



# AMATEUR SPORTS TOURNAMENTS & EVENTS

## Insurance Program and Enrollment Form

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

### PROGRAM DESCRIPTION

This program has been designed to provide coverage on a short-term basis for a single amateur sports tournament or event or on an annual basis for those promoters with multiple events. Coverage provided under this program includes important liability coverage for the U.S.-based organization conducting the event(s), including the employees and volunteers, for liability claims arising out of its operations. Coverage is also included for ancillary activities (banquets, concerts, awards ceremonies) that are for those participants in your sports tournament(s) or event(s).

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

### INELIGIBLE OPERATIONS

Sports tournaments or events that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- Events involving animals other than service animals
- Glow runs/color runs/similar type events or runs
- Professional sports events, try-outs and training camps/clinics
- College or university level championship events
- Highland games
- Mud runs/warrior runs/zombie runs/obstacle course runs/urbanathons (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs or other similar man-made obstacles)
- Sanctioned USA Hockey tournaments and events
- Events in the following sport categories: (please note, this is not a complete listing of ineligible sports)
  - Adventure races
  - BMX biking
  - Boxing
  - Cycling
  - Endurance races
  - Equestrian
  - Inline (extreme/stunt/aggressive/free-style) skating
  - Kite surfing
  - Marathons (26.2 miles or more)
  - Mixed martial arts
  - Mountain biking and/or hiking
  - Open water events
  - Rugby
  - Skateboarding
  - Skiing (snow or water)
  - Snowboarding
  - Streetball
  - Tackle & contact football (age 20 & over)
  - Triathlons/Duathlons
  - Wrestling (age 20 & over)

### ELIGIBLE OPERATIONS

An amateur sports tournament or event that meets all of the following criteria is eligible to submit an enrollment form for coverage under this program:

- Maximum number of participants is 2,500, per event
- Maximum spectator attendance per day is 7,500
- Maximum number of event days (including practice days), per event, is not to exceed a time frame of 14 days (not including setup and tear down)
- The sport activity being conducted falls into one of the listed eligible classes:

**Class 1:** bowling, dance, golf, tennis, volleyball

**Class 2:** baseball, kickball, softball

**Class 3:** basketball, flag or touch football, on-shore fishing, racquetball, swimming

**Class 4:** tackle & contact football (age 19 & under), cheerleading (age 19 & under), lacrosse (age 19 & under), soccer (age 19 & under), wrestling (age 19 & under), field hockey, deck/floor/street hockey, roller hockey (quad), water hockey (age 19 & under)

**Class 5:** box lacrosse, cheerleading (age 20 & over), diving, dodgeball, gymnastics, ice hockey, in-line hockey, lacrosse (age 20 & over), martial arts, inline skating (speed/racing), soccer (age 20 & over), speed/racing skating (ice), water hockey (age 19 & over)

#### Note:

- If you do not see your sport listed above, please contact us.
- If you have multiple sports for a single tournament or event, please contact us for proper classifications.
- College recruit/showcases and all-star/bowl games (including practices) are eligible operations under this program
- **For Walk/Run events please contact us for additional 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 us.

## EXCLUSIONS

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

- Abuse, molestation, harrassment or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Ancillary activities that require a separate admission charge and are open to the public
- Claims arising out of the operations of independent concessionaires, exhibitors and vendors at your event
- Cryogenic chambers/therapy
- Those operations listed as ineligible
- Fireworks
- Room and board liability
- Legal liability to participants coverage and medical payment for participants coverage for professional athletes and celebrity (national/local) participants
- Use of haunted attractions
- 24-hour premises liability

