

Effective Dates

This brochure is valid for effective dates from 4/1/17 through 3/31/18

PROGRAM DESCRIPTION

This program has been designed for U.S.-based professional event planners. Coverage provided includes important liability protection for liability claims arising out of their operations and premises. In addition, equipment and contents coverage is available as an option to provide protection for direct loss or damage to the event planner's office supplies, equipment, furnishings, improvements and betterments, signs and non-structural glass.

Please note, this program does not provide liability coverage for the actual events planned, organized, coordinated or arranged by the event planner. For more information regarding our Short Term Special Event Program, please contact us at 1-864-688-0121 or visit our website at www.cossioinsurance.com.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

Sexual Abuse/Molestation Liability Now Available
Higher liability limit options available

Four Easy Ways to Enroll for Coverage

- 1) Email to info@cossioinsurance.com
- 2) Fax to 864-603-2348
- 3) Mail to Cossio Insurance Agency at PO Box 5987, Greenville SC 29606
- 4) Go online to cossioinsurance.com for more info and to fill out an online application

Eligible Operations

Fee-based professionals or businesses domiciled in the U.S. that plan, organize, coordinate and/or arrange public or private events and social gatherings for others who have annual gross receipts of \$2,000,000 or less.

Ineligible Operations

Operations not eligible for this program include, but are not limited to the following:

- Those who own their own retail store or event/banquet facility
- Caterers
- Concert promoters
- Rental companies
- Travel agencies
- Event production companies *
- Talent agencies/companies
- Athletic event promoters

*An event production company is a business that hosts events and profits in all money proceeds of their hosted events. (e.g ticket sales, merchandise, food, etc.)

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

Abuse, molestation, harassment or sexual conduct, All operations listed as ineligible, Amusement devices (eg: rides, slides, inflatables, bungees, limbing walls or devides, dunk tanks), Asbestos, Fireworks, Employment-related practices, Lead, Fungi or bacteria, Operations ou side of the U.S. Outside concessionaires and vendors working in conjunction with your business, Nuclear energy liability, Violation of statues that govern e-mails, faxes, phone calls or other methods of sending materials or information

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions, as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to Cossio Insurance Agency at PO BOX 188 Simpsonville SC 29681.

COVERAGES & LIMITS (Continued)

Coverages	Option 1	Option 2
Commercial General Liability (CGL):	Limits	Limits
Each Occurrence	\$1,000,000	\$2,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Rates (based on annual gross receipts)	\$.00515	\$.00773
Minimum Premiums	\$ 715.00	\$ 965.00
* Higher liability limit options available *		\$215.00 fee

Coverage provided under this program include:

Commercial General Liability with Broadening Endorsement - coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal & advertising injury. Additional or broadening coverages added with the broadening endorsement are:

- Expected or intended injury resulting from the use of reasonable force to protect persons or property
- Non-owned watercraft – extended to 58 feet
- Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings
- Knowledge or Notice of Occurrence
- Waiver of right of recovery
- Bodily injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease.
- Damage to Premises Rented to You – the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers
- Additional coverages:
 - Emergency Real Estate Consultant Fee - \$25,000
 - Identify Theft Exposure (for directors or officers) - \$25,000
 - Key Individual Replacement Cost - \$50,000
 - Lease Cancellation Moving Expense - \$2,500
 - Temporary Meeting Place - \$25,000
 - Terrorism Travel Reimbursement (for directors or officers)- \$25,000
 - Workplace Violence Counseling - \$25,000

OPTIONAL COVERAGES AVAILABLE

Professional Liability - \$1,000,000 Coverage Limit

This coverage option provides protection against wrongful acts (breach of duty, neglect, error, omission, misstatement, or a misleading statement in the discharge of your event planning services) that occur under the operation of the insured.

Coverage Conditions: 1. You must have commercial general liability coverage for your operations through our Event Planner RPG Insurance Program. 2. Coverage will be effective the day after we receive the request with premium and will expire on the expiration date of your Event Planner RPG Insurance Program.

Rate (based on annual gross receipts)	Limit	Minimum Premium
\$.003	\$1,000,000 per occurrence	\$500

OPTIONAL COVERAGE AVAILABLE (Continued)

Equipment and Contents Coverage (Inland Marine) with Additional Coverage Endorsement

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact Cossio Insurance to have your insured value amended to avoid a co-insurance penalty.

