



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-800-553-8368 Fax 1-260-459-5624
 www.kandkinsurance.com
 CA# 0334819

FESTIVAL/SPECIAL EVENT APPLICATION

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: AH OF MONROE COUNTY INC
 Doing Business As: AIDS HELP
 Insured is: Corporation Partnership Joint Venture Other:
 Mailing Address: 1434 KENNEDY DRIVE
 City: KEY WEST State: FL Zip: 33040
 Contact Person: PAMELA DEMALA Title: DIRECTOR OF COMMUNITY RELATIONS
 Telephone Number: (305) 296 6196 Fax Number: (305) 296 6337
 E-mail Address: PAMELA.D@AIDSHLP.CC Web Site: AIDSHELP.CC

AGENT / BROKER INFORMATION (if applicable)

Name of Agent/Brokerage: _____
 Contact Person: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: () _____ Fax Number: () _____
 Tax ID Number: _____ E-mail Address: _____

UNDERWRITING INFORMATION

- Name of Event: 18th ANNUAL TASTE OF KEY WEST
- Description of event/operations/business: OVER 60 RESTAURANTS WILL BE SERVING CULINARY DELIGHTS. FINE WINES + BEER WILL BE FEATURED BY REPUBLIC NATIONAL.
- Policy Period Requested: 4/28/13 to 4/30/13
- Date(s) of Event: 4/29/13
 Opening and closing hours of event: Open: 6:00 P.M. Close: 9:00 P.M.
- Location of Event Site (Name of Facility): TRUMAN WATERFRONT, KEY WEST, FL 33040
 Address: END OF SOUTHARD STREET
 City: KEY WEST State: FL Zip: 33040
- What is your past experience producing this type of event? THIS IS THE 18 YEAR FOR THIS EVENT. IT HAS BEEN HELD AT THIS LOCATION FOR THE PAST 8 YEARS.
- Gross Receipts last year (all sources): \$ 94,863
 This year's budget: \$ 100,000
- Estimated total attendance this year: ESTIMATED TO BE BETWEEN 4,500 - 5,000 PEOPLE
 Estimated maximum daily attendance: SAME AS ABOVE
 Total attendance last year: SAME AS ABOVE

9. Annual owned or leased grounds exposure:

Yes No

If yes, how many acres: _____

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

Name of Entity	Business Relationship to You	Certificate Required	
a. CITY OF KEY WEST	PROPERTY OWNER	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Has insurance for this event ever been: Cancelled Declined Nonrenewed

If so, please explain: NO

12. Does this Organization engage in any other business operations under the same name? Yes No

If yes, please explain: Once a year fundraiser for AIDS Help's regular operation

13. Who provides security for this event? City County State Employees Private Agency

a. Does the private agency provide a Certificate of Insurance naming you as additional insured? Yes No N/A

b. If security personnel 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: POLICE OFFICERS - 8

d. Average number of security officers after hours: _____

14. Minimum number and type of medical personnel:

Paramedic _____ EMT/EMS ON CALL Nurse _____ Other _____

a. Distance to nearest hospital: 3 MILES Response time in minutes: _____

b. Is there an ambulance on site? Yes No

c. Describe any other medical facilities on site: N/A

15. Do you have written emergency procedures addressing the following?:

Yes No

Severe weather Bomb threat Catastrophic occurrences (e.g. bleacher collapse)

16. Type of concert, if applicable: Hard Rock Jazz C&W Classical

Bluegrass Pop Rock Other: _____

17. Type of seating during event: Assigned Festival None

18. If event is held indoors, does security check for cans and bottles at the door?

Yes No

19. Grandstands: _____ Yes No Year Built: _____

Construction: Wood Concrete Metal Grandstand Height: _____ (ft)

Guardrails: Sides Back Kick boards in place? Yes No

20. Number of Fixed Bleachers: N/A Construction: Wood Concrete Metal Bleacher Height: _____ (ft)

Number of Portable Bleachers: N/A Construction: Wood Metal Bleacher Height: _____ (ft)

Guardrails: Sides Back Kick boards in place? Yes No

Age of oldest bleacher unit: _____

21. Do you have a documented inspection/maintenance program for grandstands and/or bleachers? N/A

Yes No

If yes, date of last inspection: _____

22. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders: CITY OWNED BARRICADES W/ ORANGE MESH FENCING. IT DOES NOT COST TO GET IN. PEOPLE PURCHASE TICKETS FOR THE TASTINGS.

23. Do you have a petting zoo? Yes No
 If Yes, is it operated by an independent contractor? Yes No
 If Yes, do you receive a certificate of insurance naming you as an additional insured? Yes No
 Do you have a contract with a hold harmless and indemnification agreement? Yes No
 Are all animals properly vaccinated? Yes No
 Is there a hand washing at the exit of the petting zoo? Yes No
 Is there signage posted with regard to the importance of hand washing after animal contact? Yes No
 24. Do you obtain certificates of insurance from product and/or service providers naming you as an additional insured? Yes No
 25. Do you provide housing for vendors and/or contractors? Yes No
 If yes, please describe: _____

PARADE SECTION (if applicable)

26. Date(s) of Parade: _____
 27. Number of Floats: _____
 28. Estimated spectator attendance: _____
 29. Are souvenirs or other items allowed to be thrown into the crowd? Yes No
 30. Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:
- | | |
|--|---|
| <input type="checkbox"/> A.* Motorsports Liability (tractor pull, demo derby, auto racing) | <input type="checkbox"/> H.* Property; Auto Liability (including Nonowned/Hired); Inland Marine; Crime; Excess; Worker's Compensation |
| <input type="checkbox"/> B.* Liquor Liability | <input type="checkbox"/> I.* Directors and Officers Liability |
| <input type="checkbox"/> C.* Fireworks Liability | <input type="checkbox"/> For profit <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> D.** Excess Fireworks Liability | <input type="checkbox"/> J. Directors and Officers Medical |
| <input type="checkbox"/> E.** Contingent Ride Liability | Number of Directors and Officers: _____ |
| <input type="checkbox"/> F.* Rodeo Spectator Liability | |
| <input type="checkbox"/> G. Volunteer Workers Medical | |
- Number of volunteers: _____

**Requires separate application and /or ** requires a Certificate of Insurance evidencing underlying coverage.*

SUMMARY OF REQUESTED ITEMS

31. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:
- Complete schedule of events, if not on your web site.
 - Please submit a diagram of the parade route from beginning to end (if applicable).
 - Four (4) year detailed loss history from previous carrier(s).

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.

E. Scott Priggen
 Applicant's Signature

 Producer's Signature (if applicable)

E. Scott Priggen
 Applicant's Name (print)

 Producer's Name (print)

1/24/13
 Date

 Date



VENDORS AS ADDITIONAL INSURED INFORMATION FORM

Name of Insured: _____

Name of Event: _____

Dates of Event: _____

	VENDOR NAME	YEARS OF EXPERIENCE	TYPES OF FOODS OR DISPLAYS	NUMBER OF BOOTHS OR STANDS	*EVER CANCELLED/ REFUSED COVERAGE		*CLAIMS LAST THREE YEARS	
					YES	NO	YES	NO
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** If "YES" please explain on back of form. If additional space is needed please attach additional sheets with this form.**

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.

DATE _____ SIGNATURE OF INSURED _____ TITLE _____ 1131 11/03



LIQUOR LIABILITY APPLICATION

- 1. Named Insured as it is to appear on policy: AH OF MONROECOUNTY, INC.
- 2. Name of Alcoholic Beverage Licensee: Nonprofit 2 Year allowance
- 3. Alcoholic Beverage License Number: TBD Class of License: _____
- 4. Is coverage for a specific event? Yes No
- 5. Opening and closing hours of event(s) (for each event): _____

NOTE: Alcohol sales must cease a minimum of 1/2 hour before event closing

- 6. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
If yes, please explain: _____
- 7. Has applicant incurred claims for liquor liability during the last three years? Yes No
If yes, please explain: _____
- 8. Has any insurer cancelled or non-renewed coverage during the last three years? Yes No
If yes, please explain: _____
- 9. Type of alcoholic beverages sold: Beer + wine
- 10. Annual Gross Sales:

Event	Alcoholic Beverage Sales	Food Sales
<u>Taste of Key West</u>	\$ <u>20,000 Estimated</u>	\$ <u>80,000 Estimated</u>
_____	\$ _____	\$ _____

- 11. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
- 12. Do you maintain security personnel at event entry check points?
Do they exercise the right of search and seizure of contraband items? Key West Police Yes No
- 13. Are the alcohol sales and consumption contained by fencing within one fixed site? Yes No
- 14. Name the formal awareness training program that the servers receive (e.g. TIPs, TAMs, TABC): Volunteers supervised by vendor
- 15. At what point of sale are I.D.'s checked? Before admittance → stamps
- 16. Are rules and regulations clearly displayed for patrons' viewing? Yes No
- 17. Is there any type of designated driver program in effect? Public transit Yes No
- 18. Is there any other Liquor Liability coverage being provided? Yes No
If yes, explain and attach a copy of the certificate of insurance: _____

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.

F. Scott Priddy
Applicant's Signature

Producer's Signature (if applicable)

F. Scott Priddy
Applicant's Name (print)

Producer's Name (print)

1/24/13
Date

Date



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

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

Applicant name: A.H. OF MONROE COUNTY INC

FRAUD WARNING

GENERAL STATEMENT

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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN HAWAII

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 KANSAS

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 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

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 MINNESOTA

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 OHIO

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

APPLICABLE IN OKLAHOMA

WARNING: 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.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD APPS (2010/07)

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.

Scott Bridgen
APPLICANT'S SIGNATURE

Scott Bridgen
PRINT NAME

1/24/13
DATE (MM/DD/YY)

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

DATE (MM/DD/YY)

SPECIAL EVENTS



Eligible Operations:

(Including but not limited to)

- Art displays
- Auctions
- Banquets
- Bazaars
- Charity events
- Concerts
- Conventions
- Craft displays
- Graduations
- Lectures
- Meetings
- Pageants
- Parades
- Proms
- Religious assemblies
- Reunions
- Seminars
- Shows
- Social gatherings
- Trade shows
- Weddings & receptions

Key Underwriting/Qualifying

Factors (Including but not limited to):

- Minimum premium
general liability- \$2,500
package- \$5,000

Note: Short Term Special Event Risk Purchasing Group program is available for events with less than 12,000 attendance. \$383 minimum premium applies. (see reverse side for contact information)

Ineligible for this program:

- Concerts with rap, hip-hop, alternative, and/or grunge music

K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Special Event Program for over 20 years
- Active participation in industry trade shows and meetings
- Over 50 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

For event insurance from small gatherings to world-class celebrations, K&K covers special events of all sizes. Through years of experience, we've found that tailored coverages designed to fit your occasion provide the best insurance coverage. For smaller events, our risk purchasing group program protects clients without unnecessary coverages that larger special events require. For events of all sizes, turn to K&K for superior insurance protection.

Coverages Available & Program Highlights:

General Liability

- Written on an Admitted Basis in Most States
- Broadened Coverage Form
- No General Aggregate
- Non-auditable Policy
- No Bodily Injury Deductible
- Legal Liability to Participants
- Volunteer Accident- Accident Medical Coverage For Volunteers
- Volunteers as Additional Insureds
- Contingent Ride Liability
- Fireworks Liability
- Liquor Liability
- Motorsports Liability
- Vendor/Exhibitor Coverage
- Employee Benefits Liability

Directors and Officers Including Employment Practices Liability

Property

- Equipment Breakdown Included

Inland Marine

Commercial Auto

- Owned Auto
- Nonowned/Hired Auto

Crime

Excess Liability

Event Cancellation & Non-appearance

Common Associated Exposures:

- Exhibitions
- Festivals
- Food & beverage concessions
- Promotional activities

Insuring the world's fun®

SPECIAL EVENTS



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 K&K representative if you have any questions.

Preliminary Underwriting Information Required:

- Application(s) (see below)
- ACORD applications for other requested coverages
- Four years of detailed, currently-valued company loss runs
- Diagram/site plan of location/setup
- Web site address
- Schedule of events
- Copies of contracts where insured assumes liability of others

Special Events Application(s):

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

K&K Application(s)

- Festival/Special Event/Parade Information Form
- Rodeo Event Liability Questionnaire (if needed)
- Vendors As Additional Insureds Information Form (if needed)
- Fireworks Application (if needed)
- Liquor Liability (if needed)
- Directors and Officers including Employment Practices Liability (contact K&K for specific application)

ACORD Application(s)

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

Contact Information:

1712 Magnavox Way
P.O. Box 2338
Fort Wayne, IN 46801-2338

Special Events Program

PHONE: (800) 553-8368

FAX: (260) 459-5624

EMAIL:

KK_EventsAttractions@
kandkinsurance.com

WEB SITE:

www.kandkinsurance.com

Short Term Special Events RPG Program

For short term special events with less than 12,000 attendance

PHONE: (877) 648-6404

FAX: (260) 459-5502

EMAIL:

info@eventinsurane-kk.com

WEB SITE:

www.eventinsurance-kk.com

California License #0334819

Insuring the world's fun.®