## COVERAGES AND LIMITS

Coverages	Option A	Option B		
<b>Commercial General Liability (CGL):</b>	<b>Limits</b>		<b>Limits</b>	
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		
Legal Liability to Participants (LLP) *For Class 4 Sports, the LLP limit for Option B is \$1,000,000	\$ 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		
Medical Payments for Participants - excess (MPP) \$100 per claim deductible applies	\$ 25,000	\$ 25,000		
<b>Rates (per participant)</b>	<b>Option A</b>	<b>Option A w/ Brain Injury Excluded</b>	<b>Option B</b>	<b>Option B w/ Brain Injury Excluded</b>
Class 1	\$1.51	N/A	\$1.91	N/A
Class 2	\$1.72	N/A	\$2.12	N/A
Class 3	\$2.01	N/A	\$2.41	N/A
Class 4	\$2.17	\$2.01	\$2.65	\$2.41
<b>Minimum Premiums</b>				
- Per event policy	\$ 300.00			\$ 450.00
- Annual policy	\$ 1,000.00			\$ 1,500.00

Coverages	Option F	Option G
<b>Commercial General Liability (CGL):</b>	<b>Limits</b>	
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
Legal Liability to Participants	Excluded	Excluded
Damage to Premise Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants - excess (MPP), \$100 per claim deductible applies	Excluded	Excluded
<b>Rates (per spectator)</b> Classes 1-5	\$ .23	\$ .35
<b>Minimum Premiums</b>		
- Per event policy	\$ 300.00	\$ 450.00
- Annual policy	\$ 1,000.00	\$ 1,500.00

## COVERAGES AND LIMITS CONTINUED

Coverage provided under this program includes:

**Commercial General Liability with Broadening Endorsement** – coverage which protects the insured against liability claims for bodily injury and property damages arising out of premises, operations, products and completed operations and personal and 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

Coverage options A & B provide commercial general liability, legal liability to participants and medical payments for participants. Coverage options F & G only provide commercial general liability coverage to spectators only. Coverage for bodily injury liability and medical claims to participants are excluded.

OPTIONAL LIMITS AVAILABLE – For liability limits of \$3,000,000, \$4,000,000 and \$5,000,000 please contact us for a quote

**NOTE:**

- For Class 4 Sports, the LLP limit will be limited to \$1,000,000 regardless of general liability occurrence limits purchased.

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

**Medical Payments for Participants** – coverage which pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating at the tournament or event you’re organizing. 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 \$100 deductible applies to each claim and the benefit period is two years from the date of the accident.

### OPTIONAL COVERAGE AVAILABLE

#### 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.

Coverage Conditions:

1. Coverage is contingent upon completion, review and approval from us, of the underwriting questions found on page 9.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your event with our Amateur Sports Tournaments and Events RPG Insurance Program.
3. Only one option may be purchased.

Options	Rates
<b>Option 1 - \$1,000,000</b> Sexual Abuse or Sexual Molestation Liability	\$0.16 per participant or \$.05 per spectator (\$150.00 minimum premium)
<b>Option 2 - \$100,000</b> Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (Flat rate)

## FREQUENTLY ASKED QUESTIONS

### 1. How do I determine who should be the Named Insured?

The named insured is the organization hosting the tournament or event and who is to be protected by this coverage in the event of a lawsuit. The organization is typically required to sign the contract with the facility where the tournament/event is being held. If an entry fee is charged to participate in the tournament/event, the entry fee is paid to the organization as well.

### 2. If my event includes multiple sports how do I know which sport classification to use according to your eligible operations?

You will use the highest sport classification for all participants.

### 3. Can I combine coverage options?

No. You must select one coverage option

### 4. I am not sure how many participants or spectators will attend my tournament or event, what do I report?

If this tournament/event is held annually, base your participant or spectator count on the prior year's total numbers. If this is a new tournament/event, please use the maximum number of participants or spectators that your tournament/event can accommodate.

### 5. If I have multiple events and/or multiple tournaments during the same time period, do I need to complete another enrollment form?

We are now able to offer one policy for those insureds who host multiple events. Only one application needs to be completed.

### 6. What happens if I need to cancel or re-schedule my tournament or event?

Cancellations or changes must be reported prior to the scheduled start date of your tournament or event, and confirmed in writing for a refund or credit to be considered.

### 7. How soon does my coverage start? When will I receive proof of coverage?

Coverage can be bound once we receive a completed enrollment form, a copy of your event brochure/flyer and the appropriate premium. The effective date of coverage can either be the first day of set-up or the first day of your event. If your tournament or event has already begun, coverage will be bound and become effective the following day. We request that adequate time is allowed for us to process your enrollment form and issue certificates.

