



## AMATEUR SPORTS ADULT SOCCER TEAMS, LEAGUES, CLUBS AND/OR ASSOCIATIONS

### Insurance Program and Enrollment Form

This brochure is valid for effective dates from 3/1/16 through 2/28/17

#### PROGRAM DESCRIPTION

This insurance program is designed for U.S. based teams, leagues, clubs and associations conducting amateur adult soccer sports activities. **(Please note 80% of the participants of the organization must be age 18 and over, with NO players under the age of 16.)** Coverage provided includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. Covered operations consist of scheduled, sanctioned, approved, organized and supervised amateur soccer practices, try-outs, clinics, games, playoffs and tournaments in which you participate or host. Coverage is also provided for your registrations, meetings, concession stand operations, parades in which you participate, picnics, award banquets and ceremonies and incidental fund-raising activities involving the sale of products, coupons, raffle tickets and services, such as: car washes, bake sales, and coin drops related to your amateur soccer operations.

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

#### ELIGIBILITY REQUIREMENTS

- 1) 80% of the participants of the organization must be 18 years of age or older, with NO players under the age of 16.
- 2) ALL "players" and/or parents/guardians must sign a release/waiver.
- 3) A roster of ALL your participants must be submitted and on file with the company.

#### 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
- Cryogenic chambers/therapy
- Events where alcohol is served
- Operation, ownership or management of any athletic facility or field, other while being used for covered activities
- Room and board liability
- Transportation of athletes/participants
- Violation of statutes 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 coverage document for complete information regarding coverage terms, conditions, and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request us.

#### COVERAGES

Subject to the option purchased, coverage provided under this program may 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 and advertising injury.

**Legal Liability to Participants (OPTIONAL)** – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities.

A "player" = a soccer player, whether or not registered with the Named Insured, while participating in "covered activities".

**Medical Payments for Participants (OPTIONAL)** – coverage which pays the medical and dental expenses incurred by a member/participant when an accidental injury occurs while participating in your covered activities. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$1,000 corridor deductible applies to each claim, and the benefit period is two years from the date of the accident. A "participant" means a person, practicing, instructing or participating in any physical exercises or games, sports or athletic contests. In addition, participant extends to a coach, umpire or referee taking part in your operations.

**Professional Liability** – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the sports activity.

**Hired Auto and Employers' Nonownership Liability** (not provided while in Hawaii) - coverage which protects the insured against liability claims arising out 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 organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

## COVERAGES AND LIMITS

Coverage	Option 1	Option 2	Option 3
<b>Commercial General Liability (CGL)</b> Each Occurrence	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than members/participants)	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Legal Liability to Participants (LLP)	\$ 1,000,000	\$ 500,000	Excluded
Professional Liability	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Medical Payments for Participants - excess (MPP) - \$1,000 corridor deductible	\$ 10,000	Excluded	Excluded

### Rates:

Per Player Rate	Option 1	Option 1 w/ Brain Injury Excluded	Option 2	Option 2 w/ Brain Injury Excluded	Option 3 CGL Only (LLP and MPP Excluded)
		\$ 31.12	\$ 30.00	\$ 6.46	\$ 5.38
<b>Minimum Premiums</b>	\$ 800.00		\$ 400.00		\$ 300.00

\* Please contact us if higher limits are needed \*

## OPTIONAL COVERAGES AVAILABLE

### Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your sports equipment, field maintenance equipment, concession stand equipment (excluding products) and small portable storage sheds that you own. 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. Please contact us for additional information on this available coverage.

### Sexual Abuse or Sexual Molestation Liability OR 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. This limit is part of, not in addition to, the general liability limit selected.
- Option 2: \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Please contact us for additional information on these available coverages.

### Hosted Tournament Coverage - Only available with Option 1 and 2

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Coverage excludes non-rostered participants in tournaments you host unless this optional coverage is purchased. The named insured and their rostered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage. Please contact us for additional information on this available optional coverage.