- NEW** – Additional coverages automatically included in the coverage form are
- Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000)
 - Money and Securities Coverage - \$5,000 any one occurrence
 - Valuable Papers and Records Coverage - \$10,000 at premises / \$2,500 away from premises
 - Account Receivable Coverage - \$10,000 at premises / \$2,500 away from premises

Coverage Conditions: 1. Coverage is not available on a stand-alone basis. You must have commercial general coverage for your operations with the RPG Insurance Program 2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Event Planner RPG Insurance Program. 3. Receipt of purchase is required at the time of loss to show verification for any improvements or betterments.

Total Value per Location	Rate	Deductible	Minimum Premium
\$1 - \$10,000	\$.03	\$250	\$100.00
\$10,001 - \$100,000	\$.026	\$1,000	\$100.00
\$ 100,001 +	\$.026	\$2,500	\$100.00

Sexual Abuse or Sexual Molestation Liability / Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement

- This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:
- Option 1:** \$1,000,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or sexual molestation.
- Option 2:** \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Coverage Conditions:
 1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 8. 2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your organization with our Event Planner RPG Insurance Program. 3. Only one option may be purchased. 4. This coverage is 100% fully earned at inception.

Option	Rate
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$.00103 Based on annual gross receipts (\$150.00 minimum premium)
Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00(Flat rate)

Hired Auto and Employers' Nonownership Liability - \$250,000 Coverage Limit (not provided in Hawaii) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your

OPTIONAL COVERAGE (continued)

organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to those vehicles that are rented, hired or borrowed on a long-term basis.

Coverage Conditions: 1. You must have commercial general liability coverage for your operations through our Event Planner RPG Insurance Program. 2. Coverage will be effective the day after we receive the request with premium and will expire on the expiration date of your Event Planner RPG Insurance Program.

Rate (flat) \$250.00 **Limit** \$250,000

FREQUENTLY ASKED QUESTIONS

1. How soon does coverage start? When will we receive proof of coverage?

Coverage can be bound the day after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

2. When should we make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing coverage with Cossio Insurance, use the expiration date of your existing coverage. Coverage will be in effect for one year.

3. What does annual gross receipts mean?

Annual gross receipts is a measure of your overall sales that have not been adjusted for customer discounts or returns. This can be calculated by simply adding all sales invoices, not including operating expenses, cost of goods sold, pay ment of taxes or any other charge.

4. What is the co-insurance penalty referenced with the equipment and contents coverage?

The equipment and contents coverage available with this program contains a 100% co-insurance clause. With a 100% co-insurance clause, you are agreeing to accept a penalty if a covered loss occurs and all of your equipment and contents are not insured to their replacement cost value. For this reason, it is vital that the values of your equipment and contents be accurately reported and updated annually to reflect inflation and other increases in cost. If they are undervalued, a coinsurance penalty may be applied at the time of a loss. The penalty equals the difference between the amount of the loss and the amount actually paid by the carrier. The simple formula used to derive at the amount to be paid by the carrier is as follows: "Did" / "Should" x Loss Amount – Deductible = Amount Paid

"Did" = the amount of coverage you did purchase

"Should" = the replacement value of your equipment and contents that you should have insured

5. What does the term "replacement cost" value mean with regards to equipment and contents coverage?

Replacement cost means that the value of covered property will be based on the replacement cost at the time of loss without any deduction for depreciation. It is limited to the cost of repair or replacement with similar property and used for the same purpose.

6. Will we receive a policy after submitting the enrollment form?

Coverage offered under this program is exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (PG). The PG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the PG. Each member will receive their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the PG master policy can be requested in writing to: Cossio Insurance Agency, PO Box 188 Simpsonville, SC 29681.

7. Am I covered if I rent party supplies and equipment?

Yes, but only if you are renting the equipment/supplies to the client for whom you are planning an event. This program is not intended to cover operations where equipment and supplies are rented to the general public and there are no event planning services being provided by you.

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- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Professional Liability
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Section 1: General Information

I am a new account I am renewing my coverage **Limits above \$2,000,000 are available**

How did you hear about us?