### 8. Will I receive a policy after I submit the enrollment form?

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance 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 enrolled member—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, Inc. 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 Tournaments & Events Insurance

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 - 13) with payment**

Limits above \$2,000,000 are available - Contact our office.

**GENERAL INFORMATION**

I am a new account                       I am renewing my coverage

Named insured (as it should appear on the policy): \_\_\_\_\_  
 (the legal name of the organization hosting the event, typically the name that would appear on any contracts or agreements)

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

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

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

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

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

**BUSINESS INFORMATION**

- Does your event(s) involve any animals other than service animals?                       Yes    No
- Do you host any professional sports events, try-outs or training camps?                       Yes    No
- Do you host any college or university level championship events?                       Yes    No
- Is this a sanctioned USA hockey tournament or event?                       Yes    No
- Does your event (s) have any of the following exposures? (check all that apply)
 

<input type="radio"/> No, we do not have any of these exposures	<input type="radio"/> Adventure race	<input type="radio"/> Inline (extreme/stunt/	<input type="radio"/> Mud runs/warrior runs/	<input type="radio"/> Snowboarding
	<input type="radio"/> BMX biking	<input type="radio"/> aggressive/freestyle) skating	<input type="radio"/> zombie runs/obstacle	<input type="radio"/> Streetball
	<input type="radio"/> Boxing	<input type="radio"/> Kite surfing	<input type="radio"/> course runs/	<input type="radio"/> Tackle & contact
	<input type="radio"/> Cycling	<input type="radio"/> Marathon (26.2 miles or more)	<input type="radio"/> urbanathons	<input type="radio"/> football (age 20 and over)
	<input type="radio"/> Endurance race	<input type="radio"/> Mixed martial arts	<input type="radio"/> Open water events	<input type="radio"/> Triathlons/Duathlons
	<input type="radio"/> Equestrian	<input type="radio"/> Mountain biking and/or hiking	<input type="radio"/> Rugby	<input type="radio"/> Wrestling (age 20 and over)
	<input type="radio"/> Highland games		<input type="radio"/> Skateboarding	
			<input type="radio"/> Skiing (water or snow)	

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

- Do you award any form of monetary compensation or prize money to the participants?    Yes    No  
If yes, please provide the payout schedule for each event.
- Do you have an admission charge for spectators over \$20 for any events?                       Yes    No
- Do you have any vendors at your event(s)?                       Yes    No
- Do any of your ancillary activities require a separate admission charge or are open to the public?                       Yes    No
- Will alcoholic beverages be sold at any of your events?                       Yes    No  
If yes, who holds the liquor permit?    Insured    Facility    Caterer/vendor    Sponsor

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

11. 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

12. Does your operation involve tackle or contact football  Yes  No
- If yes,  
Do you maintain a system for your tackle/contact football activities that includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion?  Yes  No

NOTE: The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course on their website: [www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html).

**Regardless of general liability occurrence limits purchased, legal liability to participants for coverage for Class 4 Sports will be limited to \$1,000,000 per occurrence.**

Please provide information on your event(s):

- Please provide all information on a per event basis as requested below, or on a separate piece of paper.
- Coverage may be subject to review and approval of additional information (e.g.: copy of your brochure or flyer)

**Coverage applies only to those tournaments/events reported and approved prior to taking place.**

**Event #1**

Name of event: \_\_\_\_\_ Type of competition/sport(s): \_\_\_\_\_  
 Dates of event (include set-up and tear-down): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Hours of event (include set-up and tear-down): \_\_\_\_\_ A.M. / P.M. to \_\_\_\_\_ A.M. / P.M.  
 Event location(s): \_\_\_\_\_  
 Age group of athletes: \_\_\_\_\_ Total number of athletes: \_\_\_\_\_  
 Average daily spectator attendance: \_\_\_\_\_ Total spectator attendance: \_\_\_\_\_