### Premises Liability for Sports Fields Coverage

If you are a not-for-profit organization and you own, operate or are responsible for a sports field(s) on a 24 hour basis and do not rent, donate or lease the field(s) out to other organizations, this coverage provides you with premises liability for the field(s). The use of the field(s) can only be for those sports and age groups that you have purchased commercial general liability coverage for under the Amateur Sports Adult Soccer RPG Insurance Program. Please contact us for additional information on this available optional coverage.

## OPTIONAL COVERAGES CONTINUED

### Directors' & Officers' Liability including Employment Practices Liability for Not-for-Profit Organizations

This coverage provides important protection for not-for-profit organizations for claims arising out of allegations of errors, omissions, or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices. Please contact us for additional information on this available optional coverage.

## FREQUENTLY ASKED QUESTIONS

### 1. When should we make our coverage effective?

The effective date is the date you need your insurance to start. For many, this is the first day that your organization has try outs or practices. If you are renewing coverage with us, use the expiration date of your existing coverage. Coverage will be in effect for one year.

### 2. Our organization has not had try outs and we are not sure how many participants we will have. How should I report my number of participants?

You will need to report the maximum number of participants according to your projected rosters. You may add additional participants at any time. Please contact us if you need to increase your participation count. Refunds resulting from over-reporting of participants are not allowed.

### 3. Does this coverage follow the participants wherever they go to practice or play?

Coverage will follow the reported participants as long as the event/activity is taking place within the United States and they are participating in covered, sponsored and/or supervised activities of the insured including tournaments hosted by other organizations. Coverage does not apply to the transportation of participants.

### 4. What information should the waiver contain? Will it stand up in court? Who should approve the waiver form and its content? Do we send in the signed waivers or keep them in our record database?

We have provided a sample waiver for your review on the following page. Final wording should be as directed by your attorney/legal counsel, but should observe the principles represented within the sample waiver. Minor participants should sign the waiver as well as the minor's parent or guardian. You should keep all signed waivers in case of a claim, at which time a copy of the signed waiver will be requested from the claims adjuster.

### 5. What are your roster requirements?

A current and complete roster with names of all participants and their ages is required to be on file. You must attach a complete roster with this enrollment. If your roster is not complete for the year, please submit last year's roster. However a current and complete roster must be remitted to us at least 1 week prior to start of policy period. Coverage

may not apply if current complete roster is not on file with the company. It will be the responsibility of the applicant to keep rosters up to date and on file with the insurance company. Premium is based on the total number of rostered participants for all coverage options.

### 6. What is a corridor deductible?

With a corridor deductible, the deductible amount is ALWAYS applied against the first bills paid by the medical payments for participant's coverage, no matter what has been paid by other insurance.

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

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives 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 RPG master policy can be requested in writing to: Pullen Insurance Services, 2560 River Park Plaza, Suite 300, Ft. Worth, TX 76116

## HOW TO ENROLL FOR COVERAGE

Submit this enrollment form, with payment to:



E-MAIL [rpg@pullenins.com](mailto:rpg@pullenins.com)



FAX 817.738.2993



MAIL Pullen Insurance Services, Inc  
2560 River Park Plaza, Suite 300  
Ft. Worth, TX 76116



QUESTIONS Call 817.738.6100





# Enrollment Form Amateur Sports Adult Soccer Teams, Leagues, Clubs and/or Associations

Valid for effective dates from 3/1/16 through 2/28/17

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An 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 membership 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 5-10) with payment and a complete roster with names and ages of all your participants.

\* Please contact us prior to completing this enrollment form if limits above \$1,000,000 are needed \*

<b>GENERAL INFORMATION</b>	<input type="radio"/> I am a new account	<input type="radio"/> I am renewing my coverage
	Named insured (as it should appear on the policy): _____ (the legal name of the organization or business; 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: _____ Phone: (_____) _____	
	Cell: (_____) _____ Fax: (_____) _____	
E-mail: _____ Website: _____		

<b>DATES</b>	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.
	<input type="radio"/> Start my coverage on this date: ____ / ____ / ____

<b>BUSINESS INFORMATION</b>	1. Form of business: <input type="radio"/> Not-for-profit organization <input type="radio"/> For-profit organization
	2. Type of organization:
	<input type="radio"/> Individual team
	<input type="radio"/> League or club (an entity organized to provide regulated competition for multiple teams participating in a specific sport)
	<input type="radio"/> Association (an entity, usually not-for-profit, that exists to further a particular sport, to protect the public interest and the interests of the participants of that sport. A fee is typically charged to become a member and formal rules/regulations are usually required and enforced)
3. Are you seeking coverage for all participants within your organization?	<input type="radio"/> Yes <input type="radio"/> No
4. Do any of your teams include youth athletes (ages 16 -17)	<input type="radio"/> Yes <input type="radio"/> No
If yes, 80% of your players must be 18 years of age or older to qualify for coverage. (No player under the age of 16 is allowed to participate. Allowing a player under the age of 16 would jeopardize coverage for the named insured and participant.)	
5. Have you attached a complete roster with this enrollment?	<input type="radio"/> Yes <input type="radio"/> No
A roster is required to bind coverage. If your roster is not complete for the year, please submit last year's roster.	

Pullen Insurance Services, Inc. • 2560 River Park Plaza, Suite 300 • Ft. Worth, TX 76116  
 817.738.6100 • Fax 817.738.2993  
 rpg@pullenins.com  
 CA#0G6671 • TX#13233

**BUSINESS INFORMATION CONT.**

5. Does the named insured own or have 24 hour responsibility for a facility or field?  Yes  No
6. Is there any form of player compensation or prize money awarded for participation?  Yes  No
7. Are you a school, university or college sanctioned sports team, club or league?  Yes  No
8. Are you a municipality or a park and recreation division?  Yes  No
9. Are any of your activities held on private residential property?  Yes  No
10. If you suspect an athlete has a concussion, do you have an action plan that includes:
  - a. Immediately removing the athlete from play or practice  Yes  No
  - b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?  Yes  No

The exposures/activities listed above may or may not be covered by this program and any resulting claims could be denied. If you wish to cover any of these activities, please contact us to determine if other coverage options are available.

**DOCUMENT DELIVERY**

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 delivered 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: \_\_\_\_\_

**COST CALCULATION**

Coverage Options		Rates (per player)	
<b>Option 1</b>	\$1,000,000 Commercial General Liability \$1,000,000 Participant Legal Liability \$ 10,000 Medical Payments for Participants	<b>Option 1</b> \$ 31.12	<b>Option 1 w/Brain Injury Excluded</b> \$ 30.00
<b>Option 2</b>	\$1,000,000 Commercial General Liability \$ 500,000 Participant Legal Liability EXCLUDED Medical Payments for Participants	<b>Option 2</b> \$ 6.46	<b>Option 2 w/Brain Injury Excluded</b> \$ 5.38
<b>Option 3</b>	\$1,000,000 Commercial General Liability EXCLUDED Participant Legal Liability EXCLUDED Medical Payments for Participants	<b>Option 3</b> \$ 4.48	

Coverage Option (1-3)	Number of Players Age 18 and Over*	+	Number of Players Age 16 to 17*	=	Total # of Players	X	Rate	=	Total Premium Due
		+		=		X		=	\$
Please enter your minimum premium. <b>MINIMUM PREMIUMS: OPTION 1 = \$800.00    OPTION 2 = \$400.00    OPTION 3 = \$300.00</b>									\$
<b>Total Premium Due:</b> If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium									\$

**\*YOU MUST ATTACH A COMPLETE ROSTER WITH THIS ENROLLMENT.** If your roster is not complete for the year, please submit last year's roster. Premium is based on the total number of rostered participants. **See page 3 (FAQs) for more information regarding ROSTER REQUIREMENTS.**