Named insured (as it should appear on the policy):

(the legal name of the business or organization; typically the name that would appear on any contracts or agreements)

Doing business as (DBA):

(additional name(s) under which the named insured operates)

Mailing address:

City:

State:

Zip:

Contact Name:

DOB:

FEIN/SS:

Phone:

Cell:

Fax:

E-mail:

Website:

Section 2: Office Location (If different from mailing address)

Street Address:

Section 3: Dates

Annual coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy). Start my coverage on this date: / /

Section 4: Business Information

1. Types of event you organize (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Auto/RV/Motorcycle/Boat Shows | <input type="checkbox"/> Antiques & Collectible shows |
| <input type="checkbox"/> Athletic Events/Exhibitions/Contests | <input type="checkbox"/> Auctions - describe: |
| <input type="checkbox"/> Baby or wedding showers | <input type="checkbox"/> Barbecues |

Section 4: Business Information (Continued)

1. (continued) Types of event you organize (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Beauty pageants and/or fashion shows | <input type="checkbox"/> Charity events - describe: |
| <input type="checkbox"/> Church gatherings or baptisms | <input type="checkbox"/> Computer and/or electronic shows |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Conventions/Trade shows/Exhibitions |
| <input type="checkbox"/> Festivals - describe: | <input type="checkbox"/> Gun and/or Knife shows |
| <input type="checkbox"/> Health and/or Science fairs | <input type="checkbox"/> Home and/or Garden shows |
| <input type="checkbox"/> Meetings, Seminars or Speaking Engagements | Corporate/Business Private Public |
| <input type="checkbox"/> Parties — Anniversary Birthday Dinner Holiday Office Theme | |
| <input type="checkbox"/> Sports Event (eg Super Bowl) Other - describe: | |
| <input type="checkbox"/> Picnics Corporate (employee only) Corporate(other) Private | |
| <input type="checkbox"/> Open Houses | <input type="checkbox"/> Political gatherings, Conventions or Rallies |
| <input type="checkbox"/> Reunions | <input type="checkbox"/> Sightseeing trips |
| <input type="checkbox"/> Talent shows and/or Contests | <input type="checkbox"/> Theatrical and/or Movie Premiers |
| <input type="checkbox"/> Weddings and/or Wedding receptions | |

Note: This program is intended to cover liability coverage for the planning and organizing of the event planner. Coverage for the event itself should be purchased separately by the event host/client.

2. Number of event planned for the current year: _____ Number of events planned last year: _____

What are your annual gross sales?: \$ _____

3. Do you sponsor or promote any events? Yes No

If yes, provide details: _____

4. Are you involved in any other operations or businesses? Or are you owned by, controlled by or affiliated with any other company? Yes No

If yes, provide details: _____

5. Do you have any subsidiaries? Yes No

If yes, provide details: _____

6. Within the past 5 years, have you changed your business name, acquired any business or merged or consolidated with another entity? Yes No

If yes, provide details: _____

7. Do you own or lease (long term) a hall/banquet facility? Yes No

Section 4: Business Information (Continued)

8. Do you or your employees provide any of the following services? Yes No

- Automotive tours (Car/Bus/Jeep/Other) • Booking agent • Construction of temporary structures
- Babysitting • Fireworks • Horseback riding • Hot air balloon rides • Rope courses • Security operations: Bodyguard/Personal security, Bouncers/Crowd control, Parking/Traffic control, Watchmen/Guard service • Shuttle/Taxi/Limo service • Valet service

The exposures/activities listed above are not covered by this program. If any of these exposures/activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as additional insured.

9. Do you sign contracts on behalf of your client? Yes No

10. Is a contract executed between you and your client and/or with 3rd parties? Yes No

If yes, a) Are all contracts printed in English? Yes No

b) Do your contracts include a hold harmless agreement? Yes No

c) Do you use a standard client contract, which outlines your responsibilities? Yes No

d) Does the contract include a clause where each party holds the other party harmless?
 Yes No If no, do you assume any liability of the client and/or third party? Yes No

e) Do you assume, by contract or verbally, responsibility for any injury or damage that may occur during an event? Yes No

f) Please provide a copy of your standard client contract.