**Event #2**

Name of event: \_\_\_\_\_ Type of competition/sport(s): \_\_\_\_\_  
 Dates of event (include set-up and tear-down): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Hours of event (include set-up and tear-down): \_\_\_\_\_ A.M. / P.M. to \_\_\_\_\_ A.M. / P.M.  
 Event location(s): \_\_\_\_\_  
 Age group of athletes: \_\_\_\_\_ Total number of athletes: \_\_\_\_\_  
 Average daily spectator attendance: \_\_\_\_\_ Total spectator attendance: \_\_\_\_\_

**Event #3**

Name of event: \_\_\_\_\_ Type of competition/sport(s): \_\_\_\_\_  
 Dates of event (include set-up and tear-down): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Hours of event (include set-up and tear-down): \_\_\_\_\_ A.M. / P.M. to \_\_\_\_\_ A.M. / P.M.  
 Event location(s): \_\_\_\_\_  
 Age group of athletes: \_\_\_\_\_ Total number of athletes: \_\_\_\_\_  
 Average daily spectator attendance: \_\_\_\_\_ Total spectator attendance: \_\_\_\_\_

## SINGLE EVENT PREMIUM CALCULATION

Use this calculation page if you are seeking coverage for a single event OR you have 3 events or less

1. Use the rates below to calculate premium (refer to brochure for eligible sports/classifications). Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of participants/spectators, per event. TBD cannot be accepted.
2. If you have multiple sports or a single tournament or event, please contact us for proper classifications.
3. If calculated premium is less than minimum (see chart below), use the minimum premium. Minimum premiums apply per event. Separate coverage documents will be issued for each event.
4. Coverage applies only to those tournaments/events reported and approved prior to taking place.
5. OPTIONAL LIMITS AVAILABLE – For liability limits of \$3,000,000, \$4,000,000 and \$5,000,000 please contact us for a quote or visit us online for an immediate quote at [www.sportsinsurance-kk.com](http://www.sportsinsurance-kk.com).

**NOTE:**

- For Class 4 Sports, the LLP limit will be limited to \$1,000,000 regardless of general liability occurrence limits purchased.

Sport Classification (refer to brochure)	\$1,000,000 CGL and \$25,000 MPP (per participant, per event)		\$2,000,000 CGL and \$25,000 MPP (per participant, per event)		\$1,000,000 CGL Only (per spectator, per event)	\$2,000,000 CGL Only (per spectator, per event)
	Option A	Option A w/Brain Injury Excluded	Option B	Option B w/ Brain Injury Excluded	Option F	Option G
Class 1	\$1.51	N/A	\$1.91	N/A	.23	.35
Class 2	\$1.72	N/A	\$2.12	N/A	.23	.35
Class 3	\$2.01	N/A	\$2.41	N/A	.23	.35
Class 4	\$2.17	\$2.01	\$2.65	\$2.41	.23	.35
Class 5	N/A	N/A	N/A	N/A	.23	.35
<b>MINIMUM PREMIUMS</b>						
Per Event	\$300.00		\$450.00		\$300.00	\$450.00

### PREMIUM CALCULATION

Check here, if you are opting to exclude coverage for brain injury. Please make sure you are using the accurate rate below.

Note, this exclusion applies to Tackle & contact football (age 19 & under), Cheerleading (age 19 & under), Lacrosse (age 19 & under), Soccer (age 19 & under), Field Hockey, Deck/floor/street hockey, Roller hockey (quad), Wrestling (age 19 & under), and Water hockey (age 19 & under)

Event # (from page 6)	Coverage Option (A, B, F or G)	Sport Class (1 - 5)	Rate (from above)	X	#of Participants or # of Spectators	=	Calculated Premium (per event)	Minimum Premium Per Event (from above)	Premium Due Per Event <small>(whichever is the greater of calculated premium OR minimum premium)</small>
			\$	X		=	\$	\$	\$ (a)
			\$	X		=	\$	\$	\$ (b)
			\$	X		=	\$	\$	\$ (c)
			\$	X		=	\$	\$	\$ (d)
			\$	X		=	\$	\$	\$ (e)
			\$	X		=	\$	\$	\$ (f)
<b>Total Liability Premium</b> (add lines a through f)									\$

## ANNUAL PREMIUM CALCULATION

Use this calculation page if you are seeking coverage for an annual coverage term OR if you have 4 or more events

1. Use rates below to calculate premium (refer to brochure for eligible sports/classifications). Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of participants/spectators, per event. TBD cannot be accepted.
2. If you have multiple sports or a single tournament or event, please contact us for proper classifications.
3. All events must carry the same liability limits.
4. Coverage applies only to those tournaments/events reported and approved prior to taking place. To add tournaments/events throughout the year, please contact us prior to the tournament/event start date.
5. If calculated premium is less than minimum (see chart below), use the minimum premium.
6. OPTIONAL LIMITS AVAILABLE – For liability limits of \$3,000,000, \$4,000,000 and \$5,000,000 please contact us for a quote.

**NOTE:**

- For Class 4 Sports, the LLP limit will be limited to \$1,000,000 regardless of general liability occurrence limits purchased.

Sport Classification (refer to brochure)	\$1,000,000 CGL and \$25,000 MPP (per participant, per event)		\$2,000,000 CGL and \$25,000 MPP (per participant, per event)		\$1,000,000 CGL Only (per spectator, per event)	\$2,000,000 CGL Only (per spectator, per event)
	Option A	Option A w/Brain Injury Excluded	Option B	Option B w/ Brain Injury Excluded	Option F	Option G
Class 1	\$1.51	N/A	\$1.91	N/A	.23	.35
Class 2	\$1.72	N/A	\$2.12	N/A	.23	.35
Class 3	\$2.01	N/A	\$2.41	N/A	.23	.35
Class 4	\$2.17	\$2.01	\$2.65	\$2.41	.23	.35
Class 5	N/A	N/A	N/A	N/A	.23	.35
<b>MINIMUM PREMIUMS</b>						
Annual Coverage	\$1,000.00		\$1,500.00		\$1,000.00	\$1,500.00

### PREMIUM CALCULATION

Check here, if you are opting to exclude coverage for brain injury. Please make sure you are using the accurate rate below.

Note, this exclusion applies to Tackle & contact football (age 19 & under), Cheerleading (age 19 & under), Lacrosse (age 19 & under), Soccer (age 19 & under), Field Hockey, Deck/floor/street hockey, Roller hockey (quad), Wrestling (age 19 & under), and Water hockey (age 19 & under)

Event # (from page 6)	Coverage Option (A, B, F or G)	Sport Class (1 - 5)	Rate (from above)	X	#of Participants or # of Spectators	=	Premium	
			\$	X		=	\$	
			\$	X		=	\$	
			\$	X		=	\$	
			\$	X		=	\$	
			\$	X		=	\$	
			\$	X		=	\$	
<b>Calculated Premium</b> (add premium lines above)							\$	(a)
<b>Minimum Premium</b> (from above chart)							\$	(b)
<b>Total Liability Premium</b> (greater amount from line a or b)							\$	



**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.) 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.
  - 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	Employees (Check Here if No Employees <input type="radio"/> )	Volunteers (Check Here if No Volunteers <input type="radio"/> )
The term "Volunteers" in the following questions means someone who exerts control over or supervises participants.		
Are written applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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

<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability					
CGL Program Option Purchased (check/calculate only one)	Rate	X	Total # of Participants or Spectators as Indicated on Page 7 or 8	=	Premium (\$150.00 minimum premium applies)
<input type="radio"/> Option A	\$ .16	X		=	\$
<input type="radio"/> Option B	\$ .16	X		=	\$
<input type="radio"/> Option F	\$ .05	X		=	\$
<input type="radio"/> Option G	\$ .05	X		=	\$
<input type="radio"/> Option: _____	\$ _____	X		=	\$
<input type="radio"/> Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement					\$100.00

<b>TOTAL PREMIUM SUMMARY</b>	Program Premium (required coverage) - from page 7 or 8 <input type="radio"/> Single Event OR <input type="radio"/> Annual Event	\$
	Sexual Abuse/Sexual Molestation Premium: (optional coverage) - from page 9 <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$
	<b>Premium Due - Subtotal (add lines above)</b>	\$

<b>CERTIFICATE REQUESTS</b>	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.	
	Event #: _____	
	Indicate the type of certificate that you are requesting: <input type="radio"/> Additional insured OR <input type="radio"/> Evidence of coverage	
	Certificate holder/entity name: _____	
	Mailing address: _____	
	City: _____ State: _____ Zip: _____	
	Relationship to you: <input type="radio"/> Owner/lessor of premises <input type="radio"/> Sponsor <input type="radio"/> Co-promoter Other: _____	
	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? <input type="radio"/> Yes <input type="radio"/> No	
	If yes, check all that apply ( <b>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</b> ).	
	<input type="radio"/> Form CG2026 <input type="radio"/> Primary endorsement <input type="radio"/> Waiver of subrogation <input type="radio"/> Other (please explain): _____	
Date certificate needed by: ____/____/____		

<b>DOCUMENT DELIVERY</b>	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.	
	<input type="radio"/> E-mail to: _____ attn: _____ (selecting this option confirms your consent for coverage documents to be delivered via e-mail)	
	<input type="radio"/> Fax to: _____ attn: _____	
	<input type="radio"/> Mail to: _____ attn: _____	

<b>PULLEN USE ONLY</b>	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 ____/____/____	
	M Policy #: _____ IM Prem: _____ IM Eff Dates: ____/____/____ to ____/____/____	
	D&O Policy #: _____ D&O Prem: _____ Insured #: _____	

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.**

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS  
 CANCELLATIONS OR CHANGES MUST BE REPORTED PRIOR TO YOUR SCHEDULED START DATE.  
 COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE  
 ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

**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.

**READ AND SIGN**

**COVERAGE EXCLUSIONS**

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability; Abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased); 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.); Ancillary activities that require a separate admission charge and is open to the public; Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: Box lacrosse, Broomball, Cheerleading (age 20 & over), Diving, Dodgeball, Drill/majorette team (age 20 & over), Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed/racing), Judo, Karate, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey (inline), Soccer (age 20 & over), Speed/racing skating (ice); Taekwondo, Takraw, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over); Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Employment-related practices; Events that last more than 14 days (not including set-up and tear-down), unless reported, approved, and the appropriate premium has been paid; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Legal liability to participants for professional athletes and celebrity participants; Medical payments for participants for professional athletes and celebrity participants; Nuclear energy liability; 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; Rodeos; Room and board liability; Saddle animals; Snowmobile; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Events involving animals other than service animals; Glow runs/color runs/similar type events or runs; Professional sports events, try-outs and training camps/clinics; College or university level championship events; Highland games, Mud runs/warrior runs/zombie runs; obstacle course runs/urbanathons (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs or other similar man-made obstacles), Sanctioned USA Hockey tournaments and events, Events in the following sport categories: Adventure races, Bandy, Biathlon, Billards, Bobsled, Body boarding, Boxing, BMX biking, Canoe, Climbing, Cycling, Darts, Duathlons; Endurance races, Equestrian, Fishing (open water), Tackle & contact football (age 20 & over), Hammer throw, Hang gliding, Hostelling, Inline (extreme/stunt/aggressive/free-style) skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathons, Mixed martial arts; Modern pentathlon, Mountain biking and/or hiking, Mountain boarding, Orienteering, Open-water events, Outrigging, Parachute, Parasailing, Polo (horse), Rafting, Rodeo, Roller derby, Rowing/crew, Rugby, Sailing, Scuba diving, Shooting sports/events, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled dog racing, Snow boarding, Snow surfing, Snorkeling, Sports parachuting, Streetball, Surfing (including boogie boards), Trampoline, Trapeze, Triathlon, Unicycling, Walking events, Wake boarding, Wind surfing, Wrestling (age 20 & over), Yachting

**PAYMENT INFORMATION**

**Step 1: Calculate Final Cost**

Total Premium Due (from page 10)	\$ _____
Risk Purchasing Membership Fee (REQUIRED to be able to process enrollment)	\$ <u>15.00</u>
<b>TOTAL COST DUE</b>	\$ _____

**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:** \_\_\_\_\_

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