AGENTS ONLY

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

Agency name: \_\_\_\_\_
Agency mailing address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Agent/contact name: \_\_\_\_\_
Agency telephone: (\_\_\_\_\_) \_\_\_\_\_ Agency fax: (\_\_\_\_\_) \_\_\_\_\_
Agent/contact e-mail address: \_\_\_\_\_ Tax I.D: \_\_\_\_\_

Note: There are no commissions included in this program. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

FOR PULLEN INS USE ONLY

UW Rec: \_\_\_/\_\_\_/\_\_\_ Status: N R Broker: Y N Comm: \_\_\_% OPS Rec: \_\_\_/\_\_\_/\_\_\_
GL Exp Policy #: \_\_\_/CP #: \_\_\_ Exp Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
IM Exp Policy #: \_\_\_ 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 Comments: \_\_\_\_\_
GL Policy #: \_\_\_/CP #: \_\_\_ GL Prem: \_\_\_ Eff Date: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
IM Policy #: \_\_\_ IM Prem: \_\_\_ IM Eff Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
D&O Policy #: \_\_\_ D&O Prem: \_\_\_ Insured #: \_\_\_\_\_

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF AN APPROVED AND COMPLETED ENROLLMENT FORM, FULL PAYMENT AND A ROSTER WITH ALL THE NAMES & AGES FOR ALL PARTICIPANTS. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR REPRESENTATIVE.

PAYMENT INFORMATION

Step 1: Calculate Final Cost

Total Premium Due (from page 6) \$ \_\_\_\_\_
Risk Purchasing Membership Fee \$ 15.00
(REQUIRED to be able to process enrollment)
TOTAL COST DUE \$ \_\_\_\_\_

Step 2: Select Payment Method. Check one.

- Check: Please make check payable to Pullen Insurance Services Enclosed is check # \_\_\_\_\_ for \$ \_\_\_\_\_
Credit Card: If you are making your payment by credit/debit card, please complete the following:
VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: \_\_\_\_\_
CSC # (card security) code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

I authorize Pullen Insurance Services to charge my payment to my credit card in the amount of \$ \_\_\_\_\_

Print name (as on card): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

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.

**Certificate #1**

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

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): \_\_\_\_\_

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

If applicable:

RE: Date(s) of event/activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of event/activity: \_\_\_\_\_

Name of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_

**Certificate #2**

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

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): \_\_\_\_\_

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

If applicable:

RE: Date(s) of event/activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of event/activity: \_\_\_\_\_

Name of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_



GENERAL FRAUD STATEMENT

**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 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 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 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 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 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.

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability (unless optional coverage for sports fields is purchased); Abuse, molestation, harassment or sexual conduct (unless optional coverage is approved and purchased); Aircraft/Hot air balloon (ownership, operation, maintenance or use); Airport (ownership, operation, maintenance, or use); 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 use for climbing- either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: all sports and age groups, other than amateur soccer for ages 16 and over; Babysitting/child care services; Carnivals/festivals; Commercial general liability standard exclusions (CG0001 04/13 edition); Concerts; Cryogenic chambers/therapy; Employment-related practices; Events/Activities held outside for the U.S.; Events involving gambling (e.g.; bingo, casino nights, poker, Texas hold'em tournaments); Events where alcohol is served; Fireworks; Fungi or bacteria; Haunted attractions; Intercollegiate & Interscholastic teams, leagues and associations; Lead; Legal liability to participants (unless Option 1 or 2 is purchased); Medical payments for participants (unless Option 1 is purchased); Non-rostered participants at tournaments hosted by the enrolled member; Participants under the age of 16; Nuclear energy liability; Open water activities; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires, exhibitors and vendors at your event; Performers; Professional or semi-professional events, competitions, practices, try-outs, clinics, games, playoffs and tournaments; Rodeos, Room and board liability; Saddle animals; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Transportation of athletes/participants; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information.

**Warranty 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. Pullen Insurance Services 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.

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 5): \_\_\_\_\_