11. Do you have any employees? Yes No | If yes, how many?

12. Are subcontractors/independent contractors used? Yes No

If yes: a) Do you confirm they have liability insurance covering their operations? Yes No

Do you ever use uninsured contractors or subcontractors to provide products or services for an event? Yes No

Note: Independent contractors (non-employees) are not covered by this program. You should obtain a certificate of insurance from any subcontractor used, and it is recommended that you request additional insured status on their policy.

13. Do you rent, furnish, or install any of the following? Yes No

If yes, a) To whom: Clients Only - I plan the event General Public - I do not plan the event

- b) Type: Amusement Devices Barricades Bleachers Dance Floors
 Folding Chairs/Tables Sound Equipment Stages/Staging Tents
 Portable Restrooms Space Heaters Linens/Tableware Decoration
 Flowers Candy/Popcorn/Drink Machines Other - descibe:

Section 4: Business Information (continued)

14. Do you own or operate a retail store? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: a. Describe the product you are selling:	
b. What percentage of your revenue is from retail/product sales?	
Is the store open to <input type="checkbox"/> Clients Only - I plan the event <input type="checkbox"/> General Public- I don't plan the event	
15. Do you plan or direct athletic events? (Walks/runs/golf tournaments/ sport tournaments) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe type of event and your involvement?	
16. Do you prepare or sell food as a part of your services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	
17. Do you plan or promote concerts of any genre? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do you host event where you profit from the proceeds(ticket sales, merchandise, food, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: a. Please explain:	
b. Do you obtain separate event insurance for these events? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. In the last five years have any of your customers:	
a. Made allegations or complained about the performance, non-performance or timeliness of your products/services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
b. Refused to pay or stopped paying fees or dues due to alleged problems with your products/services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
20. In the past 5 years have you or any of the employees had their professional licenses or certifications suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
21. Are you aware of any actual or alleged fact, circumstance, situation, error or omission, which can reasonably be expected to result in a claim, suit, or proceeding being made against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FOR NEW ACCOUNTS ONLY	
1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?	
Name(s):	Expiration date(s):



EVENT PLANNER INSURANCE

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Section 4: Business Information (continued)

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

3. 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.)

Section 5: AGENTS ONLY

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name:

Agency mailing address:

Agent/contact name:

Agency telephone:

Agency fax:

Agent/contact e-mail address:

Tax ID #:

Note: Agents do not have authority to issue binders or a certificate of insurance on behalf of this program. A 10% commission is available to licensed agents for this program. Please remit net payment. Commissions will not be calculated on any fees added to the total program.

Section 6: Program Premium Calculation

Premium is determined by applying the appropriate rate to the annual gross receipts of your operations. If the total program premium is less than the minimum premium, the total premium due is the minimum premium.

Check if a higher liability (CGL) limit is required and indicate limit needed. \$

Options	Option 1 \$1,000,000 CGL	Option 2 \$2,000,000 CGL
Rates (based on annual gross receipts)	\$.00515	\$.00773
Minimum Premiums	\$715.00	\$965.00

Option	Rate	x	Annual Gross Receipts	=	Premium	Minimum Premium	Greater of two totals = Premium Due
	\$	x	\$	=	\$	\$	\$ (A)

Professional Liability Coverage

Premium is determined by applying the rate to the annual gross receipts of your operations. If the calculated premium is less than the minimum premium, the total premium is the minimum premium.

\$1,000,000 Professional Liability Rate	x	Annual Gross Receipts	=	Premium	Minimum Premium	Greater of two totals = Premium Due
\$.003	x	\$	=	\$	\$ 500.00	\$

Section 6: Optional Coverages Premium Calculation

Equipment and Contents Coverage (Inland Marine)

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

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000	Value

Provide values for categories below (DO NOT include those values already shown above)

Supplies & Inventory	
Equipments & Contents (tables, chairs, table coverings, event contents, etc.)	
Improvements & Betterments (items you have installed or altered at treatments, lighting, shelving, etc.) Receipt of purchase is required at	
Signs (indoor or outdoor)	
Misc. Equipment - please describe:	
Total replacement value for all location(s) (add all lines above)	

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in

2. Do you have a security system in place? Yes No

a. If yes, please describe:

3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No

a. If yes, please describe:

4. Please attach a complete inventory list with values of each item

Section 6: Optional Coverages Premium Calculation (Continued)

Step 3: Calculate premium (If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment and Contents Premium

My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)

$$.03 \times \text{Total Replacement Value } \$ = \$$

Equipment and Contents Premium (\$100.00 minimum premium applies) \$ (D)

My total replacement value is over \$10,000 (\$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)

$$.026 \times \text{Total Replacement Value } \$ = \$$

Equipment and Contents Premium (\$100.00 minimum premium applies) \$ (D)

Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation or Harassment or Sexual Conduct Defense Cost Reimbursement

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

Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? Yes No

2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No

a. Are you aware of any occurrences that could lead to a claim? Yes No

If yes to 2. or 2.a., please explain:

3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No

a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No

b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member? Yes No

c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) Yes No

If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? Yes No

4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.

Section 6: Optional Coverages Premium Calculation

Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

Please Complete All Questions The term "Volunteers" in the following questions means someone who exerts control over or supervises participants.	Employees (Check Here if No Employees <input type="checkbox"/>)	Volunteers (Check Here if No Volunteers <input type="checkbox"/>)
Are written applications required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes and applicant checks yes, do you reject the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are background checks provided by a third party vendor/ service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any "No" responses to questions asked in #4:

Rates

<input type="checkbox"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	$\$0.00103 \times \quad = \$ \quad (E)$ Annual gross receipts from page 8 \$150.00 minimum premium applies
<input type="checkbox"/> Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (E)

Hired Auto & Employers' Non-ownership Liability Coverage

Click here and skip these questions if you do not want this coverage option
Coverage is contingent upon underwriting review and approval of the following questions.

1. Are all drivers (employees and volunteers) over the age of 18? Yes No
2. Do you obtain MVRs for employees and volunteers who drive on your behalf? Yes No
3. Do all drivers (employees and volunteers) carry personal automobile liability insurance?
 Yes No

Rate:	
<input type="checkbox"/> \$250,000 Hired Auto & Employers' Non-ownership Liability	\$250

Section 7: Total Cost Summary

Program Premium (from page 9)	\$
OPTIONAL COVERAGES:	
Professional Liability Premium (from page 10)	\$
Equipment and Contents Premium (from page 10)	\$
Sexual Abuse/Sexual Molestation Premium (from page 12) <input type="checkbox"/> \$100,000 Defense Reimbursement Only OR <input type="checkbox"/> \$1,000,000 Liability Limit	\$
Hired Auto & Employers Non-ownership Liability (from above)	\$
Premium Due - subtotal (add all lines above)	\$

Section 8: Document Delivery

You will receive a certificate showing evidence that coverage has been bound. This coverage 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.

Email to:

Fax to:

Mail to:

Section 9: 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.

This certificate is for our: Program coverage (commercial general liability)
 Equipment and contents coverage

Check the type of certificate you are requesting: Additional Insured Evidence of coverage
 Loss Payee

Certificate holder information

Entity Name:

Mailing address:

City:

State:

Zip:

Relationship to named insured: Owner/lessor of premises Sponsor Co-promoter
 Mortgagee Franchisor Lessor of equipment and contents
 Other (please identify/explain)

Section 9: Cyber Liability

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 10: Certificate Requests

Special certificate language needed (please explain/attach):

Date certificate needed by: / /

If applicable: Date(s) of event/activity: / / to / /

Hours of event/activity: AM/PM to AM/PM

Type of event/activity: Name of event/activity:

Location of event/activity

Loss Payee: Type of equipment (please describe) Limit:

Section 11: Coverage Options

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, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Employmentrelated practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Operations outside of the U.S.; Outside concessionaires and vendors in conjunction with your business; Performers; Rodeos; Saddle animals; Snowmobile; Those operations listed as ineligible: Athletic event promoters, Concert promoters, Event production companies, Rental companies, Talent agencies/companies, Travel agencies.

Section 12: Warranty

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Applicant or agent signature: Date:

Printed name: Title:

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

Named insured (from page 4):



FRAUD NOTICE

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 FLORDIA: 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.

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

Insured Signature:

Date: