSURANCE APPLICATION

Facility name: _____ Facility age: _____

Contact person: _____ Title: _____

Facility location: _____

(Please indicate nearest highway intersection if no address)

 Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or a major amusement park? Yes No

If yes, explain: _____

Phone: _____ Fax: _____ Website: _____

Effective date: _____ Expiration date: _____ FEIN# _____

1. Annual attendance expiring policy term: _____ Estimated attendance this policy term: _____

Seating: _____ Capacity: _____

 2. List any entity that you are required by contract to name as an additional insured, include name and relationship:
 (provide copy of contract)

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

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

	INSURED	SUB-CONTRACTED*	OTHER(DESCRIBE)
Management of facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Concession sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Liquor sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
First aid (personnel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Fireworks displays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Amusement devices/rides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
Off-premises catering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____

*Provide complete copy of contracts.

 Is a certificate of insurance obtained from annual subcontractors and tenants, indicating an additional insured status? Yes No

 4. Are signed Waivers/Assumption of Risk forms required from all persons entering restricted areas? Yes No

 If yes, is the insured included on the Waiver/Assumption of Risk form? Yes No

 5. Are all parking lots well lit? Yes No

 6. Are all parking lots patrolled? Yes No

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

 8. Is there a risk manager? Yes No

 9. Is there a written emergency evacuation plan established for the facility? Yes No

 10. Are restrooms checked/cleaned during events? Yes No

How often? _____

FACILITY INSURANCE APPLICATION (cont.)

- 11. Are crews prepared and on-duty to clean up spills?..... Yes No
- 12. Are first aid facilities maintained? Yes No
- 13. Are all cooking surfaces properly fire protected Yes No
- 14. What type of Automatic Extinguishing System (AES) is in place? _____
- 15. Do you have a contract for servicing and maintaining the automatic extinguishing system?..... Yes No
- 16. How often is this system serviced & maintained? Monthly Quarterly Semi-Annually Annually
- 17. Do you have a contract for cleaning the hoods and ducts? Yes No
- 18. How often are filters cleaned? _____
By whom?: _____

LIQUOR

- 1. Are alcoholic beverages sold? Yes No Served? Yes No
- 2. License holder _____ Liquor license# _____
- 3. Have you ever been fined or had your license revoked or suspended? Yes No
If yes, please explain _____

- 4. Do all servers receive alcohol awareness training? Yes No
If yes, please describe training _____

- 5. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
- 6. Do you stop serving at least one hour prior to closing? Yes No
- 7. Estimated annual sales = alcohol \$ _____ food \$ _____

EVENT PROMOTION/FACILITY USE

- 1. Does the facility self-promote any events?..... Yes No
If yes, describe type of events. _____

- 2. Does the facility co-promote any events? Yes No
If yes, describe type of events. _____

- 3. Does the facility have Rap, Hip-Hop, Punk Rock, Rave, Heavy Metal or other music
in similar categories?..... Yes No
If yes, what additional security measures are implemented? _____

Are any of these events promoted/co-promoted by the facility? Yes No
- 4. Are mosh pits allowed? Yes No
If yes, please confirm the following procedures are implemented: _____
Waivers signed? Yes No
Arm/wrist bands provided for entry?..... Yes No

FACILITY INSURANCE APPLICATION (cont.)

5. Have you had or do you plan on scheduling any of the following activities?

Co/Self Promoted

- Bungee Operation..... Yes No Yes No
 Iron Man/Tough Man events..... Yes No Yes No
 Rodeos Yes No Yes No

6. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure?..... Yes No

7. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? Yes No

- If yes, do you require a Certificate of Insurance naming you as an Additional Insured? Yes No
 Minimum Liability Limits required? Yes No
 Do you require coverage to be shown for both General Liability and for Participant Legal Liability? Yes No

8. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? Yes No

9. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point?..... Yes No

10. Does the course involve any mud obstacles? Yes No

SECURITY

1. Who is primarily responsible (via contract) for liability coverage of off-duty police? Insured Municipality
 2. Who is primarily responsible (via contract) for Workers' Compensation of off-duty police? Insured Municipality
 3. Are all the applicant's security guard employees licensed by the state as a security guard?..... Yes No

If no, explain: _____

INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

4. Are background investigations and checks conducted on all employees who perform security duties? Yes No

If yes, mark appropriate box:

- Criminal Background Checks Previous Employer Motor Vehicle Report
 Fingerprints Drug Screening Personal Reference
 Background Cleared Prior to Hire Other : _____

5. What firearm training is required for armed security employees? _____

6 Does applicant have a formal training program for security employees? Yes No
If yes, explain or attach a copy of training manual.

7. Provide number of dogs to be used in your security operations _____

NONOWNED/HIRED AUTO LIABILITY

1. Do you have a Business Auto Policy for owned autos? Yes No

If yes, coverage should be obtained under your Business Auto Policy.

2. Do employees or volunteers routinely use their autos for company business? Yes No

Explain: _____

Total number of employees: _____ Total number of volunteers: _____

3. Do you, the insured, verify that the insurance is in place with limits of at least \$300,000 before the employees or volunteers can use the auto? Yes No

4. During the last three years have you leased, borrowed or hired any vehicles for your business? Yes No

5. If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) do you hire, lease and/or borrow? (Explain and identify) _____

List of Drivers:

Name	Birth Date	Driver's License #	State Licenses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit the following with completed application:

- Security procedures
- Emergency / Evacuation plan
- 5 years (including current) of Carrier Loss Runs
- Copies of contracts for subcontracted services (see question #3)
- Copy of user/event agreement
- Copy of lease agreement with landlord (if applicable)
- Copy of lease agreement with tenants (if applicable)

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO AFIG INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: _____

FRAUD WARNING

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in HI

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in MA, NE, and VT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

FRAUD APPS (2016/04)

I understand that K&K Insurance Group, Inc., for 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 other, 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 the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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 also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)